

June 30, 2020

CE Oversight Committee Meeting

Approved 7.14.2020

In Attendance:

Trish Hobson, Mary Ann Priester, Kecia Robinson, Erin Nixon, James Searcy, Beth Reichert, Brandon Lewis, , Courtney LaCaria, Hope Marshall, Rosalyn Allison-Jacobs, Stephanie Shatto, Megan Coffey, Hannah- Marie Warfle, Lisa Adams, Kenya Dawson, Cheryl Carrothers, Courtney Salvage, Gregory Denlea, Brian Battle

**Welcome, Intro, Overview of Agenda** – Trish Hobson

**Vote: Approval of Minutes – unanimously approved**

**Updates and Data -**

**CE/in person/211/phased CE Megan Coffey**

- shelters and 945 College are encouraging social distancing and not encouraging community partners at this time to come back into the space. Will revisit this conversation with service providers in late summer.
- SACOH could bring partners back (including CE) the first of the year.
- Progressive CE is in the works step 1) Crisis assessment 2) prevention – diversion (if none of these interventions are options then move to 3) Full CE. Working on finalizing that process and hope to get started soon.

**CE Mapping Project - subcommittee – Erin Nixon presented**

- Committee met to put together a proposed plan – bringing the plan back to committee to ensure we are headed in the right direction.
- Visualize a process flow map to show the various contact points of CE. It would include each agency that is touching CE. This would also influence and guide the MOU with partner agencies and CE.
- This tool could also be used as a diagnostic tool for the system. Rosalyn – as we are looking at prevention where do folks fall out and not make it to the next touch point in the process. We need to understand what happens to those folks and how they may self-resolve. We may be able to use this information to screen differently on the front end of engagement.
- Main goals – 1) education on the system process 2) demonstrate the ways the process works for clients 3) help with our overall goals (homelessness is brief, rare, and non-recurring) 4) use it as a tool to continue to self-evaluate CE and understand what works and what doesn't.
- Use of existing map and could add resources and agency names to touch points within the system.

- Once the map is built, we could put data to it. Could inform decision making process with resources.
- Next Steps: 1) look to regroup and begin with the map and plug in providers and see where that takes us along the way. 2) based on the feedback from the CE oversight – support is given to move forward.

### **Upstream Homelessness Prevention Project Courtney/Rosalyn**

- Kicked off in May – Continuum of CARE applied for a planning grant 2 years ago. Original purpose was a prevention focused project (overall system of prevention assistance) and taking a next step from the prevention report (3 tiers). Mecklenburg County entered in a contract with a consultant to assist with implementation
- Rosalyan – phase 1 focusing on 1) best practices in homelessness prevention within NC/US/ and International 2) creating an inventory of the continuum of initiatives that are being used within Mecklenburg County. 3) Data collection in partnership with 211 to understand what becomes of folks that call 211 that are precariously housed or at imminent risk of becoming homeless. They are generally not referred to CE. What to know what happens to them. Plan to hire graduate students to make the follow up calls this summer. All the data collected during phase 1 will be used to influence phase 2 of the project.
- Either be a real time 8-12 weeks sample (calls would be diverted to the graduate students for the interview process) or will revert back to folks that have called 211 within the past few months (and were not referred for CE).

### **Providers**

Updates – Roof Above – shutting the front door of the shelter system to move the most vulnerable guests of covid -19 from Statesville Avenue shelter and Tryon and the hotel in order to shut down Statesville Avenue shelter.

MaryAnn – Data point of how many people call 211 and then have an in-person CE is a missing data piece because the referral to 211 is not time limited. This is challenging to track, but it seems the community is looking for this data piece. Megan added that she often completes a CE for someone that may have called 211 months ago. Looking to close out the referral from 211 after 90 days of not being touched. Currently, if people have ever called 211 their referral remains in the system and they are not asked to call 211 again. They can then seek CE at any time. Question – is this the best practice – should we limit to 14 days after the initial call?

Is there a way to close out the referral, but shows that they called and does not force them to call again? We want to know how many call and how many complete the process. Want to ensure that the process is not unmanageable within the system. Initial decision of the initial call to 211 not having a time limit was based on not wanting the client to have to use his/her limited resources and time to have to call again and again.

In FY19 – 7200 referred to an in person CE. Only 2800 completed the CE. What happened to those other people? What does that tell us? Less than 40% of those that called 211 completed a CE. So, 60% of those that were at imminent risk of homelessness did something else than entering into the homeless system.

Is our system set up in such a way that the 60% can sustain – and could those interventions be used for the other 40%.

Could also be many gaps in the system – 211 call could lead to a referral to Crisis Assistance and not another touch to the HMIS system. Crisis does report that they do not report CE being a large referral source for them. Their referrals are word of mouth and other providers.

**Next Steps for this data point:**

Maryann will convene a group that will look at how other communities track this data and what the implications for this data piece are for our system.