Regional Committee Plan

Regional Committees within the NC Balance of State CoC (NC BoS) will design coordinated assessment plans using this form. Plans are due to the Coordinated Assessment Council of the BoS Steering Committee in fall 2014 (firm deadline to be established once ESG and CoC application timelines are known).

Regional Committee:	ACHICHA (Alamance County Interagency Council on Homelessness
Counties served:	Alamance
Elected Coordinated Assessment Lead:	Kim Crawford, ACAC (Allied Churches of Alamance County
Regional Lead:	Kim Crawford, ACAC

DISCLAIMER

ACICHA stresses the importance of noting that the Coordinated Assessment process is new and as such this original document is obviously a "work in progress." ACICHA understands that how the process will work, as well as how some of the components identified within this document, could very well look different in the future.

INTRODUCTION

Regardless of mandates, coordinated entry is an opportunity to streamline access, assessment, and referral processes for housing and other services across agencies in a community. Coordinated entry has proven to be a more efficient and effective process that places the client at the center of the system rather than programs. Based on a household's unique needs, a household is matched to an appropriate provider who then works with the household to identify its strengths and resources; goals are set to move the household toward self-sufficiency. Evaluation and research has shown that a coordinated entry and assessment system:

- Results in improvements in service delivery in as little as one year;
- Improves outcomes for all demographics;
- Lowers the rates of return to homelessness;
- Reduces costs, both financial and time, as service networks are streamlined.

Launching a coordinated entry system takes time and demands a community make a cultural shift in how it understands and addresses homelessness and housing instability. Coordinated entry is the beginning of broader systems change that includes:

- Prevention;
- Rapid re-housing;
- Tailored programs and services;
- Linkages to economic opportunity.

It is important to understand that coordinated entry on its own will not reduce or end homelessness. It does not create housing units and ensure stability for the homeless by itself. It is one system connected to others that together creates an efficient and effective social safety network. Implementing a coordinated entry system is vital to realize the benefits of overall systems change that is needed to begin moving towards the long-term goal of reducing and ending homelessness.

ACICHA COLLABORATING AGENCIES

ACICHA Partnering Agencies	Address	Phone #	Website / Email (if appropriate)
Alamance Burlington School District	1712 Vaughn Rd Burlington NC 27217	(336) 570-6060	www.abss.k12.nc.us
Alamance Community College	1247 Jimmie Kerr Rd Graham NC 27253	(336) 578-2002	www.alamancecc.edu
Allied Churches of Alamance Cty	206 N Fisher St, Burlington, NC 27217	(336) 229-0881	www.alliedchurches.org
Benevolence Farm	4265 Thompson Mill Rd Graham NC 27253	(919) 433-7457	www.benevolencefarm.org
Burlington Development Corporation	133 N Ireland St Burlington NC 27217	(336) 226-8421	www.burlingtonhousingauthority.org/bdc.html
Cardinal Innovations Healthcare Solutions	2451 South Church Street Burlington, NC 27215	(336) 513-4222	www.cardinalinnovations.org
City of Burlington - Community Development	425 S Lexington Ave Burlington NC	(336) 222-5070	http://burlingtonnc.gov/
Ebenezer United Church of Christ	734 Apple St, Burlington, NC 27217	(336) 226-8526	hcimediagroup.com/ebenezerucc.com/
Family Abuse Services	1950 Martin St, Burlington, NC 27217	(336) 226-5982	http://www.familyabuseservices.org/
Habitat for Humanity of Alamance County	317 E 6th St Burlington, NC 27215	(336) 222-8191	http://habitatalamance.org/
Legal Aid of North Carolina	959 East Street, Suite A&B, Pittsboro, NC 27312	(919) 542-0475	www.legalaidnc.org
Residential Treatment Services of Alamance	125 Glendale Ave Burlington NC 27215	(336) 227-2994	www.rtsalamance.org/
Salvation Army of Alamance County	807 Stockard St, Burlington, NC 27217	(336) 226-4462	www.salvationarmycarolinas.org/burlington/
United Way of Alamance County	803 Hermitage Rd Burlington, NC 27215	(336) 438-2000	www.uwalamance.org
Volunteers of America - Carolinas	433 W Main St. Durham, NC 27701	(919) 530-1100	www.voacarolinas.org
Community members / volunteers – including those who are homeless or formerly homeless			
** New membership encouraged!			

KEY TERMS

For added clarity, and common reference, ACICHA has identified some key terms and defined them as follows:

assessment: A process that reveals the past and current details of a service seeker's strengths, and needs, in order to match the client to appropriate services and housing. For this plan, assessment will refer to a process (whether at primary screening and intake or at entry to a housing program) that reveals a client's eligibility, needs, barriers, and strengths.

coordinated assessment: This term specifically relates to a collaborative of providers that use the same assessment tools to connect clients to services as a means for a coordinated entry system.
Coordinated Assessment connects individuals and families who are homeless, or at risk of becoming homeless, to the best available shelter or housing resource.

