North Carolina
Balance of State Continuum of Care

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NC Balance of State CoC Steering Committee
Consent Agenda and Updates
May 8, 2018

Contents

Section I. NC BoS Steering Committee Consent Agenda

The following will be voted on at the May 8, 2018 NC BoS Steering Committee meeting:

Approval of April 3, 2018 Minutes

Available here: http://www.ncceh.org/files/9142/

 *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.

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Section II. Updates

2018 Funding Priorities for CoC Competition

The Funding and Performance Subcommittee has approved a draft of the NC BoS CoC's 2018 CoC Funding Priorities. Please read the document thoroughly. We will consider it at the May 8 Steering Committee meeting.

As a summary, the priorities are mostly the same as 2017's. The priorities grid was updated with new funding information, but those changes did not affect the regional priorities. The Funding and Performance Subcommittee made some small additions in the text to provide additional guidance to the Project Review Committee. Those changes are tracked in red.

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Street Outreach Written Standards

The NC Balance of State Continuum of Care Street Outreach Written Standards are available for review. The Steering Committee will vote on approval of these standards at the May 8 meeting. Please read the standards before the meeting.

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Section III. Meeting Minutes and Supporting Materials

Register for the VAWA Emergency Transfer Webinar
Thursday, May 17, 2018 11:00am

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.

Webinar Registration Link: http://www.ncceh.org/events/1266/

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Register for the HMIS End User Webinar
Thursday, May 17, 2018 1:00pm

At this monthly meeting, 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.

Please RSVP so we can send you the right supplies! AAs 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.

Webinar Registration Link: http://www.ncceh.org/events/1257/

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Anti-Discrimination Webinar Recording
April 19, 2018
Webinar Recording Link: https://recordings.join.me/ktu2Vsjojk6k-4o-Zt00Eg

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Coordinated Assessment in HMIS Webinar Recording
April 18, 2018
Webinar Recording Link: https://recordings.join.me/mZGFo_AMvkeN_rv7QAmY5Q

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Funding and Performance Subcommittee Minutes
April 17, 2018

Subcommittee members attending: Talaika Williams, Richard Gary, Melissa McKeown, Joel Rice, Destri Leger

NCCEH staff attending: Ehren Dohler, Brian Alexander, Jenn Von Egidy

Subcommittee members missing: Tiana Terry

Other interested parties: Amy Modlin

Minutes:

- *Intro to ESG*
    - Eligible Components through HUD
        - Emergency Response
            - Emergency Shelters
            - Street Outreach
        - Housing stability
            - Targeted Prevention
            - Rapid Rehousing
    - The flow of ESG funds into BoS agencies goes from HUD to DHHS to the agencies.
    - The ESG application process goes from agencies to the Local Planning Area (in BoS, LPAs are the Regional Committees) to DDHS
        - Two part application process:
            - Project Application
            - Regional Application
        - Regional Committees must select an ESG Lead Agency to submits all materials to DHHS.
            - This is not the Funding Process Lead (An individual that has no conflict of interest)
    -

Per Local Planning Area	Maximum 60% in Emergency Response, minimum 40% in Housing Stability
Per program: Shelters	Maximum 40% for services, minimum 60% for operations
Per program: Rapid Re-housing	Maximum 40% for services, minimum 60% for financial assistance *(exception: if documentation is provided that non-ESG funds will be used for financial assistance)*

- o

- o LPA/Regional Committees are responsible for running the local competitive processes of soliciting, reviewing , and selecting project applications. The Process should be:
    - Competitive
    - Transparent and avoid conflict of interest
    - Promote funding to the highest quality projects
    - Reflect community need
- o Funding priorities should assist communities to design their process and make good decisions.
    - Joel Rice served on a Regional ESG funding committee in 2017. He stated that having priorities would be helpful when making ESG funding decisions.

- o Current expenditure limits for ESG funds

- o Richard Gary asked for clarification on the difference between Operations and Services expenditures in Emergency Shelters. Brian explained that Operations expenditures were for the operation of the physical building. This would cover utility bills, rent, and maintenance bills. Services expenditures covers case management, SOAR caseworker, housing specialists, referrals to the coordinated assessment system, and services connected to getting clients out of the shelter and into the housing.

- *Current state of ESG funding in NC BoS CoC*

  - o Most of our funding goes to Housing Stability

  - o The ratio of emergency response to housing stability varies widely. We hope to write funding priorities that are educational and help Regions to make funding decisions.

