

Agenda

Board Expectations

Action/goal oriented decisions

Create a strong network and collaborate to build a cohesive CoC

Increase diversion efforts

data driven

CoC Functions: Questions/Suggestions

Coordinated Access: identifying gaps

Committees/Work Groups

Committees: will meet regularly

Work Groups: one time meeting (examples:

Point in time count/ vaccine distribution)

CoC Committees

Executive Committee

Funding Review

CAS System

Data Advisory

Racial Equity

Membership

lived experience

HMIS: Homeless Management Information System

demographics, household relationship, current/prior living situation, disability, etc..

Information sharing

Reporting: PIT & HIC

Point-in-time count

unsheltered
sheltered

2020 Data at a glance

Safe Haven

Housing Inventory Count (HIC)

in 2020 pre COVID-19
in 2020 post COVID-19

LSA: Longitudinal System Analysis

HUD's disability requirements

System Performance Measures

1. length of time persons remain homeless
2. The extent to which persons who exit homelessness to permanent Housing Destinations Return to Homelessness
3. Number of Homeless Persons
4. Employment and Income Growth for Homeless Persons in CoC Program Projects

5. Number of Persons who Become Homeless for the First Time
6. Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program-funded projects
7. Permanent Housing Placement Retention

HMIS can also help coordinate services

Brainstorming Board Goals and Actions Items for Upcoming Year

do we know if shelters/providers are fulfilling commitments? How are we holding them accountable?

NOFA occurs in summer. Targets and outcomes in place prior to Summer. Approving funding priorities, rating and ranking tools, and results

System integration

Goals

Values

Year 1 focus:

Board Meeting Frequency

Board Meetings
board suggestions:

Membership Meetings

1st meeting we can talk about what the
2pm calls could look like
discussion of officer elections
chair and vice chair

2.25.2021

That as a board, we act as achievers rather than planners/talkers. That we work together to tackle difficulties and bring about resolution for the many vulnerable populations we serve (vets, victims of dv and sexual violence, client's re-entering from incarceration, youth).

Maintain strong connection with service providers by harnessing the experiences/ expertise available. Share resources to those who are on extensive waiting lists (RHA waiting lists, shelter lists) use data to drive decision making

ensuring client understanding on VI-SPDAT purpose and while it is something considered it is not the ONLY assessment that leads to housing support vouchers. Training on VI-SPDAT TBD by Org Code. Identifying gaps in CAS can occur throughout the year (quarterly and even more frequently if necessary)

Persons of lived experience and members of CoC board should be apart of all committees and work groups

Set agenda for CoC Governing Board meetings
develop fair/transparent processes and rec. criteria for eligible projects,
collab with CAS administrating agency to troubleshoot issues/make recommendations
HMIS reports are reviewed, LSA Report, info reported to HUD and Congress and will be used for fund decisions
evaluate the Wake CoC policies and data related to racial equity. Safe/Affordable housing services are accessible for all (Hispanic/Latino communities, African American communities, native American communities, etc.)
Create recruitment activities engage diverse stakeholders
ensures lived experience lens is considered for policy decisions.

Info is reported to HUD during several reporting periods
a signed document: Release of Information (ROI) agrees to sharing, if not information will be locked down in the database
all HMIS software is HIPPA complaint
victim service providers do not enter information into HMIS, a separate data base is used for these clients.

identify the number of unsheltered/sheltered homeless households/individuals. Reported to HUD, available for local use.

living outside/in a place not meant for human habitation
emergency shelter/hotel paid by 3rd party.

974 total homeless persons
526 emergency sheltered
216 transitional housing
232 unsheltered total persons

There are no Safe Havens in NC. This is an older term and funding type identified by HUD. Safe Havens provided shelter for clients with severe and persistent mental illness. This idea is now folded into emergency shelter programs.

614 year round beds shelter and transitional housing beds
1162 year-round shelter, transitional housing, and hotel beds.

looks at how household experience our homelessness system over the course of a year
takes a deep dive into our available and dedicated beds
replaced the Annual Homeless Assessment Report (AHAR) and goes to HUD and Congress

HUD's disability requirements are much more flexible than SS. Any disability that may limit an individual's ability to maintain housing independently. Individuals do not have to be receiving SS disability income.