Coordinated Assessment uses a specific **definition of homeless**. A homeless person is someone:

- Living in in a place not meant for human habitation, or
- Living in emergency shelter (including domestic violence shelter), or

- Living in transitional housing, or
- Exiting an institution where they temporarily resided for up to 90 days (and were in a shelter or a place not meant for human habitation immediately prior to entering that institution), or likely to meet one of the above definitions within the next 72 hours.

coordinated entry: A standardized access, assessment, and referral process for housing and other services across agencies in a community. Other frequently used terms include "centralized or coordinated assessment" (HUD) and "coordinated entry and assessment" (NAEH).

coordinated systems: An interconnected network of systems that services homeless and at-risk households, and consists of coordinated entry, rapid re-housing, prevention, tailored programs and services, and linkages to economic opportunity.

fiscal agent: An entity that coordinates funding and provides oversight to the coordinated entry system. The fiscal agent may also be the lead implementer/administrator of coordinated entry.

HEARTH: The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 that includes Emergency Solutions Grant (ESG) and Continuum of Care (CoC) grants.

HMIS: Homeless Management Information System; a centralized database designated to create an unduplicated accounting of homelessness. An HMIS may provide other functions beyond unduplicated accounting.

homeless: HUD definition as of January 2012: An individual or family who lacks a fixed, regular, and adequate night-time residence, which includes a primary night-time residence of: place not designed for or ordinarily used as a regular sleeping accommodation (including car, park, abandoned building, bus/train station, airport, or camping ground); publicly or privately operated shelter or transitional housing, including a hotel or motel paid for by government or charitable organizations. In addition, a person is considered homeless if he or she is being discharged from an institution where he or she has been a resident for 90 days or less and the person resided in a shelter (but not transitional housing) or place not meant for human habitation immediately prior to entering that institution.

housing first: A proven method of ending all types of homelessness and is the most effective approach to ending chronic homelessness. Housing First offers individuals and families experiencing homelessness immediate access to permanent affordable or supportive housing. Without clinical prerequisites like completion of a course of treatment or evidence of sobriety and with a low-threshold for entry, Housing First yields higher housing retention rates, lower returns to homelessness, and significant reductions in the use of crisis service and institutions.   Due its high degree of success, Housing First is identified as a core strategy for ending homelessness in Opening Doors: The Federal Strategic Plan to End Homelessness.

HUD: Department of Housing and Urban Development; the United States federal department that administers federal programs dealing with better housing and urban renewal. HUD oversees HEARTH-funded programs.

intake: The next step that a client encounters after screening for eligibility when connecting to a coordinated entry system. This step involves primary assessment of resources to refer households into appropriate services.

lead implementer: The agency identified as the primary administrator of coordinated entry, generally providing the screening, intake and referral services of coordinated entry.

linkages to economic opportunity: An approach to help people stabilize their housing for the long term, by supporting educational and workforce development opportunities.

NAEH: National Alliance to End Homelessness; the leading voice on federal homelessness policy that provides capacity building assistance and educational resources around solutions to homelessness.

outcome: The specific result of what was provided from a specific activity or service; in relation to HUD/HEARTH, a specific result as detailed by HUD/HEARTH funding requirements.

parallel systems: Alternative databases (Google docs, Client Tracks, etc), used in addition to or in place of HMIS, to collect unduplicated information on homeless and at-risk households. This includes add-on platforms to track housing inventory and manage wait lists and client-to-provider matches, and other services such as support services and rental assistance; also includes systems for specific populations, such as youth and young adults or domestic violence.

prevention: An approach that focuses on preventing homelessness by providing assistance to households that otherwise would become homeless and end up in a shelter or on the streets.

rapid re-housing: An approach that focuses on moving homeless individuals and families into appropriate housing as quickly as possible by providing the type, amount and duration of housing assistance needed to stabilize the household.

screening: The process by which eligibility for housing and services is determined at the initial point of contact to a coordinated entry system. Once screening determines eligibility, the intake and referral process follows.

systems change: The processes by which regions alter the ways homeless and at-risk households engage with the homeless and housing system. The purpose of systems change is to implement practices that have shown to decrease the incidence and length of time in homelessness, with a long-term goal of reducing and ending homelessness.

tailored programs and services: An approach to case management services that matches the services to the particular individual's or family's needs rather than using a one-size-fits-all approach.

** **Guest, consumer, resident** are used terms interchangeably. All refer to the person or family that is homeless.

ACCESS TO SYSTEM

ACAC (Allied Churches of Alamance County) will be our designated Agency administering both the emergency response screening and the VI-SPDAT assessment.

