



North Carolina Balance of State Continuum of Care

bos@ncceh.org

919.755.4393

www.ncceh.org/BoS

Regional Committee Veteran Plan

In *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, the US Interagency Council on Homelessness (USICH) outlines goals for Continuums of Care that include ending Veteran homelessness by 2015.¹ To assist communities in reaching this objective, the USICH also published *Achieving the Goal of Ending Veteran Homelessness: Criteria and Benchmarks*, which outlines how systems can achieve an effective end to Veteran homelessness. Effectively ending homelessness for Veterans means that communities have designed systems to quickly identify and house homeless Veterans.² The North Carolina Balance of State Continuum of Care (BoS CoC) has set a goal to meet the USICH criteria and benchmarks by December 2017.

Goal

The goal of the regional Veteran system is to meet the federal benchmarks and criteria in each of the 13 Regional Committees by establishing and continuing to maintain an optimized homeless assistance system that effectively and continually prevents and ends Veteran homelessness across the BoS CoC. To accomplish this goal, the BoS CoC and State and VA partners will create a regional Veteran system to quickly identify and house Veterans in all 13 Regional Committees.

Vision

The BoS CoC Plan to End Veteran Homeless identifies a primary SSVF grantee for each of the 13 regions who will provide outreach to homeless Veteran households, assess them for eligibility, and oversee their connection to housing. These SSVF grantees will act as system navigators for each identified Veteran, no matter the Veteran's VA eligibility status, to ensure data collection and connection to permanent housing as quickly as possible. The permanent housing placement may be provided by SSVF, HUD-VASH, CoC or ESG programs, or other community housing programs. If a Veteran is ineligible for SSVF assistance, the SSVF provider, as navigator, will connect the Veteran to the Regional Committee's coordinated assessment system to access community housing programs.

Contact Information

Regional Committee: DISSY

Kevin Hege - Regional Lead - 336-786-4169 Ext. 207 - kevin.hege@nccommerce.com

Teena Willis - Regional Alternate Lead - 828-323-8084 - twillis@partnersbhm.org

Counties Served: Davie, Iredell, Yadkin, Surry, Stokes

For the following questions please provide individual name, agency name and contact information.

¹ <https://www.usich.gov/opening-doors>

² https://www.usich.gov/resources/uploads/asset_library/Achieving_the_Goal_Ending_Veteran_Homelessness_v3_10_01_15.pdf

Primary SSVF Provider: United Way of Forsyth County through FRRC Veterans Program

Primary Authors of the Plan: Rose Fisher, Kevin Hege, Teena Willis

Regional Committee Lead: Kevin D. Hege/Teena Willis

Regional Committee Point of Contact for the Veteran System: Rosa Carvajal;
rcarvajal@goodwillnwc.org

Other Key Partners in Veteran System: Community Link, Family Endeavors

Criterion #1: The community has identified all Veterans experiencing homelessness.

Outreach

The goal of outreach is to immediately identify and engage unsheltered homeless Veterans and offer low-barrier shelter and permanent housing assistance to any homeless Veteran within the CoC.

Outreach within Regional Committees will take two forms: passive and assertive.

Passive Outreach

With passive outreach, SSVF providers, with the help of regional leadership, will identify key community partners to aid in identifying homeless Veterans. SSVF providers will train these community partners on how to identify Veterans experiencing homelessness and how to make a referral to the primary SSVF agency in the region. Referrals will be made on an ongoing basis. In addition, each region will also be responsible for contacting the identified community partners a minimum of 2 times per month, whether in-person or by phone, to ask for potential referrals. Examples of agencies that should be considered for passive outreach include local service agencies (libraries, clothing closets, feeding programs), Veteran services (National Guards, Veteran Service Officers, VFWs), jails, etc.

Use the Appendix A tab to identify key partners who will be contacted for passive outreach efforts.

Describe how key community partners will be trained to identify Veterans, including who will provide training, how the trainings will be conducted (in-person, community meetings, etc.), the target dates for initial trainings, and the plan for future trainings to refresh current staff and initiate onboarding staff. Key agencies providing passive outreach will be trained by the primary SSVF provider on best practices and how to identify Veterans and Veteran status. Training will be conducted in a forum format and will include how to identify a Veterans by inquiring if they have served active duty in the military. Lead SSVF agency will conduct a progressive outreach strategy to engage local community agencies within the DISSY community. To date, resources and community involvement has been limited to a small number of agencies. During outreach efforts, SSVF staff will meet with local providers, providing information on the service and how to access. SSVF staff will also identify a contact person for each newly identified agency.