    - ▪ Destri asked if we were recommending agencies apply for Prevention dollars. Brian encouraged that if we do apply for prevention dollars, we utilize the dollars for diversion activities. The problem is the difficulty in determining if a household would truly have become homeless without those funds. We could also focus on "return prevention" to target clients we've already worked with and don't want to cycle back in to homelessness. Melissa confirmed that the DHHS ESG office felt that that money was not being spent the way it was intended to be spent.

  - o All but one region (Region 9) funds mostly shelter operations.

  - o RRH programs tend to request more services than housing stability for funding.

  - o Money is left on the table every year. In 2017, 15% of our ESG allocation was not awarded. This reflects money that was not applied for and also money that was applied for but not awarded due to low quality applications. Brian added that the ESG office took previous spending into account when they awarded funds last year. They will also have spending as priority when deciding awards this year.

  - o Spending

    - ▪ The ESG office organized renewal projects into three tiers based on spending in the previous year:

      - Tier 1: 65% or higher

      - Tier 2: 55-64%

      - Tier 3 54% or less

  - o There is a sharp divide between regional spending rates. Brian and Ehren made a point to say there were exceptional situations in different regions.

ESG also did not get contracts out until very late, which effects spending. ESG has corrected contract issues and has been clear on spending expectations. Spending will be taken into account in the future by the ESG and Regional Committees/LPAs will need to also pay attention to that during the competitive process.

- o Some counties need better emergency shelter coverage. 16 counties are without emergency shelter beds and had 220 people that were counted in the 2017 PIT count as unsheltered.

- o There are some counties that may have too many ES beds based on the PIT count and their utilization rates. Do these counties need to reallocate funding to RRH or to other counties?

    - ▪ Local conversations need to take place around the importance of PIT data and the way it will effect allocations. Region 9 did not have a unsheltered count in 2018 and this could effect funding for that region.

    - ▪ We can also look at the AHAR or utilization reports prior to de-funding or reallocating funds.

- o Rapid Rehousing is not available in every county. 15 counties are without ESG-funded RRH.

- CoC funding priorities

- o What year of PIT data should we use? Staff recommended we use PIT data for the previous year, due to counts often not being finalized until May. Destri asked if Regional Committees could appeal to allow the current year's PIT count be used. Brian stated that the Regional committee would need to have their current PIT count information submitted early to be able to file an appeal. Ehren also mentioned that although PIT data may change, it may not be a big enough percentage change that it would affect the priority for the region. The timeline could be set annually based on when the count is held and when the due date is.

- o We will proceed with 2017 PIT data while creating the funding priorities this year.

- o Should we add components and eligible cost categories to funding priorities?

    - ▪ Eligible CoC components

        - Permanent Housing (PSH or RRH)

        - Transitional Housing

        - Supportive Services Only

        - HMIS

- TH-RRH: In 2017 a single project that combined TH and RRH was also eligible to apply. Should funding priorities discuss TH-RRH projects?
    - Amy stated we just got people to stop utilizing TH projects and to get out of that mind frame. Melissa recommended we state it is not a BoS priority. Talaika said we need to make sure we say it's not going to be funded or people will still apply for it. Melissa replied that there likely would not be any programs prepared to apply for this type of funding this year since it's new. We decided to not fund this year.
- Eligible CoC costs
    - Acquisition, rehabilitation, or new construction
    - One-time, do not renew. 3 or 5 year grants.
    - Rental assistance
    - Leasing
    - Supportive Services
    - Operating
    - HMIS
- Should funding priorities address whether applicants can apply for Acquisition, rehabilitation, or new construction?
    - These projects would take large amounts of our bonus funding. They also would not be likely to pass through the competition and be funded. Brian also mentioned that staff would have to monitor the project for the next 20 years. The staff time would be immense.
    - Brian mentioned that Richard Gary with Region 6 had applied for Acquisition/Rehabilitation and asked if Richard wants to speak to that. Richard stated that in light of new information, he decided not to put that application forward.
    - Melissa stated that with so many other pots of money for new construction, it didn't seem a priority to take CoC funds for that purpose.
- The committee reviewed text changes on p. 4-5. The committee commented that "positive effects" was general. Brian suggested to change text to say: "The ability with new funding to

house those experiencing homelessness in a region that did not have or have very little funding"

- The New Priorities Grid Sources and Methods on p. 7 had adjustments that did not effect the Priorities Grid.

