North Carolina
Balance of State Continuum of Care

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NC Balance of State CoC Steering Committee
Consent Agenda and Updates
April 3, 2018

Contents

Section I. NC BoS Steering Committee Consent Agenda –

*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.
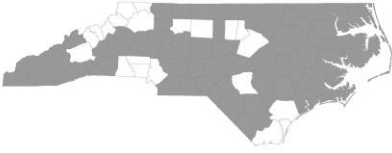
The following will be voted on at the April 3, 2018 NC BoS CoC Steering Committee meeting:

Approval of March 6, 2018 Minutes

Available here: http://www.ncceh.org/files/9058/

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Section II. Updates
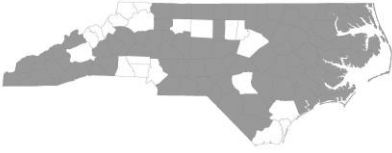
Street Outreach Written Standards

OVERVIEW

The NC Balance of State Continuum of Care has developed these program standards to provide specific guidelines for how programs can operate to have the best chance of ending homelessness. These guidelines create consistency across the Balance of State, protect our clients by putting their needs first, and provide a baseline for holding all CoC programs to a specific standard of care.

The Department of Housing and Urban Development (HUD) requires every Continuum of Care to evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program and report to HUD (24 CFR 578.7(a)7). In consultation with recipients of ESG program funds within the geographic area, CoCs must establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individual and families for housing and services.

In consultation with recipients of ESG program funds within the geographic area, CoCs must establish and consistently follow written standards for providing CoC assistance. At a minimum, these standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility and determining the process for prioritizing eligible households in street outreach, emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing programs (24 CFR 578.7(a)(9).

- Program standards that meet HUD's requirements for street outreach to define policies and procedures for engagement, program enrollment, referral, and discharge standards as well as safeguards to meet needs for special populations such as victims of domestic violence, dating violence, sexual assault, and stalking.

- Policies and procedures for coordination among street outreach programs, emergency shelters, transitional housing programs, essential service providers, homelessness prevention programs, rapid re-housing programs, and permanent supportive housing programs.

- Definitions for participation in the CoC's Homeless Management Information System (or comparable database for domestic violence or victims' service programs).

The NC Balance of State Continuum of Care developed the following street outreach program standards to ensure:

- Program accountability to individuals and families experiencing unsheltered homelessness, specifically populations at greater risk or with the longest histories of homelessness

- Program compliance with the Department of Housing and Urban Development

- Service consistency within programs

- Adequate program staff competence and training, specific to the target population served
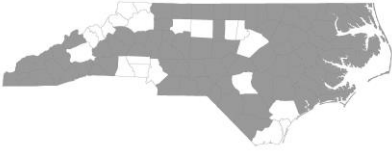
EXPECTATIONS

All program grantees using Department of Housing and Urban Development Emergency Solutions Grant funding must adhere to these performance standards and will be monitored by the NC Balance of State Continuum of Care to ensure compliance. The NC BoS CoC recommends that street outreach programs funded through other sources also follow these standards. These performance standards attempt to provide a high standard of care that places community and client needs first. Based on best practices, this high standard of care is necessary to achieve our goal of ending homelessness in the NC BoS CoC.

STREET OUTREACH

Street outreach programs are designed to engage unsheltered people at non-traditional settings such as campsites, public parks, libraries, bus or train stations, exit or entrance ramps to roads and highways, abandoned buildings, or under bridges. Outreach workers may also engage people at local basic needs organizations such as feeding sites, soup kitchens, clothing centers, or other sites. Street outreach programs serve as the front door for unsheltered individuals to homeless and permanent housing services. Effective street outreach programs connect ignored or underserved people with emergency services, longer-term mental and physical health services, and permanent housing. Street outreach also helps to re-integrate unsheltered homeless individuals and families into the larger community.

