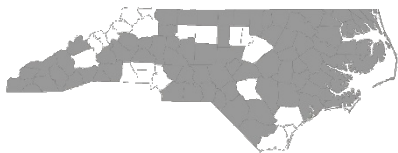


# North Carolina Balance of State Continuum of Care

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## Veteran Subcommittee

March 2, 2017

11am - 1pm

**Committee Members Present:** Terry Allebaugh, Michelle Blanding, Mary Fisher Murray, Branden Lewis, Reginald Roy, Tiana Terry, John Rakes, Jeff Doyle

**Committee Members Absent:** Marsheta Boyton, James Prosser, Flo Stein, Brad Stroud, Allison Bond, Rose Fisher, Jeff Smith, Ellecia Thompson, Larry McMullen, Jennifer Herb, Nicole Dewitt

**Others Present:** Charlotte Stewart, Alyce Knaflich, Leo Ficht, Sylvia Senbel, Jessica Maples, Brenda Ploss

**Staff Present:** Ehren Dohler, Brian Alexander

### *Welcome and Introductions*

- Members, staff, and other attendees introduced themselves

### *BoS Veteran Plan Update from SSVF*

- SSVF staff described their progress in formulating Veteran plans in each regional committee.
- Tiana Terry (VOA oversees Regions 6, 9, 11, and 12)
  - VOA staff have contacted regional leadership in each region. They haven't heard back from all of them, and regional leadership is sometimes confused about what the Veteran Plan is, and how it's different than Coordinated Assessment.
  - Brian stated that coordinated assessment and the Veteran Plan should be related and work together.
  - Ehren mentioned that the Veteran Plan is a specific component of the coordinated assessment plan and focuses on the USICH criteria and benchmarks that we must meet to certify the CoC has ended Veteran homelessness.
- Jessica and Sylvia (Family Endeavors leads regions 7, 8, 10, and 13) mentioned that their staff have also reached out to each Regional Lead. They mentioned similar problems with explaining the Veteran plan process to Regional Leads.
  - Ehren will schedule a call with SSVF on-the-ground staff next week to help them communicate more effectively with regional committee leadership in their areas.
- Family Endeavors are already maintaining by-name lists in each of their regions. They are not yet on HMIS.
- John (ABCCM covers Regions 1, 2, and 3) said that they have things moving, but some challenges exist working with the regional coordinated assessment systems.
  - They are trying to build on the coordinated assessment process already happening in Henderson County, hopefully to expand it to the rest of the region (Region 2).
  - In Region 1, they're having a harder time figuring out how to get everyone together, given how spread out the region is.

- Brian mentioned that Region 1 has a coordinated assessment meeting right after their regular regional committee meeting. He suggested ABCCM's staff try to get to that meeting.
  - John said his staff, Jill Carter, goes to the regular regional committee meetings, so he'll see if she's connected into the coordinated assessment meeting.

#### *North Carolina Updates (Terry Allebaugh)*

- All GPD providers must reapply for funding for the next fiscal year (starting October 1).
  - This is a change from current policy which has provided GPD agencies with long-term contracts.
  - This funding process has instituted four new models of GPD:
    - Bridge housing – shorter term shelter (up to 90 days, generally) for Veterans for whom a permanent placement has already been identified, but they are unable to move in yet.
    - Low demand – a focus on harm reduction and housing first to reduce barriers to housing
    - Hospital to home – for Veterans who are discharged from hospitals but may need a higher level of support than a home in the community, for a short period of time
    - Clinical – the GPD agency is accredited to provide clinical mental health or substance use treatment
  - These four new models will receive priority treatment in the funding round. Agencies can maintain the current model (service intensive transitional housing), but they will have to be part of the national competition.
  - Providers around the state are responding well to the new models, and at least one organization in each catchment area is applying for one of the priority models.
  - These new models will need collaboration from their whole catchment area to be successful – so this is a place where Balance of State SSVF and other providers can get involved even though there aren't GPD programs located directly in the BoS CoC.
    - Jeff D. mentioned that there are some pre-screening requirements for some of these models, so SSVF providers will be helpful for that.
    - The NOFA requires GPD providers to reach out to their CoCs.
  - The applications are due April 4. Funding announcements will likely be made over the summer. New funding and programs will begin October 1.
- The Operation Home Task Force is planning to do an in-depth report on Veteran homelessness in North Carolina.
  - They will be sending quick surveys to all SSVF providers and other Veteran service providers as part of this process. Please fill these out!
- The VAMC director and Mayor in Fayetteville are launching an initiative to fight the opioid epidemic, especially among Veterans. They are modelling this initiative on the Veteran homelessness work – they said they learned a lot from that process about how a system can work well together. Great news that this model is creating ripple effects beyond homelessness!

#### *Region 11 updates and challenges*

- Ehren presented that very few Veterans were found in Region 11 during the recent point-in-time count.
- The group discussed how Veterans should be served in the region.
  - Tiana's staff – Tina Rogers – already works in Hertford County, which is on the western edge of Region 11. Tina cannot necessarily do work for the whole region but can act as a point person to help homeless Veterans if they do show up.



- Jeff D. mentioned that meetings to do Veterans work in the region need to be held outside of Hertford county so the Hampton Road VAMC can attend (Hertford is outside of their catchment area).
- Terry suggested VSOs continue to be the most available resource in the region. Regional leadership and SSVF should have on-going Veteran-specific meetings to keep the VSOs engaged.
- Jeff D. suggested they begin developing a by-name list, potentially through regular conference calls.

*SSVF and HUD-VASH in BoS*

- How are SSVF and HUD-VASH working together in BoS? Are there areas where Veterans are unable to get HUD-VASH?
  - Although the SSVF providers hadn't yet run into major barriers to helping Veterans get HUD-VASH, Jeff stated that some areas of the state have gaps in HUD-VASH coverage.
  - Leo (who is a HUD-VASH case manager at the Fayetteville VAMC) has started doing more outreach in Regions 8 and 10 to help with coverage away from the VAMC.
  - SSVF providers stated that one barrier is that it can be difficult to move a Veteran onto a HUD-VASH voucher if they've been housed for a while using SSVF RRH funding.
  - HUD-VASH programs are also not fully participating in CoC regional committee meetings. Jeff D. said he would reach out to the VAMC homeless directors to ensure their regular presence at Regional Committee meetings.
  - SSVF agreed that HUD-VASH vouchers are not as available as they once were. Jeff D. said the program is about 98% utilized and turnover is 6% annually.
    - HUD-VASH programs do not currently have any type of move-on program that could facilitate a move to Housing Choice Vouchers (Section 8) in the Balance of State. A move-on system would help open up HUD-VASH vouchers.

*Next meeting:*

Thursday, May 4th from 11 AM to 1 PM

Location: TBD