- Ehren recommended that staff make these changes and then we would have a 30 minute phone meeting to pass the changes next week. This allows for the CoC Funding priorities to be presented at the May steering Committee.

- ESG program performance
  - Program design and performance are rarely part of local competitions. We currently do not have a process to ensure compliance with written standards for ESG programs.
    - ESG is pushing Housing First and will likely soon make this the threshold to get funding.
    - Many of the shelters have barriers. Melissa stated that the transition to low-barrier shelter takes time and that a lot of conversations with boards and staff have to take place.
    - RRH programs have wide ranging program design.
  - RRH programs seem to be asking for too little assistance. ESG recommends an average of 3 months of assistance per person. Our RRH funding per person ranged from $46.67/person to $8,686.56/person.
  - Many shelters have barriers
    - Two potential measures of barriers are low utilization rates or high unsheltered counts

- *Funding priorities discussion*
  - Richard Gary asked about tracking returns to homelessness. Ehren agreed that we were not currently looking at System Performance Measures like Returns to homelessness and time to house persons in RRH. Brian mentioned that some data is asked for in the ESG application.
  - Richard also mentioned he wanted to learn more about Street Outreach and Homelessness Prevention. He also asked for clarification around the process. Brian stated we could put specific priorities around different programs.
  - Talaika wants to be sure that BoS is not leaving money on the table and would lie to see priorities to support spending.

- o Joel noticed that bed utilization rates were low and he wants to encourage shelters to have higher rates.

- o Talaika discussed shelters with high barriers and the difficulty getting unsheltered clients in. Ehren discussed that getting priorities around low barriers in writing makes it easier for Regional Committees to have those conversations with those shelters. The CoC can talk with those shelters if they are at risk of being de-funded.

- o How should the committee structure priorities to allow for regional differences? What tools would be helpful to the funding committees in each region?

    - ▪ Joel stated a decision tree would be helpful. Melissa stated that if they had it early enough they could talk with their Regional Committee in the summer.

    - ▪ Joel also stated that the spending spreadsheet and the quarterly reports would be useful to have when making decisions. This would be helpful to have early s they have decisions made for their communities before the RFP comes out. Ehren stated they could have overarching CoC priorities and Regional priorities.

    - ▪ Richard stated that agencies in the region do not always work together to make sure that funding was spread across the region. Ehren stated that a decision tree could be used to incentive agencies releasing duplicative programs and working together with other agencies.

    - ▪ Destri asked if a regional submission of priorities could happen.

- *Priorities Brainstorm*

    - o Coverage should be a part of the decision tree

    - o We need to address spending and how much the region is allocated and making sure they have enough agencies to apply for it. This could be in a decision tree

    - o Performance: Shelter barriers and program design. Destri stated we should look at performance measures if ESG was going to start looking at them in the future. This would be in a scorecard. A scorecard could be created by the committee or staff, but regions could use their own. Brian stated that any tools we create should be easy for Regions to use. We also don't want to overwhelm them with too many tools.

    - o Each committee member wrote down their top priorities based off everything talked about today. Each person had both spending and coverage, except Melissa who only had spending.

        - ▪ She stated that coverage was difficult in regions that have agencies that are not participating in the process and not as concerned about coverage. She

also stated that it can be difficult with agencies that have been burnt in the process in the past and now don't want to show up for anything.

- Amy added that in her region Trillium is the only grantee and that it's difficult to have these conversations when they are the only one getting the money. Brian stated that the conversation isn't just about funding, but about how to create a system that shelters everyone that needs it.

- Ehren also mentioned that we need to be careful that we don't put too many barriers for new agencies that prevent them from applying for ESG funds ESG can be the hook that gets agencies to the table and we don't want to scare them off.

  o Coverage

    - Utilization/bed availability

    - component priority ex: shelter is low barrier

    - Regional decision to incentivize a shelter to change barriers

- Next Steps:

  o The Subcommittee's next meeting is via conference call to approve CoC Funding Priorities. April 26th at 1:30pm.

  o The Subcommittee will meet again on May 15th from 10-12 via a conference call.

