

**DURHAM HOMELESS SERVICES ADVISORY COMMITTEE
FULL CONTINUUM OF CARE SPECIAL MEETING**

Wednesday, June 3, 2019

2:30 p.m.

**Durham County Human Services Building
414 E. Main Street – 2nd Floor Conference Room**

The Durham Homeless Services Advisory Committee Full Continuum of Care held a Special Meeting on the above date and time to receive a Coordinated Entry Presentation.

Committee Members Present: Secretary Jonathan T. Crooms (Durham County Veteran Services Office – *Proxy for Lois Harvin Ravin, Director, Durham County Veterans Services Office*); Janeen Gordon (Durham County Social Services – *Proxy for County Commissioner Heidi Carter*); Angela Holmes (Formerly Homeless Representative for Durham County); Pam Karriker (Faith Community Representative for Durham County/Christian Assembly); (Melody Marshall, Homeless Liaison (Durham Public Schools); Alex Protzman (LIFE Skills Foundation) and Captain Helen Tripp (Durham County Emergency Medical Services (EMS)).

Staff Present: Assistant Director of Strategy Karen Lado, Project Manager II Hanaleah Hoberman, Project Analyst Keshia Barnette (Department of Community Development) and Assistant City Clerk Sheila Bullock (Office of the City Clerk).

Also Present: Carolyn Schuldt, Alexandra Nelson-Tomlinson, Sarah Ruell (Open Table Ministry); Ryan Fehrman, Catherine Pliel (Families Moving Forward); Sally Wilson (PADC/DHCT); Andrea Carey, Ehren Dohler (NCCEH); Cynthia Harris, Rikki Gardner (Housing for New Hope); Sheldon Mitchell, Darryl Brooks (Urban Ministries of Durham); Taylor Davis (Durham Emergency Management); KC Buchanan, Helena Cragg, Amber Estes (LGBTQ Center of Durham); Michelle Graham (Project Access of Durham County); Donna Carrington (Community Empowerment Fund) and Lao Rubert (Citizen/Local Re-Entry Council).

Subject: Call to Order/Welcome

No call to order or welcome took place.

Subject: Coordinated Entry Presentation

Project Manager II Hanaleah Hoberman introduced herself and proceeded to give a power point presentation entitled *Homeless Coordinated Entry Plan Proposed Policies and Procedures June 2019*. She asked that questions be reserved for the end. The presentation covered the following topics:

Overview

- Explanation of Coordinated Entry and what it means
- Challenges of Coordinated Entry include:
 - Accessibility
 - Scarce Resources
 - Not seeing reduction in numbers of people experiencing homelessness

- **The Toolkit**
 - Access
 - Assessment
 - Prioritization
 - Referral
- **Why Coordinated Entry?**
 - To reduce entries into homelessness
 - End homelessness rapidly
 - Prevent repeat homelessness
 - Accessible, low barrier services
 - Coordination across programs
 - Strong assessment to ensure that people get the services needed
 - Effective prioritization that matches people to the appropriate level of assistance
- **The Existing System**
 - Initial Access
 - Initial Intake
 - Emergency Services
 - Permanent Housing
 - Move on from assistance
 - Front Door for Families
 - Front Door for Singles
 - **Challenges**
 - Missing information
 - Lost people
 - No diversion for singles
 - Access barriers
 - Lack of prioritization or dynamic assessment
 - **Policies and Procedures**
 - Tips on how to read the policies and procedures
- **The New System**
 - Goals
 - (1) Everyone who needs homeless services in Durham can access them
 - (2) A system that can divert clients from entering the homeless system
 - (3) Make sure homeless services are given fairly based on the need
 - (4) Ability to track and analyze the flow of the homeless population in Durham
 - (5) Make sure implementation and policy are aligned
- **Coordinated Entry for All**
 - Front Door to serve singles and families
 - Multiple doors available to serve
 - Roll out in August 2019
- **The Front Door**
 - Main front door will be a front unit between DSS and Volunteers of America of the Carolinas. This unit will provide the majority of the front door services through CE (Coordinated Entry) Central. Services will be provided 7 days a week at the Durham County Human Services Building, an off-site location, in-person intakes and also by phone
 - Street Outreach Project – Provide mobile intakes as needed for the unsheltered
 - Additional HUBs as needed

