

North Carolina Balance of State Continuum of Care

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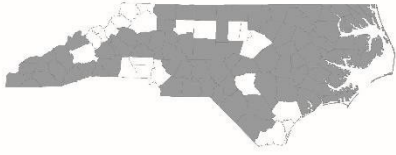
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NC Balance of State CoC Steering Committee Consent Agenda and Updates

November 4, 2025

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Section I. NC BoS CoC Steering Committee Consent Agenda

The following will be voted on at the November 4, 2025, NC BoS CoC Steering Committee meeting:

October 7, 2025, Steering Committee Minutes

<https://ncceh.org/wp-content/uploads/2025/10/October-2025-SC-Minutes.pdf>

2025 Draft Fair Housing Policy

<https://ncceh.org/wp-content/uploads/2025/10/NC-BoS-CoC-Fair-Housing-Policy-FINAL-DRAFT-2025.pdf>

2025 Draft VAWA Emergency Transfer Plan

<https://ncceh.org/wp-content/uploads/2025/10/2025-NC-BoS-CoC-VAWA-Emergency-Transfer-Plan-DRAFT.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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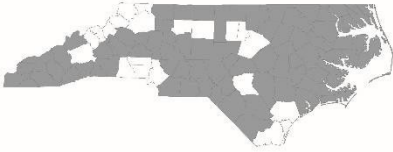
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Section II. Updates

- **Veterans Subcommittee**
Monday, November 3, 11:00 A.M. – 12:00 P.M.
[Join Zoom Meeting](#)
Meeting ID: 837 9246 1651
- **Lived Expertise Advisory Council**
Friday, November 14, 12:00 – 1:00 P.M.
[Join Zoom Meeting](#)
Meeting ID: 579 903 9481
Passcode: qYqVY5
- **Coordinated Entry Council**
Monday, November 17, 10 – 11:30 A.M.
[Join Zoom Meeting](#)
Meeting ID: 8978 8280 4661
Passcode: 490790
- **Client Advocacy Collaborative**
Wednesday, November 19, 11:30 – 12:30 P.M.
[Join Zoom Meeting](#)
Meeting ID: 837 9246 1651
- **Funding and Performance Subcommittee**
Thursday, November 20, 2:00 – 3:00 P.M.
[Join Zoom Meeting](#)
Meeting ID: 844 1727 9794
Passcode: 908847



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Section III. Meeting Minutes and Supporting Materials

Veteran Subcommittee Meeting

October 6, 2025, at 11 AM

Member Attendance: Genean Hill, Jean Eastwood, Rory Springs, Chariden Lewis, Nicole Wilson, Howard Anderson, Charessa McIntosh

NCCEH Staff Attendance: Natalie Rivera, Liz Carbone

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Committee Check-in

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

- Chariden shared that the final Surge Events went great, and several veterans were connected with permanent housing. She noted that many of the veterans reached through the events had traditional barriers to housing and had a hard time keeping in communication with providers. Chariden also noted there was a Stand Down in Macon County (BoS Region 1) last week with good attendance.
- Charessa added that veterans who were unable to housed through surge events were difficult to keep in touch with. She added that the Fayetteville VA Stand Down was successful, although most people in attendance were not veterans.
- Jean shared updates from the past few months (welcome back from your leave of absence, Jean!) She reported that her region has been focusing heavily on outreach to more rural counties. Recent Stand Down in Greensboro went well—smaller numbers in attendance, but they were able to house 6 or 7 veterans. Four declined services. Jean has also been working closely with local VAMCs on 6 new HUD-VASH referrals. It's been rewarding recently to have providers (VAMC, SSVF, etc.) working closely together.

Bi-monthly Data Updates

The subcommittee went through the following data points from the statewide by-name list. Note that this data set only includes information from HMIS@NCCEH.