List of agencies administering emergency response screening:

Prevention & Diversion: ACAC

VI-SPDAT & Referral: ACAC

- ACAC as the Designated Agency completes assessments, houses (if appropriate) and makes referrals to community programs
- Referrals made to "appropriate" program type (RRH, Transitional, Permanent, or Private)
- *Referrals will go directly to Family Abuse Services if / when appropriate(Domestic Violence Shelter)*

Wait List Management: ACAC will perform the intake and assessment. Clients are referred to eight (8) different housing agencies; a waitlist is used by each agency. Agencies are trained on screening and

assessment policies & procedures. ACAC staff input client applications into database, refer to appropriate housing agency, act as primary "POC" (Point of Contact) for waitlists, and follow up on client check-ins and referrals to partner agencies.
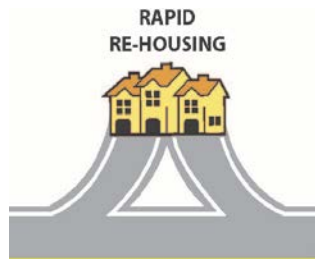
RRH Referral Agencies include:
- Allied Churches of Alamance County (ACAC)
- Burlington Development Corp (BDC)
- Volunteers of America (Vets)

Transitional Referral Agencies include:
- Ebenezer UCC (3 facilities)
- Residential Treatment - Hall St (RTSA)
- Family Abuse Services (FAS)

Permanent Referral Agencies include:
- Burlington Development Corp (BDC)
- Residential Treatment Services (RTSA)
- Cardinal Innovations (S+C / Key)
- Easter Seals

Private Sector: (for those who don't qualify for the other programs)
- Landlords
- Habitat For Humanity

Agencies acting as coordinated assessment sites within Regional Committee:

Agency	Administering the Emergency Response Screening	VI-SPDAT for families, individuals or both	Number of staff for coordinated assessment	Time/week for staff to do coordinated assessment	Schedule of staff available for coordinated assessment (example: Mon-Fri, 8 am – 5 pm)
ACAC	YES	Families and Individuals	1-4 (1 FTE)	12 - 9 pm Mon-Fri	2-midnight (Mon- Fri) 24hrs starting 2pm Fri - 9am Mon

How will individuals access homeless programs in your community? (Should correspond to diagram for individual access in Appendix C)

Community Agencies referring:

- ARMC – Emergency Dept / Behavioral Health
- Alamance Cty Dept of Social Services
- Alamance Cty Health Dept
- Salvation Army
- United Way / 211
- ABSS
- Housing Authorities
- Habitat for Humanity
- Congregations
- Food Pantries
- Local Governments
- Local Law Enforcement
- Mental Health Providers
- Vocational Rehabilitation
- Veterans Service Agencies
- Other Service Providers
- Others: _____

How will families access homeless programs in your community? (Should correspond to diagram for family access in Appendix C)

Same as above.

Are people required to travel to different locations to access programs and services in your community? If yes, what happens if a household is unable to access transportation?

Yes, people are required to travel. A Public Transportation system will begin in Burlington & Gibsonville within the next two years (2016). The general public can also use the Elon University Bio Bus. Many agencies assist with transit. People often walk, ride bicycles, or use alternative methods to accessing services.

Homeless providers have also agreed to meet prospective clients at ACAC, this alleviates the need for transportation for the clients. Other service providers in the community with coordinate with ACAC to provide transportation for clients.

Two organizations that have been identified as possible options for transportation are the Alamance County Transportation Authority and Bigelow Transport. Both charge fees for rides. ACICHA is currently in negotiations for possible reductions in fees, possibly obtaining free or reduced cost vouchers.

How is coordinated assessment advertised in your community?

In the coming months ACICHA will be conducting a variety of community forums, targeting the various sectors of our community (eg: faith-based, government, health and well-being, etc). Introduction to key community partners will take place at the monthly United Way Community Council meeting where there are over 100 service providers currently participating. ACICHA will also begin a new membership campaign, encouraging more stakeholders in our community to join ACICHA.

Information regarding Coordinated Assessment will also be included in the 2015 Alamance County Community Assessment.

How does your community connect coordinated assessment to existing systems? Please describe what is available locally and how the systems overlap and interact.

The ACAC Coordinated Intake Specialist will determine eligibility for shelter, but also looks at opportunities for **preventing** homelessness or **diverting** by identifying alternatives to shelter.

Prevention is keeping people in the housing they are in, or helping them move to a new place without an instance of homelessness. **Diversion** is helping people who are homeless avoid shelter. Due to our "right to shelter" policy, beds are at a premium, so all prospective guests are rigorously screened to ensure shelter is last resort. This includes last night's location, family, friends, resources for housing, etc.

Consumer's Housing Situation	Intervention Used	Services Provided (In All Interventions)
AT IMMINENT RISK OF LOSING HOUSING (precariously housed and not yet homeless)	PREVENTION	Housing Search Rental Subsidy Other Financial Assistance Utility Assistance Case Management Mediation Connection to Mainstream Resources Housing Search Legal Services Shelter
REQUESTING SHELTER (at the "front door" or another program/system entry point seeking a place to stay)	DIVERSION, shelter	
SHELTERED / UNSHELTERED (homeless/in the homeless assistance system)	RAPID RE-HOUSING, TRANSITIONAL HOUSING, PERMENENT SUPPORTIVE HOUSING, etc	

The following steps will be taken when determining the best intervention for the individual or family:

Step 1 - Assessment
Each applicant is asked a series of questions to determine the best plan of action, these questions will include:
- Where did you sleep last night?
- What other housing options do you have for the next few days, weeks, months…? What issues might there be with this housing situation?
- Is it possible/safe to stay in your current housing? What resources would you need to do that? (financial assistance, case management, mediation, transportation, etc.)
- Are you fleeing a domestic violence situation?

