

# North Carolina Balance of State Continuum of Care

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## NC Balance of State CoC Steering Committee Consent Agenda and Updates

September 9, 2025

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## Section I. NC BoS CoC Steering Committee Consent Agenda

The following will be voted on at the September 9, 2025, NC BoS CoC Steering Committee meeting:

### **August 5, 2025, Steering Committee Minutes**

<https://ncceh.org/wp-content/uploads/2025/08/August-2025-SC-Minutes.pdf>

*\*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

- **Local Leadership Response Call**  
**Wednesday, September 10, 1 – 2 P.M.**  
[Join Zoom Meeting](#)  
Meeting ID: 832 5608 9711
- **Lived Expertise Advisory Council**  
**Friday, September 12, 12 – 1 P.M.**  
[Join Zoom Meeting](#)  
Meeting ID: 579 903 9481  
Passcode: qYqVY5
- **Client Advocacy Collaborative**  
**Wednesday, September 17, 11:30 – 12:30 P.M.**  
[Join Zoom Meeting](#)  
Meeting ID: 837 9246 1651
- **Funding and Performance Subcommittee**  
**Thursday, September 18, 2 – 3 P.M.**  
[Join Zoom Meeting](#)  
Meeting ID: 844 1727 9794  
Passcode: 908847

## Section III. Meeting Minutes and Supporting Materials

### Veteran Subcommittee Meeting

August 4, 2025, at 11 AM

**Member Attendance:** Chariden Lewis, Jessica Rice, Kecia Robinson, Nicole Wilson, Denadia Nappier, Rory Springs

**NCCEH Staff Attendance:** Natalie Rivera, Mira Sanderson

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#### *Committee Check-in*

Attendees shared updates on how things are going in their current roles and any new developments.

- **Agency Updates:** ABCCM has launched a safe haven in Buncombe County. The haven is low-barrier and located at the same site as Transformation Village (which houses GPD beds). Funding sources include church donations and mental health funding through Vaya Health.
- **Executive Order Discussion:** The subcommittee discussed the recent Executive Order titled "*Ending Crime and Disorder on America's Streets.*" Key concerns include:
  - The potential rollback of support for Housing First policies.
  - A push to terminate projects that do not show "adequate outcomes" in substance abuse treatment.
  - New service requirements targeting individuals with serious mental illness.
  - NC HOPS Program: Jessica shared that the HOPS program (focused on housing, food, transportation and interpersonal safety for high-needs Medicaid enrollees) is likely to be defunded based on current predictions.

#### *Framework to End Veteran Homelessness*

The subcommittee went through and provided revisions on the [2023 NC Balance of State CoC Framework to End Veteran Homelessness](#).

Consistent with national trends, Veteran homelessness has been a persistent issue across North Carolina. In 2016, the North Carolina Balance of State Continuum of Care (NC BoS CoC) formed the Veteran Subcommittee to specifically address Veteran homelessness across its 79 rural and suburban counties. The purpose of the subcommittee is to design, implement, and evaluate the system to address Veteran homelessness in the NC BoS CoC. Efforts began strongly at its inception. The CoC had a strong, committed set of partners that developed the CoC's initial plan, taking ownership of key roles to ensure all Veterans experiencing homelessness connected to the system of care and available resources. However, after updates to Veteran resources allocations that changed providers and geographic coverage areas, multiple hurricanes, and the COVID-19 pandemic, the CoC's Veteran plan became outdated, and the states of emergency meant other efforts took precedence.

In early 2023, the NC BoS CoC re-established the Veteran Subcommittee. Subcommittee members include Supportive Services for Veterans and Their Families (SSVF) providers, Department of Veteran Affairs (VA) Medical Center staff, Department of Housing and Urban Development Veteran Affairs Supportive Housing (HUD VASH) staff, other Veteran service agencies, and Veterans with lived expertise of homelessness. Overall, the subcommittee's goal is to ensure every Veteran experiencing homelessness in the NC BoS CoC is quickly connected to permanent housing and appropriate services to maintain housing. Together, the subcommittee members created the following framework, which outlines key system components to be implemented on a regional and service providers level across the NC BoS CoC.