Physical
Chronic Health Condition
HIV/AIDS
Developmental
Alcohol Abuse
Both Alcohol and Drug Abuse
Mental Health Problem

annual look at the health of our homelessness response system

looks at an unduplicated count of the number of clients active in the report date range along with their avg and med length of time homeless

reports on households/individ that exited to permanent housing 2 years prior AND returned to homelessness for up to two years after their initial exit
unduplicated count of sheltered homeless persons

stayer: someone still in project, leaver: someone who has exited the project.

total of 6 subtypes for stayers and leavers: change in earned income for adult stayers, change in non-employment cash income adult stayers, change in total income for all adult stayers.

change in earned income for adult leavers, change in non-employment cash income adult leavers, change in total income for all adult leavers.

Measure divided into 2 metrics: Change in the number of homeless persons in ES, SH, and TH. Change in the number of persons in ES, SH, TH, and PH projects with no prior enrollments in HMIS

Measure divided into 3 metrics: Preventing returns to homelessness within 6-12 months, preventing returns to homelessness within 24 months among this subset of families and youth, successful housing placement among this subset of families and youth.

this measure is divided in 2 metrics: successful placement from SO, Successful placement in retention or PH,.

counts leavers who exited SO during the report date range and how many of those exited to an acceptable destination

counts those who are exited ES SH TH RRH and PH w/o moving into housing, to permanent housing destinations

We use HMIS to achieve these goals

to create and track the By-Name List

to send referrals from the Access Hub/sites to shelter, street outreach, and prevention projects

to send referrals between service providers

to send referrals to the Housing Navigation Unit

physical/behavioral healthcare with housing

criminal justice re-entry and meeting basic needs

better responses when people are in crisis to de-criminalize homelessness and behavioral health needs

help identify services for people on lengthy housing authority waitlists

fill gaps in the system and break down, eliminate unnecessary criteria for programs so that housing is truly a human right

end homelessness as fast as we can

become achievers and not just planners

create a cohesive CoC across programs to reach positive outcomes for people experiencing homelessness

truly become a housing first CoC, what steps can we take to get there?

use research, data, and lived expertise to drive our work together
impacting change as an entire community
homelessness should not exist in our community.
be mindful of what happened to all of the ppl we work with via external factors (like systemic racism, poverty, lack of access to care, domestic violence)
bring our unique gifts, knowledge and experiences, to benefit ppl experiencing homelessness.

Making a post COVID plan as opposed to continued reliance on congregate sheltering
improved service coordination to address health disparities
solidifying the policies and procedures
considering if VISPDAT is an equitable and appropriate screening tool for our community. If we decide to use it as a guide how can this be done without being subjective?
Prioritize transparency-share reporting broadly with CoC members and community at large
improve service delivery in the coordinated entry system
create key messages that can be used in a communication plan to equip and inform all CoC members and stakeholders the right info at the right time
racial equity assessment
establish committees and work groups
focus on establishing what issues are causing homelessness in Wake Co
identify key sticking points/roadblocks in the system and develop a plan for removing those
ensure that agencies understand the importance of accurate HMIS data
Prevention: as in when you can see you're going to lose your home and better assistance in getting new housing
address homeless relapse (people returning to homelessness)
address lack of resources for those seeking emergency shelter
create feedback loops so good info isn't lost and questions can be answered in a timely manner
use data to inform populations prioritized in funding (past discussions about singles funding vs. families)
look at comparative data for communities similar to Wake Co to see how our services compare
hold "listening issues with people who cycle through the various shelters (2 weeks at Healing Transitions, etc.)
trauma informed lens
complete a gap analysis
The lack of understanding about who is homeless in Wake County/Raleigh was eye-opening to me; forget how the topic came up, but my boss said one day, "There really isn't a homeless problem here." Everyone in the room nodded their head in agreement. I was "living" at the Helen Wright Center at the Time, so my response was that "you'd be surprised; they are here, they just might be "invisible" to you. So, education/communication to help paint the picture.

No less than every-other-month
monthly may be a good start, to build foundation. 75 min preferred, send out pre-meeting materials.
Potential 3rd or 4th week of the month. Doodle poll will follow
Charter: must meet with entire membership twice a year
currently hold a 2pm call every Monday & Thursday

person speaking on behalf of CoC. Sign off written communications (MOU). VC would help nominate membership for CoC and for board

if interested in either position reach out to Jenn

encourage anyone to apply!

sign and email conflict of interest form by 3/1

complete board bio questionnaire by 3/1

next CoC governing Board Meeting