Step 2 – Referral
Applicants are referred to the appropriate agency based on Program Criteria and Funding Criteria.
- Conflict mediation (landlords, potential houser)
- Subsidies (rental, utility, etc.)
- Housing stability planning
- Referrals
- Connection to mainstream service

Current agencies participating, by category, are listed below. Connection with these organizations are kept current through a variety of means including participation in monthly ACICHA meetings, monthly United Way Community Council meetings, and monthly Downtown Burlington Ministers meetings.

Prevention services:

Prevention - Agency *	Address	Phone #	Website / Email (if appropriate)
Alamance County Social Services Dept	201 W Elm St, Graham, NC 27253	(336) 570-6570	www.alamance-nc.com/dss
Allied Churches of Alamance Cty (ACAC)	206 N Fisher St, Burlington, NC 27217	(336) 229-0881	www.alliedchurches.org
Family Abuse Services	1950 Martin St, Burlington, NC 27217	(336) 226-5982	http://www.familyabuseservices.org/
Salvation Army of Alamance County	807 Stockard St, Burlington, NC 27217	(336) 226-4462	www.salvationarmycarolinas.org/burlington/
Volunteers of America - Carolinas	433 W Main St. Durham, NC 27701	(919) 530-1100	www.voacarolinas.org

* These agencies participate in ACICHA and / or have been involved with the Coordinated Assessment.

Also, see the *United Way Community Guide to Assistance & 211* for Alamance County for additional listings – see TAB B.

Veterans Affairs:

Veterans – Agency *	Address	Phone #	Website / Email (if appropriate)
Alamance County Veteran Services	201 W. Elm Street, Graham, NC 27253	(336) 570-6763	www.alamance-nc.com/veterans/
Veterans Administration Durham	508 Fulton St, Durham, NC 27705	(919) 286-4349	www.durham.va.gov/
Volunteers of America Carolinas	433 W Main St. Durham, NC 27701	(919) 530-1100	www.voacarolinas.org

* Some of these agencies participate in ACICHA and / or have been involved with the Coordinated Assessment.

Also, see the *United Way Community Guide to Assistance & 211* for Alamance County for additional listings – see TAB B.

Faith-based poverty programs:

Faith Based - Agency *	Address	Phone #	Website / Email (if appropriate)
ACAC	206 N Fisher St Burlington, NC 27217	(336) 229-0881	www.alliedchurches.org
Alamance County Community YMCA	1346 S Main St, Burlington, NC 27215	(336) 395-9622	www.acymca.org
Blessed Sacrament Catholic Community	710 Koury Dr, Burlington, NC 27215	(336) 226-8796	www.blessedsacramentnc.org
Burlington Assembly of God	821 Tucker St, Burlington, NC 27215	(336) 227-3434	bag-church.org/MainPage.aspx
Dream Align Ministries	124 East Pine Street Graham, NC 27253	(888) 559 3373	www.dreamalign.com
Ebenezer United Church of Christ	734 Apple St, Burlington, NC 27217	(336) 226-8526	hcimediagroup.com/ebenezerucc.com/
First Presbyterian Church	506 West Davis Street, Burlington, NC 27215	336-212-2937	www.fpcburlington.org
God's Closet - Hocutt Memorial Baptist Church	302 N Logan St, Burlington, NC 27217	(919) 345-9227	NA
Habitat for Humanity of Alamance County	317 E 6th St Burlington, NC 27215	(336) 222-8191	http://habitatalamance.org/
Healing Station Resource Center	142 S Lexington Ave, Burlington, NC 27215	336) 263-2390	NA
Lambs Chapel	415 Roxboro St, Haw River, NC 27258	(336) 578-0291	thelambschapel.org
Living Free Ministries	521 W Elm St, Graham, NC 27253	(336) 222-7005	www.livingfreeministries.net
Piedmont Rescue Mission	1519 N Mebane St, Burlington, NC 27217	(336) 229-6995	www.piedmontrescuemission.org
Positive Attitude Youth Center	229 N Graham Hopedale Rd, Burlington, NC 27217	(336) 222-6066	positiveattitudeyouthcenter.com/1801.html
Salvation Army Boys & Girls Club of Alamance County	807 Stockard St, Burlington, NC 27217	(336) 226-4462	www.salvationarmycarolinas.org/burlington
St. Marks Church	1230 Saint Marks Ch Rd Burlington, NC 27215	(336) 584-8983	www.exploresmc.org
Sustainable Alamance	537 S Ireland St, Burlington, NC 27215	(336) 213-3505	http://sustainablealamance.org/
Trinity Worship Center	3157 S Church St, Burlington, NC 27215	(336) 585-0605	www.trinityworship.net

* Some of these agencies participate in ACICHA and / or have been involved with the Coordinated Assessment.