Outreach programs should meet people where they are, both geographically and emotionally. This means meeting people in locations that are most convenient for them as well as developing trusting relationships with unsheltered people through active listening, persistence, consistency, and without judgement.

Because outreach happens in non-traditional settings with people who often have complex needs, outreach workers face challenges that require special skills to do their job well. Engaging unsheltered people on their turf means workers must be able to maintain their and their client's safety, have strong ethics and boundaries, and good coping skills after working under very difficult and stressful circumstances. Outreach workers must make frequent judgement calls about balancing safety and ethics with clients' needs.
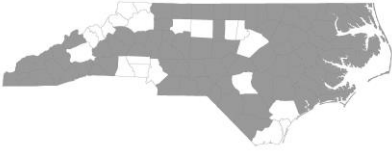
Since street outreach programs work with a vulnerable population that often has little or no access to services, a main component of street outreach work is to ensure the survival of people living on the streets. Street outreach programs provide necessary supplies for living unsheltered and assist people to access emergency shelters, especially during very cold or hot times of the year.

Street outreach programs are more prevalent in urban centers than rural areas. Often, this discrepancy exists because of several factors, including access to funding, number of potential unsheltered individuals needing assistance, and difficulty covering large rural areas. However, rural or non-urban communities can and should operate street outreach programs to connect the most vulnerable members of the homeless population to necessary services and permanent housing. Street outreach in rural or non-urban areas will take more planning and more time to adequately engage the target population. Creating known locations lists that programs can visit and add to over time, regularly engaging community providers, including law enforcement and other city and county departments coming into contact with unsheltered people, and creatively including homeless and formerly homeless individuals to assist in engagement of this population are necessary in rural or non-urban areas to provide effective street outreach.

Street outreach programs should operate with a Housing First approach. Housing First programs believe that anyone can and should be housed and the barriers to permanent housing should be minimized. Housing First allows street outreach programs to move unsheltered individuals more quickly from places not meant for human habitation into permanent housing.

Every street outreach program should participate in the local community's coordinated assessment system. In the NC BoS CoC, each community utilizes the Prevention and Diversion screening tool to help divert people from homelessness and assess their needs for emergency services, and

the Individual and Family VI-SPDAT Prescreen Tools to assess client service needs and set priorities for permanent housing. Housing programs use the Case Management Tool for more developed housing placement purposes and for intensive case management over time. Street outreach programs should administer the VI-SPDAT as soon as appropriate, eschewing the agreed upon 14-day waiting period, to quickly get clients onto the community's waiting list for permanent housing.
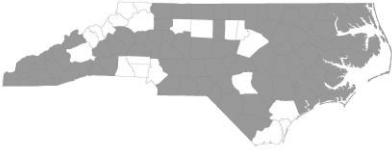
<u>**DEFINITIONS**</u>

Acuity: When using the VI-SPDAT prescreens, acuity means the presence of a presenting issue based on the prescreening score. Acuity on the prescreening tool is expressed as a number with the higher score representing more complex, co-occurring issues likely to impact overall stability in permanent housing. When using the Case Management Tool, acuity refers to the severity of the presenting issue and the ongoing goals in addressing these issues.

Case Management Tool: A standardized tool for case management to track outcomes in the coordinated assessment process. Housing programs administer this tool at program entry, housing entry, and every six months thereafter until program discharge. Upon discharge from the program, housing case managers administer the tool one final time 12 months later, when possible, to ensure the household continues to make progress.

