

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: Southern Mountains Homeless Coalition

Counties Served: Henderson, Polk, Rutherford, Transylvania

For the following please provide name and email address.

Primary Authors of the Plan: Kristen Martin

Regional Lead: Kristen Martin kmartin@thrive4health.org

Elected Coordinated Assessment Lead: Kristen Martin kmartin@thrive4health.org

Other Coordinated Assessment Contact(s) for the Region: Rachele Dugan- Thrive, Blue Ridge Health Outreach Team

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.

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

¹ <http://www.ncceh.org/bos/restructuring/>

² <http://www.ncceh.org/files/7522/>

Agency	Count(ies) Served	Population Served	Availability to administer screen	Number Staff Trained (recommend more than 1 staff)	Active on HMIS
Thrive	Henderson, Transylvania, Rutherford, Polk	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: Mon-Fri Times: 8:30am-5pm	3	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The Haven	Transylvania	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: All Times: All	3	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
211	Henderson, Transylvania, Rutherford, Polk	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: All Times: 7am-11pm	13	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
United Way of Rutherford County	Rutherford	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: M-F Times: 8am-5pm	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Blue Ridge Health	Henderson, Polk, Rutherford, Transylvania	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: M-F Times: 8:30am-5pm	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input type="checkbox"/> All	Days: Times:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input type="checkbox"/> All	Days: Times:		<input type="checkbox"/> Yes <input type="checkbox"/> 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.

A few of the above listed agencies are available 24/7 to complete the screening. We will continue to discuss as a community how to include additional hours with a larger reach in the community.

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
Safelight	Henderson, Transylvania	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SAFE	Transylvania	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Steps to Hope	Polk/ Rutherford, Transylvania	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PATH	Rutherford	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> 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 referring agency provides the presenting individual with information about how to access DV services including shelter and assists the individual with making contact with the DV service agency. A warm transfer is also offered, in which the referring agency makes a phone call to the DV service/ shelter alongside the client and helps to facilitate the referral.

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.

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:

Diversions

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: Points of contact in each county provide referral information to presenting individuals and offer warm transfers to referrals therefore ensuring access. If access is denied mediation services are implemented with Supervisors of the site. Mediation services can include discussion of past history of the client and site as well as why the current situation is different. Discussion can include how the coordinated assessment subcommittee and other service providers will support this client in being successful at the site. Discussion can also occur regarding eligibility requirements and why the coordinated assessment staff believes the person would be a good fit for a particular site.

Are financial assistance resources available for diversion? Yes No

If yes, how much financial assistance and what sources of funding are used for this? Funding is available through Thrive, The Salvation Army, WCCA, Interfaith Assistance Ministry, local DSS offices, The Sharing House, and other faith based relief services who offer funding for rent, deposits, utilities, hotel vouchers, and other basic needs. The amount of the funding varies per the need and availability of resources as well as client eligibility.

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
Salvation Army	Henderson, Transylvania	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Mediation <input checked="" type="checkbox"/> Financial Assistance
Interfaith Assistance Ministry	Henderson	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Mediation <input checked="" type="checkbox"/> Financial Assistance
DSS	Henderson, Transylvania, Polk, Rutherford	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Mediation <input checked="" type="checkbox"/> Financial Assistance
The Sharing House	Transylvania	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Mediation <input checked="" type="checkbox"/> Financial Assistance
Thrive	Henderson, Transylvania, Polk, Rutherford	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Mediation <input checked="" type="checkbox"/> 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.

The referring agency provides the presenting individual with information about how to access diversion services and assists the individual with making contact with the diversion service agency. This can also include a warm transfer in which the referring agency makes a phone call to the diversion service alongside the client and helps to facilitate the referral in this manner. At times the referring agency gets a release of information form from the client and sends the referral with a letter stating the individuals need and ROI by email or fax to the receiving agency.