Mental health services:

Mental Health - Agency *	Address	Phone #	Website / Email (if appropriate)
Alamance Regional Medical Center	1240 Huffman Mill Rd, Burlington, NC 27215	(336) 538-7000	www.armc.com
Alamance County Health Dept	1914 Mckinney St, Burlington, NC 27217	(336) 227-0101	www.alamance-nc.com/health
Alcohol and Drug Services	236 N. Mebane Street, Ste 123 Burlington, NC 27217	(336) 532-0500	www.adsyes.org
Cardinal Innovations Healthcare Solutions	2451 South Church Street Burlington, NC 27215	(336) 513-4222	www.cardinalinnovations.org
Carolina Community Support	411 Andrews Road, Suite 130	919-682-5777	www.carolinacss.com/Contact.html

Services, Inc	Durham, NC 27705		
Centro La Comunidad	928 E. Webb Ave Burlington NC 27217	336-222-6868	http://www.catholiccharitiesraleigh.org
Christian Counseling Center (soon to an affiliate of Carenet)	142 S Lexington Ave, Burlington, NC 27215	(336) 227-5476	http://cccofburlington.com/
Crossroads Sexual Assault Response & Resource Cntr	1206 Vaughn Rd # B, Burlington, NC 27217	(336) 228-0813	http://crossroadscares.org/
Easter Seals Ucp North Carolina	2260 S Church St, Burlington, NC 27215	(336) 585-1737	www.easterseals.com/
Pride In North Carolina Inc	2815 S Church St, Burlington, NC 27215	(336) 586-0647	http://pridenc.com/
Project Launch - Alamance County Health Dept	1914 Mckinney St, Burlington, NC 27217	(336) 227-0101	www.alamance-nc.com/health
Psychotherapeutic Services	405 Rudd St, Burlington, NC 27217	(336) 513-4228	http://psychotherapeuticservices.com/
R H A Health Service Inc	2732 Ann Elizabeth Dr Burlington, NC 27215	(336) 229-5905	www.rhabehavioralhealth.org
Residential Treatment Services of Alamance	125 Glendale Ave Burlington NC 27215	(336) 227-2994	www.rtsalamance.org/
Simrun Health Services	2716 Troxler Rd, Burlington, NC 27215	(336) 570-0104	http://simrunpsychiatry.com/ContactUs.aspx

There are also co-located MH services at primary care offices (Kernodle Clinic, Burlington Pediatrics, etc).

* Some of these agencies participate in ACICHA and/or have been involved with the Coordinated Assessment.

Legal/judicial system, including law enforcement and prisons:

Legal – Agency *	Address	Phone #	Website / Email (if appropriate)
Legal Aid of North Carolina	959 East Street, Suite A&B, Pittsboro, NC 27312	919-542-0475	www.legalaidnc.org
Alamance County Probations / Parole	321 Prison Camp Rd, Graham, NC 27253	(336) 570-6840	NA
Alamance County Sherriff Office	109 S Maple St, Graham, NC 27253	(336) 570-6300	www.alamance-nc.com/sheriff
Family Abuse Services	1950 Martin St, Burlington, NC 27217	(336) 226-5982	http://www.familyabuseservices.org/
Crossroads Sexual Assault Response & Resource Cntr	1206 Vaughn Rd # B, Burlington, NC 27217	(336) 228-0813	http://crossroadscares.org/
Alamance County Family Justice Center	1950 Martin Street Burlington, NC 27217	336-570-6019	NA
Alamance County 7 Local Municipal Police Departments			

* Some of these agencies participate in ACICHA and have been involved with the Coordinated Assessment.

Department of Social Services (if multiple DSS agencies within Regional Committee, please discuss each agency):

Alamance County Department of Social Services is the only Department of Social Service in our region.

REFERRALS

Please describe how the referral process will work in your community. If clients need to transfer agencies in the referral process, please describe how this will be done.

The coordinated process will be geared toward prioritizing those households with the most intensive service needs and housing barriers (e.g. chronically homeless households and households with multiple episodes of homelessness). The VI-SPDAT has a built-in scoring mechanism that prioritizes households for access to different housing programs. This will serve as the "starting point" for our referral process.

Bed availability, while ideally managed in real-time, will be managed via spreadsheet (tentatively proposed via a drop-box or google sheets). Each agency will update their bed availability daily.

The coordinated referral will be geared towards prioritizing those households with the most intensive service needs and housing barriers (e.g.: chronic homelessness, etc). ACICHA will conduct an annual discussion about which populations should be prioritized for services (see Oversight).

Referrals will also be based on each program's admissions eligibility criteria, including populations served. For example, programs that serve only single adult men will only receive single adult men referrals. **Agencies participating in coordinated assessment must submit all of their eligibility criteria to ACICHA before they can participate in the coordinated assessment process.** Any changes to a program's eligibility criteria or target population must be sent immediately to ACICHA via the chair to make sure referral protocol is updated accordingly.

Our tentative referral process (based on recommended process from the National Alliance to End Homelessness):
- After a prevention and diversion screen has been conducted and the household has been deemed ineligible for those resources and has entered shelter, the following steps should be taken:
- The Coordinated Assessment Intake Specialist will administer the VI-SPDAT assessment that determines which intervention would be most appropriate for a household and how high priority they are to be placed. Households with more urgent and immediate needs will be prioritized for placement over households that have less intensive needs. The VI-SPDAT will be administered within 7-14 days of entry into shelter.
- Households will be referred to the program that best fits its needs immediately if a space is available. The assessment center staff will contact the household's program destination to let them know to expect its arrival. Referrals should be made with the understanding that additional information about the household may come to light that requires asking more questions or conducting additional assessments, and may potentially result in a different intervention than the household was originally assigned.
- The Housing Program staff will use the results to determine the household's place on the waiting list for that intervention (higher priority households will be placed above lower priority ones). Program staff will update / notify the Coordinated Assessment Intake Specialist daily the bed availability and status of households on the waitlist.
- During the wait period, households will be case managed jointly with the emergency shelter and the designated housing program.