Targeted training date will be August 8, 2017. Future/update trainings will be completed during CoC meetings. Onboarding of new staff will be scheduled within 1 month of notification to the primary SSVF provider of new employee start date. This will allow all parties an opportunity to coordinate schedules.

Once communities identify Veterans through passive outreach, describe the process for engaging the Veteran, including: who will engage the Veteran, timeframe for first point of contact, how an offer of shelter will be made, housing plan development, and how the Veteran’s information will be added to the regional by-name list.

Key Partners will complete referral form when an individual is identified as a veteran through the Coordinated Assessment process. If the veteran is homeless, the VI-SPDAT will be completed as soon as possible and sent with the coordinated referral form. The forms will be faxed to The Prosperity Center attention Rosa Carvajal at 336-788-9071. Veterans will be engaged by outreach workers of FRRP VP, Community Link or Family Endeavors. FRRP will identify key locations within DISSY geography for each county covered that homeless Veterans can access staff directly. FRRP VP staff will set specific dates and times they will be available at these locations. This will be considered the 1st point-of-contact for coordinated assessment. When information is gathered and submitted to The Prosperity Center for verification a case manager from either program, will respond within two business days. At that time the household will be updated on their case status.

Outreach workers will be expected to maintain a list of local shelters accessible to the region, to include phone numbers and contact person to verify if space is available; Outreach worker will advise veteran household of availability of shelter and assist with securing bed. The Housing Plan will begin if veteran is accepted into a SSVF program. The veteran's name will be added to the by-name list as soon as the VI-SPDAT is completed and consent is given.

Assertive Outreach

Assertive outreach will be the primary responsibility of the SSVF providers in each Regional Committee. Assertive outreach involves visiting and surveying sites where unsheltered homeless people sleep or frequent to identify homeless Veterans and to offer them shelter and housing. Through this approach, providers can continue to engage known Veterans and identify new Veterans who need assistance. SSVF providers will also work with community partners who already conduct outreach to train them in how to identify and refer Veterans.

Use the following chart to list all agencies (SSVF providers, faith-based organizations, shelters, etc.) completing assertive outreach in the region:

Agency	Counties Served	How Often Outreach is Done Per Month
Community Link	Iredell	Twice monthly
Family Endeavors	Davie, Iredell	Twice monthly
DWS - DVOP Rep.	Surry, Stokes, Yadkin	Weekly
FRRP VP	Davie, Surry, Stokes, Yadkin (will identify set locations (i.e. business office, or community building) with specific days and times outreach worker will be present)	Twice monthly

If community agencies are doing assertive outreach, describe how they will be trained to identify Veterans, including who will be providing training, how the trainings will be done (in-person, community meetings, etc.) the target dates for these trainings, and how staff turnover will be taken into account for future training.

Key agencies providing assertive outreach will be trained by the primary SSVF provider on best practices for identifying Veterans/Veterans status. Training will be conducted in a forum format and will include how to identify Veterans by inquiring if they have served active duty in the military. Lead SSVF agency will conduct a progressive outreach strategy to engage local community agencies within the DISSY community. Targeted training date will be August 8, 2017. Future/update trainings will be completed during CoC meetings. Onboarding of new staff will be scheduled within 1 month of notification to the primary SSVF provider of new employee start date. This will allow all parties an opportunity to coordinate schedules.

How will the region obtain information about potential unsheltered sites (law enforcement, librarians, etc.)?

The region will receive referrals from various Veteran groups, DSS, police departments, libraries and faith based organizations, etc.

Once an unsheltered location is identified, how will the location be tracked by the region and how often will the locations be visited for ongoing engagement?

FRRV VP will maintain a list of known locations within each county served to ensure all agencies conducting assertive outreach have a schedule to visit each known site. The information about these sites shall be provided to FRRV VP by homeless service programs within the BoS region as they become aware of such sites and locations. FRRV VP will communicate on a regular basis with the organizations within the BoS region providing assertive outreach in all known locations to allow the outreach workers to develop plans for visiting these known sites.

Family Endeavors and Community Link have identified outreach workers that have the capacity to visit unsheltered sites within Iredell and Davie counties. Once a site has been identified within these counties each organization will conduct a minimum of 1 site visit per month. FRRV VP will identify office buildings/business locations and develop an ongoing schedule for outreach to be conducted on a continual basis. FRRV VP does not have the staff capacity to provide outreach in locations such as parks, camp sites, etc.