May-September Data

830 Veterans Served Across All Project Types on the By-Name List

- 164 in ES, SO, SSO
- 531 in TH, RRH, PSH
- 135 in a Regional Coordinated Entry Project

89 had a HART score calculated in May-Sept

- Average HART score of 19.32

12 with CE Housing Event in May-Sept

- 2 referred to SSVF
- 10 to CoC or ESG funded RRH

80 with Housing Move-In Date in May-Sept

- 71 in SSVF
- 9 in CoC or ESG funded RRH

306 Veterans in Need of Permanent Housing (In ES, SO, SSO, TH, Coordinated Entry without a Housing Move-In Date)

Household Types

- 281 Individuals
- 14 Adults Only Households
- 10 Adult and Child Households
- 1 Unknown

2 Youths (18-24) and 90 seniors (65+)

7 fleeing domestic violence

72 exited their project in 2025 May-Sept

- 15 to permanent housing destinations
- 9 to temporary housing destinations
- 1 returned to homelessness
- 7 to institutional settings
- 40 unknown (DNC, Refused, Other, etc.)



Howard asked if this data set could include information on housed veterans from HUD-VASH. Natalie recognized that this is currently a challenge because HUD-VASH is not tracked through HMIS, but the subcommittee could add HUD-VASH data to this data set through future coordination.

Kecia noted upcoming conversations on how HMIS can receive HUD-VASH data from HOMES. See more conversation from HUD on the topic [here](#). Noted as a future conversation topic with the HMIS@NCCEH Data Center.

Jean reminded the group that this data set does not include information from projects that use NCHMIS as their HMIS implementation as opposed to HMIS@NCCEH. Noted as something to keep on the radar as a potential partnership.

VA Transitioning to Using BNL for HUD-VASH Referrals

The Durham VA was considering transitioning in 2026 to using the BNL for all HUD-VASH referrals. VA staff would need copies of the BNL from all regions, including persons being served by SSVF projects. These reports- with SSVF clients included- are currently unable to be run by CE Leads, so the Balance of State team has been considering solutions. There has also been an issue with HART scores populating on the BNL for clients from different project types.

Nicole updated the group that the Durham VA may be rethinking this idea due to complications. Committee members agreed that these barriers are detrimental to cross-agency and cross-system communication and the tracking of veterans, which is a high priority for the group.

Chariden noted that not having shared viewing access in HMIS for SSVF enrolled veterans creates barriers to service delivery. Asking SSVF providers for updates each week or each month is doable but time-consuming.

Howard shared that in Regions 1, 2, and 3, he is able to get SSVF-enrolled veteran numbers but not names. Nicole and Howard to partner on this topic.

Veteran Case Conferencing in BoS Regions

In August, we reviewed survey feedback from CE Leads on how veteran-specific case conferencing was going in their respective regions. Natalie was ready to share the responses newly collected from Regions 4, 9, 10, and 1 (see highlighted below)1, but **unfortunately, our Zoom call crashed at this moment. Committee decided to move rest of the meeting to email.**

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 <u>are connected with</u> 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 – Mary Williams	Region 4 meets for case conferencing twice a month, on the first Tuesday of the month at 9:30am and at the end of the Regional (DISSY) meeting, which occurs on the third Wednesday of the month at 11:30am. Veteran case conferencing is a part of these regular case conferencing opportunities. We know how to make referrals to veteran resources, and we typically receive communication back to know the referral was successful– specifically, there is typically SSVF representation on the call.
Region 5 – Erin Gaskin	Region 5 hosts veteran-specific case conferencing meetings during the second-half of our 2 nd monthly meeting, approximately 9:30am on the 4 th 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	Still missing info on these Regions.
Region 9 and 10 – Stephanie Flowers	Region 9 meets for case conferencing twice a month, on the first Tuesday of the month at 2pm and at the end of the Region 9 general meeting, which occurs on the third Tuesday of the month at 2pm. Region 10 also meets bimonthly for case conferencing. Veteran case conferencing is a part of these regular case conferencing opportunities. No comment provided on knowledge of referring to resources or communication about referral status.