If a household's best referral is to a program with a long wait list (e.g., a month or more), a decision may be made to refer them to their next best option (the second-highest intervention match on their results) if it will be available sooner rather than have them wait longer in shelter. Consumer input should always be one of the most important factors when it comes to making a referral decision between different interventions;

they should have the opportunity to decide how long they are willing to wait.

VI-SPDAT score – because the scoring of the VI-SPDAT is based on obtaining permanent housing, ACICHA has adjusting the scoring. If the score is 11 or higher PSH is recommended, if the score is between 8-10 Transitional Housing is recommended, if the score is 4-7 RRH is recommended, if the score is 0-3 Private Sector housing is recommended.

Specific Program Eligibility noted in charts below, including: Gender, Domestic Violence, Mental Health diagnosis, Substance Abuse diagnosis, income, veteran status, etc.

Criteria: Permanent Supportive Housing	Burlington Development Corp (BDC) – HOPE	Residential Treatment Services (RTSA) - Mebane St	Cardinal Innovations – Shelter Plus Care	Cardinal Innovations – Targeted Key	Easter Seals (TBD)
Chronically Homeless	X				
Disability	X		X		
Disability HoH				X	
Single	X	X	X	X	
Families			X		
Income			X	X	
Substance Abuse		X			
DV					
Gender		F			
Veteran					

*BHA – HOPE Program - for single persons who are Chronically Homeless (1 yr or 4 episodes in 3yrs)

Criteria – Transitional Supportive Housing	Family Abuse Services *	Ebenezer UCC	RTSA – Hall Ave
Chronically Homeless			
Disability			
Disability HoH			
Single	X	X	X
Families	X	X	
Income	X	X	
Substance Abuse		X	X
DV	X		
Gender	F	X	M
Veteran			

FAS, DV Shelter referrals only*

Criteria – Rapid Re-Housing	Allied Churches*	Volunteers of America	BDC – STEPS*
Chronically Homeless			
Disability			
Disability HoH			
Single	X	X	
Families	X	X	X
Income	X		
Substance Abuse			

DV			
Gender			
Veteran		X	
Background Check (Criminal)		X	
Landlord Reference			

Criteria - Public Housing	Graham Public Housing (TBD)	Burlington Housing Authority
Chronically Homeless		
Disability		
Disability HoH		
Single		
Families		
Income		X
Substance Abuse		
DV		
Gender		
Veteran		
Age		
Background Check (Criminal)		X (Can't be on supervised or unsupervised probation)
Landlord Reference		X

Are transportation funds/resources provided?   If yes, please describe resources, to whom they are available, and how and when they are accessed.

No transportation funds are provided.

Are forms sent with clients and/or included in HMIS?   If yes, please describe:

No forms are sent with clients.

Does your Regional Committee use real-time bed availability? If yes, please describe:

No ACICHA does not use real-time bed availability; we are currently investigating a cloud-based option to assist with our real-time bed availability such as Drop-Box or Google Sheets (Excel)

What is the process for agencies that do not want to accept referrals coming from coordinated assessment?

In the spirit of collaboration and person centered focus, if the ACICHA has a concern that a program's requirements may be contributing to "screening out" or excluding households from needed services, ACICHA will request to meet with the provider to discuss their criteria. If the ACICHA shows a link between underserved populations and a provider's eligibility criteria, and the provider is unwilling to modify the criteria, the Committee may recommend to the ACICHA and the Balance of State (BoS) that the provider be de-prioritized for ESG / CoC or other sources of funding.

What is the grievance process for individuals who do not agree with their referral?

Provider Grievances

Providers should bring any concerns about coordinated assessment to ACICHA Grievance Committee, unless they believe a consumer is being put in immediate or life-threatening danger, in which case they should deal with the situation immediately. A summary of concerns should be provided via email to the chair of ACICHA. The chair will forward the grievance to the ACICHA Grievance Committee. The committee will contact the provider's representative to schedule a meeting to hear the grievance and reach a resolution. If the issues need more immediate resolution, the chair will be in charge of determining the best course of action to resolve the issue.

The ACICHA Grievance Committee is made up of members who are members of organizations that do not provide housing.

Consumer Grievances

The Intake Specialist or the assessment staff supervisor should address any complaints by consumers as best as they can in the moment. Complaints that should be addressed directly by the Intake Specialist or assessment staff supervisor include complaints about how they were treated by intake staff, facility conditions, or violation of data agreements.