Once a Veteran is identified through assertive outreach, describe the process for engaging the Veteran, including: who will engage the Veteran, timeframe for first point of contact, how an offer of shelter will be made, housing plan development, and how the Veteran's information will be added to the regional by-name list.

Key Partners will complete coordinated assessment form when an individual is identified as a Veteran through the Coordinated Assessment process. If the veteran is homeless, the VI-SPDAT will be completed at that time as well and sent with the coordinated assessment referral form. The forms will be faxed to The Prosperity Center attention Rosa Carvajal at 336-788-9071. Veterans will be engaged by outreach workers of FRRV VP, Community Link or Family Endeavors; goal is to identify locations that outreach workers can schedule to be present on specific dates and timeframes (continuous). This will be considered the 1st point-of-contact; however, when information is gathered and submitted to The Prosperity Center for verification a case manager from either program, will respond within 2 business days. At that time the household will be updated on their case processing.

Outreach workers will be expected to maintain a list of local shelters to include phone numbers and contact person to verify if space is available; Outreach worker will advise Veteran household of availability and assist with securing bed. The Housing Plan will begin if Veteran is accepted into a SSVF program. The veteran's name will be added to the by-name list as soon as the VI-SPDAT is completed and consent is given.

How will transportation be provided for unsheltered Veterans once identified?

For communities that utilize YVEDDI and may have a local DAV, the FRRRC VP providing services will work to coordinate and schedule appointments in advance for YVEDDI and/or DAV transportation assistance. If the Veteran household has been accepted into an SSVF program, and has a vehicle but no funds for gas or the car may need repairs, that program will work to assist with transportation assistance as outlined under the SSVF program guide. In addition if the Veteran does not have a vehicle and public transportation is available, the SSVF may pay for bus passes according to SSVF guidelines.

In-Reach

The primary SSVF provider will coordinate in-reach efforts to identify homeless Veterans in shelter and transitional housing programs that do not participate in coordinated assessment or the HMIS system. SSVF providers will train agency staff at non-participating agencies on how to identify Veterans and how to make a referral to the primary SSVF agency in the region.

Use the Appendix B tab to identify key agencies that provide shelter, transitional housing, or other services that do not currently participate in HMIS or coordinated assessment and will be contacted for in-reach efforts.

Describe how agencies that provide shelter and transitional housing and do not participate in HMIS or coordinated assessment will be engaged in the Veteran system, including: who will engage the agencies and a projected timeline.

When a shelter or Transitional Housing program learns a Veteran has entered into their system, that agency will contact the lead SSVF agency for an outreach worker to be dispatched.

In addition, outreach workers will establish a working relationship with non HMIS agencies and complete a HMIS ROI, VI-SPDAT and screening tool for identified Veterans.

Key Partners will complete SSVF BoS Referral form and fax to The Prosperity Center attention Rosa Carvajal. The Lead SSVF agency will then upload that information into the HMIS database.

Describe how engaged community agencies will be trained to identify Veterans, including: who will be providing training, how the trainings will be done (in-person, community meetings, etc.), the target dates for these trainings, and how staff turnover will be taken into account for future training.

Key agencies providing assertive outreach will be trained by the primary SSVF provider on best practices for identifying Veterans/Veterans status. Training will be conducted in a forum format and will include how to identify Veterans by inquiring if they have served active duty in the military. Lead SSVF agency will conduct a progressive outreach strategy to engage local community agencies within the DISSY community. Targeted training date will be August 8, 2017. Future/update trainings will be completed during CoC meetings. Onboarding of new staff will be scheduled within 1 month of notification to the primary SSVF provider of new employee start date. This will allow all parties an opportunity to coordinate schedules. .

Once the community has identified Veterans through in-reach efforts, describe the process for engaging the Veteran, including: who will engage the Veteran, timeframe for first point of contact, how an offer of shelter will be made, housing plan development, and how the Veteran's information will be added to the regional by-name list.