- **Entry**
 - Anyone needing services in the homeless system is required to complete a coordinated entry intake
 - Anyone needing emergency shelter needs to have a referral from a Front Door provider into a homeless shelter. The exception would be the victim's service providers
- **What new Coordinated Entry Process will look like?**
 - Intake at Front Door, Diversion, Referral to other services
 - For people who can't be diverted, shelter would be the option
 - Shelter Waiting List
 - Weekly Follow-up to re-assess the need
- **Diversion Services**
- **Screening for Violence**
- **Special Population Referrals**
 - Mental/Behavioral Health Services
 - Homeless Prevention
 - Victims Service Provider
 - Veterans Affairs
 - HOPWA
- **Shelter Eligibility**
- **Front Door – Shelter Workflow**
 - Provide current information on vacancies
 - Clients will be placed in shelter based on eligibility requirements
 - Reject referral when client is ineligible
 - Notify the Front Door when client is a no-show, follow-up with no-show clients
 - Shelter referral suspensions will go into HMIS
- **Who is not eligible**
- **Residency**
- **Shelter Referral Suspensions**
 - Qualifying Incident Types: Violence, Weapons, Credible Threats, Sexual Harassment, Partner or Family Violence, Property Destruction/Theft, Drugs, Bringing unsafe people/activity into shelter which also includes gang activity
- **Emergency Shelter Waitlist and Waiting on the Shelter Wait List**
- **Unsheltered clients who cannot/will not go to Emergency Shelter**
- **Governance**
 - Homeless Services Advisory Committee
 - Performance Management Sub-Committee
 - Designated Policy and Planning Committee
 - CoC Ombudsman Panel
 - Coordinated Entry Administrator
 - CoC Lead Agency (Community Development Department)
 - HMIS Lead Agency
- **Approval and Policy Changes**
- **Governance Implementation**
 - Performance Management Sub-Committee
 - CoC Ombudsman Panel
 - CE Admin

- **Rollout Timeline of Implementation**

- HSAC votes on Policies and Procedures in June 2019
- Coordinated Entry Administrator will be conducting trainings to providers in July 2019
- Coordinated Entry Central Rollout takes place in August 2019
- Fall 2019 the next phase of Coordinated Entry planning will begin
- Spring or Summer of 2020 hopefully next phase rollout

Subject: Big Picture Policies and Procedures Q & A Discussion

Ms. Hoberman concluded her presentation and opened the floor to receive questions.

Rikki Gardner, Housing for New Hope: Is there a threshold of empty beds that Community Development is comfortable with? There are some folks who are experiencing homelessness and they may not receive that shelter referral.

Ms. Hoberman: If there are empty beds as a result of this process, it would be because folks are being diverted; which is something that we would consider to be a good thing because that would mean that people are being out of homelessness. We don't anticipate that the prioritization process will result in additional empty beds because right now we are already saying that you have to be homeless. I don't know, maybe the shelters can speak to how many of the folks that you have come into shelter are in that one category of being at imminent risk in another County. That's the only change in terms of eligibility. Other than that, you are already supposed to be homeless in the existing system and if you're a category 2 in Durham, you're at the bottom of that prioritization list but if there was availability and you were at the top of the waiting list, you would still get that so that wouldn't result in an empty bed. I think the main driver of empty beds – not so much on the family side because they already have this but potentially on the single side – would be diversion. Frankly, we would consider that a success if diversion was resulting in empty beds because that would be for being kept out of homelessness. That's what I anticipate on the empty beds side.

Ryan Fehrman, Families Moving Forward: My question is more related to governance. It is my understanding that Coordinated Entry will be housed at DSS working with VOA on the diversion side of things. Is this correct?

Ms. Hoberman: It's not exactly correct. Probably the confusion is because of what was originally planned when the funding was disbursed and how we changed it and why. When the funding was given out originally last year, DSS was going to do all of the Coordinated Entry intakes and then the City would find an organization just to do that diversion piece. But, in this process of planning we realized a few things. We really needed expanded hours to meet everybody's needs and to make sure that diversion served for the whole system and that meant that we needed to shuffle around staff so that the folks with more flexibility in their hours (the folks funded by the City) could also do that Coordinated Entry piece. The other thing we recognized was that we wanted to minimize the affected clients having to go from point A to point B to point C just to get a single service. You're creating additional "bumps" for clients and a longer intake process. Because of these two pressures, DSS took part of the staffing that they had budgeted for this Centralized Intake Unit that would do all of those services and they peeled them off. They're creating this joint unit with VOA. Everyone in this unit is going to get the same services. Does that answer your question Ryan?

