



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: PRACC Region 6

Counties Served: Alamance, Caswell, Chatham, Person and Rockingham

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

Primary SSVF Provider: Volunteers of America Carolinas, SSVF Robin Henry, (919) 530-1100

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

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

Primary Authors of the Plan: Robin Henry, Lamesha Lennon and Catherine Cooper (Volunteers of America Carolinas/SSVF)

Regional Committee Lead: Ellery Blackstock

Regional Committee Point of Contact for the Veteran System: Robin Henry, rhenry@voa.org

Other Key Partners in Veteran System: Marlene Harrison (Help Incorporated Center Against Violence) Thadeous Carr (Allied Churches of Alamance County), Faye Pierce (New Reidsville Housing Authority), Jamal Troublefield (Family Endeavors), Nikki Ratliff (Burlington Housing Authority), Froncello Bumpass (Roxboro Housing Authority), Ellery Blackstock (Rockingham County DSS)

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. Currently trainings to identify Veterans at least once a month and as needed to effectively target the homeless Veteran population. Key community partners are also trained by VOAC/SSVF Team Lead/Case Management Staff at minimum once a month but as needed when staff turnover occurs. Refresher trainings and onboarding can be requested at intervals directly to VOAC/ SSVF Team Lead.

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.

Veterans identified through passive outreach will be engaged immediately by the identifying organization . If there is a need for emergency shelter Veteran will be warm transferred to Allied

Churches of Alamance (Coordinated Assessment entry point) . Shelter will be secured via the touchpoint when available and documented in HMIS. Permenant housing options and services will be presented within the first week of shelter stay and if appropriate an immediate referral to VOAC/SSVF. Once in HMIS newly identified Veteran should be added to the Master List via HMIS with reports from data weekly and or county weekly by name lists meetings.

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
VOA Carolinas SSVF	Person, Rockingham, Alamance, Caswell, Chatham	4 or more times monthly
VAMC	Person, Rockingham, Alamance, Caswell, Chatham	4 or more times monthly
Allied Churches of Alamance	Person, Rockingham, Alamance, Caswell, Chatham	4 or more times monthly
Help Incorporated	Person, Rockingham, Alamance, Caswell, Chatham	4 or more times monthly

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

Currently trainings to identify Veterans are done at least once monthly and as needed to effectively target the homeless Veteran population. Key community partners are trained by VOAC/SSVF Team Lead/Case Management Staff at minimum once a month but as needed when staff turnover occurs. Refresher trainings and onboarding can be requested and scheduled at intervals directly to VOAC/SSVF Team Lead.

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

Information about potential unsheltered sites are obtained from any source that has knowledge of a homeless Veteran which includes but is not limited to local food pantries, libraries, local churches, law enforcement and hospitals in the community. The VOAC/SSVF Case Managers also conduct outreach ongoing and will be continuously outreaching to unsheltered Veterans as well.

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 the unsheltered location is identified VOAC/SSVF will disperse a Case Manager for outreach to further engage Veteran and will do so 3 times on 3 different days, 3 different times of the day to effectively assist the Veteran. If there are intervals when the Veteran connects and then loses contact then the site visits can be adjusted. Multiple attempts will be made to engage the Veteran and will be tracked by documentation of those attempts via VOAC/SSVF staff. If

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.

Once a Veteran is identified via assertive outreach the organization that identifies the Veteran will engage first by offering immediate available shelter connection to Allied Churches of Alamance. Within a week assessments will be made by the identifying organization as to the best permanent housing option. If appropriate a referral will be made to VOAC/SSVF who will disperse a Case Manager within 48 hours of the referral for screen to further engage Veteran and will do so to effectively to assist the Veteran. The Veteran's information is added into HMIS via VOAC/SSVF and will be provided to the by name list charge (Allied Churches) during weekly by name list updates. Housing plans are established during enrollment with VOAC/SSVF.

How will transportation be provided for unsheltered Veterans once identified?