April 26, 2018

Attendance:

Subcommittee members: Joel Rice, Talaika Williams, Mellisa McKoewn, Richard Gary, Destri Leger

NCCEH staff: Ehren Dohler

Other interested parties: Amy Modlin

The subcommittee reviewed three changes to the NC BoS CoC's CoC program funding priorities:

1) The CoC will not fund new TH-RRH projects in 2018.

2) The CoC will not fund new projects that request acquisition, rehabilitation, or new constructions funds.

3) The priorities provide additional guidance to the Project Review Committee about how to rank new vs. renewal projects in the CoC competition.

The funding priorities were also updated with 2018 funding data, but these changes did not result in changes to the funding priorities regional grid.

No additional changes were requested. A motion was made to approve the 2018 CoC funding priorities [Rice, Gary]. All in favor, none opposed.

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Coordinated Assessment Council (CAC) Minutes
April 25, 2018
Attendance:

CAC Members: Teresa Robinson, Community Link; Juleah Berliner, Meridian Behavioral Health; Kristen Martin, Thrive; Lenize Patton, Phillipians Place; Linda Walling, Hope Station; Lynne James, Pitt County Planning; Melissa Eastwood, Trillium Health Resources; Michele Knapp, 5th Street Ministries; Thadeous Carr, Allied Churches of Alamance County; Monica Frizzell, Vaya Health; Tawanda Bennett, Why Not Me Services; Alison Azbell, Meeting Place Mission.

NCCEH staff: Ehren Dohler, Jenn Von Egidy, Brian Alexander

Other interested parties: Rebecca Swoford, North Carolina Coalition Against Domestic Violence

CAC overview

The CAC oversees NC BoS CoC's coordinated assessment system

- Sets policies and procedures for the full CoC
    - Writes/edits coordinated assessment written standards
- Evaluates the CA system
    - Designs outcomes reports
    - Collects and reviews outcomes
    - Designs HUD-mandated annual evaluation
- Oversees regional systems:
    - Suggests changes based on outcomes
    - Approves regional CA plans and changes
    - Provides support and feedback to regional committees

o   Resolves grievances

What would you like the CAC to help with?

- Thaddeous – baseline understanding of Coordinated Assessment and expectations. Both of the CAC and of on the ground agencies.

- Linda – helpful to connect 1 on 1 to regions that are comparable to their region. Contact list?

    o   Ehren will send a contact list out.

- Lynne – SSO grant opportunity will be helpful and any other resources that could be identified. Scan of other available CA funding resources.

- Thaddeous – different trainings, webinars, etc, so everyone is connected and there's consistency of message.

- Tawanda: follow up about whether we're doing it right.

What should CAC members expect of each other?

- Thaddeous – every region should have some input, and if you're on the call you should participate.

- Lynne – share things that are working – other regions will need that.

- Teresa – use the google group.

- Tawanda – not to assume CA leads know everything

- Ehren – Balance regional needs and CoC needs. Bring up regional needs, but also support needs of CoC as a whole.

- Brian: be considerate of each other, especially when your needs are different.

CAC tasks for the year

- Oversee and improve CA system

    o   Is the system working as intended?

        ▪   Re-do outcomes reports

    o   Is the system in compliance with HUD's CE notice?

        ▪   Establish evaluation system

    o   Is the system working as well as it could be?

        ▪   Improve knowledge, training, capacity.

- Increase expertise and improve CA system
    - Start with an all-day in-person meeting in the summer
        - Goals:
        - to bring all CAC members to same level of expertise
        - Set goals and priorities for CAC work
    - NCCEH and CAC will produce training materials to help better train regional committees, new staff, etc.

What else do we need to do this year?

- Remake the outcomes reports. Split up by type of agency.
    - How to get organizations that aren't required to participate to submit data.

Coordinated Assessment: Where We Are

- Coordinated assessment plans approved in all 13 Regional Committees
    - Every region is building toward a fully functioning CA system
- #1 challenge: lack of comprehensive by-name waiting list
    - Every region should have only one waiting list (could be split into two parts: PSH or RRH)
    - Referrals should NOT go directly to agencies, they should all go through the wait list.
    - Every person who receives PSH or RRH in NC BoS CoC should show up on this wait list first.
- Outcomes show other places for improvement
    - Q4 2017 outcomes: 7 regional committees submitted reports
    - Q3 2017 outcomes: 8 RCs submitted reports
    - Q2 2017 outcomes: 9 RCs submitted reports
- CA outcomes suggest more diversion needed at access points.
    - 2nd-4th Quarter of 2017:
        - 4738 people were looking for shelter in the 6 RCs with complete data
        - Only 3736 were assessed with a P&D screen
        - Only 283 were diverted

- o Lynne: When I talk to shelter staff, it's uncomfortable for them to try to divert. Conversation may come across like they're not welcome.