The subcommittee generally believes this foundational narrative is still relevant. Natalie will update data points, local and national, with more current information.

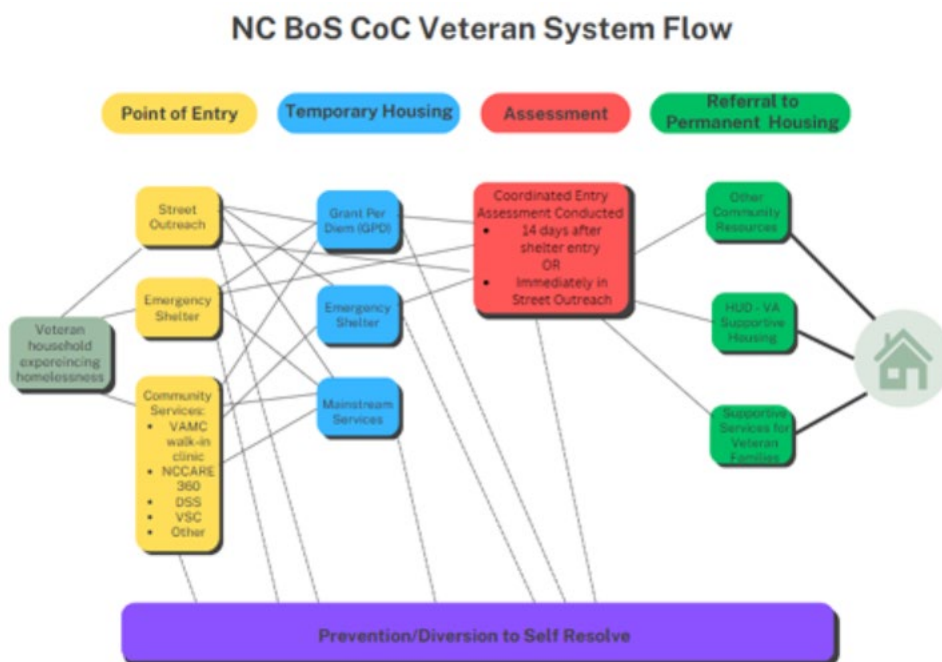


Chariden noted that the maps in the Veteran Framework section are not up to date and will send Natalie updated versions.

Framework establishes that our System Flow should be focused on: Housing First\*, Person Centered, Prevention and Diversion Services, Points of Entry, Standard Coordinated Entry Assessment, and Prioritization of the Most Vulnerable.

Changes to the Housing First approach are expected due to recent Executive Orders, which may impact how services and housing are delivered.

Rory shared that some veterans have reported their credit history as a barrier to being housed, highlighting the need to address screening criteria that may disproportionately impact vulnerable populations.



### *Veteran Case Conferencing in BoS Regions*

Kecia shared that during Region 7's recent case conferencing call, concerns were raised about a general lack of transparency in how individuals are matched to housing. She asked whether there is any specific guidance or language from our group regarding veterans and housing matching processes.

Nicole agreed with Kecia's concerns. She added that Region 7 does not receive many referrals, and the By-Name List is not updated regularly, which contributes to the challenge.