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
Hendersonville Rescue Mission	Henderson	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	zero tolerance for substances; no sex offenders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
The Haven	Transylvania	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	no felony charges; zero tolerance for substances; participation in program; no sex offenders	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Path	Rutherford	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input checked="" type="checkbox"/> Single Women <input type="checkbox"/> All	must be a survivor of sexual assault	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Safelight	Henderson, Transylvania	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input checked="" type="checkbox"/> Single Women <input type="checkbox"/> All	must report and appear to be sober	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Safe	Transylvania	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input checked="" type="checkbox"/> Single Women <input type="checkbox"/> All	They have to be fleeing from DV.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Steps to Hope	Polk/Rutherford/Transylvania	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input checked="" type="checkbox"/> Single Women <input type="checkbox"/> All	must be a victim of DV or sexual assault	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

The referring agency provides the presenting individual with information about how to access shelter or emergency services and assists the individual with making contact with the service agency. This can include a warm transfer in which the referring agency makes a phone call to the shelter or emergency service alongside the client and helps to facilitate the referral in this manner. At times the referring agency gets a release of information form from the client and sends the referral and ROI by email or fax to the receiving agency/ shelter.

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?

Referring agencies work with 211 to locate shelters or services outside the region and provide individuals with this information and with referrals as needed to access the resource.

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.

The shelters listed in the chart above will assist an individual to locate an available/ eligible bed outside the region. 211 is also available to assist with finding services outside the region.

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
Thrive	Henderson, Polk, Rutherford, Transylvania	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: Mon - Fri Times: 8:30-5pm	4	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The Haven	Transylvania	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: All Times: All	3	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Blue Ridge Health	Henderson, Polk, Rutherford, Transylvania	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: Mon-Fri Times: 8am-5pm	7	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input type="checkbox"/> All	Days: Times:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input type="checkbox"/> All	Days: Times:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input type="checkbox"/> All	Days: Times:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input type="checkbox"/> All	Days: Times:		<input type="checkbox"/> Yes <input type="checkbox"/> 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. In the region some shelters do administer the VI-SPDAT. In situations in which this isn't the case Thrive is making contact weekly with area shelters that do not administer the VI-SPDAT to determine CE eligibility and then is completeing the CE entry at that time.

How long will your community wait to administer the VI-SPDAT? 14 days
 If not between 12 and 15 days from shelter entry, why?

Please describe how your Regional Committee provides outreach to unsheltered households to complete a VI-SPDAT and provide a housing referral. Blue Ridge Health Outreach goes out weekly to known locations to provide outreach services. They also have a walk-in clinic for unsheltered individuals to access care and resources. Thrive also refers unsheltered households by telling them where the walk-in clinic is as well as giving Blue Ridge Health the HMIS number and contact information for street outreach.

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.
 N/A

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?
 If not, please provide your plan to engage local domestic violence agencies, including goals and timeline. Local DV shelters are providing CE information to those accessing services. Thrive also does weekly check-in's with the DV shelters to determine if anyone else is eligible for a CE assessment.

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.

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
Thrive	Henderson, Transylvania, Polk, Rutherford	<input checked="" type="checkbox"/> PSH <input checked="" type="checkbox"/> RRH <input type="checkbox"/> TH <input type="checkbox"/> Other:	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Local Housing Authorities	Henderson, Transylvania, Polk, Rutherford	<input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> TH <input checked="" type="checkbox"/> Other: PHA	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
WCCA	Henderson, Polk, Transylvania	<input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> TH <input checked="" type="checkbox"/> Other: Section 8 voucher	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> TH <input type="checkbox"/> Other:	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input type="checkbox"/> All	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> TH <input type="checkbox"/> Other:	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input type="checkbox"/> All	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> TH <input type="checkbox"/> Other:	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input type="checkbox"/> All	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> TH <input type="checkbox"/> Other:	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input type="checkbox"/> All	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> TH <input type="checkbox"/> Other:	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input type="checkbox"/> All	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

Referral sources contact Thrive or Blue Ridge Health Outreach Team to engage the household in the CE process. Thrive and/or Blue Ridge Health Outreach Team assess the household and enter information into HMIS. CE lead maintains all waiting lists and track the information. The CE Lead will work with the CE subcommittee to review VI-SPDATs and prioritize individuals and families for referrals into programs. CE subcommittee will make the referral and the Housing Provider contacts them for followup.