There are three (3) steps to the grievance process:
1. Discuss the matter with the staff member involved. Frank discussion will usually clear up the misunderstanding and solve the problem. If the matter remains unresolved, go to the next step.
2. Request a complaint form and complete it. Forward the report to the Intake Specialist. They will review the complaint, along with their supervisor and respond in writing / personally to the resident within five (5) working days of receipt of the report. If the resident remains dissatisfied with the resolution offered, she/he may take the next step. ** or in the case that the grievance is with the Intake Specialist move to step 3.
3. Request that the complaint form be forwarded to the ACICHA Grievance Committee for review. They will take one of the following two (2) steps:
   - Give the resident a written response which would indicate the final disposition; or
   - Call a conference for the parties involved in the incident(s). The final disposition will be issued within five (5) working days of the conference.

Any other complaints should be referred to the chair of ACICHA for resolution as above. Any complaints filed by a consumer should note their name and contact information so the chair can contact them and offer them the chance to appear before ACICHA to discuss them.

How does your Regional Committee handle waitlists for programs? Please include information for how this waitlist is created, stored, and updated and the agency/person responsible.

There are three separate wait lists for three types of housing programs (RRH, PSH, TH) in Alamance County. One designated person from each program will manage, update and store that particular program wait list. A MOU will be created and signed in order to prevent side door entries and create streamlined procedure. At monthly ACICHA meetings the wait list will be reviewed and each point person will report out.

Please include the full list of program rules for each agency participating in coordinated assessment in Appendix A. Please indicate below which rules are specifically required by funders.

Family Abuse Services: This housing only permits DV survivors per funders.
Volunteers of America- Carolinas: This housing program is for veterans only.

Coordinated assessment will help communities to identify gaps in services. How will your community address these gaps as they become apparent?

Performance measurement is an opportunity to see tangible results of our work. With these results, ACICHA will assess whether our mission and strategies to reduce and end homelessness are on track and if they are making a difference in our community.

A primary component of evaluation planning should include a communication strategy that consists of regular meetings with stakeholders to review evaluation results. Evaluation data will drive decision making on coordinated entry and other systems change that reflects a cultural shift for our funders, direct service providers, partner-agency leadership, government agencies, and associated systems. Direct-service providers will be most affected by the changes to the housing-services continuum. Their buy-in to this cultural shift is essential.

Our evaluation of the coordinated entry system must hold the tension between what coordinated entry can do on its own and the long-range expected outcomes of comprehensive systems change. Some of the tracked indicators would include:

- Intake, assessment, and referral process
- Outcomes for all demographics
- New entries into homelessness
- Length of time in homelessness (shelter stays)
- Rate of returns to homelessness
- Gaps in services
- Number of "turnaways"

Setting performance measures will be accomplished through the construction of evaluation tools and processes that will accurately portray how efficiently and effectively the new coordinated assessment system is working (outcomes) and identify where adjustments need to be made to improve overall performance. We have identified two components to the evaluation of our system:

- Evaluation of the coordinated entry process (intake, assessment, and referral)
- Evaluation of the services that are connected to the coordinated entry process

Within both of these levels is the experience of the client, housing providers, and lead agency engaged with the coordinated entry process and services. The data used to inform an evaluation process will include:

- HMIS collected data
- Parallel systems data
- Responses to surveys and questionnaires from clients, providers, and lead agency that is hosting coordinated entry system

An evaluation of the intake, assessment, and referral data is a collection of reported facts but does not capture the *experience* of the client, provider, and lead agency. Relying solely on HMIS and parallel-systems collected data will not give a complete picture of the coordinated-entry process and services.

The evaluation process will also have the capacity to review the coordinated process itself and the experience of systems' users.

ACICHA will use a three-tiered approach for the evaluation of the coordinated entry process and the services that are connected to the coordinated entry process:

1. For the coordinated entry process: HMIS and parallel systems data contribute to the most objective evaluation of the coordinated entry process because they measure quantitative data. The data collected by HMIS and associated add-on platforms will focus on client demographic information, client entry and exit dates, number of housing placements made, number of clients eligible for services, and incidence of repeat clients, for example. Data collected for performance measurement should be able to include:

   - Length of stay in shelter
   - Incidence of new entries to homelessness
   - Re-entry to the homeless system of previously homeless households
   - Rate of match and mismatched referrals
   - Time from when a client enters the system, is referred, and is placed into permanent housing
   - Rate of inventory vacancies; different rates between providers
   - Time on waitlists
   - Wait time and housing placement time with needs level of household (high, medium, or low needs)
   - Number of interactions the client has with different providers

2. For the coordinated entry process, using experiential data: Survey questions relating to the coordinated entry process will address the implementation of the process. Results will identify accessibility of the system, confirm the soundness of the assessment tools and provider referral network, and expose system gaps/needs. Targeted survey tools can explore these specific Issues and questions:

   Survey clients (administered upon exit)
   - How client came into contact with the system—were they able to understand the process?
   - Was client matched appropriately to a provider? Did they have to be re-matched?
   - Did they refuse housing placement, and if so, why?

   Survey providers (administered quarterly)
   - Appropriateness of client referrals and refusals (how and why?)
   - Usefulness of common assessment forms
   - Experience with shared database (training needs, system needs, etc.)
   - Interaction with lead agency coordinating the system
   - Policies and procedures review (helpfulness, changes, additions, clarity needs?)
   - Translation and interpretation needs

   Survey lead agency hosting the coordinated system (administered quarterly)
   - Feedback on provider network (compliance issues)
   - System accessibility and structure
   - Experience with fiscal agency (support needs)
   - Translation and interpretation needs

- Policies and procedures review (helpfulness, changes, additions, clarity needs?)