**A survey was conducted amongst CE Leads and the subcommittee discussed the following results:**



Region	CE Lead Response
Region 1 – Gretta Worley	Region 1 meets the second and fourth Thursday at 10am for case conferencing. We don't have a dedicated time for veteran case conferencing and would like help scheduling them. We know how to make referrals to veteran resources, but we don't always receive communication back to know the referral was successful.
Region 2 – Audrey Dooley	Region 2 meets for case conferencing once a month, alternating between general CE and veteran-specific. Prior to all case conferencing meetings, veteran providers are given a list of veterans on the Region 2 BNL for review and updates. In between meetings, veterans on the BNL who provide consent are connected with veteran providers, who will update the CE Lead or front door provider if the household referred is eligible for HUD-VASH or SSVF. Communication channels work well, and we receive updates routinely.
Region 3- Elizabeth Moncrief (Chasity and Kelley)	In Region 3, veteran-specific case conferencing is currently happening outside of regular case conferencing meetings. This temporary meeting is happening weekly at 9am on Thursdays, but some are postponed or cancelled due to staffing or capacity shortages. The goal is to join this veteran meeting with the regular case conferencing meeting once we have worked down the number of veterans on the Region 3 BNL to a manageable level.
Region 4 – Michelle Knapp	
Region	CE Lead Response
Region 5 – Erin Gaskin	Region 5 hosts veteran-specific case conferencing meetings during the second-half of our 2 <sup>nd</sup> monthly meeting, approximately 9:30am on the 4 <sup>th</sup> Wednesday of each month via Zoom. These meetings are going well- we know how to make referrals to veteran resources, and we hear back about successes.
Region 6 – Ashley VonHatten	Region 6 does not have a veteran-specific case conferencing meeting, but we review the BNL for veterans during our biweekly case conferencing meetings. These meetings include updates for households previously referred to permanent housing, a call for programs who can take new referrals, sharing any challenges with current clients, and then finishing by filtering the BNL for veterans and discussing with any VA/SSVF providers on the call. CE Lead will follow up after the meeting if needed. We know how to make referrals to veteran resources, but we don't always hear back about status updates.
Region 7 and 8 – Priscilla Ward	
Region 9 and 10 – Stephanie Flowers	
Region 11, 12, 13 – Michele Welsh	<b>Missing info on Region 11.</b> Region 12 and 13 have veteran-specific case conferencing once a month, but these meetings struggle with attendance, so we can't have a robust conversation. We know how to make referrals to veteran resources, but we don't always hear back about status updates.

### Regional Updates – Veteran Case Conferencing and By-Name List (BNL) Use

- **Region 1:** Chariden shared that the region is actively working to improve veteran case conferencing. Establishing a consistent meeting time would be helpful. The BNL is not currently being shared with veteran service providers.
- **Region 2:** Chariden reported that Region 2 has a more established routine in place. Typically, the case conferencing includes just the VA social worker, Alyce, and herself reviewing the BNL. Audrey has experienced some challenges with how the BNL data is pulled, as some individuals listed have already been housed. Natalie will follow up with the Data Center to investigate this issue.

- **Region 3:** While capacity and consistency of meetings remains a challenge, the regional leadership is making efforts to stay engaged and participate in various veteran service provider events.
- **Region 4:** Kecia noted that there was not a dedicated veteran case conferencing list for the region when she was attending their case conferencing meetings a while ago. Seth Horton now covers this area and may be able to weigh in on current status.
- **Region 5:** Kecia agreed with the survey results, indicating things are working pretty well in Region 5.
- **Region 6:** Nicole shared that some veteran providers attending the meetings seem uncertain about their roles, how to navigate the BNL, and how to effectively participate in the calls. Additional guidance or support could be helpful.
- **Regions 9, 10, 11, and part of 12:** Nicole, who covers these regions, mentioned that Region 12 is going well, but Region 13 is experiencing a communication gap. Further feedback needed from CE Lead about what is happening in Region 13.

#### *Provider Announcements and Updates*

VAs have been focused on implementing Unsheltered Surge Events.

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**The next Veteran Subcommittee Meeting is on Monday, October 6, 2025, at 11 AM.**



## Coordinated Entry Council Meeting

August 18, 2025, at 10 AM

**Member Attendance:** Gretta Worley (Region 1), Audrey Dooley (Region 2), Elizabeth Moncrief (Region 3), Mary Williams (Region 4), Erin Gaskin (Region 5), Stephanie Flowers (Region 9 and 10), Michele Welsh (Region 11, 12 and 13), Nicole Wilson, Cassie Rowe

**NCCEH Staff Attendance:** Ashley Von Hatten, Natalie Rivera, Rachelle Dugan, Mira Sanderson

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### *IPV & Coordinated Entry*

#### **Clients experiencing Category 4 homelessness can access CE in the following ways:**

- They present at a VSP, the provider completes the HART and enters the household through the regional VSP Smartsheet
- CE lead reviews the Smartsheet and either:
  - Takes no action because the household is connected to housing through the Safe at Home RRH program or
    - Includes the household (without any PII) in case conferencing to refer them to another resource (Back@Home, annual RRH, PSH)
- They present at a VSP and state they are OKAY with their information being entered into HMIS.
  - The provider connects them with the CE lead, and they complete the HART, sign the ROI, and are added to the CE project.
  - The household is on the HMIS by-name list and is discussed during CE conferencing.
- They present at a VSP and state they are OKAY with their information being entered into HMIS.
  - The provider connects them with the CE lead, and they complete the HART, sign ROI (but with limited sharing, and are added to the CE Project

This Release is active for one year effective on the date of signature.