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.nccch.org/bos/coordinatedassessment/>.

Where is your Regional Committee's waitlist stored? HMIS

Who manages the Regional Committee's waitlist? The CE Lead manages the waitlist with the assistance of a CE subcommittee.

Who has access to the Regional Committee's waitlist? The CE Lead and CE subcommittee have access to the waitlist.

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.nccch.org/bos/coordinatedassessment/>. We use ROI's with clients and MOUs between participating agencies. ROI forms are completed at the time of the initial screening and the screener provides education to the participant about how their information will be used and stored. Participants decide which agencies are allowed to access their 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? The referring agency will assign a tracking number to the participant and will maintain this coding throughout the CE process.

How will the Regional Committee confidentially and safely track survivors of domestic violence on the waitlist and prioritize them for housing? The referring agency will assign a tracking number to the participant and will maintain this coding throughout the CE process.

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 CE subcommittee with representatives from each county oversee the waitlist and the housing referral process. This subcommittee reviews the information related to vulnerability and chronicity during case conferencing. Information is gathered regarding current openings and the subcommittee comes to a consensus regarding the most appropriate referrals.

How does the Regional Committee ensure that the most vulnerable households get housing resources first? Priority will be given to individuals and families based on their acuity scores on the VISPDAT and in compliance with the BoS CoC prioritization policies. Prioritization is also placed on sheltered vs. unsheltered, safety concerns, accompanied vs. unaccompanied minors, and length of time homeless. The CE subcommittee will acknowledge that prioritization is different than individual program eligibility requirements.

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: Regional CE Lead. Please outline the specific criteria under which a program may reject a referral (refer to the [CA Written Standards](#) for more information). A program may reject a referral if the program is full. Programs with housing which includes at least one child under 18 may reject referrals that include sex offenders or people with criminal records for violent crimes per the BoS CoC CE Standards. The CE process will maintain a record of eligibility criteria in an effort to make the most appropriate referral.

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? The referring agency will engage in mediation services and will utilize diversion services that are available in an effort to secure shelter for the individual or family. The referring agency will also work with local resources to locate an alternative program when a referral is declined.

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? The CE subcommittee will attempt a minimum of monthly contact with individuals on the waitlist. The CE Lead with the help of the CE subcommittee will update the regional waiting list.

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? The CE subcommittee attempts at least monthly contact with individuals on the waitlist. Attempts include phone calls, text messages, as well as coordination with other agencies to reach the individual. Each household is also encouraged to keep their contact information up to date with the CE Lead.

What is your policy for taking a household off of the list? When they no longer meet HUD definitions, when appropriate housing is found, or when attempts to contact for 90 days have failed.

How many attempts do you make to contact? 1 time monthly for 3 months

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? 1 attempt per month for 3 months. Attempts to contact include phone calls, text messages, as well as coordination with other agencies to

reach the individual. They are taken off the waitlist if they no longer meet qualifications after 1 attempt monthly for 3 months.

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.

Public transportation is available in some areas of the region with varying hours per county and per area of the county. Henderson County has a public bus system operated by Apple Country Transportation - WCCA - Mon - Fri from 6:30am to 6:30pm and accessed by using labeled bus stops. Transylvania County has a system called County Transportation. In order to access this system a person must call the designated taxi company before 10am - 24 hours before the needed ride. Polk County local government operates a transportation system called Foothills Express. It operates Mon, Wed. and Fri from 8am to 4pm. Rutherford County has a transportation system administered by their county government and it's called Transit. Access to Transit for the general public is available for a fixed route only and can be accessed Mon - Fri from 7am to 5:30pm. Region wide area human service agencies offer gas vouchers and bus vouchers as funding allows.