Mr. Fehrman: No. But I appreciate it. What I'm getting at is it's having staff from both VOA and DSS; one is a County organization that reports to the DSS Director that reports to the County Commissioners. The other is a non-profit that has a governing board. How does planned oversight governance, which doesn't mention any of these entities, work with those existing governance structures?

Ms. Hoberman: I think that one of the reasons that these policies and procedures are so important and so detailed is for this reason. Because we're doing the unique work of bringing together two completely different entities to do the same work. We need really clear expectations for both those entities in terms of what it is they do. That's why this document puts so much detail into what Front Door Providers do. Also, we might have additional Providers coming in because of the CE HUB process. We need a lot of clarity because what we want with Coordinated Entry is that no matter where you go, you get the same thing. The document side is to be that governance for both of them over what it is expected and what those services look like. There will be some additional coordination that is going to happen between DSS and VOA, for instance the follow-ups on the wait list – who is going to make those calls and who is responsible for what. These are things that they will have to work out. Our hope is regardless of which provider you see the services will look the same.

Catherine Piel, Families Moving Forward: How is the community ever going to leverage the 3 ½ years of expertise that UMD built up on diversion?

Ms. Hoberman: My hope is to bring that expertise into the training and the case conferencing. I'm not VOA but we've encouraged them to think about that and the success UMD is having with the diversion piece so we don't lose that institutional knowledge. We have had conversations about it and there is awareness that there is a lot of expertise there.

Alex Protzman, HSAC Member/LIFESkills Foundation: Is there a plan for training around Special Populations? Special Populations does not mesh well with the adult homeless system. Our experience with Coordinated Intake now is extremely challenging. I'm offering for LIFESkills to do some training.

Ms. Hoberman: Part of the on-going conversations about what these trainings for the Front Door Providers will look like is who else needs to be able to come in and present for 30 minutes about their services. DSS can be there to present and tell everyone what else they do and the hope would be to have that with others as well as Special Populations. The goal is to make this work for everyone. Training is certainly a huge piece of the plan.

Pam Karriker, HSAC Member: How will this be disseminated to people working at food pantries, soup kitchens and faith communities? This has always been a huge issue – we deal with people and we don't have any idea of how they actually get funneled in? What plan is there for long-term help?

Ms. Hoberman: We have talked about making a short video about where to send folks. Hopefully, we will be able to send this around. NCCEH encourages a soft roll out but I feel we need a full advertising plan, but I was told that is not the best idea because we need time to adjust. After a couple of weeks or months we will see how things go and then we'll do a larger advertising piece. The goal is at least get the information out immediately to providers and the

folks that do that work. Hopefully, the video will be the core resource to say where to send your clients and during what hours.

Ms. Karriker: Has part of the conversation been about providers who are not part of the HMIS?

Ms. Hoberman: Referrals is one of the big pieces. We've done so much thinking and close work with our existing providers. A big challenge at this point is making sure we fully match everyone else so everyone will know what the other resources are. The hope is to have people know what the options are so that they can get people where they need to go. In terms of folks coming in from those services, that would be letting folks know where to go, potentially call with someone and not have to send them over.

Mr. Fehrman: What metrics will be looked at to really determine if this whole transition is a success?

Ms. Hoberman: A big part of what the Coordinated Entry Administrator is responsible for is evaluation. Both day-to-day evaluation, which will focus on are we implementing things the way we said we are going to do and then a bigger picture evaluation which would be more about is this working.

Ehren Dohler, NCCEH: We don't necessarily know the problem. If we did a big presentation on the things we want to evaluate on today, those would probably change by September because implementing processes is complicated. I think there are some things we would want to make sure we are looking at. At the beginning process, evaluation will be first thing – is this working for the providers and the clients. Did we create more problems than we are trying to solve or not. The process evaluation is key because if we don't have the process in place any metrics we have are based on a flawed system. Process evaluation will be the focus of the first phase of the first six months of implementation along with of course performance evaluation. As we tighten our process we can be confident in our outcomes and performance metrics. We want to really track diversion tightly to see that this theory that we can buy less use of shelters is something that bears itself out in this community. What does this buy us in timeliness, access to shelter in cost-savings?

Ms. Hoberman: The conversations we've had around this include lengths of time folks spend unsheltered, exits out of homelessness with a big focus on the diversion piece and main metrics. The end goal is have fewer initial incidents of homelessness, fewer entries into homelessness and shorter lengths of homelessness overall.

Helena Cragg, LGBTQ Center of Durham: If there is someone from the Special Populations who has a negative experience at intake, particularly with the interaction with the volunteer association, is anyone accountable for if a young person has a very homophobic experience?