Instructions: Check next to the statement that you understand and agree to:

I agree to have the information listed above to be shared to all helping agencies within the groups referenced.

#### SECTION 1 – HMIS Standard Information

- ☐ Yes, I agree to share my standard information in HMIS for de-duplication.
- ☐ No, I do not agree to share my standard information in HMIS.

#### SECTION 2 – Local Data Sharing

- ☐ Yes, I agree to share my HMIS information for local coordination.
- ☐ No, I do not agree to share my HMIS information (Only our agency will see all your detailed information).

- The CE lead contracts the NCCEH help desk, and the client's profile is locked, which limits visibility in HMIS.
- The household is on the HMIS by-name list and is discussed during case conferencing.

### *Safe at Home presented by Natalie Rivera*

The Safe at Home initiative by North NCCADV is a CoC-funded RRH project designed to serve people experiencing Category 4 homelessness:

#### **What is Category 4 Homelessness?: Fleeing/Attempting to Flee Domestic Violence (§ 578.3)**

Any individual or family who:

- Is fleeing, or is attempting to flee, domestic violence;
- Has no other safe residence; and
- Lacks the resources or support networks to obtain other safe permanent housing

**Addition from 2024 CoC Program NOFO:** "persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence"

Ashley asked a question about the "attempting to flee" aspect of the definition and highlighted some concerns. In response, Cassie Rowe explained that individuals do not need to be literally homeless to be eligible under Category 4. She also noted that there is an updated version of the definition, which NCCADV has been using even though HUD has not yet updated their information. Cassie added that anyone with questions can reach out to her directly at [crowe@nccadv.org](mailto:crowe@nccadv.org).

**NCCADV partners with 19 Victim Service Providers (VSPs) across the state as subgrantees of the Safe at Home project.**

- Goal: Safe at Home aims to connect survivors and their families with safe and sustainable permanent housing and to offer the necessary supportive services to help them achieve stability.