Key Partners will complete the Coordinated Assessment referral for Veterans form when an individual is identified as a veteran through the Coordinated Assessment process. If the Veteran is homeless, the VI-SPDAT will be completed at that time as well and sent with the Coordinated Assessment Referral form. The forms will be faxed to The Prosperity Center attention Rosa Carvajal at 336-788-9071. Veterans will be engaged by outreach workers of FRRC VP, Community Link or Family Endeavors; goal is to identify locations that outreach workers can schedule to be present on specific dates and timeframes (continuous). This will be considered the 1st point-of-contact; however, when information is gathered and submitted to The Prosperity Center for verification a case manager from either program, will respond within two business days. At that time the household will be updated on their case processing. Outreach workers will be expected to maintain a list of local shelters to include phone numbers and contact person to verify if space is available; Outreach worker will advise Veteran household of availability and assist with securing bed if available. The veteran's name will be added to the by-name list as soon as the VI-SPDAT is completed and consent is given by Veteran. Once a Veteran household has reached the top of the DISSY priority list, they will be connected to a supportive housing provider pursuant to the prioritization plan. This provider will assist with the development of the housing plan.

Criterion #2: The community provides shelter immediately to any Veteran experiencing unsheltered homelessness who wants it.

Offer of Shelter

When an unsheltered Veteran is identified during outreach, SSVF providers will make an immediate referral to the coordinated assessment system. If the region's coordinated assessment system identifies an unknown Veteran, the provider completing the screen will make an offer of shelter and refer the Veteran to the primary SSVF provider in the region. For Veterans ineligible for VA programs, the SSVF provider will work with providers in the region's coordinated assessment system to ensure that shelter placement has been offered and the Veteran's information has been entered into HMIS.

Use Appendix C tab to identify shelter in the region that will be utilized to serve unsheltered Veterans.

For Veterans who decline an offer of shelter, the SSVF provider, acting as navigator, will routinely offer shelter in conjunction with the regional coordinated assessment system while also working to secure a permanent housing placement.

For regions that do not have shelter, an offer of emergency housing in a hotel or motel will be made.

Describe how unsheltered Veterans will be offered and connected to shelter once identified in outreach, including: how shelter bed(s) will be secured, how Veterans will be transported to shelter, etc. Unsheltered Veterans will be offered shelter during each contact. If a Veteran household agrees to a shelter bed the outreach worker will connect the household to shelter if available.

If an unsheltered Veteran is identified in the region's coordinated assessment process through the Prevention and Diversion screen or the VI-SPDAT, describe how CoC agencies will make an offer of

shelter and how Veterans will be connected to the primary SSVF provider to be added to the region's by-name list.

Unsheltered Veterans will be offered shelter during each contact. Agencies will utilize the SSVF BoS referral form to connect to the Lead SSVF provider and added to the BNL as soon as the VI-SPDAT is completed and consent is given.

Describe how Veterans who decline an offer of shelter will be routinely offered shelter and how these offers will be tracked for the region.

Veterans who refuse shelter will be offered shelter a minimum of twice monthly by the provider they are most connected too. That provider will provide bi-weekly updates on offers to lead SSVF provider. Each offer will be updated on the BNL under note section.

Does your region utilize emergency housing, such as hotel/motel vouchers, if no shelter beds are available? Yes No

If so, please describe the process for accessing this emergency housing:

There is no established voucher program to assist with emergency housing. SSVF program can only provide emergency housing assistance if there is no shelter beds available, the household meets criteria for SSVF assistance and has an identified housing unit that is not ready for move-in. The Surry County Veterans Council has on a case by case basis provided limited hotel assistance.

Please describe any known barriers for accessing emergency housing:

Veteran must meet criteria for SSVF program providing a copy of the DD-214, proof of household income, documentation supporting there is no shelter or TH beds available and have an identified housing unit for move-in. Limited financial assistance for emergency housing for those that are unable to stay in the shelters. There is also limited access for males in the more rural areas of the region.

Does your region need assistance with emergency housing and shelter? Yes No

If yes, please provide the name, email and phone number of the person to contact: Kevin Hege - 336-786-4169 Ext. 207 kevin.hege@nccommerce.com

Criterion #3: The community only provides service-intensive transitional housing in limited instances.

Transitional Housing

Though the BoS CoC does not have Grant Per Diem programs, service-intensive transitional housing programs funded through private sources are available to Veterans. Both the primary SSVF provider and the local agencies that serve as access points for the Regional Committee's coordinated assessment system will ensure Veterans are offered a choice of permanent housing assistance (e.g., SSVF) either prior to entering the transitional housing program or once identified in the transitional housing program.