At this time in these very rural counties the Veteran is responsible for their own transportation. There are no specific funds allocated for transportation services to and from organizations. There are several local transportation resources such as full bus system in Alamance, ACTA and Uber, Lift. Rockingham County has RCATS and SCAT public transportation systems. SSVF can provide limited transportation services in Region 6 with Veterans who are enrolled in the program for housing searches and some healthcare appointments. Bus tickets are also available for use to enrolled Veterans for similar situations as well.

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.

We are currently discussing with potential agencies how this will work specific to the Veterans plan and hope to have this in place by 8/1/17. What we are doing now is VOAC/SSVF is making direct contact

with senior staff at the shelters or transitional housing program that does not participate in HMIS or coordinated assessment for a request of Veteran referrals biweekly.

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. Currently shelter staff has been trained by SSVF staff to identify and make referrals. We anticipate in the future that all agencies will be trained by SSVF staff. This is not fully incorporated but we hope to have it fully implemented by 8/1/17 and will begin scheduling biweekly calls to retrieve referrals. Engaged community agencies will be trained by SSVF staff by 8/1/17 on how to identify Veterans and make a referral. Trainings can be done in person, at weekly community meetings and done as needed/ongoing. Training for staff turnover can be done on an as needed basis with a request submitted to VOAC/SSVF.

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.

Once identified during in-reach efforts the provider that screened Veteran will engage, document in HMIS (for reporting and data for CoC, Master List additions) and assess for immediate shelter needs. If appropriate a referral will be sent to VOAC/SSVF immediately, Case Manager will attempt to engage within 24 hours for SSVF service. Any shelter referrals or diversion will be documented by the SSVF Case Manager.

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 and connected to shelter via outreach by way of warm transfers to the Coordinated Assessment (Allied Churches of Alameda) phone line. The identifying organization is

responsible to connect Veteran to the coordinated assessment gateway. The agency engaging the veteran will help them access the limited transportation resource (see above). If the Veteran is eligible for SSVF, SSVF can provide transportation to the shelter.

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.

Allied Churches of Alamance (coordinated assessment access point) conduct diversion and prevention screen to prioritize shelter beds for those with no other options. It is recommended that the coordinated assessment system make an initial contact within 2 hours of households presenting for services . CA will prioritize households with more intensive needs and housing barriers (chronically homeless and households with multiple episodes of homelessness). CA will utilize the VI-SPDAT tool to assist in assessing the best housing option that will meet the Veterans needs. Referrals to VOAC/SSVF will be made within 1 week based on their programs admission eligibility criteria. Currently if a Veteran is unsheltered they have access to showers , food and temporary housing based on their need.

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

Currently if a Veteran is unsheltered they have access to showers , food and temporary housing based on their need. The Veteran who declines an offer of shelter will be offered shelter weekly as long as there is contact and can be tracked via the organization in the region that has engaged and has offered shelter. The updates on the shelter offers will be discussed at weekly by name list meetings.

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:

Currently if a Veteran is unsheltered they have access to showers , food and temporary housing based on their need via Allied Churches. SSVF can also assist enrolled Veterans with hotel/motel limited time stays if housing has been identified but there is a delay for some reason (example; unit not ready) and there is no shelter space available to them.

Please describe any known barriers for accessing emergency housing:

Lack of affordable housing and lack of prevention and diversion funds.

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: N/A

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:

After a prevention and diversion screen has been conducted and the Veteran household has been deemed eligible for any available resources, then these steps will help assist them further.

Presenting Veteran households will be referred to the program that best fits their immediate need if a space is available. We will use our resource listing to try to provide options if possible.

Coordinated Assessment staff will try to contact the VOAC/SSVF to let them know to expect the Veteran's referral that has been sent. All referrals are made with the understanding that additional information may be required by VOAC/SSVF asking more questions or conducting additional assessments, and may potentially result in a different outcome other than shelters previous determination. Offers of permanent housing made prior to transitional housing will be documented by the offering agency. The tracking can be done via the TH agency and once an exit date has been established a referral can be sent to SSVF for possible services.