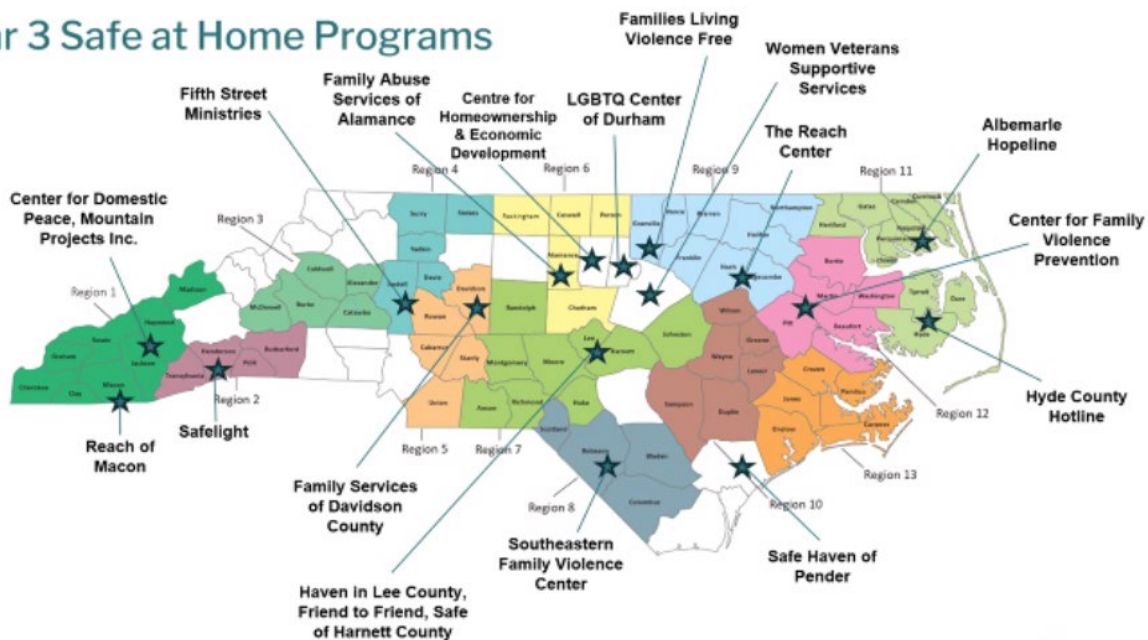
## Year 1 Safe at Home Programs



## Year 2 Safe at Home Programs



## Year 3 Safe at Home Programs



### S@H: Financial Assistance

RRH is short to medium term assistance program.

- RRH programs provide Tenant-Based Rental Assistance (TBRA)
- Assistance is limited to 24 months per household.
- Programs can provide up to 6 months of case management as “after care services” once financial assistance has ended. These 6 months can go beyond the 24-month limit.
- RRH should target Fair Market Rent (FMR) housing, but units are not limited to FMR.
- All units must meet a Housing Quality Standards (HQS) inspection prior to payments or move into the unit.

**S@H: Supportive Services**

Safe at Home providers offer voluntary supportive services to their Rapid Rehousing clients, including:

- Case Management
- Assistance with Moving Costs
- Housing Counseling Services
- Utility Deposits
- Outreach Services

**S@H: Landlord Engagement Pilot**

- Beginning in April 2025, 3 Safe at Home providers are engaged in a Landlord Engagement Pilot with our partners at Housing Collaborative. This pilot mirrors the success of Back at Home, referring RRH clients to Housing Collaborative's network of landlords to decrease the number of days between first connection and securing housing.
- To date, 6 survivor households have entered the referral system, and 2 households have successfully leased a unit through the pilot. Two additional Safe at Home providers are joining the pilot this month, and NCCEH has applied for additional funding to continue and expand this partnership in the future.

**S@H: Utilizing Comparable Databases**

- All 19 Safe at Home providers utilize an HMIS Comparable Database to collect information on the households in their RRH project. Providers choose their own eligible software provider— there is no centralized database for the project.
- Providers are responsible for submitting quarterly APRs to NCCADV for data quality checks and annually for the submission into Sage.

**S@H: Coordinated Entry**

NC BoS CoC wants to ensure that the Safe at Home project is meeting the requirements of Coordinated Entry while also ensuring survivors are connected to safe housing as quickly as possible.

1. Survivor households arrive at or are connected to the Safe at Home provider. Provider conducts intake and determines eligibility (potential shelter enrollment).
2. If the survivor household is eligible and the Safe at Home project has vacancy, provider can enroll the household in RRH immediately and begin case management. Provider will utilize their region's Smartsheet to inform CE Leads, with no further action required.
3. Safe at Home providers should attend regional CE and case conferencing meetings to receive referrals of survivors who arrived at other Access Points for the Safe at Home project.

**Points of confusion include:**

- How to refer survivors to other permanent housing resources (general population RRH, PSH, etc.) when S@H has no vacancies

- How to determine priority between households at the S@H VSP and households in need of a referral
- Survivors being able to be entered into HMIS instead of an HMIS Comparable Database, with added protection

Audrey asked if there was a way to find out how much money was allocated for each region. Cassie responded that individuals can reach out to her directly for that information, though she is unsure if it is publicly available. Audrey also noted that they are the S@H provider that currently has funding.

#### *FY24 SSO-CE Application Timeline*

##### **FY24 SSO-CE grant begins on December 1, 2025.**

- NCCEH has received the grant agreement from HUD
- NCCEH leadership has requested an SSO-CE Request for Application (RFA)

## **FY24 SSO-CE**

Timeline (dates are the week of and not exact dates)

- September 8 - CE/SSO-CE webinar
- September 22 - Intent to apply, regional letter of support, and summary statement due
- September 29 - RFA release
- October 20 - Applications due
- October 27 - November 3 - Review and scoring
- November 10 - NCCEH leadership approval of agencies and funding amounts
- November 17 - Grant agreements
- December 1 - FY24 grant start date

*2025-2026 Annual HMIS Training presented by Rachelle Dugan*

# 2025-2026 Annual HMIS Training

## When?

- Assigned to you in LMS on September 2nd!
- Must be completed by September 30th!