Literally homeless Veterans referred to Grant Per Diem programs outside of the BoS CoC who originated from the BoS CoC will be welcomed back to their home counties, if they choose to return. SSVF providers are responsible for following up with Veterans while in Grant Per Diem programs and to develop housing plans for their return. For Veterans that entered Grant Per Diem programs without

literal homeless status, SSVF providers will not accept referrals from Grant Per Diem programs until the program attempts a discharge into housing using the Veteran's support resources.

For each system, please describe how Veterans will be offered permanent housing and how that offer will be tracked prior to transitional housing referral.

Regional Coordinated Assessment System:

The Coordinated Assessment System will identify Veterans through the Prevention and Diversion Screen and VI-SPDAT screen and refer those veterans to the primary SSVF provider. The primary SSVF provider will offer to connect the veteran to the most appropriate and available housing service. If the Veteran declines the offer of permanent housing and requests a referral for transitional housing, the declination will be acknowledge and documented. The SSVF Lead provider will assist the Veteran household with getting connected to the requested housing resource.

Veteran Service System (SSVF Providers and VA Medical Centers):

During outreach and engagement Veteran households will be educated on potential housing options available within the community and surrounding communities.

SSVF follows the housing first model and will engage all Veteran households for permanent housing if selected by the Veteran.

If a Veteran is referred to a Grant Per Diem program outside of the BoS CoC and wishes to return to the BoS CoC for housing, please describe how SSVF providers will follow-up with the Veteran to create housing plans for their return to the region.

If a veteran being discharged by a GPD program is being discharged to any of the counties within this BoS region and the veteran does not have a suitable housing plan for identifying and securing permanent housing, the GPD provider will refer this veteran to the the Lead SSVF provider to be added to the By Name List as a homeless veteran in need of services. The referral shall include all required documentation including VI-SPDAT and Assessment information.

Criterion #4: The community has capacity to assist Veterans to swiftly move into permanent housing.

System Navigation

As communities identify homeless Veterans through outreach or in-reach activities, the primary SSVF provider will be notified. The primary SSVF provider will either meet with the Veteran or identify another SSVF provider who covers the region to contact the Veteran. Upon contact, the assigned SSVF provider will connect the Veteran to the local VAMC to determine Veteran eligibility for SSVF and HUD-VASH and add them to the Regional Committee's by-name list.

If the VAMC identifies the Veteran as eligible for VA-funded services, the primary SSVF provider will ensure a connection to either an SSVF or HUD-VASH program in the region to assist with permanent housing placement. If the Veteran is ineligible for VA benefits or does not want to participate in a VA program, the SSVF provider will connect the Veteran to the Regional Committee's coordinated assessment system for assessment and prioritization for CoC and other community housing programs.

Please use the following chart to list the staff from the VA Medical Centers (VAMC) who serve the region:

VAMC	Counties Served	Contact Name	Contact Information (email and phone)	Primary or Secondary staff
Salisbury	Davie, Yadkin, Stokes and Surry	Cordelia Campbell(on leave) Dawn Payne	704-560-0647 cordelia.campbell@va.gov 704-738-5647 dawn.payne@va.gov	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary
Salisbury	Iredell	Merita Hall	704-560-7202 merita.hall@va.gov	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary
				<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
				<input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Please use the following chart to list the SSVF providers in the region:

Agency	Counties Served	Point of Contact	Contact Information (email and phone)	Primary SSVF Provider
United Way of Forsyth County	Davie, Yadkin, Surry, Stokes,	Rosa Carvajal	rcarvajal@goodwillnwnnc.org 336-788-4965 ext. 201	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Community Link	Iredell	Alisha Pruett	apruett@communitylinknc.org 704-943-9498	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Family Endeavors	Davie, Iredell	Janee Parker	jparker@familyendeavors.org 704-780-4950	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe how the primary SSVF provider will follow up with referrals as Veterans are identified in the region, including: the timeframe for follow-up and how Veterans will be added to the regional by-name list.

The primary SSVF provider will contact the veteran household directly within two business days of receipt of referral. Coordinated Assessment lead will be contacted to add the veteran to the by-name list.

If other SSVF provider(s) cover the region, describe how the primary SSVF provider will coordinate referrals and ensure that programs contact Veterans.