- o Ehren suggested that the conversations should never be framed as a barrier to getting shelter, but as a opportunity to help them identify alternatives and other resources.

- CA outcomes suggest there are gaps in who gets VI-SDPATs

  - o 3036 people were referred to DV or emergency shelter, 1334 left before the waiting period was over.

    - ▪ Only 1215 received VI-SPDATs, 487 did not.

  - o Of 1215 that received VI-SDPATs, 1168 had their VI-SPDAT scores reported.

- CA outcomes suggest there are large gaps in PSH referrals

  - o 380 households scored for PSH. Only 122 were referred to PSH. Only 22 were admitted.

  - o Some Regional Committees have adjusted their PSH scores upward, but those RCs wouldn't account for this difference.

  - o The CAC discussed possible causes:

    - ▪ Juleah, region 1. PSH wait is really long. People wait for months, so we try to refer people to other places.

    - ▪ Lynne: We also try to look for alternative placements because of lack of PSH.

    - ▪ Kristen: aren't enough slots open.

    - ▪ Brian also mentioned that in some regions PSH providers have said they aren't getting enough referrals or the right referrals from CA.

    - ▪ Teresa mentioned it's sometimes difficult to get all the paperwork together correctly.

    - ▪ Ehren said the whole CA system can help with these problems, especially making sure referrals are correct and making sure units are filled quickly.

    - ▪ Teresa mentioned she has some forms to help with the referral and eligibility process that she can share.

- The CAC discussed other things to improve:

  - o Teresa: messaging, participation, knowledge.

  - o Ehren: how to make case conferencing work well.

Region 5 asked to add a question to their prevention and diversion screen:

- "Has anyone in this household served in the military?"

- Other regions, like region 3, already have added this question.

- Teresa added that she also has a new referral process and referral forms around Veteran referrals, and she can share them if anyone wants them.

- There were no questions or discussion.

- A motion was made to approve Region 5's changes to the Prevention and Diversion Screen [Carr, James]. All in favor, none opposed.

Future CAC meetings:

The group decided to meet monthly, by phone/webinar and have less frequent in person meetings. Ehren will send out two scheduling polls: 1) to schedule the standing time for the virtual meeting and 2) to schedule the summer all-day in-person meeting.

Q&A Forum for CAC Exchange

- CAC members asked for a method to easily ask questions and share ideas with each other. NCCEH staff have set up a google group forum to allow the CAC to do this. \

- CAC members will get an invitation to join the CAC Exchange. Accept the invitation and you'll get an email with a link to the group.

- The group homepage looks like this:

NEW QUESTION

CAC Exchange Shared privately
☆

Welcome to the NC BoS CoC Q&A Forum for the CAC Exchange. You can post a question, reply to a question already posed, or read through the

Edit welcome message   Clear welcome message

▾ Discussion categories

How to use the forum

Prevention and Diversion

Maintaining Waiting Lists

HUD Compliance

Making Referrals

How to Explain CE to your Community

Case conferencing

-
- Users can choose categories to look at the discussions under each.
- Users can start or join conversations in Google Groups by posting a new topic or responding to posts in your groups.
- Users can respond to conversations within the online forum or via email.

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Veterans Subcommittee Minutes
April 20, 2018
Attendance:

Subcommittee members: Charlotte Stewart, Jessica Maples, John Rakes, Kiana Kirk, Nicole Dewitt, Olga Ortiz, John Mills, Reginald Roy, Terry Allebaugh, Charshae Phillips, Robin Henry, Katie Stewart, Jennifer Colbert

NCCEH staff: Nicole Purdy, Ehren Dohler

Regional Updates

SSVF providers shared updates on whether by-name lists are being used in BoS regions and whether regular Veteran meetings are happening.

- John Rakes, ABCCM, Regions 1, 2, 3: They are meeting. Not using a shared by-name list yet. Exited 17 individuals since beginning of grant year in BoS 10/1/17. 100% exit into PH. Average length of time homeless was 71 days. 3 currently open cases.

