

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

**Thursday, June 6, 2019**

**5:30 p.m.**

**Durham County Human Services Building  
414 E. Main Street – 2<sup>nd</sup> 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:** Chair Charita McCollers, MSW (Lincoln Community Health Center/Federal Health Care for the Homeless); Alma Davis (Durham Crisis Response Center – *Proxy for Kathy Hodges*); Meredith Daye, Development Director (Durham Housing Authority); Calleen Herbert (NCCU Office of Community Engagement & Service); Angela Holmes (Former Homeless Representative for Durham County).

**Staff Present:** Project Manager II Hanaleah Hoberman, Project Manager II Lloyd Schmeidler, Heidi Coleman, Community Development Intern and Senior Administrative Assistant Macio Carlton (County Clerk to the Board Office).

**Also Present:** Donna Biederman (Duke School of Nursing), Adrea Carey and Ehren Dohler (North Carolina Coalition to End Homelessness (NCCEH)), Julia Gamble (Duke/Project Access of Durham County), Rube Holmes (Interagency Council for Coordinating Homeless Programs (ICCHP)).

**Subject: Call to Order/Welcome**

Chair McCollers called the meeting to order at 5:45 p.m. She thanked everyone for attending and read the goals of the HSAC aloud.

**Subject: Coordinated Entry Presentation**

Hanaleah Hoberman, Project Manager II introduced herself and shared a power point presentation titled “*Homeless Coordinated Entry Plan Proposed Policies and Procedures June 2019*”. She asked that questions be reserved for the end. The presentation highlighted 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

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- 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

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- 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 and Detailed Policies and Procedures Q & A Discussion**

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

Committee Member Davis asked if the plan included a trained person to do the safety planning for domestic violence screening or if the client would be asked the six standard domestic violence screening questions. Hanaleah Hoberman, Project Manager II responded the plan was for the client to accept communication with the domestic violence hotline and to also have safety planning while on the phone. Ms. Hoberman added limited safety planning would be provided to handle a client who refused communication with the domestic violence hotline and other similar resources.

Donna Biederman, Duke School of Nursing inquired about the definition of medical vulnerability. Ms. Hoberman replied the definition of medical vulnerability was an acute or chronic medical condition or age that puts a person at risk of hospitalization or death if they spend overnight in an environmental condition not meant for human habitation. Ms. Biederman asked would medical providers review cases to determine if a client was medically vulnerable or not. Ms. Hoberman responded the plan did not include medical providers reviewing cases. She added the plan was to use what the client reported and what the provider knew about the client. Ms. Biederman stated this plan would allow for some people who are medical vulnerable to be missed. She asked if there were shelters for sex offenders. Chair McCollers responded there were two. Ms. Hoberman added there was a gap for sex offender shelters and housing.

Committee Member Herbert asked if there was a single person shelter in Durham. Ms. Hoberman responded Urban Ministries was the only Durham single person shelter in the Continuum of Care (CoC) Program. She added the Rescue Mission was a single person shelter but would not be included in the process because it was not in the CoC Program. Lloyd Schmeidler, Project Manager II added there was a contracted shelter for homeless Veterans that allowed single people. Committee Member Herbert asked if clients not being serviced by the coordinated entry system could be tracked. Ms. Hoberman responded the coordinated entry system would track clients not being serviced and their reason. She added the coordinated entry employee would know the daily results and be able to provide reports. She added the reports could be used as a planning tool for resource services. Committee Member Herbert stated single women were not getting the same resources as single men and asked how to divert 16 to 24-year-old clients. Ms. Hoberman replied single men and women were not getting same resources as others and was hoping to expand the diversion for all with the new coordinated entry system. Mr. Schmeidler added he hoped the new system would provide single men and women prioritized for limited permanent housing opportunities.

Mr. Schmeidler asked if the Coordinated Entry (CE) Central weekend hours would only be in the evenings. Ms. Hoberman responded yes, the funding was stretched to cover staff weekend hours and could adjust hours if needed.

Chair McCollers asked would the diverted unstable clients have a plan for follow up access and tangible resource mobility or would the CE Central be responsible for following up with clients.

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Ms. Hoberman replied if the clients were diverted into an unstable situation, the CE Central would attempt to get as many contact methods from the clients. She added they would be strategic about their ways to contact the clients and use street outreaches as well. Ms. Hoberman mentioned a client without phone access would be given the providers contact information or informed when to return later. Chair McCollers inquired about the length of the assessment completed by front office staff and if the client would be asked more yes/no questions. Ms. Hoberman responded the intake assessment time was a concern and would be addressed if long lines developed and mostly yes/no questions would be asked; however, the diversion assessment was open-ended questions. Chair McCollers asked if the providers would be allowed to fill out some of the intake questions for the client to reduce time. Ms. Hoberman replied the providers would have to make sure all that was needed to hear from client would be answered by the client on the intake assessment. Chair McCollers asked if the hospital system would be aware of the new coordinated entry system. Ms. Hoberman replied advertising would start soon and exit interview hospital employees would get some training along with information of where to send clients. She added the training would include determining those who need the information and the provider phone numbers.

Julia Gamble, Duke/Project Access of Durham County asked if tracking would be available for the single person shelter clients that opted to find another route or went to the Rescue Mission. Ms. Hoberman responded tracking would only be available if citizens reported they were going to other shelters. Ms. Gamble asked if the Vulnerability Index – Service Prioritization Decision Assistant Tool (VI-SPDAT) used for the Department of Behavioral Health and Intellectual Disabilities Services. Ms. Hoberman replied the plan at start-up was for case management to handle the clients at Coordinated Entry Central that would not receive VI-SPDAT at a shelter.

Ehren Dohler, NCCEH suggested not classifying the process as an assessment because a lot of clients would quickly pass, unless in a diversion conversation. He added providers would have some questions in mind and know what to ask clients.

Ms. Hoberman expressed her appreciation for the time everyone took to attend the presentation. She stated if there were additional comments, to please forward them to her by the deadline she indicated in her e-mail. Ms. Hoberman completed her question and answer session at 6:33 p.m. and at that time the meeting ended.

### **Subject: Announcements**

No announcements were made.

### **Subject: Reminder**

Next meeting: HSAC Meeting: Wednesday, June 26, 2019 at 3:00 p.m. at Durham Human Services Building, 414 East Main Street, Second Floor Conference Room C.

Respectfully Submitted,

Macio Carlton, Deputy Clerk  
County Clerk to the Board Office