North Carolina
Balance of State Continuum of Care

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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

[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

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

Primary SSVF Provider: United Way of Forsyth County

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@goodwillnwnc.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.
Training will be provided by SSVF team participants (UW & Community Link); we will utilize a forum format; upon completion of training any future updates will be completed in CoC meetings;
Trainings for onboarding new staff to the system will be conducted within a month to ensure coordination of schedules
Refresher trainings will be conducted on a quarterly basis (dates and time TBD)
Tenative training date for the intitial training will be April 20th; date will be solidified once plan has been completed and submitted

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 UW Referral form when an individual is identified as a veteran through the Coordinated Assessment process. If the veteran is homeless, the VISPDAT will be completed at that time as well and send with the UW 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 both UW & Community Link; 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 48 hours. 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 VISPDAT 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	
United Way of Forsyth	Davie, Stokes, Surry, Yadkin	bi-weekly
Family Endeavors	Davie	
DWS - DVOP Rep.	Surry, Stokes, Yadkin	weekly

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 Partners will utilize the VI-SPDAT and complete the online training before April 20,2017
Certificate of completion of VI-SPDAT training will be submitted to CoC Leads to be stored on file
SSVF team will develop and implement a screening tool and SSVF BoS referral, to be provided to all partners to gather important information to be sent for processing.

If the Veteran household meets criteria for SSVF assistance that household will be referred to the SSVF program within their community. If more than 1 program is in the area the agency accepting new referrals will receive the referral.
VI-SPDAT will be used in conjunction with screening tool and referral form
Information gathered will be sent to The Prosperity Center attention Rosa Carvajal
Training will be provided by SSVF team participants (UW & Community Link); Training will be conducted in a forum format
Targeted training date will be April 20th; date will be solidified once plan has been completed and submitted
Future/update trainings will be completed during CoC meetings; Onboarding of new staff will be scheduled within 1 month of their start of employment. 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?
Once a location has been identified outreach workers will make a minimum of one onsite visit monthly

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 UW Referral form when an individual is identified as a veteran through the Coordinated Assessment process. If the veteran is homeless, the VISPDAT will be completed at that time as well and send with the UW 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 both UW & Community Link; 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 48 hours. 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 VISPDAT is completed and consent is given.

How will transportation be provided for unsheltered Veterans once identified?
There is no public transportation within areas covered and SSVF program staff are unable to transport within their vehicles; For communities that utilze YVEDDI and may have a local DAV, the SSVF program providing services will work to coordinate and schedule appointments in advance for YVEDDI and/or DAV transporation 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 transporation assistance as outlined under the SSVF program guide. In addition if the veteran does not

have vehicle and public transportation is avialable, the SSVF can 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.
Training will be provided by SSVF team participants (UW, Community Link, & Family Endeavors); we will utilize a forum format; upon completion of training any future updates will be completed in CoC meetings;
Trainings for onboarding new staff to the system will be conducted within a month to ensure coordination of schedules
Refresher trainings will be conducted on a quarterly basis (dates and time TBD)
Tenative training date for the intitial training will be April 20th; date will be solidified once plan has been completed and submitted

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 UW Referral form when an individual is identified as a veteran through the Coordinated Assessment process. If the veteran is homeless, the VISPDAT will be completed at that time as well and send with the UW 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 both UW & Community Link; 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 48 hours. 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 VISPDAT is completed and consent is given.

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 be expected to maintain a list of local shelters to include phone numbers and contact person to verify if space is available. If a space is identified the outreach worker assist the Veteran household with securing the bed

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 VISPDAT 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; 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 and household meets criteria for SSVF assistance. Households will be offered emergency housing assistance as deemed necessary and must follow the rules under the program guide. 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 DD214, proof of household income, and documentation supporting there is no shelter or TH beds available. 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 Diverstion Screen and VISPDAT screen and refer those veterans to the primary SSVF provider. The primary SSVF provider

will offer to connect the veteran to permanent housing either through SSVF or other available housing resources. If the veteran declines the offer of permanent housing and requests a referral for transitional housing, the declination will be acknowldege and documented.

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.

Prior to the Veterans discharge from the program, GPD program staff should make referral to the Lead SSVF provider

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	Iredell, Davie, Yadkin, Stokes and Surry	Cordelia Campbell	704-560-0647 cordelia.campbell@va.gov	☒ Primary ☐ Secondary
Kenersville	Iredell, Davie, Yadkin, Stokes and Surry	Cordelia Campbell	704-560-0647 cordelia.campbell@va.gov	☒ Primary ☐ Secondary
				☐ Primary ☐ Secondary
				☐ Primary ☐ 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@goodwillnwnc.org	☒Yes ☐No
Community Link	Iredell	Alisha Pruett	apruett@communitylinknc.org	☐Yes ☒No
Family Endeavors	Davie			☐Yes ☐No
				☐Yes ☐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 24 hours 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 UW of Forsyth will receive all referrals for the region. Within 24 hours of the referral's receipt, UW of Forsyth 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 UW of Forsyth solely. Veterans in Iredell will be assigned to Community Link soley. Veterans located in Davie will be assigned alternately between UW of Forsyth or Family Endeavors. 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
Disability Advocate will work closely with VAMC representatives to determine eligibility of VBA benefits and SSVF services
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
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 utilize 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	☒ Prevention and Diversion ☒ VI-SPDAT
ECHO Ministry - The ARK	Surry and Yadkin	☒ Prevention and Diversion ☒ VI-SPDAT
Partners BHM	Iredell, Yadkin and Surry	☒ Prevention and Diversion ☒ VI-SPDAT
The Shepherd's House	Surry, Stokes and Yadkin	☒ Prevention and Diversion ☒ VI-SPDAT
SHAHC	Surry	☒ Prevention and Diversion ☒ VI-SPDAT
		☐ Prevention and Diversion ☐ VI-SPDAT
		☐ Prevention and Diversion ☐ VI-SPDAT
		☐ Prevention and Diversion ☐ VI-SPDAT
		☐ Prevention and Diversion ☐ 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.

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 homeless[3] 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?
United Way of Forsyth County

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.
United Way of Forsyth County will be the only agency to update the list until a process is determined.

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.
UW of Forsyth will store the by-name list on an excel file. The Regional Committee and other partners will be updated utilizing encrypted email or during in person regional meetings.

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.)

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

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 the United Way of Forsyth County. Providers may decline 1 out of 5 referrals in a month without a meeting. However, if a program declines more referrals than this, they will need to meet with Veteran's 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 within 10 days of the adverse action/decision. The primary SSVF provider will schedule a hearing within 7 days of receiving the grievance and render a decision within 10 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, , 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.