What happens if a household is unable to access transportation resources or any other transportation? A representative from a participating agency will go to the client or complete a VI-SPDAT by phone.

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.) The regional coalition provides community education and outreach to agencies to inform them about CE. This advertisement approach is working well in the region.

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.) Currently the only education provided is when the household contacts a service agency.

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. Language and sign language interpreters are available at most agencies in the region. Individuals with language disabilities that utilize assistive listening devices will be linked to the

managed care organization for further services including case management to assist in the housing assessment.

Is there an access point in your community accessible to people who use wheelchairs or have limited mobility? Yes

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? To ensure these communities are aware of the CE system the Regional Committee will work with County subcommittees to educate and provide awareness of this resource to these unique populations. The Hispanic population is the largest population with limited English proficiency in our region. Education will be provided to congregations and agencies that support and outreach these communities. Once the CE system is accessed then reasonable accommodations will be provided to allow access to the system. We will utilize interpreters who are available through local agencies.

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.

The CE system includes all four counties. The CE subcommittee includes representation from all 4 counties.

Why is this the best plan to cover the Regional Committee? There are different service systems in each county currently and different access to resources. There are also county specific gaps in service that the CE subcommittee will discuss to propose possible resolutions.

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? N/A

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. We don't anticipate a large change unless a shelter comes onto HMIS.

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 Regional leadership team continues to work on networking in Rutherford and Polk counties that have less engagement and participation. Recently 2 additional Rutherford agencies have joined the

Regional meetings and have discussed further participation through the ESG and CoC funding competitions.

Coordinated Assessment Outcomes

How will outcome data be gathered for quarterly reports to the CoC? In HMIS.

Who will be in charge of submitting, correcting, and reviewing outcomes? The CE Regional Lead will be responsible for submitting, correcting, and reviewing outcomes as well as helping to train and educate the CE subcommittee.

How are finalized coordinated assessment outcome reports presented to the community? Data is shared during regional Homeless Coalition meetings. That data is then posted on our Regional page at ncceh.org

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.

The Regional Coalition will use CE outcome data to identify gaps in service in our region as well as to track trends, utilization rates, and barriers to service. We will use this information to set goals that are specific to our region and to advocate with local government and agencies for resources. We will also use this data as we complete applications for ESG and CoC funding opportunities.

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.

Programs should only reject referrals in rare instances. Providers may decline 1 out of 10 referrals in a year without a meeting. However, if a program declines more referrals than this they will need to meet with CE subcommittee to discuss the issue(s) that result in referrals being declined.

Providers are expected to submit a written reason for the denial to the CE subcommittee. Providers may decline 1 out of 10 referrals in a year without a meeting. However, if a program declines more referrals than this they will need to meet with CE subcommittee to discuss the issue(s) that result in referrals being declined.

For all other grievances, providers must email a detailed grievance to the CE subcommittee within 3 days of the adverse action/decision. The CE subcommittee will schedule a hearing within 3 days of receiving the grievance and render a decision within 3 days following the hearing. If grievances cannot be resolved at the local level, they may be referred to the CAC for review.

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 _____, CE Subcommittee, or CE Regional Lead, either verbally or in writing, within 5 days of the attempted referral. The CE, subcommittee or regional lead will respond within 3 days. If the household does not agree with this local decision, an appeal will be submitted to the CAC for review.

Subpopulations

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

Chronically Homeless

Currently, individuals that are chronically homeless are assessed through the CE process and are linked to appropriate agencies within each county to assist with Permanent Supportive Housing placement. Subpopulations needs further discussion, education, and review within each county as well as with the CE Regional process. Currently counties have a wide disparity in this area.