- Jessica Maples, Endeavors, Regions 7, 8, 10, 13: Case manager is attending meetings. Challenge is in Region 7, 10, 13 no CE leads.

- John Mills, Community Link, Region 5: Just getting started. Served three Vets this year.

- Ehren asked whether SSVF is getting referrals from Rowan Helping Ministries, they have a lot of Vets in their shelter who don't seem be getting served.

- Jessica Maples: Endeavors used to get a lot of referrals from Rowan, but that has slowed down.

- Robin Henry, Volunteers of America, Regions 6, 9, 11, 12. They're working on data clean up. Participating in meetings. Planning to put Vets piece at end of Region 6 meeting.

Ehren: It sounds like a barrier to using by-name lists is getting all the ROIs in place, but without a list of people to reach out to, it's hard to know who you need ROIs on. Can we pull a de-identified by-name list?

- Robin: that would be useful

- Nicole Purdy: Yes. SSVF should send Nicole which HMIS users should receive the reports.

Data review

Ehren presented data from HMIS on Veterans:

- Benchmark A: Ending Chronic Veteran Homelessness.

    o 60 Veterans with active HMIS entries from April 2017 or before, listed as literally homeless, and no exit date

    o No Veterans served by SSVF listed as chronically homeless

    o 30 CH Vets from 2017 PIT (2018 PIT data forthcoming)

- Benchmark B: Quick Access to Permanent Housing

- o Of the Veterans who were permanent housed between 1/1/18 and 4/13/18), their average length of time homeless was 56 days.

- o Of course this doesn't take into account Veterans who are still homeless, especially those who have been homeless a long time. But it does indicate that SSVF is housing Veterans quickly.

- Benchmark C: Sufficient permanent housing capacity

  - o Homeless Veterans on By-Name List: 179

  - o By-name list exits to PH: 16

  - o Exits Plus by-name list enrollments in RRH or PSH, but currently homeless: 89

- Criterion 3: TH in limited circumstances

  - o 8 Vets in Transitional Housing

- Criterion 1: Identification of all Vets experiencing homelessness

  - o By-name list progress:

    - ▪ Sharing Agreements signed in regions 1, 2, 3, 6, 7, 8, 10, 11, 12, 13

    - ▪ Sharing Agreements out for signature in regions 4, 5, 9

  - o There seem to be many Veterans who are not connected to SSVF. 56 Veterans have currently open cases with SSVF providers. 128 Vets are in ES or TH but are not working with SSVF.

- SSVF providers have started entering more USICH data:

  - o 23 Veterans with USICH data, currently homeless.

    - ▪ Average length of time homeless: 102.5 days (one Vet Identified 1/10/2017)

  - o 14 Veterans with USICH data housed since September 2017

    - ▪ Average length of time homeless: 48.5 days

- Conclusions:

  - o Find the chronically homeless Vets

  - o Start getting shelters to fill out USICH form and make sure they're referring to SSVF

  - o Talk to Nicole to schedule by-name list report pulls

  - o Start using by-name lists
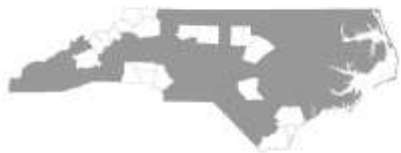
Governor's working group

Terry presented:

- Governor's Working Group on Veterans has been working for 5-6 years. Good platform for people to collaborate on Veterans' issues around the state. It's primarily been a networking group. The Secretary of Military and Veterans Affairs wants to shift group to be more action-focused. Developed 3 themes: 1) Suicide and Suicide Prevention 2) Veteran Homelessness 3) Substance Abuse and Co-occuring conditions.

- May, June, and July sessions will address Veteran homelessness. Sessions are 4th Thursday of the month at 2pm. May 24th, June 28th, July 26th. All at Research Triangle Institute

- 1st session: Releasing PIT data. Systems overview. Gaps analysis. Challenge to go home to figure out how you can support Veteran homelessness work.

- Asking for help on June 28th session: Opportunity to hear from practitioners. Try to make trip to Raleigh – mini summit from 10-12, then presentations at 2pm. What's working? What do we need?