Chronically Homeless: (1) an individual with a disability as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) who: (i) lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) has been homeless and living as described in (i) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating occasions included at least 7 consecutive nights of not living as described in (i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility; (2) an individual who has been residing in an institutional care facility, including jail, substance abuse, or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or (3) a family with an adult head of household (or if there is not adult in the family, a minor head of household) who meets all of the criteria in (1) or (2) of this definition, including a family whose composition had fluctuated while the head of homelessness has been homeless. (24 CFR 578.3)

Comparable Database: HUD-funded providers of housing and services (recipients of ESG and/or CoC funding) who cannot enter information by law into HMIS (victim service providers as defined under the Violence Against Women and Department of Justice Reauthorization Act of 2005) must operate a database comparable to HMIS. According to HUD, "a comparable database . . . collects client-level data over time and generates unduplicated aggregate reports based on the data." The recipient or subrecipient of CoC and ESG funds may use a portion of those funds to establish and operate a comparable database that complies with HUD's HMIS requirements. (24 CFR 578.57)

Coordinated Assessment: "A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals across a geographic area. The . . . system covers the geographic area (designated by the CoC), is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool" (24 CFR 578.3). CoC's have ultimate responsibility to implement coordinated assessment in their geographic area.

Developmental Disability: As defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002): (1) A severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment or combination of mental and physical impairments; (ii) is manifested before the individual attains age 22; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following major life activities: (a) self-care; (b) receptive and expressive language; (c) learning; (d) mobility; (e) self-direction; (f) capacity for independent living; (g) economic self-sufficiency; (v) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. (2) an individual from birth to age 9, inclusive, who has a substantial developmental disability or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria in (1)(i) through (v) of the definition of "developmental disability" in this definition if the individual, without services or supports, has a high probability of meeting these criteria later in life. (24 CFR 578.3)

Disabling Condition: According to HUD: (1) a condition that: (i) is expected to be of indefinite duration; (ii) substantially impedes the individual's ability to live independently; (iii) could be improved by providing more suitable housing conditions; and (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; or a developmental disability, as defined above; or the disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from AIDS, including infection with the Human Immunodeficiency Virus (HIV). (24 CFR 583.5)

Diversion: Diversion is a strategy to prevent homelessness for individuals seeking shelter or other homeless assistance by helping them identify immediate alternate housing arrangements, and if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion practices and programs help reduce the number of people becoming homeless and the demand for shelter beds.

Family: A family includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) a single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) a group of persons residing together, and such group includes, but is not limited to: (i) a family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (ii) an elderly family; (iii) a near-elderly family; (iv) a disabled family; (v) a displaced family; and (vi) the remaining member of a tenant family. (24 CFR 5.403)
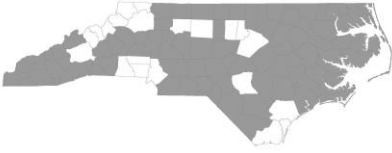
Homeless: *Category 1:* an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals); or (iii) an individual who exits an institution where he/she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

Category 2: an individual or family who will immediately lose their primary nighttime residence, provided that: (i) the primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) no subsequent residence has been identified; and (iii) the individual or family lacks the resources or support networks (e.g. family, friends, faith-based or other social networks) needed to obtain other permanent housing; or

Category 4: any individual or family who: (i) is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence; (ii) had no other residence; and (iii) lacks the resources or support networks (e.g. family, friends, and faith-based or other social networks) to obtain other permanent housing. (24 CFR 578.3)

Housing First: A national best practice model that quickly and successfully connects individuals and families experiencing homelessness to permanent housing without

preconditions such as sobriety, treatment compliance, and service and/or income requirements. Programs offer supportive services to maximize housing stability to prevent returns to homelessness rather than meeting arbitrary benchmarks prior to permanent housing entry.[1]

Prevention and Diversion Screening Tool: A tool used to reduce entries into the homeless service system by determining a household's needs upon initial presentation to shelter or other emergency response organization. This screening tool gives programs a chance to divert households by assisting them to identify other permanent housing options and, if needed, providing access to mediation and financial assistance to remain in housing.

Rapid Re-housing: A national best practice model designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve long-term stability. Like Housing First, rapid rehousing assistance does not require adherence to preconditions such as employment, income, absence of criminal record, or sobriety. Financial assistance and housing stabilization services match the specific needs of the household. The core components of rapid rehousing are housing identification/relocation, short- and/or medium-term rental and other financial assistance, and case management and housing stabilization services. (24 CFR 576.2)

Transitional Housing: Temporary housing for participants who have signed a lease or occupancy agreement with the purpose to transition households experiencing homelessness into permanent housing within 24 months.

VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool): An evidence-based tool used by all regions in the Balance of State to determine initial acuity and set prioritization and intervention for permanent housing placement.

<u>**PERFORMANCE STANDARDS**</u>

<u>**PERSONNEL**</u>

STANDARD: The program shall adequately staff services with qualified personnel to ensure quality of service delivery, effective program administration, and the safety of staff and program participants.

Benchmarks

- The organization selects employees and/or volunteers with adequate and appropriate knowledge, experience, and stability for working with unsheltered individuals and families.

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[1] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/pdf/0940651.pdf

- The organization provides time for all employees and/or volunteers to attend webinars and/or trainings on program requirements, compliance, and best practices.

- The organization trains all employees and/or volunteers on program policies and procedures, available local resources, and specific skill areas relevant to assisting clients in the program.

- All programs should use the Homeless Management Information System (HMIS) wherein all end users must abide by the NC HMIS User and Participation Agreements, including adherence to the strict privacy and confidentiality policies.

- Staff supervisors of casework, counseling and/or case management services have, at a minimum, a bachelor's degree in a human service-related field and/or experience working with unsheltered individuals and families.

- All program staff have written job descriptions that address tasks staff must perform and the minimum qualifications for the position.

- The organization will train program staff on general topics such as self-care, teamwork, boundaries and ethics, and personal safety. It will also train staff on specific skills necessary to effectively connect with unsheltered individuals, including, but not limited to, relationship-building, motivational interviewing, cultural competence, effective referrals and linkages, basic medical and mental health care, and conflict de-escalation.

- The organization should share and train all program staff on the NC Balance of State CoC Street Outreach Written Standards.
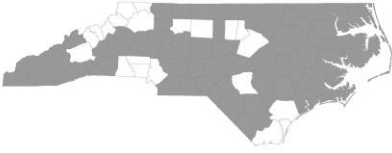
OUTREACH AND ENGAGEMENT

STANDARD: Programs will locate, identify, and build relationships with unsheltered people experiencing homelessness and engage them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs, mainstream social services, and permanent housing programs.

Benchmarks

- All participants must meet the following program eligibility requirements for street outreach programs:

   o Unsheltered homeless, living in places not meant for human habitation such as campsites, abandoned buildings, bus or train stations, in cars, or under bridges (see definitions listed above for Category 1 (i)).
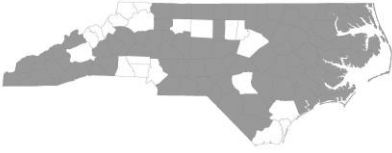
- All ESG recipients must use the standard order of priority for documenting evidence to determine unsheltered homeless status. Grantees must document in the client file that the agency attempted to obtain the documentation in the preferred order. The order should be as follows:

  o Third-party documentation (including HMIS)

  o Intake worker observations through outreach and visual assessment

  o Self-certification of the person receiving assistance

- Programs should engage individuals, make an initial assessment of needs, and determine unsheltered homeless status. During outreach, if programs determine that an individual does not meet the definition of unsheltered homelessness, they should still connect any literally homeless person needing assistance to the local coordinated assessment system to access needed services, but not enroll them for expanded services in the street outreach program.

- Programs can only turn away unsheltered individuals from program entry for the following reasons:

  o The individual does not meet the unsheltered homeless definition

  o The safety of staff is at imminent risk

- Programs cannot disqualify an individual or family from entry because of employment status or lack of income.

- Programs cannot disqualify an individual or family because of evictions or poor rental history.

- Programs may make services available and encourage engaged individuals to participate in higher level services but cannot make service usage a requirement. Street outreach programs should continue to outreach and engage unsheltered individuals on a regular basis, offering them higher level services and ensuring basic needs are met.