Ms. Hoberman: We are working to build up processes that exist in tandem with this. Please read the documents that were sent out the last HSAC meetings. One deals with a new anti-discrimination policy for the CoC which focuses on gender identity and sexual orientation discrimination. The other piece is the grievance process that allows clients to provide feedback, as a CoC, if they have a bad experience. This builds up processes that allow the HSAC to hear from clients about their experiences and they can respond in real-time. This is part of the Performance Management Committee's role to be able to hear from the CoC Advisement Panel

about what they are fearing and think about an implementation so they can increase the piece of access.

Casey Buchanan, LGBTQ Center of Durham: In the moment if someone immediately feels discriminated against and they walk out, what is the “in the moment” response to this?

Ms. Hoberman: This comes back to the Special Populations conversation that Mr. Protzman talked about. This could be another area where someone could come in and do specialized training to prevent these circumstances. Also, the grievance process does not preclude anyone from giving the CoC Lead Agency, Admin, or the agency itself a call to say there is a problem. If you have additional feedback on the processes that can be built to address these issues, please let staff know.

Subject: Detailed Policies and Procedures Q & A Discussion

Mr. Fehrman pointed out that it looked like there were two different categories for permanent diversion stable and diversion unstable. He commented that unless someone’s name is on the lease, stable can become unstable very quickly. He wanted to know how this was separated.

Ms. Hoberman explained that the contract says it is unstable if the person did not stay there for six months or more. She noted it is called permanent in the contract but we know that is not necessarily permanent. The goal is the person is not in a place they think they’re still going to be homeless in the 14 day criteria. The purpose is to continue with the follow up until someone is a little stabilized where they feel they can stay for a limited time. This puts some limitation on the financial assistance that would be expended if it was a temporary situation. Ms. Hoberman noted the six months cut-off is how they delineate between stable and unstable.

Ms. Gardner made reference to page 12 in the *Coordinated Entry Policies and Procedures* document where it talked about providers posting a notice on their premises stating participation in the CoC’s Coordinated Entry System. She asked Ms. Hoberman if this kind of signage was something departments were creating and giving out to folks. Ms. Gardner felt this signage should be standardized and agencies should not be able to create just anything they want.

Ms. Hoberman noted that the statement came from the original policies and procedures. She feels they can work with the CE Admin to create a sign or flyer and give it to agencies.

Mr. Dohler commented that this refers to an addendum of the HMIS privacy notice that is already standardized.

Lao Rubert, Citizen/Local Re-entry Council asked how we define Emergency Shelter. Ms. Hoberman commented this is something to have a follow-up conversation around. She added she would like to sit down with the CE Admin folks at NCCEH and have a dialogue because it is an on-going conversation.

Under “Alternate Housing Option Referrals” on page 18 of the policies and procedures as it speaks to the statement “A pathway to housing might include referral to a case manager who can help with housing plans”, Ms. Gardner wanted to know where the case manager is coming from. Ms. Hoberman explained they would be trying to use the existing resources to connect folks as long as they are eligible for that project.

In response to Mr. Fehrman's question about how does eviction diversion fit in and is it before coordinated entry, Ms. Hoberman explained that eviction diversion is a little on the line because you don't have to be homeless to get eviction diversion, but you could be homeless for that Category 2, 14-day definition. Under one circumstance, the initial assessment of someone's homelessness could immediately trigger a prompt eviction diversion because they are not homeless, they are not eligible for any of our services, but they are pending eviction. The other piece happens when someone who does qualify as homeless the processes of diversion could be discussed but instead of using financial systems with their project they would be eligible for the eviction diversion money or for Opening Doors money. Ms. Hoberman pointed out that the rules of the project and the contract states it should be made sure that other financial assistance is not available before they use their own.

Ms. Hoberman expressed her appreciation for the time everyone took to attend the presentation. She stated if people had additional comments, to please forward them to her by the deadline she indicated in her e-mail to everyone. Ms. Hoberman completed her question and answer session at 3:57 pm and at that time the meeting ended.

Subject: Announcements

No announcements were made.

Subject: Reminders

A Special Meeting of the HSAC Full Continuum of Care (CoC) on Coordinated Entry is scheduled for Thursday, June 6, 2019 from 5:30 pm – 7:00 p.m. in the Durham County Human Services Building, 414 E. Main Street, 2nd Floor, Conference Room C.

Respectfully Submitted,

Sheila Bullock, Assistant City Clerk
Office of the City Clerk