- Any issues that should be lifted up? Plan to open each session with a testimonial.

   o Charlotte Stewart: Legal resources for overcoming barriers to eligibility, access to permanent housing, etc.

   o Ellecia Thompson: We work with NC Legal Aid in Triangle. Presenting to CoC in Durham about eviction diversion.

   o John Rakes: NC Serves Network – could give data on legal needs. Western part of state serves 11 counties in BoS. 63 cases ranked as legal cases – housing disputes can be resolved. But criminal cases are harder.

   o Charlotte: Also a lot of people just want basic legal counseling. NC Bar Association has just launched a free legal advice website.

- Terry – could you let us know if there are people with lived experience who might be interested in speaking? Email Terry. Terry@ncceh.org

HUD-VASH Vouchers

- 74 new HUD-VASH vouchers are allocated to PHAs in the NC BoS CoC.

Housing Authority	VAMC	Vouchers
Chatham County	Durham	5
Eastern Carolina Human Services Agency	Fayetteville	15
Lumberton	Fayetteville	5
Goldsboro	Fayaetteville	5
NC Commission of Indian Affairs	Durham	5
Sanford	Fayettevile	5
City of Hickory	Asheville	24
Western Carolina Community Action	Asheville	5
Greenville	Durham	5
Total		74

Next Meeting

Friday, June 15 from 10am to 12pm

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HMIS Governance Committee Minutes
March 12, 2018
Morning Conference Call Meeting

Members Present:

NC-500 – Andrea Kurtz, Tim West; NC-501 - Christiana Glenn Tugman; NC-502 - Lloyd Schmeidler; NC-503 – Brian Alexander, Denise Neunaber; NC-503-R3 – Melissa McKeown; NC-504 - Debbie Bailey; NC-505 - Rebecca Pfeiffer, Mary Ann Priester; NC-506 – Cecelia Peers, Anne Best; NC-507 – Shana Overdorf; NC-509 – Teresa Jacobs; NC-511 – Catrina Valadez; NC-513 – Corey Root, Debra Vestal; NC-516 - Tina Krause; NC ESG – Kim Crawford

Others Present:

Nicole Purdy – NCCEH; Ben Bradley – NCCEH; Gerry Leslie – MCAH; Eric Hufnagel – MCAH;

Call to Order, Welcome, & Introductions

- Andrea called the meeting to order at 10:14 AM and welcomed those present. Brian did roll call of those present at the meeting.

Approval of Minutes

- Brian presented minutes from the February 12, 2018 in-person meeting for changes and approval.

    o   Corey asked that we change the spelling of Debra Vestal's name in attendance.

- *Motion made to approve with changes (Bailey, Jacobs). All in favor. None opposed. – Motion passes*

MCAH Update

- SPMs: Reports have been released and are available.

    o   MCAH has scheduled an orientation webinar on April 4 at 10 AM. The webinar will cover the fundamentals of SPMS and data cleaning.

    o   MCAH has created a template to show a 3-year SPMs comparison that can be used to share information with the local CoC.

- o Let MCAH know if there are issues running reports. They have seen that the reports sometimes fail with large data sets. If this happens, MCAH has a work around it can share.

- o Preparing for the reports, CoCs should be making sure long lengths of stay are not missing an exit (ES>90 days, TH>365 days), checking discharge destinations for "don't know" responses and finding information when possible, and ensuring annual assessments have been completed.

- SSVF: SSVF providers will need to begin collecting employment status information and report this in the summer export (June 2018).

- Coordinated Entry: MCAH has scheduled two webinars covering coordinated entry procedures: March 23 for small/rural CoCs and April 13 for large CoCs. MCAH will be recording both webinars.

- ART reports: Several reports have been updated by Mediware including the positive destination issues for RRH that many were experiencing. See MCAH Update for further details.

- HUD NOFA: HUD has released a small NOFA to help communities fund HMIS capacity building, which could include information on comparable databases.

- Re-designed AHAR: The new AHAR called the Longitudinal System Analysis (LSA) will be released in the next cycle, which should help CoCs look at their data in better and more varied ways. More information will be released as we get closer to the reporting date.

Finance Report

- Eric presented MCAH's profit and loss through January 2018.

  - o The budget comes in a little below the targeted 58% mark at 7 months, specifically because of Mediware costs, which will be due later in the year.

    - ▪ The personnel line items are on track.

    - ▪ The travel line items are low due to less NC staff travel costs. MCAH expects to come in at or just below the budget.