Region	CE Lead Response
Region 11, 12, 13 – Michele Welsh	<p>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.</p> <p>Region 11 host case conferencing once a month after the Region 11 general meeting. Veteran case conferencing is a part of regular case conferencing opportunity. The issue R11 faces is the lack of veteran services in their 10 counties. Two providers from a Virginia VA attend most of the <u>time, but</u> have difficulty getting the Economic Improvement Council to take HUD-VASH vouchers.</p>

Provider Announcements and Updates

Rory shared the Wayne County Stand Down will be on October 9th. He also was able to attend the United Way of Wayne County summit on homelessness and shared resources with the committee.

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The next Veteran Subcommittee Meeting is on Monday, November 3, 2025, at 11 AM.

LEAC Meeting – 10/10/25

Attendance: Karen C., Melissa H., Von N., Elliot R (staff), Teresa (staff), Liz (staff) and Mira S. (staff)

Karen shared that she had previously asked the Governance Workgroup about including the Client Bill of Rights in the Governance Charter but felt she received some pushback from the group. Melissa responded that she wasn't sure including the entire Client Bill of Rights in the charter was appropriate. The group discussed making the document more accessible on the website so that it can be easily located. Staff will work on finding and linking the Client Bill of Rights by the November call.

Liz Carbone (staff) posed several questions to the group regarding UAC and PIT/HIC night and requested LEAC's feedback. This discussion was documented separately.

Elliot shared information about an organization he volunteers with that provides camping gear to people experiencing homelessness and offers tips on how to maintain hygiene in public spaces discreetly. He expressed hope that LEAC could one day share similar practical insights with Regional LEACs, which could then be distributed to the public.

Elliot also presented the revised Compensation Procedure and Onboarding SOP documents for LEAC's review. NCCEH staff incorporated LEAC's feedback from the previous meeting into the updated drafts.

Teresa reviewed the Canva documents she created for last month's meeting, noting that she added "Roles and Responsibilities" and removed the tier section. She requested additional feedback from LEAC members.

- Melissa suggested setting a 6-month probationary period, citing turnover concerns.
- Elliot proposed having all new members start in an advisory role initially.
- Mira agreed and emphasized the importance of meeting attendance as a key indicator of commitment.
- Melissa also noted that the group should consider members' triggers and communication styles when onboarding and engaging participants.

Teresa mentioned that some role titles may need to be renamed to better reflect their functions.

Finally, Von raised the question of whether the group should establish limits on how many representatives from each region can serve on LEAC.

Funding and Performance Subcommittee

October 16, 2025, at 2 PM

Member Attendance: Bonnie Harper, Lynne James, Melissa Hewitt, Talaika Williams, Melissa McKeown, Amy Modlin, Sarah Lancaster

NCCEH Staff Attendance: Jenny Simmons, Joanne Cain, Natalie Rivera, Mira Sanderson

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ESG Survey

- Sent via email on Monday, October 13th to CY2026 ESG Program Project Applicants and Regional Leadership (Regional Leads, Regional Lead Alternates, and Coordinated Entry Leads)
- Responses due back by 5 PM on Tuesday, October 28th

Review Programmatic Performance Measures and Set Benchmarks

Setting performance measure benchmarks:

Help projects and the CoC improve services and outcomes:

- *Improve services and outcomes for people experiencing homelessness*
- *Directly affect the CoC's System Performance Measures*
- Prioritize a culture of accurate data collection, data entry, & regular evaluation
- Indicate to NCCEH staff where they should prioritize technical assistance
- Increase & expand opportunities for funding

System Performance Measures



Staff pulled reports from HMIS for performance measure baseline for each project type.

Staff have pulled several HMIS reports for each project type (*Annual Performance Reports, A003 Chronic Homelessness Reports, System Performance Measure Report*) from October 1, 2024 – September 30, 2025, to gather baseline data for each of the performance measures.

As we go through the measures, keep in mind the following:

- Does the performance measure make sense?
- Does the baseline data suggest an increase or decrease in the benchmark the CoC sets?
- What benchmark is reasonable to push projects to improve program outcomes but not too high to demotivate agencies?
- How do the benchmarks we set help improve the CoC’s achievement of System Performance Measures?