3. For the services that are connected to the coordinated entry process, using experiential date: Survey questions relating to the system's provision of services will address client support services, housing stability, and collaboration within the provider network. Results will identify client service needs, network partners' compliance, resource allocations and effectiveness of support services, permanent housing placements, and system management. Targeted surveys can explore these issues and questions:

Survey clients (administered upon exiting shelter or other housing program)
- Was agency responsive, respectful of culture, etc.?
- Did the agency allow client to determine goals?
- Did client access provider through intake center or another method? Was there a side door to services (this will address compliance issues)?
- Is client able to meet their housing costs, and is their housing stable?
- Is client in housing the provider located, and has client moved since being placed?

Survey providers (administered quarterly)
- What other resources or collaborations were needed?
- What kind of trainings would provider like to strengthen their skills?
- Has provider added or eliminated services that can affect the referral process?
- What is provider's experience with partner agencies?
- Did provider have resources needed to serve client?
- Is provider on track to participate in other system changes, such as rapid re-housing, prevention services, and links to economic opportunities?

Survey lead-agency (administered quarterly)
- Effectiveness of partner agency collaborations—where are more needed, are there performance concerns or compliance issues, etc.?
- Data-entry accuracy, timeliness, and completeness by partner agencies
- Experience with lead fiscal agency—did they receive good support and guidance?
- Is there adequate political will and leadership to implement the next stage of systems change?

Currently ACICHA uses SurveyMonkey for satisfaction surveys for Project Homeless Connect participants. SurveyMonkey provides free, customizable surveys, as well as a suite of paid back-end programs that include data analysis, sample selection, bias elimination, and data representation tools. Additional surveys with unique agency IDs are being developed for each coordinated assessment partner agency. While maintaining individual confidentiality, the surveys can give the coordinated assessment team valuable insights needed to make better decisions for our clients, service providers, and the entire process.

Additionally, this information will help ACICHA to address community issues by advocating to our elected officials and policy makers about things such as transportation, income, and affordable housing for individuals and families. ACICHA will reach out to landlords and property owners in the private sector in order to explore options to increase availability of fair market housing. ACICHA will make recommendations to member agencies, such adjusting capacity within existing programs in order to meet demand.

OVERSIGHT

The Coordinated Assessment Lead will be tasked with reporting about coordinated assessment on measures set by the Coordinated Assessment Council. Will your Regional Committee engage in further measures (e.g. including weekly case management meeting

to case conference, monthly provider meeting to assess system flow, elected group to monitor local grievances)? Please describe below.

ACICHA meets monthly and will measure success by looking at data collection and performance measurements. Evaluation will be reviewed by ACICHA, and any third parties engaged to assist in evaluating. A starting point or baseline reference point for the evaluation will be derived from our ESG grants goals, they include:

Outcome	Baseline	If yes, what year?	Goal for Next Year
Reduction in number of households who return to homelessness		FY2013-2014	To reduce the number by 10%
Reduction in average length of stay in emergency shelter(s)	60 days	FY2013-2014	To reduce the number by 10%
Reduction in average length of stay in transitional housing	2 Years	FY2013-2014	To reduce the number by 10%
Reduction in average length of stay while homeless (entire system)	90 days	FY2013-2014	To reduce the number by 10%
Increase in the non-HUD resources used for ESG-eligible activities	75% of resources are non-HUD Funding	FY2013-2014	To increase the number by 5%
Increase in the number of households that are stable at program exit		FY2013-2014	
Increase in the number of households that are stable at 6 months from program exit		FY2013-2014	
Increase in the number of households that are stable at 12 months from program exit		FY2013-2014	
Identifying barriers to accessing housing	100%	FY2013-2014	Decrease number of housing barriers by 5%
Decreasing/overcoming barriers to accessing housing	100%	FY2013-2014	

Evaluation processes will include:

- Monthly review of metrics;
- Quarterly forum or "roundtable" with people experiencing homelessness who have been through the system;
- Semi-annual report issued to BoS and Alamance County
- Annual report to BoS and all Alamance County stakeholders.

APPENDICES

Please fill tables in Excel document Coordinated Assessment Plans_Appendix

- Appendix A – All programs within Regional Committee that serve people who are homeless
- Appendix B – Domestic Violence Resources
- Appendix B – Prevention and Diversion Resources
- Appendix B – Mainstream Resources
- Appendix B – Foreclosure and Prevention Resources

In addition, please attach the following documents:

- Appendix A
    - Full list of program rules for each participating agency:.
    - MOUs from agencies participating in coordinated assessment in your community
- Appendix B
    - Excel Spreadsheet
- Appendix C – Diagrams
    - Draw and attach a diagram of how individuals will access homeless services through coordinated assessment in your community
    - Draw and attach a diagram of how families will access homeless services through coordinated assessment in your community

Alamance County Coordinated Assessment Diagram: