North Carolina
Balance of State Continuum of Care
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Regional Committee Coordinated Assessment Plan

In June 2016 the BoS CoC Steering Committee adopted a *Regional Committee Restructuring Proposal*, changing the organizational structure of the BoS CoC from 26 Regional Committees to 13 larger Regional Committees.[1] The BoS CoC Steering Committee also adopted written standards for coordinated assessment on September 6, 2016, that outline how coordinated assessment should operate in each region.[2]

Taking into account both the new Regional Committees and written standards, each Regional Committee will be required to submit a coordinated assessment plan that provides coverage for their entire geographic region by April 1, 2017.

Contact Information

Regional Committee: Southwest Homeless Coalition Regional Committee (SWHCRC)

Counties Served: Clay, Cherokee, Graham, Haywood, Jackson, Madision, Macon, and Swain

For the following please provide name and email address.

Primary Authors of the Plan: Monica Frizzell: monica.frizzell@vayahealth.com, with assistance from the Referral and Monitoring Meeting (RAMM) and the rest of the Southwest Regional Committee

Regional Lead: Marilyn Chamberlin: chamberlin.marilyn@swcdcinc.org

Elected Coordinated Assessment Lead: Monica Frizzell: monica.frizzell@vayahealth.com

Other Coordinated Assessment Contact(s) for the Region: Mindy Rathbone: open_door@longschapel.com

Prevention and Diversion Screen

The prevention and diversion screen is administered when households present in a housing crisis to see if there are any other safe housing options available to them besides a shelter bed. This screen allows communities to prioritize shelter beds for those with no other options. It is recommended that the coordinated assessment system make an initial contact to assess within 2 hours of households presenting for services.

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[1] http://www.ncceh.org/bos/restructuring/
[2] http://www.ncceh.org/files/7522/

Please use the following chart to list agencies who administer the prevention and diversion screen in your region:

Agency	Count(ies) Served	Population Served	Availability to administer screen	Number Staff Trained (recommend more than 1 staff)	Active on HMIS
MBHS	Clay, Cherokee, Graham, Haywood, Jackson, Macon and Swain	☐Families Only ☐Single Men ☐Single Women ☒All	Days: 5 Times: 8-5 with after hours number to call	36	☐ Yes ☒ No
ACS with Mobile Crisis Services	Clay, Cherokee, Graham, Haywood, Jackson, Macon and Swain	☐Families Only ☐Single Men ☐Single Women ☒All	Days: 7 Times: 24/7	26	☐ Yes ☒ No
REACH OF CHEROKEE COUNTY	Cherokee	☐Families Only ☐Single Men ☐Single Women ☒All	Days: 7 Times: with after hours number to call	4	☐ Yes ☒ No
REACH OF CLAY COUNTY	Clay	☐Families Only ☐Single Men ☐Single Women ☒All	Days: 7 Times: with after hours number to call	2	☐ Yes ☐ No
REACH OF HAYWOOD COUNTY	Haywood	☐Families Only ☐Single Men ☐Single Women ☒All	Days: 7 Times: with after hours number to call	5	☐ Yes ☒ No
REACH OF MACON COUNTY	Macon and Jackson	☐Families Only ☐Single Men ☐Single Women ☒All	Days: 7 Times: with after hours number to call	3	☐ Yes ☒ No
MACON NEW BEGGININGS	Macon	☐Families Only ☐Single Men ☐Single Women ☒All	Days: 7 Times: with after hours number to call	1	☐ Yes ☒ No

Four Square Community Action, Inc	Andrews and Clay	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 5 Times: 8am – 5pm	2	☐ Yes ☒ No
Mountain Projects	Jackson and Haywood	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 5 Times: 8am – 5pm	1	☐ Yes ☒ No
Jackson County Homeless Program	Jackson	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 7 Times: with after hours number to call	2	☐ Yes ☒ No
Charles George VA Medical Center	Clay, Cherokee, Graham, Macon, Madison, Jackson, Haywood, and Swain	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 5 Times: 8am – 5pm	1	☐ Yes ☒ No
ABCCM	Clay, Cherokee, Graham, Macon, Madison, Jacskson, Haywaood, and Swain	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 5 Times: 8am – 5pm	1	☒ Yes ☐ No
Four Square Community Action, Inc	Andrews and Clay	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 5 Times: 8am – 5pm	2	☐ Yes ☒ No
Analenisgi Behavioral Health/Cherokee Indian Hospital Authority	Jackson and Swain reservation or anyone enrolled	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 5 Times: 8am – 5pm	6	☐ Yes ☒ No

Hurlbert Johnson Friendship House	Clay, Cherokee, Graham, Haywood, Jackson, Macon, and Swain	☐Families Only ☐Single Men ☐Single Women ☒All	Days: 5 Times: 24/7	2	☒ Yes ☐ No
Haywood Pathways Center	Haywood	☐Families Only ☒Single Men ☒Single Women ☐All	Days: 7 Times: 24/7	1	☐ Yes ☒ No
Children's Hope Alliance – Youth	Clay, Cherokee, Graham, Haywood, Jackson, Macon, Swain	☐Families Only ☐Single Men ☐Single Women ☒All	Days: 7 Times: 24/7	2	☐ Yes ☒ No
Open Door Ministries	Haywood	☐Families Only ☐Single Men ☐Single Women ☒All	Days: 5 Times: 8am – 4:30pm	2	☐ Yes ☒ No
Jackson Neighbors in Need	Jackson	☐Families Only ☐Single Men ☐Single Women ☒All	Days: 7 Times: 24/7	1	☐ Yes ☒ No
Southwestern Child Development Center – children and youth	Clay, Cherokee, Graham, Haywood, Jackson, Macon, Swain	☐Families Only ☐Single Men ☐Single Women ☒All	Days: 5 Times: 8am – 5pm	2	☒ Yes ☐ No
Vaya Health	Clay, Cherokee, Graham, Macon, Madison, Jackson, Haywood, and Swain	☐Families Only ☐Single Men ☐Single Women ☒All	Days: 7 Times: after hours with crisis line	13	☒ Yes ☐ No
October Road	Madison	☐Families Only ☐Single Men ☐Single Women ☒All	Days: 7 Times: with after hours number	1	☐ Yes ☒ No

If your Regional Committee does not have 24-hour availability for the prevention and diversion screen, please describe what happens if a household needs emergency services and shelter outside of the available hours, including what happens if a household presents overnight, on the weekends, or if trained staff is not present. Be sure to address how the household accesses shelter and when the prevention and diversion screen is administered.

Coordinated Assessment in the Southwest region has emphasized training on where those who are homeless present for help. The Domestic Violence and Emergency Shelters have phone numbers that can be accessed after hours. Also, our Mental Health and Substance Use providers have after hour numbers that can be called. Vaya Health, the regional MCO, also has a 24/7 crisis number that can assist with the homeless or at the risk population. One of our providers, ACS, has a mobile crisis unit assesses members in the community and they are also trainined in Coordinated Assessment/Prevention and Diversion. We continue to train and work on expanding the Coordinated Assessment process for accessibility.

Domestic Violence Referrals
While answering questions on the prevention and diversion screen, households may be identified as needing domestic violence services.

If a household indicates they need domestic violence services and/or shelter, please list the agencies your region refers to:

Agency	Count(ies) Served	Participate in Coordinated Assessment
REACH OF CLAY COUNTY	CLAY COUNTY	☒ Yes ☐ No
REACH OF CHEROKEE COUNTY	CHEROKEE COUNTY	☒ Yes ☐ No
REACH OF MACON COUNTY	MACON AND JACKSON	☒ Yes ☐ No
REACH OF HAYWOOD COUNTY	HAYWOOD	☒ Yes ☐ No
QUALLA SAFE HOUSE	SWAIN COUNTY	☐ Yes ☒ No
Ernestine Walkingstick	Only enrolled tribal members in all 7 counties	☐ Yes ☒ No
My Sister's Place	Madison	☐ Yes ☒ No
Hope for Families	Graham	☐ Yes ☒ No

Please describe the process by which agencies making referrals make contact with and transfer forms to the domestic violence agency and how the system tracks if a household was successfully placed in a program. Be sure to include if a phone call is made to the agency to inform them of the referral, and/or if forms are sent with households to the agency.

The Southwest region has trained all the Domestic Violence and Emergency shelters to complete the Prevention and Diversion screen. If other assessors find that domestic violence services are needed, the transfer is completed on a case by case basis depending on the needs of the household. Some households only need to be given phone numbers to access services. Some need additional assistance with calling and/or accessing the services. Warm handoffs are always preferable. Since assessors are hands on with homeless and are usually in organziations that work with homeless, follow up is built into the organziation's mission.

If domestic violence agencies are not currently participating in your coordinated assessment process, please describe the engagement plan for these agencies, including goals and timeline.
Most of the domestic violence agencies in our region participate in the coordinated assessment process. The few that do not, have had negative experiences with the regional committee or indicate a lack of interest in the process. Continued outreach and engagement are ongoing with our Coordinated Assessment lead and Regional Committee members to include the missing agencies.

Does your region need assistance in engaging domestic violence agencies? ☒ Yes ☐ No
If yes, please provide the name, email and phone number of the person to contact: Support is needed My Sister's Place in Madison County (Joyce Cody 828-649-2582), Qualla Safe House in Swain County, (828-488-9038) and Hope for Familes in Graham County (828-479-7332)

Diversion
While answering questions on the prevention and diversion screen, households may be identified as needing diversion services to access a safe housing option.

Does your coordinated assessment system offer mediation services for diversion? ☒ Yes ☐ No
If yes, please describe the mediation services provided: Though there is not a formal mediation service, each assessor offers to assist with mediation to prevent homelessness. if appropriate. Providing mediation is a part of the prevention and diversion training and is documented on the prevention and diversion screen.

Are financial assistance resources available for diversion? ☐ Yes ☒ No
If yes, how much financial assistance and what sources of funding are used for this? There are not agencies that receive specific funding for prevention and diversion. There are not any agencies that participate in the diversion system. Though we refer out to many agencies, at this time, there are not any that accept ONLY referrals from the CA system.   For instance, referrals are made to the local Department of Social Serivices, churches, Salvation Army, Haywood Christian Ministries, United Christian Ministries, CareNet, agencies that provide heating assistance like Mountain Projects or Macon Program for Progress, and other community resources.   At this time, these agencies accept all appropriate referrals. To close this loop, education and training is needed for these agencies. Though CA trainings are done on an ongoing basis, outreach to those specific agencies that consistently help with prevention and diversion will be done before December 31, 2017.

If households are referred to agencies to receive diversion services, please list agencies in your region:

Agency	Count(ies) Served	Participate in Coordinated Assessment	Services Provided
		☐ Yes	☐ Mediation

		No		Financial Assistance
		Yes		Mediation
		No		Financial Assistance
		Yes		Mediation
		No		Financial Assistance
		Yes		Mediation
		No		Financial Assistance
		Yes		Mediation
		No		Financial Assistance

Please describe the process by which agencies making referrals make contact with and transfer forms to the diversion agency and how the system tracks if a household was successfully placed in a program. Be sure to include if a phone call is made to the agency to inform them of the referral, if forms are sent with households to the agency, and/or if referrals are sent via HMIS.

Assessors in the Southwest region assist with accessing resources. The amount of assistance depends on the needs of the household and what the resource requires for referral.   Some households only need to be given phone numbers to access services. Some need additional assistance with calling and/or accessing the services, incuding transportation. Some programs require direct referrals from the assessor.   Assessors try to only refer to resources that have current funding. Warm handoffs are always preferable. Since assessors are "hands on" with homeless and are usually in organziations that work with the homeless, follow up is built into the organziation's mission.

Referrals to Shelter
While answering questions on the prevention and diversion screen, households may identify a need for an emergency shelter or access to resources for emergency housing, such as motel vouchers.

If households are referred to shelters and emergency services, please list agencies in your region:

Agency	Count(ies) Served	Participate in Coordinated Assessment	Population Served	Admission Requirements and/or Prioritization Policies	Active on HMIS
Hurlbert Johnson Friendship House	Clay, Cherokee, Graham Haywood, Jackson, Macon and Swain	☒ Yes ☐ No	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	pic ID, background check and clean drug screen does do cold weather code purple and criteria is waived for overnight shelter	☒ Yes ☐ No
Jackson County Homeless Program	Jackson	☒ Yes ☐ No	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	hotel vouchers for November through March only	☐ Yes ☒ No
Haywood Pathways Center	Haywood	☒ Yes ☐ No	☐ Families Only ☒ Single Men ☒ Single Women ☐ All	Haywood residents only	☐ Yes ☒ No
Open Door Ministires	Haywood	☒ Yes ☐ No	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Paired with Haywood Pathways Center - Haywood residents only	☐ Yes ☒ No
REACH shelters	Clay, Cherokee, Macon, Jackson, Haywood	☒ Yes ☐ No	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	DV clients only	☐ Yes ☒ No

		☐ Yes ☐ No	☐ Families Only ☐ Single Men ☐ Single Women ☐ All		☐ Yes ☐ No

Please describe the process by which agencies making referrals make contact with and transfer forms to the emergency shelter and how the system tracks if a household was successfully placed in a program. Be sure to include if a phone call is made to the agency to inform them of the referral, if forms are sent with households to the agency, and/or if referrals are sent via HMIS.

Emergency Shelters are scarce in our region. Only two brick and mortal shelters exist in our region. In cold weather months, a hotel voucher program is funded in Jackson County. Recently a hotel voucher program started housing familes in Haywood County. The Southwest region has trained all the Emergency Shelters and hotel voucher programs to complete the Prevention and Diversion screen. If these or other assessors find that shelter services are needed, the transfer is completed on a case by case basis depending on the needs of the member, the program, and the geographic area. Some households might qualify for one shelter but not others. Assesors are informed on the requirements of those few shelter/hotel voucher program to assist the household to enter shelter when possible. In cases that households will and can access shelter, assistance can be provided with phone calls, warm transfers and /or transporation. Warm transfers are always the preferred method of transfers.

If there are no shelters in your region or a particular population does not have access to a shelter, how do households access an emergency bed in your Regional Committee?

There is not a specific population that technically cannot be housed in our region. We do have DV shelters, a shelter that will take sex offenders,   a hotel voucher program that will take people current using substances (though this is program is only available during the winter months) and shelters that take individuals and familes. The transgender population has not been discussed with shelters and this issue will be discussed and explored in the next 3-6 months.   Because of the geographic lack of shelters in our areas, referrals are made across region as well as out of our regional committee catchement area. (Buncombe County). Still, many times households stay unsheltered in our region. This is a gap that is continuing to be addressed.

If a household does not meet the admission requirements of a shelter and/or the shelter is full, please describe how the household accesses an emergency bed.

Many times, shelters are full or too far away for easy access.   Assessors will refer across the region and out of our regional committee catchement area. (Buncombe County) Many times households stay unsheltered in our region. This is a gap that is continuing to be addressed. There are proposals of communities to open shelters, specifically in Swain County and Jackson County. The Southwest Regional Committee is giving support and guidance to thse projects and stays updated on this needed resource.

VI-SPDAT

The VI-SPDAT screen identifies housing barriers for households and assists to identify and prioritize households for housing programs. It is recommended that communities administer the VI-SPDAT screen between 12 and 15 days from shelter entry in order to allow households the time to try to find housing without a referral to a housing program.

Please use the following chart to list agencies that are administering the VI-SPDAT in your region:

Agency	Count(ies) Served	Population Served	Availability to Administer the VI-SPDAT	Number Staff Trained (recommend more than 1 staff)	Active on HMIS
MBHS	Clay, Cherokee, Graham, Haywood, Jackson, Macon and Swain	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 5 Times: 8-5 with after hours number to call	36	☐ Yes ☒ No
ACS with Mobile Crisis Services	Clay, Cherokee, Graham, Haywood, Jackson, Macon and Swain	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 7 Times: 24/7	35	☐ Yes ☒ No
REACH OF CHEROKEE COUNTY	CHEROKEE	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 7 Times: 8-5 with after hours number to call	4	☐ Yes ☒ No
REACH OF CLAY COUNTY	CLAY	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 7 Times: 8-5 with after hours number to call	2	☐ Yes ☒ No
REACH OF HAYWOOD COUNTY	HAYWOOD	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 7 Times: 8-5 with after hours number to call	5	☐ Yes ☒ No
REACH OF MACON COUNTY	MACON AND JACKSON	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 7 Times: 8-5 with after hours number to call	3	☐ Yes ☒ No
MACON NEW BEGINNINGS	MACON	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 7 Times: 8-5 with after hours number to call	1	☐ Yes ☒ No

Hurlbert Johnson Friendship House	Clay, Cherokee, Graham, Haywood, Jackson, Macon, Swain	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 7 Times: 8am-10pm	5	☒ Yes ☐ No
Haywood Pathways Center	Haywood	☐ Families Only ☒ Single Men ☒ Single Women ☐ All	Days: 7 Times: 8am-8pm	1	☐ Yes ☒ No
Children's Hope Alliance – Youth	Clay, Cherokee, Graham, Haywood, Jackson, Macon, Swain	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 7 Times: with after hours number to call	2	☐ Yes ☒ No
Open Door Ministries	Haywood	☒ Families Only ☐ Single Men ☐ Single Women ☐ All	Days: 5 Times: 8am-4:30pm	3	☐ Yes ☒ No
Jackson Neighbors In Need	Jackson	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 5 Times: with after hours number to call	1	☐ Yes ☒ No
Southwestern Child Development Center – children and youth	Clay, Cherokee, Graham, Haywood, Jackson, Macon, Swain	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 5 Times: 8-5	2	☒ Yes ☐ No
Four Square Community Action	Cherokee and Clay	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 5 Times: 8am-5pm	2	☐ Yes ☒ No
Mountain Projects, Inc	Jackson and Haywood	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 5 Times: 8-5	1	☐ Yes ☒ No

Organization	Counties	Population Served	Days/Times	Number	HMIS
Jackson County Homeless Program	Jackson	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 7 Times: with after hours number to call	2	☐ Yes ☒ No
Charles George VA Medical Center	Clay, Cherokee, Graham, Macon, Madison, Jackson, Haywood, and Swain	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 5 Times: 8-5	1	☐ Yes ☒ No
ABCCM	Clay, Cherokee, Graham, Macon, Madison, Jackson, Haywood, and Swain	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 5 Times: 8-5	1	☒ Yes ☐ No
Analenisgi Behavioral Heaalth/Cherokee Indian Hospital	Jackson and Swain or anyone enrolled	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 5 Times: 8-5	6	☐ Yes ☒ No
Good Samaritan Clinic	Jackson	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 5 Times: 8-5	1	☐ Yes ☒ No
October Road	Madison	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 7 Times: with after hours number to call	1	☐ Yes ☒ No
Southwestern Child Development Center	Clay, Cherokee, Graham, Macon, Madison, Jackson, Haywood, and Swain	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 5 Times: 8-5	2	☒ Yes ☐ No
Vaya Health	Clay, Cherokee, Graham, Macon, Madison, Jackson, Haywood, and Swain	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: 7 Times: with after hours crisis number	13	☒ Yes ☐ No

If shelters do not administer the VI-SPDAT, please describe how the system identifies who in shelter needs the assessment and follows up with these households to complete the VI-SPDAT.
All our Emergency Shelters administer the VI SPDAT.

How long will your community wait to administer the VI-SPDAT? The hotel voucher programs administer the VI-SPDAT immediately upon entry into the program.For other shelters as well as DV programs, the shelter can administer the VI SPDAT as early as the 4th day in shelter.
If not between 12 and 15 days from shelter entry, why? If used correctly as a triage tool, the VI SPDAT is used as a guide to the level of service that is needed for that household. The score of the household is unlikely to change if assessed on day 4 or 14. The staff at shelter use the VI SPDAT to indicate level of asssistance and use this in the plan for self sufficency. Giving staff this information allows for more time to explore the appropriate programs in that level of service. Given our lack of resources in the region and the wait times for homeless programs, assessors and staff look at the options at the level with the household and take into account wait times and assistance. Giving the option of starting this process earlier ,has helped with getting the referrals, documentation, applications and information to the appropriate program faster. It has assisted with gaining the knowledge that specific documentation is needed for referrals. There are times where getting an appointment for a diagnostic assessment to determine diagnosis and disability (say for PSH) would take three weeks. Scoring a high 15 does not automatically mean a referral to PSH. Using the VI SPDAT as a triage took means a score of a 15 helps determine which resource at the high level would be best for the person. This has also helped with starting the search process to find affordable housing options that can be elusive in many counties. Knowing that only a small amount of assistance is needed for a low score can start the discussion on what is affordable and where to go for resources. Overall this has helped with the goal of housing households in 30 days.
The benefit of completing the VI SPDAT earlier has been seen clearly in the recent months in our Referral and Monitoring Meetings (RAMM). We have had to wait for ESG funding for RRH. We had the knowledge of the level of assistance needed, but no funding. This has emphasized the exploration of other same level options like developtment church asssitance and access to other assistance like TANF funds.

Please describe how your Regional Committee provides outreach to unsheltered households to complete a VI-SPDAT and provide a housing referral.
The Southwest Committee does passive outreach to unsheltered households. Coordinated Assessment in the Southwest region has emphasized training to where those who are homeless present for help. Instead of traveling to points of contact, the region offers training to persons, agencies or organziations that a household who is homeless may reach out for help. Since so many of the homeless enter in the system through Mental Health and Substance Use services, providers play a big part in outreach and engagement of the households.

If your community does not currently provide outreach to unsheltered households, please describe the Regional Committee's plan to develop an outreach effort, including goals and timeline.
While the Coordinated Assessment no wrong door system is effective for our rural region, we are also aware that many unsheltered households can still be missed. The Coordianted Assesement Lead continues to train agencies and communties in Coordinated Assessment. The regional committee has talked about a plan for additional outreach in the (Point In TIme) PIT count to assess our need for a more formal outreach program.

Are local domestic violence agencies participating in administering the VI-SPDAT and making housing referrals? ☒ Yes ☐ No
If so, how is the safety and confidentiality of households taken into account? The shelters use their own client identifier. ROI consent is obtained if to present at RAMM.
If not, please provide your plan to engage local domestic violence agencies, including goals and timeline.

Housing Referral and Waitlist

VI-SPDAT scores provide guidance as to which housing program would be best able to meet the needs of households. The goal of coordinated assessment is to provide a clear and transparent referral process for the people being served and for agencies within the region.

Housing Referral

Orgcode Consulting, Inc., which created the VI-SPDAT assessment tool, recommends the following score ranges for housing referrals:

Individual VI-SPDAT Score	
0-3	No Housing Referral/Basic Information Provided
4-7	Rapid Rehousing
8-17	Permanent Supportive Housing
Family VI-SPDAT Score	
0-3	No Housing Referral/Basic Information Provided
4-8	Rapid Rehousing
9-22	Permanent Supportive Housing

Does your Regional Committee follow these recommendations for scoring? ☐ Yes ☒ No
If not, please describe the score ranges the region uses for housing referrals and why.
The Southwest Regional Committee decided that adjustment was needed for the scores due to the lack of shelters, lack of resources and our primarily rural community spread out over eight counties. With splitting the levels in more detail, assessors also have a better understanding that the VI SPDAT is more of a triage tool and not a referral tool.

The Regional Committee continues to evaluate the scores to monitor the use of current resources wisely, ease of accessibility of programs and general success of members using the programs.
The newest version of the score below were modified this year (2017) to address the gap that the lower scores in the 5-8 range did not get a chance at RRH services.

Single	Referral Source	Family
10-17	PSH/ Transitional/Targeted/TCLI	10-20
7-9	RRH deposits and monthly rent/ b(3) funds	8-10
4-6	RRH deposits (possibly one month)	5-7
3-4	Section 8/Subsidized Housing	4-5
1-3	Community Resources	1-4

Please list the housing programs that households are referred to once assessed with the VI-SPDAT:

Agency	Count(ies) Served	Type of Housing Programs	Population Served	Active on HMIS
Vaya Health	Clay, Cherokee, Graham, Haywood, Jackson, Macon and Swain	☒ PSH ☐ RRH ☐ TH ☐ Other:	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	☒ Yes ☐ No
Southwestern Child Development Center	Clay, Cherokee, Graham, Haywood, Jackson, Macon Madison, and Swain	☐ PSH ☒ RRH ☐ TH ☐ Other:	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	☒ Yes ☐ No
Vaya Health	Clay, Cherokee, Graham, Haywood, Jackson, Macon and Swain	☐ PSH ☐ RRH ☐ TH ☒ Other: TCLI	☐ Families Only ☐ Single Men ☐ Single Women ☐ All	☐ Yes ☒ No
Mountain Projects, Inc	Haywood and Jackson	☐ PSH ☐ RRH ☐ TH ☒ Other: Section 8	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	☐ Yes ☒ No
Macon Program for Progress	Macon	☐ PSH ☐ RRH ☐ TH ☒ Other: Section 8	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	☐ Yes ☒ No
Four Square Community Action, Inc.	Clay, Cherokee, Graham and Swain	☐ PSH ☐ RRH ☐ TH ☒ Other: Section 8	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	☐ Yes ☒ No
ABCCM	Clay, Cherokee, Graham, Haywood, Jackson, Macon and Swain	☐ PSH ☒ RRH ☐ TH ☐ Other: SSVF	☐ Families Only ☐ Single Men ☐ Single Women ☐ All	☐ Yes ☒ No
George Charles VA Medical Center	Clay, Cherokee, Graham, Haywood, Jackson, Macon and Swain	☒ PSH ☐ RRH ☐ TH ☐ Other: VASH	☐ Families Only ☐ Single Men ☐ Single Women ☐ All	☐ Yes ☒ No

Targeted Referral and KEY Program	Units in Haywood, Jackson, Macon	☐ PSH ☐ RRH ☐ TH ☒ Other:	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	☐ Yes ☒ No

Please describe the process by which agencies making referrals make contact with and transfer forms to the housing program and how the system tracks if a household was successfully placed in a program. Be sure to include if a phone call is made to the agency to inform them of the referral, if forms are sent with households to the agency, and/or if referrals are sent via HMIS.

After the VI SPDAT is completed, the information is entered in the community wait list on google docs. Referrals and transfer to referral sources depend on the household, VI SPDAT score, and the referral source. For example, the assessor might refer to Section 8 and faciliatate a phone call with or for the member for an appointment for an application.Transportation to the office or assistance with the application might be appropriate for that household. Assistance level, transfer of forms and direct referrals all depend on the household need for assistance and the referral source's preference.
Since assessors are hands on with homeless and are usually in organziations that work with homeless, follow up is built into the organziation's mission. Warm transfers are always preferable. Please see the case conferencing section below for more details on referral to housing programs.

Waitlist

If more referrals are received than the agencies that provide that service type can serve, community waitlists should be developed. These waitlists should be shared amongst key partners for community accountability and should prioritize households based on need rather than on a first-come-first-served basis. All households who are homeless (both sheltered and unsheltered) and have completed a VI-SPDAT should be on the community waitlist. Households should remain on the waitlist until a housing referral is accepted, the household disappears for a designated period of time, or the household moves to an institutional setting (jail, prison, etc.). Please see the posted example template of a community waitlist here: http://www.ncceh.org/bos/coordinatedassessment/.

Where is your Regional Committee's waitlist stored?The wait list is stored on Google docs

Who manages the Regional Committee's waitlist? Coordinated Assessment Lead and Alternate Lead

Who has access to the Regional Committee's waitlist? The d Google ocs are split into three documents. "Prevention and Diversion", "Community wait list/ VI-SPDAT" and"Wait pool and slots". Anyone trained in CA has access to the first two lists to edit and add the information from their P/D or VI-SPDAT assessment. The third list is a view only list for all those except the CA lead and alternate.

Please describe how your community will obtain consent from participants to share and store their information for coordinated assessment. Please indicate how participants will be educated about how their information will be used and how a release of information will be obtained and stored. A sample release of information is here http://www.ncceh.org/bos/coordinatedassessment/.   None of the three docs use any personal identifying information. The assessor inputs an unique ID, only known to the assessor. No names or demographic information is asked on the docs.   The assessor educates the household in the opening script of the VI SPDAT. Everyone that administers the Vi SPDAT can get the SWHRC Release of Information form signed for consent. The ROI can also be used as informational purposes to let persons know that where information is stored and the process for referrals (depending on their VI SPDAT score). The ROI is most important if case staffing for higher level of homeless services, like RRH and PSH is needed. If a household refuses to sign the ROI, presenting staff use the least amount identifying information in RAMM for confidentiality.Without bringing that person up in

RAMM, the household is only known to the assessor on Google docs. There has not been a household that has refused to allow an agency to input information.

How will the Regional Committee track participants on the waitlist and prioritize them for housing if they refuse to have their personal information shared through the coordinated assessment process? None of the three docs use any personal identifying information. The assessor inputs an unique ID, only known to the assessor. No names or demographic information is asked on the docs. Without bringing that person up in RAMM, the household is only known to the assessor. There has not been a household that has refused to allow an agency to input information.

How will the Regional Committee confidentially and safely track survivors of domestic violence on the waitlist and prioritize them for housing? None of three docs do use any personal identifying information. The assessor inputs an unique ID, only known to the assessor. DV agencies use their own ID and no identifying information is used on Google docs. DV agencies were in the process of developing the oogle documents.

Coordinated assessment written standards require that Regional Committees use a case conferencing committee to review the waitlist and oversee the housing referral process. Please describe how your Regional Committee utilizes a case conferencing committee to aid housing placement.
The Southwest region uses the Referral and Monitoring Meeting (RAMM) for case conferencing as well as referral montioring. The Google lists are managed in the RAMM and the third list for the RRH and PSH wait pools are updated from this meeting. How the Southwest system works is that the VI SPDAT is completed and referral to the appropriate program or resource is indicated depending on level of service. Assessors can still make referral directly to programs. Any assessor for any VI SPDAT score can staff cases at the RAMM for alternative options, ideas or for case staffing.
The RAMM usually reviews the lower scores may give suggestions for alternative options. If more than one option is seen or a long wait list or fundins is an issue, the RAMM can address these barriers for other options. The RAMM look over these higher scores for appropriateness and eligibility of the referral. For VI SPDAT scores that fall into the PSH range, referral to the program is still make directly to the PSH program, but typically the wait pool for PSH is long. Alternative resources can be discussed at the meeting. The RAMM continues to act as the selection committee for RRH. During the RAMM, slots are assisgned to households after staffing the case.
From this committee, households are moved from the community wait list to the wait pool and slot list. This third Google doc list is view only to everyone but the CA lead and the CA alternative. This provides for accessable information to assessors. Assessors that did not attend the meeting can see if the household is on the wait pool and how long the wait time might be for that program.   This RAMM has evolved and has been working well as a case staffing mechanism to look at options and alternative resources. The RAMM has allowed for the committee to use a wide range of resources in the communites we serve.   For instance, since one household was living in their own home (though the home was not meant for human habitation), an alternative option of winterization and Habitat for Humanity was suggested. The RAMM has also assisted with eligibility for referral programs. One household was couch surfing and not literally homeless. This was caught in the RAMM so time was saved for all parties because the household did not qualify for RRH. Alternatives for this household was also discussed.

How does the Regional Committee ensure that the most vulnerable households get housing resources first? The Regional Committee not only uses the VI SPDAT tool scoring to determine the most vunerable

but has preferences for programs also. Highest VI SPDAT score first (This allows for the highest need (High medical/ behavioral needs/challenges) to be a priority). If two VI SPDAT scores are the same: Chronically Homeless (CH) household over not CH with the longest CH as a priority, Unsheltered over Sheltered,, Families over single households, Domestic Violence challenges over none, Veterans that do not qualify for VA services over non Veterans.

Programs should rarely reject referrals. If they do reject a referral, providers are expected to submit a written reason for the denial to the following agency: Programs do not reject referrals in our committee. The philosophy of our programs is the Housing First model. Housing First is a training that is completed in conjunction with Coordinated Assessment. The program are allowed to reject 0 referrals in a year. Please outline the specific criteria under which a program may reject a referral (refer to the CA Written Standards for more information). The only time a program can reject a referral is:

1.   A household does not quality for the program. For example they are not homeless.
2.   There are not any available slots or the funding is not available. In this situation, households are put in a waiting pool.
Alternative options for any household, including the above rejections, are built into the RAMM

If a household does not accept a referral, or if a provider declines a referral, the provider and the community should work 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. The Regional Committee should also maintain the client's place on the waitlist for housing. How will the Regional Committee work to connect the household with a more suitable program? Usually before the RAMM, the asssesor has discussed the options and resources with the household and present to the RAMM the agreed upon option. The household usually knows what options is being presented. We have only had one household reject a referral for RRH because funding was so slow. The assessor and household worked with other alternative mainstream resources to supplement RRH funding for the household.

For those on the waitlist who remain in a shelter or transitional housing program, how often is follow-up made with the household to ensure that information stays up-to-date? Shelters update the referral program and the CA lead with any changes in the household. Typical updates are monthly.

For those on the waitlist who are unsheltered, it is recommended that follow-up happen at least every 30 days. How often is follow-up made with these households in your region to ensure information stays up-to-date? Households that are unsheltered usually access the resources that the assesor or other assessors manage. MH/SU providers also provide the committee and RAMM updates on their outreach. RRH and PSH assure that the information on the wait pool is up to date monthly.

What is your policy for taking a household off of the list? We do not take households off the list. If a household cannot be found, the household wll be moved to another tab indicates contact was not successful and contact is still needed. This is called the MIA list.
How many attempts do you make to contact? There is no set number for attempts. All avenues are explored before moving to the needed contact list.
What are the procedures if a household is unable to be found? Is there are certain amount of time that they must be lost to the system before being taken off the waitlist? We do not take households of the list. If a household cannot be found, the household wll be moved to another yab that indicates contact was not successful and contact is still needed, (MIA). Once on the MIA tab, assessors can be on the look out for the missing person and make contact to update the RAMM.

System Management and Oversight

Transportation

Are people required to travel to different locations to access programs and services in your community? ☒ Yes ☐ No

Are transportation funds/resources provided? ☒ Yes ☐ No

If yes, please describe resources, to whom they are available, and how and when they are accessed. There are some assistance for Medicaid households with Medical transportion to get MH/SA assessments and assistance (along with medical appointments for physical issues). Those with disablity can obtain a free transit and trolley pass in most of our counties. Some organziations assist with passes (some for one time and some for one month) to help with getting to resources. Most of our agencies that do assessments, as well as provide resources for our communites , are on the trolley or transit route. Transportation is a huge gap in our region that will require time, innovative ideas and financial support. The Regional Committee plans to invite the local transportation resources to our committee to address the need for increased transportation. A small workgroup has been discussed with the possibility of forming before the end of the year to address specific community needs and solutions.

What happens if a household is unable to access transportation resources or any other transportation? Sometimes agencies and organziations will help with accessing services and programs in the commiunity by connecting them with rides or taking them to the resources and appointments needed. This is based upon the agency, volunteers, and advocates. Community agencies that adminster the P/D screen and/or VI SPDAT do allow access to a phone for clients to use.

Advertisement

Please explain the strategies the Regional Committee uses to educate agencies and other community systems about coordinated assessment. (Please attach any materials the Regional Committee uses in these efforts, like flyers, slides, posters, handouts, etc.) We have only advertised by word of mouth and training.

Please explain the strategies the Regional Committee uses to educate households who are risk of homelessness or experiencing homelessness about coordinated assessment. (Please attach any materials the Regional Committee uses in these efforts, like flyers, slides, posters, handouts, etc.) We have been educating agencies that work with the homeless or those at risk of homeless.

Accessibility

How will the Regional Committee ensure that the Coordinated Assessment process is accessible to people with disabilities? Please indicate which communication services will be available, such as Braille, audio, large type, assistive listening devices, and sign language interpreters. Please indicate any other accommodations that will be available to help people with disabilities access the coordinated assessment system. Accessibility is still being determined. A comprehensive list of what agencies have available will be completed by May 30, 2017. This list will address sight impaired, hearing impaired, general communication impairment, mobility impairment and language impairement including foreigh languages like Spanish speaking persons. This will generate a list of resources needed in the region. The needed resource list will be staffed at the May Regional Committee to form a subcommittee as well a a priority list for the resources needed. The subcommittee will explore resources for each county based

on the prioritied resources. A comprehensive list will be developed by August 31, 2017. The comprehensive list and linkage to resources for the agencies will be complete by December 31, 2017.

Is there an access point in your community accessible to people who use wheelchairs or have limited mobility? Most of our access points have wheelchair accessibility since they work with the disabled, poor and homeless population. Those access points include MH/SA providers, soup kitchens, local DSS agencies and shelters. In the plan to increase accessiblity, mobility will be researched and addressed as the comprehensive list.
If there is not, or if the access point is difficult to get to, please describe how you will provide outreach that is accessible to people with disabilities.

What steps will the Regional Committee take to help people with Limited English Proficiency or difficulty reading access the coordinated assessment system? Most of our assessors work with poor and disabled populations. They are familiar with filling out paperwork and the complications that can cause. If the household needs the assessment or system explained in simple terms, this is done automatically.

Local Oversight

Coordinated assessment provides community-wide accountability for housing anyone who is experiencing homelessness as quickly as possible. It is recommended that each Regional Committee have a coordinated assessment subcommittee to oversee the system, report out to the Regional Committee, address system grievances, educate and outreach non-participating agencies, and collect and submit outcomes to the CoC.

What is your plan for providing coordinated assessment across the entire Regional Committee? This could be either by merging systems into one large system or overseeing several smaller, county-based coordinated assessment systems.

We are currently providing CA across our region.

Why is this the best plan to cover the Regional Committee? Our current "No wrong door" plan is currently the best plan for the Southwest region. Since transportation is a gap in our rural region and the demographics of our region is large, this plan seems to be working well. This plan also works well with agences that provide multiple services to different populations.

If you are maintaining multiple coordinated assessment systems within your Regional Committee, how will these systems interact with each other? Can referrals be made across boundaries?

Please describe how you foresee the Regional Committee' s coordinated assessment process changing in the future, including timelines and finding grantees who will cover the entire region. N/A

If the Regional Committee includes communities that have been inactive with the BoS CoC, please describe the region's plan to engage leaders and agencies in these communities in the coordinated assessment process.

The only county that was not involved in our committee was Madison County and continued outreach and engagement is ongoing. We recently trained a provider in that region to gain access to other agencies.

Coordinated Assessment Outcomes

How will outcome data be gathered for quarterly reports to the CoC? Currently information and data will be taken from all three Google docs

Who will be in charge of submitting, correcting, and reviewing outcomes? The CA lead will review and submit the information.

How are finalized coordinated assessment outcome reports presented to the community? Currently these are presented at the Regional committee and sent out via email to all those trained in the CA tool.

Please describe how your Regional Committee will use coordinated assessment outcome data, including identifying gaps, changing processes, setting goals, advocating for resources, funding new ESG and CoC grantees, etc.

With the outcome reports being so new, we have not used this data other than for monitoring and accuuracy in the CA process. Hopefully, the use of the outcome data will be used in grants and advocating for resources in our communities. Recently these reports were requested to put in grant proposals.

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.

SEE SEPARATE GRIEVANCE PROCEDURE DOCUMENT

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

SEE SEPARATE GRIEVANCE PROCEDURE DOCUMENT

Subpopulations

Describe the process by which your Regional Committee addresses the special resources/issues for the following subpopulations.

Chronically Homeless
The Regional Committee not only uses the VI SPDAT tool scoring to determine the most vunerable but has preferences for programs also. Highest VI SPDAT score first- (This allows for the highest need (High medical/ behavioral needs/challenges) to be a priority). If two VI SPDAT scores are the same: Chronically Homeless (CH) household over not CH with the longest CH as a priority, Unsheltered over Sheltered,, Families over single households, Domestic Violence challenges over none, Veterans that do not qualify for VA services over non Veterans.

Unaccompanied Youth (up to age 24)
We have two youth agencies that are active on our Regional Committee. Since there is not an updated version of the VI-SPDAT for youth at this time, the agencies are not administering this assessment. The

lack of homeless programs for youth are not available in our region. The youth agencies do complete the P/D screen. The agencies attend the Regional Committee and keep the committee updated on bed usage and agency updates. The runaway shelter accepts referrals for all the counties. The SWCDC accepts referral for all the counties also, but more importantly changed their policy to give subsized day care a priority for homeless familes. If needed, the two agencies are trained and complete the VI SPDAT on the adult (s) in the family. The Regional committee is still learning about the needs of the youth and unaccompanied youth in our community. Recently the runaway youth shelter did not receive a grant for funding so are involved in the funding processes and priorities to increase the possibilit of funding options.

Veterans: Each Regional Committee should also be developing a Regional Veteran Plan to End Homelessness, also due April 1.
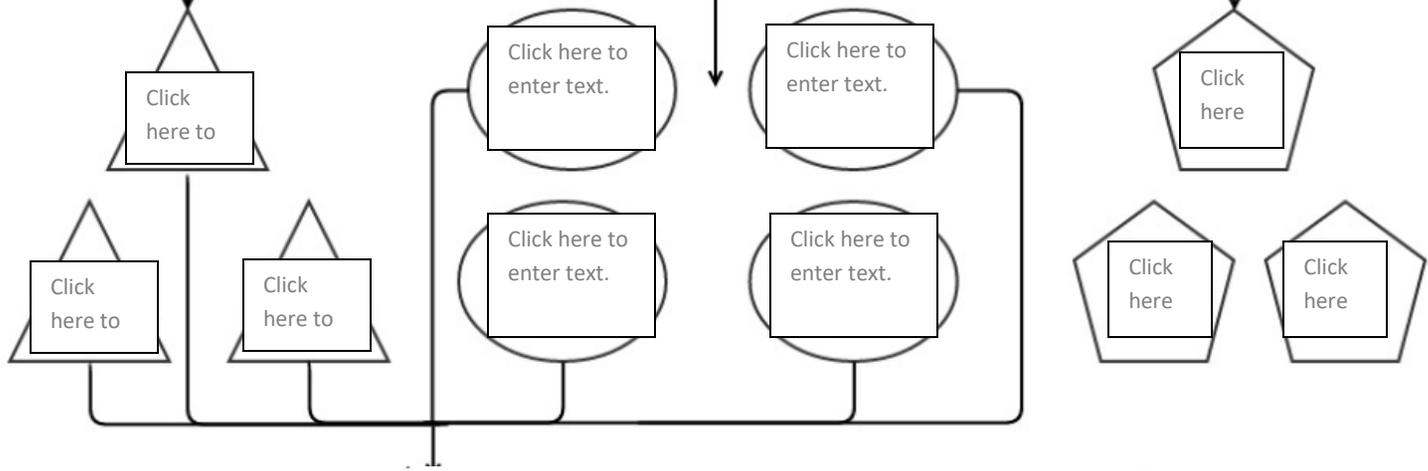
Households
Present as
Homeless

Initial Access
Points Complete
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Referral to DV Shelters

Referral to Shelter and/or
Emergency Services
Agencies

Referral to Prevention
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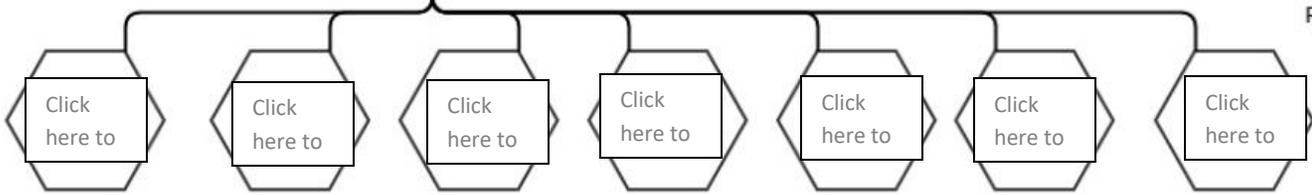Agencies that Complete
VI-SPDAT

Outreach
Programs that
Complete
VI-SPDAT for
Unsheltered

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Describe Process for Community
Waitlist and Referral Decisions

Referred to Housing
Programs

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