The primary SSVF provider FRRV VP will receive all referrals for the region. Within two business days of the referral's receipt, FRRV VP will conduct an initial SSVF eligibility assessment through a phone or face to face screening. Veterans located in Yadkin, Surry and Stokes will be assigned to FRRV VP solely. Veterans in Iredell and Davie will be assigned by FRRV VP according to SSVF Coordination Plan. Monthly Regional CoC meeting and updates of the by-name list will ensure that other SSVF programs have made contact with the corresponding veteran who was referred.

Describe how SSVF providers will coordinate with VA Medical Centers to assess Veterans for VA eligibility, including: transportation, timeframe, and determination of eligibility.

All veterans within the region will complete the screening and verification process through the Prosperity Center.

FRRV VP Disability Advocate will work closely with VAMC representatives to determine eligibility of VBA benefits and SSVF services

FRRC VP Disability Advocate will make direct referrals to VAMC for primary care doctors and appointment to address transportation issues

Describe how SSVF providers will assess eligibility for SSVF services, including: timeframe and how eligibility will be tracked.

All veterans within the region will complete the screening and verification process through the Prosperity Center

FRRC VP Disability Advocate will work closely with VAMC representatives to determine eligibility of VBA benefits and SSVF services

Veterans will be added to the BNL, identifying if approved for SSVF or reason for denial

If eligible for SSVF and/or other VA housing programs, describe the process that will be used to connect Veterans to permanent housing within 90 days.

All Veterans going into SSVF or another VA housing program will develop a housing plan that will be utilized to assist the Veteran household with navigating the system. The housing plan will outline steps to be taken by the Veteran and worker monitoring and assisting them with achieving goals.

If ineligible for SSVF and/or other VA housing programs or the Veteran refuses VA-funded programs, describe how the SSVF provider will connect Veterans to the region’s coordinated assessment process.

All Veterans will be connected to CA to be added to the BNL. Veterans that do not meet criteria for SSVF or other Veteran programs will be identified as needing assistance with housing. SSVF Lead agency will conduct bi-weekly follow-ups with CA to determine household progress being made towards community housing assistance until the household becomes housed.

Once a Veteran enters the region’s coordinated assessment system, describe how the Veteran will be tracked by regional leadership and SSVF providers to ensure housing placement.

CoC and SSVF Lead agency will conduct bi-weekly follow-ups with CA to determine household progress being made towards community housing assistance.

Describe the process by which the region will track housing plans on regional by-name lists. Household will be tracked by note section that will be added to the BNL

Please use the following chart to list the region’s coordinated assessment access points:

Agency	Counties Served	Role in the Coordinated Assessment Process
Diakonos - Fifth Street Ministries	Iredell, Davie, Yadkin, Surry, and Stokes	<input checked="" type="checkbox"/> Prevention and Diversion <input checked="" type="checkbox"/> VI-SPDAT
ECHO Ministry - The ARK	Surry and Yadkin	<input checked="" type="checkbox"/> Prevention and Diversion <input checked="" type="checkbox"/> VI-SPDAT
The Shepherd's House	Surry, Stokes and Yadkin	<input checked="" type="checkbox"/> Prevention and Diversion <input checked="" type="checkbox"/> VI-SPDAT
		<input type="checkbox"/> Prevention and Diversion <input type="checkbox"/> VI-SPDAT
		<input type="checkbox"/> Prevention and Diversion <input type="checkbox"/> VI-SPDAT
		<input type="checkbox"/> Prevention and Diversion <input type="checkbox"/> VI-SPDAT

		<input type="checkbox"/> Prevention and Diversion <input type="checkbox"/> VI-SPDAT
		<input type="checkbox"/> Prevention and Diversion <input type="checkbox"/> VI-SPDAT
		<input type="checkbox"/> Prevention and Diversion <input type="checkbox"/> VI-SPDAT

Does the region currently have housing programs, including public housing authorities, with preferences for Veterans? Yes No

If so, please describe the each program and preferences.

The Statesville Housing Authority - Any Veteran referred by The Heros House managed by Diakonos Inc will be moved to the top of the list for Statesville Housing Authority.

Regional By-Name List

To track the BoS CoC’s progress in meeting the goal of ending Veteran homelessness, key data will need to be tracked for each of the 13 regional Veteran systems. Each region should maintain a by-name list. This list will identify all homeless³ Veterans within each region and will be updated at least monthly using the USICH template.

BoS CoC staff and SSVF providers will work jointly to maintain a current by-name list for each region. BoS CoC staff will pull regular reports from agencies that use HMIS to identify Veterans, place them on the list, and ensure that the primary SSVF provider for the region makes contact. SSVF providers will make bi-weekly contact with agencies not currently using HMIS to check if any Veteran currently accesses services in their programs.