Street Outreach

Performance Measure	2025 Baseline	2025 Benchmark	2024 Baseline	2024 Benchmark	2023 Baseline	2023 Benchmark	2022 Baseline	Updated 2026 Benchmark	SPM	Comments
% of people with at least one disabling condition*	43%	50%	47%	50%	55%	50%	48%		-	
% of households experiencing chronic homelessness	27%	30%	27%	30%	25%	30%	27%		-	
% of people exiting to-shelter specific homeless, temporary destinations and some institutional settings. (SPM)	8% is to a shelter; update to full SPM types is 14%	20%	12%	20%	11%	20%	16%		13%	This PM is part of the SPM = total % of successful exits (combined this one and one below) = 27.6%
% of people exiting to PH destinations. (SPM)	14%	20%	18%	20%	11%	20%	17%		14%	This PM is part of the SPM = total % of successful exits (combed this one and one above) = 27.6%

Please note that the red text indicates suggested changes.

Benchmark for percentage of people with at least one disabling condition – Revised and Set at 40% for 2026:

Melissa McKeown commented that the face of homelessness is changing and expressed that she does not want to increase the benchmark. Bonnie Harper agreed, emphasizing that homelessness is evolving due to current economic challenges.

Melissa Hewitt supported keeping the benchmark the same, aligning with Melissa McKeown and Bonnie Harper. Amy Modlin agreed with their points but emphasized the importance of ensuring that benchmarks adjust to reflect the current homeless population. She suggested keeping the measure but modifying the benchmark. Talaika Williams also agreed.

Lynne James proposed setting the benchmark at 45%, while Talaika Williams and Joanne Cain suggested 40%. Bonnie Harper added that lowering it to 40% could help with potential funding opportunities. Lynne James shared that she is “on the fence” about 40%, acknowledging that while the overall trend may appear downward, it’s important to balance realism with ambition. Melissa Hewitt noted that with the current administration, a newer homeless population is

emerging—particularly among the middle class—and that lowering the benchmark could be more inclusive of these changes.

Amy Modlin suggested that setting it at 40% poses little risk, saying, “We have nothing to lose.” Subcommittee members settled on a 40% benchmark for this performance measure.

Benchmark for percentage of people experiencing chronic homelessness set at 25%:

Melissa Hewitt suggested keeping the same benchmark, noting that with the current administration, rates may rise naturally.

Melissa McKeown agreed, suggesting either keeping it as is or reducing it to 25%.

Bonnie Harper cautioned that the data may change within the next few months and should be monitored before finalizing.

Lynne James recommended either keeping the baseline or lowering it, pointing out that since previous benchmarks were reduced, consistency would support lowering this one as well.

Subcommittee members settled on a 25% benchmark for this performance measure.

Benchmark for the percentage of people exiting to shelter revised to the percentage of people exiting to specific homeless, temporary destinations, and some institutional settings and set at 14%:

Performance Measure and Benchmark Adjustments:

Edits to the performance measure were made to be in line with the full System Performance Measure. Melissa McKeown agreed with the textual revisions, noting that including only shelters in the metric “boxes us in.” Talaika Williams concurred.

Sarah Lancaster commented that 20% is too high and likely has not been achieved historically, especially within street outreach programs.

Jenny Simmons suggested setting the benchmark at 14% or 15% to be inline with the baseline data, and the group agreed on 14%.

Benchmark for percentage of people exiting to permanent housing destinations set at 15%

Melissa Hewitt asked how many participants moved into permanent housing and remained housed. Jenny Simmons responded that this data exists but was not displayed on the current slide, and noted that Street Outreach projects are required to report returns to homelessness. Melissa McKeown recommended keeping the benchmark at 14% or raising it to 15%, emphasizing that it’s important not to discourage providers given the challenges of securing permanent housing.

Jenny Simmons added that increasing the benchmark to 15% could positively impact overall system performance measures as it would be a one percent increase over last year’s report.

The group reached consensus on 15%.

Street Outreach System Performance Measure (SPM) - to show the full System Performance Measure for Street Outreach regarding percentage of successful exits:

7a.1 - Change in exits to permanent housing destinations		Current FY
Universe: Persons who exit street outreach		1191
Of persons above, those who exited to specific homeless, temporary, and institutional destinations		157
Of the persons above, those who exited to permanent housing destinations		172
% Successful exits		27.62%

Updated 2026 SO Performance Benchmarks

Street Outreach

Performance Measure	Updated 2026 Benchmark	2025 Baseline	2025 Benchmark	2024 Baseline	2024 Benchmark	2023 Baseline	2023 Benchmark	2022 Baseline	SPM	Comments
% of people with at least one disabling condition:	40%	43%	50%	47%	50%	55%	50%	50%	-	
% of households experiencing chronic homelessness	25%	27%	30%	27%	30%	25%	30%	25%	-	
% of people exiting to specific homeless, temporary destinations and some institutional settings. (SPM)	14%	8% is to a shelter; update to full SPM types is 14%	20%	12%	20%	11%	20%	10%	13%	This PM is part of the SPM = total % of successful exits (combined this one and one below) = 27.6%
% of people exiting to PH destinations. (SPM)	15%	14%	20%	18%	20%	11%	20%	10%	14%	This PM is part of the SPM = total % of successful exits (combined this one and one above) = 27.6%

Transitional Housing

Performance Measure	2025 Baseline	2025 Benchmark	2024 Baseline	2026 Benchmark	SPM (FY2024)	SPM (FY2023)	Comments
% of people with at least one disabling conditions	30%		31%		-	-	DV TH providers excluded serve different target population.
% of adults that increased earned cash income (SPM)	8%		9%		-	-	SPM for CoC Program funded projects only. Currently that's RRH & PSH.
% of people that exited to a permanent destination (SPM)	51%		56%		35%	39%	SPM baseline is for ES, TH, & RRH.
% of people exiting to PH that returned to homelessness within 2 years (SPM)	8%		8%		8% for TH/13% for all	8% for TH/15% for all	SPM baseline for all project types minus PSH
Median length of project participation of leavers (SPM)	124 days		127 days		48 days	41 days	SPM baseline includes ES & TH – suggest a range for this measure

Transitional Housing Performance Measures and Benchmark Setting:

Bonnie Harper asked how many agencies applied for ESG Transitional Housing (TH) funding. Jenny Simmons explained that none applied, as ESG does not fund TH. She added that the CoC Program also does not currently fund TH but anticipates potential funding opportunities for transitional housing in an upcoming 2025 NOFO.

Jenny Simmons clarified that the current baselines are based on HMIS data.

Bonnie Harper acknowledged that she is not very familiar with TH and was unsure how to proceed.

Melissa McKeown shared the same uncertainty and suggested taking the average of the last two baselines to establish a new benchmark.

Bonnie Harper asked whether TH is being used as a bridge to Rapid Rehousing (RRH), noting that if that is the case, the benchmark should remain low. She added that other organizations use TH differently, which may increase their numbers, and emphasized that benchmarks should depend on who operates the TH program and how it is structured.

Jenny Simmons responded that the TH projects referenced here are standalone and that currently, the CoC does not have any TH programs that transition directly to RRH.

Melissa McKeown asked whether the TH projects in HMIS are two-year projects, and Jenny confirmed they are.

For the final Performance Measure (PM) related to Transitional Housing, Jenny Simmons suggested removing it entirely as a performance measure. Melissa McKeown fully agreed with this recommendation.

Lynne James also agreed, adding that she does not like using only “leavers” for this measure. Jenny Simmons explained that she shares those concerns, noting that this specific performance measure has introduces unintended consequences. She expressed interest in clarifying misinformation about how long transitional housing projects (and others as we will continue to discuss in November) can provide services to program participants and later determining whether a median length of stay should be reconsidered for a performance measure in the future. The group collectively agreed with this approach.

Jenny Simmons concluded by noting that staff will enter the updated percentages and then email the group once completed.

Subcommittee members agreed to setting the benchmarks for 2025 and 2026 based directly on the baseline percentages achieved. The benchmarks for 2025 and 2026 were set as indicated below.

Updated 2026 TH Performance Benchmarks

Transitional Housing

Performance Measure	2026 Benchmark	2025 Baseline	2025 Benchmark	2024 Baseline	SPM (FY2024)	SPM (FY2023)	Comments
% of people with at least one disabling condition:	30%	30%	30%	31%	-	-	DV TH providers excluded serve different target population.
% of adults that increased earned cash income (SPM)	8%	8%	9%	9%	-	-	SPM for CoC Program funded projects only. Currently that's RRH & PSH.
% of people that exited to a permanent destination (SPM)	51%	51%	56%	56%	35%	39%	SPM baseline is for ES, TH, & RRH.
% of people exiting to PH that returned to homelessness within 2 years (SPM)	8%	8%	8%	8%	8% for TH/13% for all	8% for TH/15% for all	SPM baseline for all project types minus PSH
Median length of project participation of leavers (SPM)		124 days		127 days	48 days	41 days	SPM baseline includes ES & TH – suggest a range for this measure

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Next Funding and Performance Meeting is on Thursday, November 20th, 2025, at 2 PM.
 The subcommittee will continue to review performance measures and set benchmarks for homelessness prevention, rapid rehousing, and permanent supportive housing.

Coordinated Entry Council

October 20th, 2025, at 10 AM

Member Attendance: Audrey Dooley (Region 2), Elizabeth Moncrief (Region 3), Erin Gaskin (Region 5), Priscilla Ward (Region 7 and 8), Stephanie Flowers (Region 9 and 10), Michele Welsh (Region 11, 12 and 13), Karen Carroll (ALM), Kim Crawford (NCDHHS), Jennifer Mazzeo (NCDHHS), Bonnie Harper, Cassie Rowe (NCCADV), Brian Fike

NCCEH Staff Attendance: Ashley VonHatten (Region 6), Joanne Cain, Dashia Shanks, Teresa Robinson, Alicia Price-Blanks, Mira Sanderson

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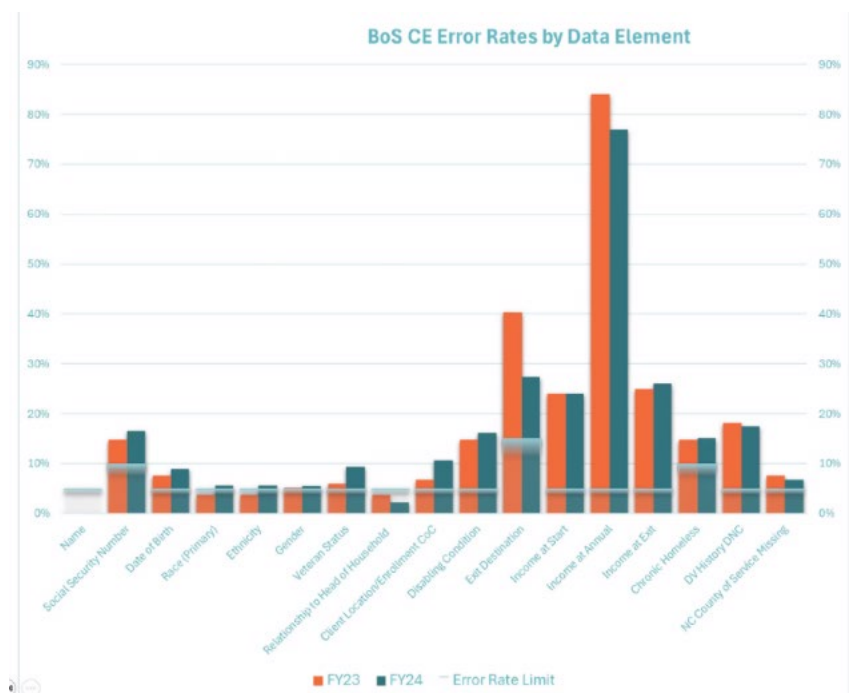
Data Quality Standards

Coordinated Entry Benchmark Review

Benchmark error rates are not set in stone!

Questions to ask experts in your field:

- Where should you hold yourself accountable?
- Do these current benchmarks fit?
- What are some new proposals you may have?



Dashia noted that missing annuals were the biggest contributor to higher error rates. It was clarified that annual assessments can be updated without client input—the system primarily requires that an annual be entered, which should resolve those related data errors.

New Benchmark Proposals?

- After reviewing our current error rates, what changes would the Coordinated Entry Council like to make, if any?

Michelle Welsh noted in the chat, *“Definitely change the exit destination benchmark. Is the last four digits of a Social not acceptable? It shows up as a ‘partial’ on the A20 report.”*

Ashley shared that most of the feedback she’s heard from CE Leads centers on frustration with Front Door Providers (FDPs) providing limited information, which leads to data errors. Some CE Leads have encouraged FDPs—such as Trillium via Smartsheet—to collect as much data as possible. However, Ashley agreed that exit destination data remains a major challenge. Even when she reviews what FDPs enter, it’s often unclear whether the information is accurate.

Michelle asked about the current error rate percentages and whether those standards can be amended. Dashia confirmed that they can. Michelle expressed that CEs don’t have control over data entered by FDPs and felt it’s unfair for CEs to be held responsible for that data.

Michelle Welsh and Audrey Dooley suggested changing the exit destination benchmark to 50%. Audrey also asked whether there’s a way to account for PIT Count data errors, explaining that many people included under unsheltered access are being asked for detailed information they may not want to share or be contacted about.

The group agreed to adjust the Exit Destination benchmark somewhere between 25% and 30% (preferably 30%).

For Social Security Numbers (SSN), Michelle Welsh suggested setting the error rate at 15%, and Erin Gaskin agreed. Erin also noted that Date of Birth (DOB) frequently appears as an issue in her reports and suggested allowing a slightly higher error rate. The group agreed on 8% for DOB.

Income at Annual, Start, and Exit will be set to 25%.

Audrey questioned why CE Leads are being held accountable for error rates in data fields that clients are not required to answer—such as when a client selects “Prefer not to answer.” Dashia explained that while clients are technically not required to respond, HUD requests this information and includes it in their data quality rankings.

Dashia also mentioned that if anyone has additional feedback, they can submit suggestions using the Feedback Survey on the website. However, Smartsheet is currently down, so none of the forms are working. The team will notify everyone once it’s back up.

BoS Sharing Updates: Timeline Present- 11/30/25



Review BoS ROI for edits



Prepare new ZenGuides and training slides



Prepare New FAQ document for BoS



Revise Sharing Agreements for BoS agencies



BoS Sharing Updates: Timeline 12/01/25- 01/29/26



Send sharing agreements to all projects



Update individual projects after sharing agreements are signed

Back@Home and Coordinated Entry

NCORR but on July 1 it transitioned to DHHS. With that transition, Back@Home has gone through lots of review and revitalization.

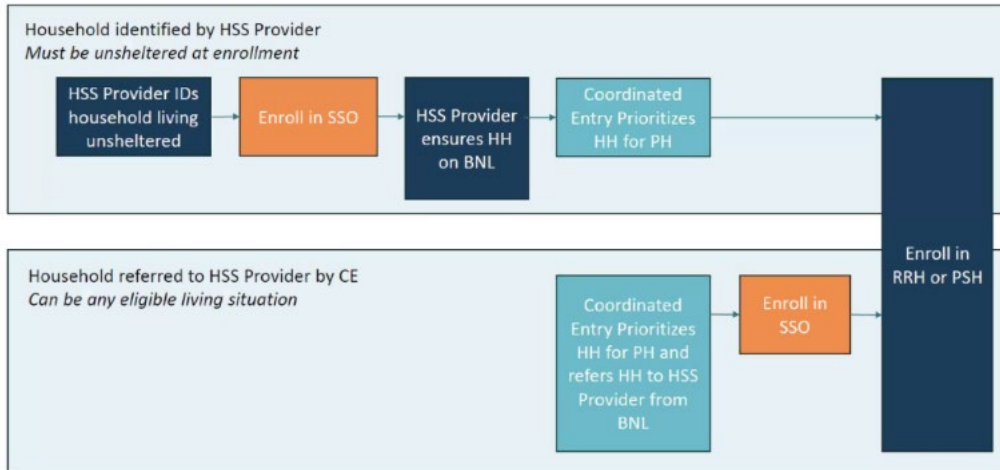
Identification of Households

Two ways households can be identified for SSO enrollment:

1. Back@Home staff conducts SO and enters a household into SSO
 - o Household must be unsheltered or,

2. During case conferencing, the household with the highest acuity referred through CE to the Back@Home Program
 - The household may or may not be unsheltered

Two pathways of CE Referral



Back@Home Permanent Housing

Effective October 1, 2025:

- Household can be directly referred to Back@Home to both rapid rehousing AND permanent supportive housing projects through Coordinated Entry

Coordinated Entry Requirements

Household can be directly referred to RRH through Coordinated Entry

- Coordinated Entry lead will filter BNL for the following
- Back@Home county/ies of service
- Highest HART score
- Coordinated Entry lead will record the referral in HMIS, ensuring the drop-down for RRH is selected and the Back@Home provider is selected.

Household can be directly referred to PSH through Coordinated Entry

- Coordinated Entry lead will filter BNL for the following
- Back@Home county/ies of service
- Highest HART score
- Disability
- NOTE: Chronic homelessness is NOT a requirement for Back@Home PSH
- Coordinated Entry lead will record the referral in HMIS, ensuring the drop-down for PSH is selected and the Back@Home provider is selected.

Back@Home Permanent Housing

Households who are in RRH can 'Step Up' into PSH

- The Step-Up process recognizes that while RRH is designed as a short-term housing intervention with stabilization services, some households require long-term or permanent support to remain stably housed.
- The Step-Up process ensures that RRH participants who demonstrate ongoing need for intensive, long-term assistance can transition to a more appropriate housing model.

Coordinated Entry Requirements

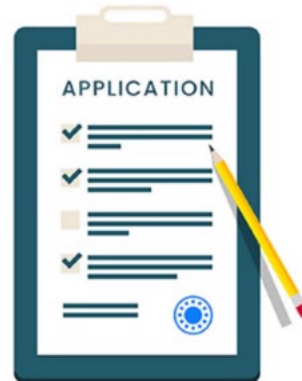
Households who are in RRH can “Step Up” into PSH

- HSS Providers must inform the Back@Home program and the regional CE lead, however; no action is needed by the Coordinated Entry Lead.
- Households who are enrolled into the PSH project from the RRH project retain their prioritization for permanent housing from the Coordinated Entry process from the RRH project enrollment.
- HSS Providers are not required to obtain new documentation for CE prioritization, nor is a new referral required.

Reminders

FY24 SSO-CE Timeline

- ✓ September 11 at 10 AM- CE/SSO-CE webinar
- ✓ September 17 – RFP release
- ✓ September 26 at 12 PM – Intent to apply
- ✓ September 29 - Application release
- October 24 at 12 PM - Applications DUE
- October 27 - November 7 - Review and scoring
- November 13 - 14 - NCCEH leadership approval of agencies and funding amount
- November 17 – 26 Grant agreements
- December 1 - FY24 grant start date



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Our next Coordinated Entry Council Meeting is on Monday, November 17, 2025, at 10 AM.

Client Advocacy Collaborative

October 29, 2025, at 11:30 AM

Meeting was rescheduled from Wednesday, October 15, 2025, to Wednesday, October 29, 2025.

Meeting minutes will be sent out with December's Steering Committee Board Packet for approval.