    - ▪ The services line items are low due to NC scale back. MCAH expects this to come under budget for the year.

    - ▪ The space/operating costs were calculated from last year's budget and not updated. MCAH will exceed the budget in these line items by about $500.

    - ▪ The monthly Mediware costs in the budget were based on projections not actuals. The budget was underestimated for the

monthly fee. This item will likely be over about $5,300 in the budget. Eric indicated that the overrun might be absorbed by underspending in other areas of the budget.

- ▪ All CoCs are on track with their payments.

- Finance Committee will meet two weeks prior to the GC meting and get information out earlier for review.

- Finance Committee reviewed miscalculation of CoC allocations.

    o Tim provided an overview of the CoC allocation calculation method: MCAH costs – 3-year average of HIC beds, Mediware costs – Number of licenses. The miscalculation occurred when the combined percentages were applied to the budget after changes were made.

    o Finance Committee recommends that there be a one-time fix in invoicing. If GC approves direction, the Finance Committee will determine the correct amounts and bring back to the GC at the April meeting for final approval with fix happening on May invoices.

        ▪ Denise stated that this would not completely fix the problem because if we do this early and do not change the percentage for subsequent invoices, the amounts likely will be off due to projections. She suggests using actuals rather than budgeted numbers.

        ▪ Finance Committee will reconsider matter at next meeting and bring back another recommendation. Tim asked Denise to send NCCEH's spreadsheet with the correct CoC allocation amounts.

- Finance Committee reported on issues related to the Mediware billing in May for the 2018-2019 contract year.

    o The Finance Committee recommends maintaining billing for next contract year in May as long as the ESG office is willing to pay for these costs.

        ▪ Denise reported that the ESG office approved paying for these costs for the 3 CoCs leaving NC HMIS.

    o *Motion: Annual Mediware costs for 2018-2019 as included in the 2017-2018 contract with MCAH are billed per CoC at the percent established and approved based on HMIS licenses (Jacobs, Bailey). All in favor. None opposed. – Motion passes.*

ESG Office Project Management Call

- Rebecca and Kim stated plans have been made for a monthly project management call with the ESG office and CoC representatives. The representatives on the call will be Rebecca Pfeiffer, Kim Crawford, Catrina Valadez, Mary Ann Priester, and MCAH representatives.

- Kim stated the ESG Desk Guide is in process and the Project Management group will review before final release.

  o Kim hopes to provide education and detailed materials on how to be an ESG grantee or recipient.

  o Kim states that the ESG contract requires collection of data and monthly reporting. They will likely make the reporting requirement quarterly with the goal being to make the final CAPER process easier by making corrections throughout the year rather than right before the final due date.

- Kim needs this group to work on a plan to get DHHS reports for ESG projects when needed. Kim stated that the ESG office seat on the GC does not serve its position as a funder well at this time. The ESG office will withdraw from its seat on the GC and expect to address issues through this new project management group.

Transition

- Denise announced that NCCEH signed a contract with Mediware at the end of February. NCCEH expects to launch the new site in early June to give enough time to troubleshoot any problems. NCCEH will send out communication to all users soon. Denise said she would copy Andrea and Kara on communications.

- Andrea would like to release the letter to NC HMIS agencies and users drafted by Cecelia. She will update the draft with current comments and email to GC members today. She would like to get last minute comments or edits so we can approve the letter for distribution by the end of the day.

- Denise stated that NCCEH has identified 14 agencies that cross CoCs/implementations. NCCEH intends to call a meeting with providers that cross CoCs/implementations and would welcome representation from NC HMIS and/or other CoCs. NCCEH is looking at Snycpoint as a way to help move data between the two implementations. Syncpoint allows the export of data from system to another. Current options include: agencies could enter data into both implementations or agencies could enter data into one HMIS and export/import into the other. NCCEH suggested creating a workgroup around this issue. No GC member volunteered to

be part of the workgroup. Denise said NCCEH would move forward on its plans. CoCs can let her know when they are ready to have a conversation.

Next Meeting: April 9, 2018: 10 AM-12 PM all CoCs (conference call); 12 PM-4 PM remaining CoCs (in-person in Greensboro)

There being no other business, Andrea adjourned the initial meeting at 11:36 AM.

Minutes prepared by Brian K. Alexander, Secretary

Materials text 1 – Text is Normal

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