- Programs will maintain releases of information, case notes, and all pertinent demographic and identifying data in HMIS as allowable by program type. Paper files should be maintained in a locked cabinet behind a locked door with access strictly reserved for case workers and administrators who need said information.

- Programs may deny entry or terminate services for program specific violations relating to safety and security of program staff and participants.

STREET OUTREACH

STANDARD: Street outreach programs will provide assertive outreach and engagement to unsheltered individuals living in places not meant for human

habitation, and assist them in accessing emergency shelter, physical and behavioral health services, income supports, and permanent housing.
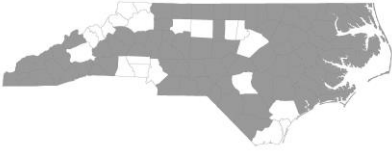
Benchmarks

- Street outreach programs will assertively outreach and engage unsheltered individuals where they are, seeking them in campsites, under bridges, near entrance and exit ramps to roads and highways, in abandoned buildings, living in bus or train stations, or other places not meant for human habitation.

- Street outreach programs will collaborate with local service or basic needs providers and organizations where unsheltered individuals seek basic services such as food pantries, crisis centers, community centers, day shelters, and others, setting up regularly scheduled times to outreach and engage unsheltered individuals in these locations.

- Street outreach programs should provide outreach and engagement, crisis intervention counseling, case management, emergency and permanent housing planning, employment and other income assistance, and life skills training. Program staff should help unsheltered individuals connect to physical and mental health services, substance abuse treatment, transportation, services for special populations (i.e. developmental disabilities, HIV/AIDS), and other mainstream services, including public benefits such as Social Security Disability, Medicaid/Medicare, Food Stamps, TANF. Street outreach programs should not deny or terminate services to individuals unwilling or unable to obtain higher level services or follow a basic case management plan.

- Street outreach programs must actively participate in their community's coordinated assessment system. Program staff should assess unsheltered individuals with the VI-SPDAT and advocate for permanent housing for these individuals at the local case conferencing meeting.

- Street outreach programs shall not charge money for any housing or supportive service provided.

- Street outreach programs must work to link their clients to permanent housing programs, such as rapid re-housing and permanent supportive housing, in the community.

CASE MANAGEMENT SERVICES

STANDARD: Street outreach programs shall provide access to case management services by trained staff to any unsheltered individual, matching his/her needs and desire.

Benchmarks (Standard available services)

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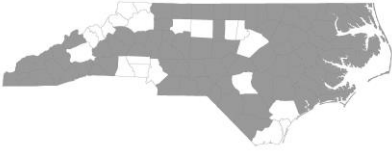bos@ncceh.org   919.755.4393   www.ncceh.org/BoS

- Street outreach staff provide regular and consistent case management to program participants based on the individual's specific needs and the level at which the participant desires. Case management includes:

    o Building trusting, lasting relationship with unsheltered individuals.

    o Providing access to basic needs, including identification, health care services, public benefit enrollment, food, clothing, and hygiene items.

    o Assessing, planning, coordinating, implementing, and evaluating the services delivered to the participant. Program staff should engage participants in an individualized housing and services plan. Participants do not need to access additional services to be referred to permanent housing providers.

    o Helping clients to create strong support networks and participate in the community, as they desire.

    o Encouraging unsheltered individuals to seek emergency shelter and advocating with local shelter providers to accept and work with the individual. The program can and should continue to work with an unsheltered participant who accesses emergency shelter to serve as an advocate and liaison to higher level services such as permanent housing.

- Creating a path for clients to permanent housing through providing rapid re-housing or permanent supportive housing or a connection to another community program that provides these services. Program staff should conduct the VI-SPDAT as quickly as possible and ensure participants information is added to the community's waiting list.

- Street outreach staff or other programs connected to the outreach program through a formal or informal relationship will assist residents in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and others.

Benchmarks (Optional but recommended services, often from other providers)

- Representative payee services.

- Basic life skills, including consumer education, bill paying/budgeting/financial management, transportation, and obtaining vital documents (social security cards, birth certificates, school records).

- Education services such as GED preparation, post-secondary training, and vocational education.

- Employment services, including career counseling, job preparation, resume-building, dress and maintenance.

- Behavioral health services such as relapse prevention, crisis intervention, medication monitoring and/or dispensing, outpatient therapy and treatment.

- Physical health services such as routine physicals, health assessments, and family planning.

- Legal services related to civil (rent arrears, family law, uncollected benefits) and criminal matters (warrants, minor infractions).

TERMINATION

STANDARD: Termination should be limited to only the most severe cases. Programs will exercise sound judgment and examine all extenuating circumstances when determining if violations warrant program termination (24 CFR 576.402). The NC BoS CoC recommends programs work with other community service providers to develop a board to hear client grievances.

Benchmarks

- In general, the program may terminate assistance in accordance with a formal process established by the program that recognizes the rights of individuals and families affected. The program is responsible for providing evidence that it considered extenuating circumstances and made significant attempts to help the client continue in the program. Programs should have a formal, established grievance process in its policies and procedures for participants who feel the street outreach program wrongly terminated assistance.

- Programs should only terminate assistance when a participant has presented a terminal risk to staff or other clients. If a barred client presents him/herself at a later date, programs should review the case to determine if the debarment can be removed to give the participant a chance to receive further assistance.
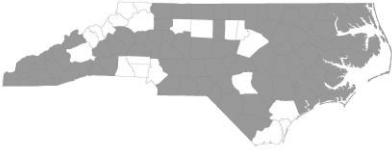
CLIENT AND PROGRAM FILES

STANDARD: Street outreach programs will keep all client files up-to-date and confidential to ensure effective delivery and tracking of services.

Benchmarks

- Client and program files should, at a minimum, contain all information and forms required by HUD at 24 CFR 576.500 and the state ESG office, service plans, case notes,

referral lists, and service activity logs including services provided directly by the street outreach program and indirectly by other community service providers. ESG requires:

- Documentation of unsheltered homeless status (see above for the priority of types of documentation)

- Determination of ineligibility, if applicable, which shows the reason for this determination

- Program participant records

- Documentation of using the community's coordinated assessment system

- Services and assistance provided

- Expenditures and match

- Conflict of interest/code of conduct policies

- Homeless participation requirement

- Faith-based activity requirement, if applicable

- Other Federal requirements, if applicable

- Confidentiality procedures

- All client information should be entered into the NC HMIS in accordance with data quality, timeliness, and additional requirements found in the agency and user participation agreements. At a minimum, programs must record the date the participant enters and exits the program, enter HUD required data elements, and update the participant's information as changes occur.

- Programs must maintain the security and privacy of written client files and shall not disclose any client-level information without written permission of the participant as appropriate, except to program staff and other agencies as required by law. Participants must give informed consent to release any client identifying data to be utilized for research, teaching, and public interpretation. All programs must have a consent for release of information form for participants to use to indicate consent in sharing information with other parties.

- All records pertaining to ESG funds must be retained for the greater of 5 years or the participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served. Agencies may substitute original written files with microfilm, photocopies, or similar methods.

EVALUATION AND PLANNING

STANDARD: Street outreach programs will conduct ongoing planning and evaluation to ensure programs continue to meet community needs for individuals and families experiencing unsheltered homelessness.
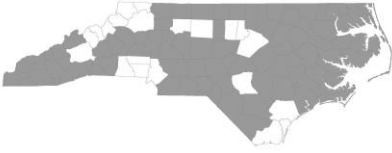
Benchmarks

- Agencies maintain written goals and objectives for their services to meet outcomes required by ESG.

- Programs review case files of clients to determine if existing services meet their needs. As appropriate, programs revise goals, objectives, and activities based on their evaluation.

- Programs conduct, at a minimum, an annual evaluation of their goals, objectives, and activities, making adjustments to the program as needed to meet the needs of the community.

  Programs regularly review project performance data in HMIS to ensure reliability of data. Programs should review this information, at a minimum, quarterly.

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Section III. Meeting Minutes and Supporting Materials

County of Service Webinar
March 29th 10:00-11:00

NC County of Service is now required for all HMIS participating agencies and projects, and the NC Balance of State CoC and the NCCEH Data Center are offering a webinar to explain how and why to complete this data entry. All staff who collect or enter HMIS data are encouraged to join us for this one hour webinar to introduce this question!

Register here: http://www.ncceh.org/events/1241/

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Anti-Discrimination Policy Webinar
April 19th 11:00-12:00

This webinar will explain the new Anti-Discrimination Policy adopted by the NC BoS CoC Steering Committee in February 2018. To provide all individuals and families equal access to necessary housing and services to meet this goal, the NC BoS CoC has adopted these policies and procedures to ensure no one seeking services from the CoC is discriminated against. **Webinar attendance is encouraged for all programs, but mandatory for programs that receive CoC or ESG funds.**

Register here: http://www.ncceh.org/events/1265/

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Violence Against Women Act (VAWA) Emergency Transfer Plan Webinar
May 17th 11:00-12:00

This webinar will explain the VAWA Emergency Transfer Plan and the changes to the TH, RRH and PSH Written Standards adopted by the NC BoS CoC Steering Committee in March 2018. Agencies should read the NC BoS CoC's VAWA Emergency Transfer Plan and complete the model emergency transfer plan and add it to their policies and procedures ASAP. **Webinar attendance is encouraged by all and mandatory for programs receiving CoC or ESG funds.**

Register here: http://www.ncceh.org/events/1266/

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HMIS User Meeting
April 19th 1:00-2:30

At this monthly meeting, NC Balance of State CoC HMIS users will have the opportunity to ask questions about HMIS, homelessness data, and federal reporting from NCCEH's Data Center staff. Each meeting NCCEH will also include training to help you continue to develop your HMIS expertise. Agency Administrators are expected to come; all other staff are highly encouraged. If you have any questions, please contact the Data Center Help Desk at (919) 410-6997 or hmis@ncceh.org.

Register here: http://www.ncceh.org/events/1256/

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New CoC Webinar Recording

In preparation for this year's CoC competition, NCCEH staff created a webinar for agencies that are interested in applying for new projects. This webinar covers the CoC competition application process and requirements.

View here: https://recordings.join.me/0jU-Iye1BEWvGaI1bt0CyQ

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SSO-CE Webinar Recording

This call advertises the availability of funding for NC Balance of State CoC agencies from NCCEH's recently awarded SSO-CE grant. The call outlines the purpose of the grants, what will be required of grantees, and the timeline for the application.
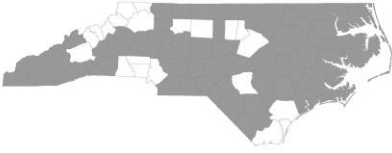
View here: https://recordings.join.me/cOt25_OG2ECW-KIg9nJrqA

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Point-in-Time and Housing Inventory Count forms have new deadlines

PIT/HIC Deadlines are changing based on project types. Remember, there should be separate submissions through the online form for each HMIS project since each project has a different inventory or capacity.

Emergency Shelter and Transitional Housing Deadline – Due immediately

The required reports for ES and TH projects are all available and your CoC needs your data submitted to deduplicate clients with the unsheltered PIT counts.

Rapid Re-Housing and Permanent Supportive Housing Deadline -- TBA

RRH and PSH projects are waiting on the corrected and updated 0628 report. We will let you know when the report is ready and what the new deadline will be.   In the meantime, PH providers should focus their attention on data quality issues in these programs to be able to produce clean reports when available.

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