Unaccompanied Youth (up to age 24)

Unaccompanied youth are referred to each counties Department of Social Services as well as county specific programs. Only Hope WNC is a county specific program within Henderson County that is being utilized. The Haven, in Transylvania County, has designated accommodations for this subgroup but they are not currently utilized. There are other accommodations within each county that are in development. The CE subcommittee will obtain further information during the MOU and ROI process to coordinate these services further within this subgroup. Each county's designated school staff will be included in these conversations per the McKenny Vento Act.

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

Households Present as Homeless



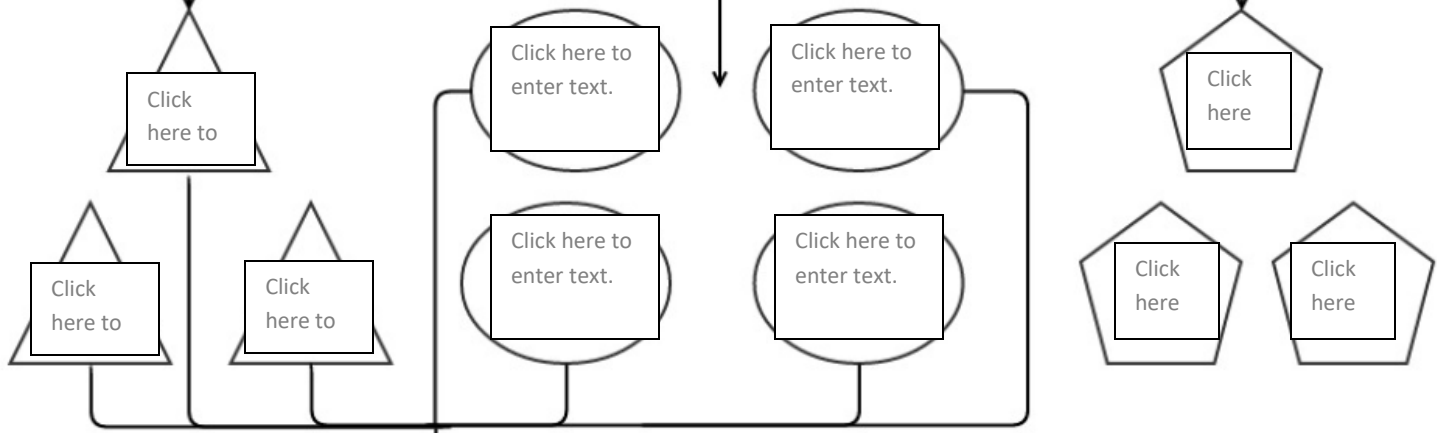
Initial Access Points Complete the Prevention and Diversion Screen

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Referral to DV Shelters

Referral to Shelter and/or Emergency Services Agencies

Referral to Prevention Services



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Agencies that Complete VI-SPDAT

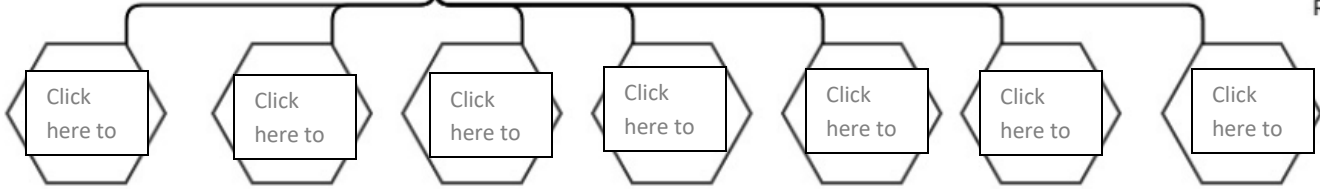


Outreach Programs that Complete VI-SPDAT for Unsheltered

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Describe Process for Community Waitlist and Referral Decisions



Referred to Housing Programs