Who will oversee the by-name list for the region?

FRRC VP

What is the process the region will use to get consent from Veterans to be added to the by-name list?

The Veteran will sign an ROI to give consent to be added to the BNL.

Please list all agencies that will have access to the list to add Veterans and/or update information and describe how MOUs will be established with these agencies.

FRRC VP will be the only agency to update or access the information on the BNL unless a ROI or specific sharing agreements are in place.

Please describe the process for reviewing the list to ensure information remains current, including: how often, who will review, and in what format (in-person meeting, phone call, etc.)

At least Bi weekly meetings with the SSVF providers will occur to review and update the list.

Describe how the by-name list will be stored for the region, including technology used and how Regional Committees and other partners will be updated.

FRRC VP will store the by-name list in a password protected Excel file. The Regional Committee and other partners will be updated utilizing encrypted email or during in person regional meetings.

³ https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

Is region currently being served by NC Serves? Yes No
If so, how will NC Serves information be incorporated into the by-name list?

Criterion #5: The community has resources, plans, and system capacity in place should any Veteran become homeless or be at risk of homelessness in the future.

Advertisement

Please explain the strategies that will be used to educate agencies and other community systems about the regional Veteran process. (Please attach any materials the Regional Committee uses in these efforts, like flyers, slides, posters, handouts, etc.)

SSVF Outreach workers will place pamphlets and flyers in various locations, where Veterans may visit. Flyers will identify the SSVF program providing services within that community and how to access services. Information will be shared at the regional committee meetings and through email lists of regional committee members.

Please explain the strategies the Regional Committee uses to educate Veteran households who are risk of homelessness or experiencing homelessness about the regional Veteran process. (Please attach any materials the Regional Committee uses in these efforts, like flyers, slides, posters, handouts, etc.)

Educational information will be distributed to many community agencies including shelters, local DSS agencies, service providers, libraries, Veteran's organizations, etc.

Local Oversight

The regional Veteran process provides community-wide accountability for housing Veterans experiencing homelessness as quickly as possible. It is recommended that each Regional Committee have a Veteran subcommittee to oversee the system, report out to the Regional Committee, address system grievances, educate and provide outreach to non-participating agencies, and assist in maintaining the by-name list.

Please describe how the Regional Committee will be updated about progress towards ending Veteran homelessness, including: who will provide the update, how often, and in what venue(s) (Regional Committee meetings, email, etc.).

SSVF providers will update the Regional Committee at the monthly meetings.

Will the Regional Committee have a Veterans subcommittee to oversee the region's plan? Yes No

How will system gaps be identified and addressed?

Issues and gaps will be identified and brought to the Veteran's subcommittee to address at monthly meetings.

How will system issues be identified and addressed?

System issues and gaps will be identified and brought to the Veteran's subcommittee to address at

monthly meetings.

Grievances

Agency Grievance Policy

Please complete the following policy with details from your Regional Committee:

If a provider declines a client referral, that provider should work with the community to refer the client to the next appropriate housing provider and/or emergency shelter to ensure that the household has a safe place to sleep that night.

Providers are expected to submit a written reason for the denial to Rose Fisher at rose.fisher@uwforyth.org. Providers may decline 1 out of 10 referrals in a month without a meeting. However, if a program declines more referrals than this, they will need to meet with Veteran Subcommittee to discuss the issue(s) that result in referrals being declined.

For all other grievances, providers must email a detailed grievance to Rose Fisher at rose.fisher@uwforyth.org within 10 days of the adverse action/decision. The DISSY Region Veterans Subcommittee will schedule a hearing within 10 days of receiving the grievance and render a decision within 7 days following the hearing. If grievances cannot be resolved at the local level, an appeal will be submitted to the BoS CoC Veteran Subcommittee.

Individual Grievance Policy

Please complete the following policy with details from your Regional Committee:

If a household does not agree with a referral or the assessment process, the coordinated assessment site will attempt to make another appropriate referral based on the household's needs and the housing resources available.

If the household remains unsatisfied, they may file a grievance with Rose Fisher at rose.fisher@uwforyth.org, or , either verbally or in writing, within 10 days of the attempted referral. Rose Fisher will respond within 10 days. If the household does not agree with this local decision, an appeal will be submitted to the BoS CoC Veteran Subcommittee.