

North Carolina Balance of State Continuum of Care

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NC Balance of State CoC Steering Committee Consent Agenda and Updates

January 2019

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Section I. NC BoS Steering Committee Consent Agenda

The following will be voted on at the Month Day, Year NC BoS Steering Committee meeting:

Approval of December 4, 2018 Minutes

Available here: <https://www.ncceh.org/files/9759/>

*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

HMIS Transition

NC HMIS GC members, NCCEH staff, and HUD TA met to go through documents suggested by NC DHHS and HUD privacy experts to determine the level of breach experienced in the system because of the global visibility setting mentioned in prior reports. The group had several questions after going through the checklist document that have been forwarded to the assigned NC DHHS privacy attorney. At the time of this update, we are waiting for her reply. Her answers will help NC HMIS parties to determine the type of notification that needs to be made; at the very least, the group decided that all agencies whose information was affected by the global visibility setting in the system will be notified.

WellSky delivered another demo site for HMIS@NCCEH the week of December 17th. Unfortunately, during initial quality assurance checks, the NCCEH Data Center determined that 62 programs that were marked for copy into the new system were excluded. NCCEH is waiting for some explanation from WellSky why these programs were excluded. This means that a new demo site for the Data Center to review and determine accuracy of data transfer will likely not be available until after the holiday.

All current end users should continue entering data into NC HMIS until notification is given by the NCCEH Data Center. As soon as NCCEH has more information about the timeline for the transition, staff will send new agency and participation agreements for signature using DocuSign and will indicate when end users should end data entry into NC HMIS and begin entry into the new system.

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Regional Committee Elections

All Regional Committees are asked to submit names and contact info for their 2019 leadership positions to NCCEH staff:

https://docs.google.com/a/ncceh.org/forms/d/1hYSITRotZxcp9IEGA8FHGSJuKsn6527pNtICZjxZo/edit?usp=drive_web

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Coordinated Entry Evaluation

The NC BoS CoC will evaluate its Coordinated Entry System in January 2019. HUD requires this annual evaluation and all agencies in the CoC must participate.

The evaluation will be conducted via survey. There will be two groups surveyed:

1. Service providers participating in coordinated entry
2. Clients who have interacted with the coordinated entry system.

Service provider surveys

All homeless service agencies participating in coordinated entry must complete the online survey, available here:

<https://goo.gl/forms/R0o6XcZl3BiZergm1>

All service providers that participate in the NC Balance of State CoC's coordinated entry system should complete this survey. If your organization serves multiple regional committees, answer this survey based on the regional committee your organizations serves the most people in. You may fill out the survey multiple times for the multiple regional committees you cover, but each agency should only complete the survey ONCE for each Regional Committee they cover; multiple staff should not fill out the survey on their own.

There are multiple sections of this survey, only complete the sections that are relevant to your agency.

Section 1 - General Information questions at the beginning: All agencies should complete

Section 2 - Prevention & Diversion: Only complete if your agency completes the P&D screen

Section 3 - Emergency and DV shelters only should complete this section

Section 4 - Only complete if your agency completes the VI-SPDAT

Section 5 - Case conferencing: ALL agencies should complete this section

Section 6 - Only complete if your agency provides permanent housing (PSH or RRH)

Deadline: Survey must be submitted by January 25, 2019.

Client Surveys

Two groups of clients will be surveyed:





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1. Clients currently experiencing homelessness. These clients will receive the survey after they are assessed using the VI-SPDAT. There is one survey for people living unsheltered and one for people in emergency shelters.

Deadline: All people receiving the VI-SPDAT between January 6 and January 19 should receive a survey.

2. Clients housed via coordinated entry. All clients currently participating in a rapid rehousing or permanent supportive housing program who were housed in the last year should receive the survey.

Deadline: All surveys should be completed by January 21.

Work with your Regional Coordinated Assessment Lead to collect surveys. Staff should never read surveys from clients in their agency. All surveys should be collected by January 25.

Each client survey is available in paper form for download and electronically. Links are below, and all forms are posted at www.ncceh.org/bos/coordinatedassessment under "Information":

Unsheltered Consumer Survey: Provide to unsheltered clients after the VI-SPDAT

- [Paper form for download](#)
- [Electronic form](#)

Sheltered Consumer Survey: Provide to clients in homeless shelters after the VI-SPDAT

- [Paper form for download](#)
- [Electronic form](#)

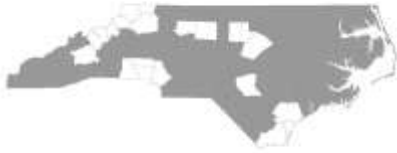
Housed Consumer Survey: Provide to clients who entered rapid rehousing or permanent supportive housing in the last year.

- [Paper form for download](#)
- [Electronic form](#)

Directions to staff for distributing surveys to currently homeless clients

1. Distribute the appropriate survey after all VI-SPDATs conducted between January 6 and January 19, 2019.
2. Completing the survey is completely optional. You MUST read the script below when you give the survey to the client.
3. Please put your agency and the date at the top of each survey before you hand it to a client.





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4. Please also distribute an envelope with this survey for the client to put the survey in when they are finished. Keep a box or a large envelope available to collect completed surveys. You should not read any surveys, unless asked for help. You should avoid directly handling individual surveys if possible.

5. When all surveys are completed, your coordinated entry lead will give directions about how surveys will be collected.

Directions to staff for distributing surveys to housed clients

1. Distribute the housed client survey during the month of January. Distribute ONLY to clients who were housed in the last year.

2. Collect the survey from clients by January 21.

3. Completing the survey is completely optional. You MUST read the script below when you give the survey to the client.

4. Please put your agency and the date at the top of each survey before you hand it to a client.

5. Please also distribute an envelope with this survey for the client to put the survey in when they are finished. Keep a box or a large envelope available to collect completed surveys. You should not read any surveys, unless asked for help. You should avoid directly handling individual surveys if possible.

6. When all surveys are completed, your coordinated entry lead will give directions about how surveys will be collected.

Script to read before each survey

Would you mind completing a short survey now? Nothing you say in this survey will have any effect on the services or housing you receive. The survey is completely optional and will remain anonymous.

This survey asks you to tell us how you've been treated while you've been/you were experiencing homelessness. Your survey will not be read by anyone with whom you're currently working. This survey will help us improve services for you and others.

After you complete this survey, please put it in the envelope you are given and seal the envelope. Then place it [direct them to where the box or envelope is kept].





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If you would like help reading the questions on the survey or help writing your answers, you may ask staff at this agency

for help. You may also ask us to connect you with someone from a different agency for help. You may also complete this survey later.

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Steering Committee Orientation Webinar Recording

Recording: <https://www.ncceh.org/events/1295/>

PIT: Unsheltered Count Webinar Recording

Recording: <https://recordings.join.me/XkREG9DDC0aLEwWDkkqpfq>

PIT: Conducting a Youth Count Webinar Recording

Recording: <https://recordings.join.me/8aW5GVM5akud6p55bP8AVg>

HMIS End User Meeting

Thursday, January 17, 10:00-11:30 a.m.

This webinar is highly encouraged for new Steering Committee members and a good refresher for standing Steering Committee members!

Register here: <https://www.ncceh.org/events/1300/>

Point-in-Time Status Calls

Friday, January 4, 10:00-11:00 a.m.

Friday, January 18, 10:00-11:00am

Friday, January 25, 10:00-11:00 a.m.

PIT Webinar: Unsheltered Count Data Collection and Mobile App Training

Friday, January 4, 11:00 -12:00 p.m.

More information can be found here: <https://www.ncceh.org/events/1298/>

PIT Webinar: Sheltered Count Data Collection Training

Friday, January 25, 11:00 -12:00 p.m.

More information can be found here: <https://www.ncceh.org/events/1299/>

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Section III. Meeting Minutes and Supporting Materials

Steering Committee In-person Meeting on Chronic Homelessness

November 29, 2018

Setting the stage: Exploring chronic homelessness

Why us, why now?:

- NC BoS CoC has big geography opportunity to impact a lot of the state.
- NC BoS CoC has a need. PIT data shows an increase in CH
- If no us, then who? The homeless system catches when falling through, those experiencing CH fall through our system. No one else for them.
- With system-targeting, we can do it. Housing will free up other resources: medical, judicial , etc
- Housing First model, best practices
- Because of Back @Home we now have state resources/support.

When we talk about chronic homelessness, what do we mean?:

- Hud definition can get confusing: time and disability, disability may be undiagnosed
- This population gets stereotyped (addiction, mental illness, criminal history) and they can be very visible.
- High users of systems and resources-hospital, judicial etc.
- Profound suffering due to untreated disability and being outside or not meant of habitation.

Why is it important to end chronic homelessness?:

- To leverage and make better use of resources we have.
- If we can show improvements in CH population, then we can help others. Prevent further homelessness.
- Address the group homeless the longest can help prevent chronic homelessness in groups that tend to become chronic, housing in the center.
- Public health and risk to life (reduces life by 10-20 years)

What does ending CH look like?:





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- Including vulnerable people even if not meeting hud definition.
- Paperwork to meet the definition is difficult. Streamlining the paperwork so we can easily meet the definition.
- Look at the whole continuum of services to prevent chronic homeless. Community effort to respond to need, align housing resources and work as a system.
- Being able to talk about the exact gaps and what is the problem, private funders like to be gap fillers and helps us.
- Population isn't static, be responsive to particular needs.
- Coordinated entry can be powerful in the community.

Deeper dive: Data and how we can use it

PIT: Limited because it is one night a year and data collection varies across the NC BoS CoC, but it's a good place to start.

- Snapshot-2018
 - 32% of people experiencing homelessness in NC were in the NC BoS CoC
 - 36% of CH people were in NC BoS CoC.
- Over last 5 years
 - there has not been a major decrease in CH.
 - Percentage of sheltered and unsheltered stayed the same.
- Using the data you have and how to talk about it is a good start. Using data in meetings to have/start conversations.

Data sources:

- By name list- real time info of everyone
- APR-HUD report
- CAPER-ESG
- HDX competition report

Strategies and setting a plan:

The group broke out into small groups to answer the following questions on large sticky pads:

What is out there that works well?: Local Collaborations(churches, local government, schools, etc), education specific to group-increased familiarity, having a champion, having problem solvers with dedication, having a community-mindset, client-driven agencies/projects, landlord engagement, engaging the housing authority(have to have the services to offer





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them), hiring a coordinator to educate, advocate and coordinate with other partners, merge meeting-efficient use of players time, establishing trust before administering VI-SPDAT, case conferencing-multiagency (identifying right people/agencies), Street outreach/identifying CH (progressive engagement, progressive assessment, have resources for S.O), being able to readily identify individuals, make chronic homelessness visible/keep visibility, continued engagement

What are you excited to start doing?: low barrier/client-driven program, capacity (money, training, & beds available), bring in investors to problem solve, myth busting about faith & federal funds, hire a champion, move-on, social determinants of health, data/dashboards, SDOH Medicaid pilot project/tapping healthcare, housing case management and workforce training/support, engaging/outreach unsheltered people, DV RRH, new partnerships locally/regionally (increase of housing awareness past homeless providers), TCLI funding for PSH, Social determinants of health legislation (tenancy supports through Medicaid), Back@Home Rehousing program, holistic approach to housing, access to use of data

What could you put in place with the help of everyone in this room?: Street outreach, case management and support services (comprehensive), transportation, coordinated entry-full scale, use data in every regional community meeting (using data regularly for decision making, prioritizing sharing agreements), development of supportive services, TCLI etc w/ Medicaid funding, partnerships, no more “0” PIT counties-more champions

Top Strategies: Participants voted on their favorite strategies and then the facilitator narrowed those votes into 2 Strategies we could focus on: Street Outreach and Data Utilization.

Strategies:

Street Outreach:

Action 1-Use the PIT to kick off street outreach:

- Have status call w/ pit leads to pitch the CH kickoff
- Engage a champion in the counties w/o a PIT count “no county uncounted”
- Create tool kit for PIT and a webinar for volunteer trainings
- Engage community partners for known locations and identify locations on map, then do recon and pre-outreach at locations
- recruit groups to donate items to give out
- Use the app to enter data to map CH (talk w/ data center to implement)





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- Identify tech for volunteers-phones or tablets
- Recruit volunteers for the count(PIT committee)
- Volunteer training
- Assign PIT teams to mapped locations to do the count, pass out harm reduction kits, outreach, offer follow up assistance to people found at street outreach
- Get volunteers to pin map where they found people
- Follow up at locations to attempt VI-SPDAT and add to prioritization list.

Action 2- Identify current key players and convene a meeting to introduce ending chronic homelessness:

- Announce to PIT and regional leads,
- Set a regional meeting. The steering committee should provide talking points and data for regional meeting
- Develop list of materials for meeting and list of resources, survey current efforts, create list of possible outreach partners and general education on street outreach
- Provide short, medium and long-term goals and materials for meeting
- Regional meeting in February and then give feedback to steering committee

Data: Start using data in every regional committee meeting

Action 1-Identify meetings and get commitments:

- Regional leads start the data conversation
- Decide if county specific or regional approach
- Identify who is in HMIS and identifying contact people at each agency
- Bring together agencies and get buy in on using data at meetings
- Reporting back to regional committee after looking at data

Action 2-decide what data to use:

- Use BNL/Coordinated entry list to make charts to start
- Include dv data
- Create mini dashboard: # house, chronic and veterans, beds, # homeless people,# housed
- Modify QPR dashboard

Action 3-Present data at meeting:

- Present at the meeting





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- Identify key data sources
- Make a plan for how to respond to data report
- Strengthen reporting process: run available reports to see what questions come up, consultation w/ HMIS team about possible reports
- NCCEH build template data report or chart/dashboard
- Work towards sharing agreement

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