Forsyth County Continuum of Care

CoC Assessment Report

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Homebase

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ADVANCING SOLUTIONS TO HOMELESSNESS

❖ Mission Driven

❖ Work at the federal, state, and local levels

❖ Customized and community specific

❖ Focused on successful plan implementation

❖ Address equity as integral part of evaluation and planning

❖ Honor Local Expertise, especially People with Lived Experience of Homelessness

Innovative Thinking & Solutions

Transformational | Strategic | Practical

Continuum of Care (CoC) Assessment Process

- Environmental Scan
- Data Gathering
- Community Engagement
  - Interviews
  - Focus Groups
  - Surveys
  - Community meeting
- Analysis
- Assessment (Report) & Recommendations

interviews

focus groups

Surveys

Forsyth County CoC

Areas of Strength:

- Coordinated and effective response to COVID-19

- Organizations funded by the CoC are engaged

- Long-time members are comfortable reaching out and calling each other

- Action Camp engages a broad cross-section of provider staff

- Generally strong compliant policies

Forsyth County CoC

Opportunities for Improvement:

- CoC Structure
- CoC Leadership
- Engagement
- Coordinated Entry processes
- Shelter and Housing
- Services
- Data

CoC Structure

Governance Structures

- Too many structures

- Lack of clarity regarding roles and responsibilities

Reduced/Low Participation

- Insufficient engagement from members

- Too much discussion not enough action

Duplicative

- Repeated topics at each of the different meetings

- Unclear goals of each organizational structure

Recommendation:

- Empower the Operating Cabinet with decision-making and leadership authority and adopt an action-oriented formal committee structure

Leadership

Concentrated Power

- Leadership roles unclear
- Some decisions made outside of the Operating Cabinet or COEH

Feeling of Conflict

- Some conflicts of interest exist
- Not all members feel safe speaking up

Decision Making

- Not strategic enough
- Need to utilize subject matter experts more

Recommendation:

- Clearly delineate roles and responsibilities for lead staff / organizations

Engagement

Value of Members

- Some members don't feel seen / valued

- Many new members and frontline staff don't know one another

Inclusion

- Communication to frontline staff falls short

- Insufficient outreach to engage new, more diverse members

Lived Experience Voice

- Insufficient involvement from people with lived experience

- Need to compensate people with lived experience

Recommendation:

- Develop a robust orientation, education, and training program to support new members, as well as active members, including frontline staff

Coordinated Entry (CE)

Intake & Assessment

- Multiple assessments are burdensome / traumatizing

- Outdated system = inefficiencies

Placements

- One individual is making all matches / referrals

- Too much focus on getting people document-ready

RRH and PSH Rules

- Most people are in RRH, while some need longer-term support

- Referrals to PSH have gone down considerably since 2019

Recommendation:

- Contract with a 3rd party to do a comprehensive Coordinated Entry (CE) evaluation and include a review of the assessment process and exploration of alternatives to the current assessment tool (VI-SPDAT)

Shelter & Housing

Shelter Access

- Not all shelters are low-barrier

- Some rules unnecessary, violations bar people, and participation requirements create barriers

Decrease in Permanent Beds

- 20% decrease in permanent beds since 2015

- Lack of flexibility prevents full utilization of PSH beds

Housing First

- Focus on document readiness is not Housing First

- No accountability to ensure that Housing First is practiced

Recommendation:

- Review and revise CoC policies on housing placements including setting CoC-wide goals for System Performance Measures

Data

HMIS

- Users can't pull a wide range of data for referrals / matches
- Some outreach workers are not allowed to use HMIS

Reporting

- Many data fields in the current HMIS system are not completed
- Need a greater focus on data quality

Use of Data

- HMIS data is not leveraged to the full extent possible
- Not many staff are able to use the HMIS system in its full capacity

Recommendation:

- Integrate data analysis and evaluation into decisions and strategies of the CoC

Services

Case Management

- Limitation on what case managers can do
- Lack of clear responsibility for assisting clients with document readiness

Stabilization

- People are not receiving services needed to achieve stability
- Insufficient mental health services

Populations Served

- Latino community not using the system to the extent possible
- Insufficient services/housing for women, older adults, youth, and LGBTQ+ individuals

Recommendation:

- Expand the types of services people receive while waiting for housing placement and once in stable housing

Thank you

Feel free to email thoughts to:

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