## Who needs to complete it?

- All HMIS Users who have passed the Privacy and Security Training prior to September 2, 2025.

## What does the training cover?

- 2025-2026 Privacy and Security Best Practices
- 2026 HUD Data Standards Updates

## *Reminders*

- FY23 SSO-CE 6 month Match due TODAY (8/18/25)
- September CEC Meeting (9/15) is **CANCELLED!**



## Client Advocacy Collaborative Meeting

August 20, 2025, at 11:30 AM

**Member Attendance:** Melissa Hewitt, Tradell Adkins, Mary Erwin, Erin Gaskin, Dr. Deniece Cole, Sommer Rector

**NCCEH Staff Attendance:** Teresa Robinson, Joanne Cain, Mira Sanderson

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### *Introduction*

Each attendee introduced themselves by sharing their name, a brief overview of their role, and how their work connects to the Balance of State.

### *Celebrations*

Attendees were invited to share recent professional and personal success stories.

### *Mission Statement and Purpose*

#### **Mission Statement:**

“The purpose of the Client Advocacy Collaborative is to support initiatives that create pathways for personal, educational, and economic growth within the communities we serve. Focusing on self-sufficiency through stable housing for all clients and their families. We work to engage underrepresented individuals and families by strengthening outreach, building partnerships, and welcoming every voice.”

Dr. Deniece Cole noted that underrepresented could be flagged as a word and suggests changing it to “special populations.”

### *Dialogue Planning*

- Landlord Engagement Strategies
- Housing Rights and Legalities
- Housing Inventory/Access and Retention
- Re-Entry Simulation

The group reviewed the outreach list. Teresa noted that while she has not yet had the capacity to begin outreach, the team can still work on planning the logistics in advance.

Dr. Deniece Cole suggested targeting January as the initial timeline. Tradell asked whether the dialogues should be divided into sections (e.g., 30-minute discussions followed by Q&A) and whether that format might be too much to cover within a two-hour session. Dr. Deniece recommended considering a two-part series instead.

Mira pointed out that the PIT Count takes place in January, which could be a scheduling factor. Dr. Deniece agreed, and Teresa suggested February as an alternative. Dr. Deniece supported this adjustment, noting that February may be a good fit given upcoming elections and potential executive transitions.

The group agreed that February would be an appropriate target for hosting the two webinars.

### *Formalizing our Work*

#### **Teresa gave a brief history of the creation of the Racial Equity Subcommittee.**

How can we solidify our group and work?

- Regular events
- Newsletter
- Fact sheet
- Procedure docs
- Collaboration docs
- What else?

Tradell asked whether any of this work had previously existed, and Teresa responded that it had not. He suggested using this as a foundation for orienting new members. Teresa added that currently, the only information available on the website is the mission statement. Tradell emphasized the need to develop a standard operating procedure (SOP), with Joanne and Melissa agreeing.

Dr. Deniece Cole highlighted that the primary motivation for establishing the RE Subcommittee was the death of George Floyd and the desire to incorporate kindness and humanity into the work.

Teresa proposed creating a memorandum of understanding (MOU) with other agencies or subcommittees, such as LEAC. She also suggested producing a newsletter to share information and resources with the community. This could include a monthly one-page document featuring community resources (such as a brief bio or snapshot) along with narrative stories, shared anonymously, about lived experiences. Each issue would highlight new resources and stories.

Teresa emphasized that a core part of the Client Advocacy Collaborative's mission is to inform people by providing education, resources, and awareness. She also recommended that the process for sharing stories be incorporated into the SOP.

#### **Next Steps:**

1. Teresa will begin drafting the newsletter format and the SOP.
2. Tradell will provide Teresa with the necessary resources.

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**The next Client Advocacy Collaborative Meeting will be on Wednesday, September 17, at 11:30 AM.**