If a Veteran is ineligible for SSVF/VA services (or who refuse) CA will be notified directly via the agency where services was refused (SSVF/VA) and that Veteran can also be discussed during a case conferencing at the Master List meeting with all participating organization where action steps can be assessed and determined at that time. The CA will continue to track offers.

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

VOAC/SSVF will offer permanent housing options after the prescreening, eligibility criteria met and enrollment into the program an offer of permanent housing will be made at that time. The Veteran and Case Manager work together to find suitable housing options that will meet the Veterans needs and choice. The goal is to have a housing option secured within 90 days utilizing aggressive housing searches, connecting to Landlords with available properties and advocacy for Veterans with barriers. VOAC/SSVF currently makes referrals to the HUDVASH program via the VAMC if appropriate and the Veterans choice. The housing offers via VOAC/SSVF are documented in the Case Files and will be tracked via HMIS once housed. If a Veteran want to go into TH for MH or SA that agency will be responsible for tracking housing offers.

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.

Currently VOAC/SSVF receives a referral then works closely with the Veteran returning from GPD, contacting the Veteran at least 30 days prior to actual exit. VOAC/SSVF will prescreen, and if eligibility

criteria is met enroll Veteran into the program . A Housing Stabilization Plan is established with goals tailored to assist the Veteran in securing and maintaining permanent housing.

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
Durham VA Medial Center	Person, Rockingham, Alamance, Caswell, Chatham	Jessica Herbin	919-286-0411	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary
Durham VA Medial Center	Person, Rockingham, Alamance, Caswell, Chatham	Bob Williamson	919-286-0411 ext 6045	<input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Secondary
				<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
				<input type="checkbox"/> Primary <input type="checkbox"/> Secondary

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

Agency	Counties Served	Point of Contact	Contact Information (email and phone)	Primary SSVF Provider
Volunteers of America Carolinas SSVF	Person, Rockingham, Alamance, Caswell, Chatham	Robin Henry	919-530-1100	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Family Endeavors	Person,	Jamal Troublefield	910-672-6166	<input checked="" type="checkbox"/> Yes

	Rockingham, Alamance , Caswell Chatham			<input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Currently in the PRACC region VOAC /SSVF Case Mangers after referral and identification VOAC/SSVF Case Managers follow up within 48 hours for contact. The Veteran is then prescreened and possibly enrolled and added to HMIS. The updates are also shared with Allied Churches being added to the 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.

Chatham County is shared by Family Endeavors and VOAC/SSVF. Team Lead and Family Endeavors Referral staff can coordinate by using geographic locations that would make it convenient for Case Managers or Outreach staff to engage Veterans quickly.

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

At this time VOAC/SSVF coordinates closely with VA Medical Center to to confirm VA eligibility status, financial benefits and discharge status of Veterans presenting for services with VOAC/SSVF. VOAC/SSVF and VAMC cross-refer to each other both seeking to assist the Veterans in obtaining permanent housing, increasing benefits and medical services ongoing .

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

Once referrals are received within 48 hours Case Managers prescreen Veterans for prevention or rapid rehousing services. After the prescreen an Intake is then scheduled contingent upon availability and once intake is completed an approval status provided , if enrolled the Veteran is entered and tracked in HMIS.

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.

Currently VOAC/ SSVF Case Managers work closely with Veterans within 90 days to locate and establish Housing Stabilization Plans that incorporate housing search options to explore based on Veteran's choice. Veterans are encouraged to work dilligently with the Case Manager to housing search frequently within those 90 days with the Housing First model.

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. VOAC/SSVF will connect Veteran via warm transfer via telephone call to Allied Churches .VOAC/SSVF will transfer all relevant forms. The Veteran will be placed on the CA waitlist (if there is one) and

prioritized for housing according to community-wide prioritization. Veteran will be tracked via the by name list and discussed during case conferencing on a regular basis.

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.

Coordinated Assessment will send out Weekly reports documenting housing placement or the lack thereof which will consist of agencies housing placements including SSVF. VOAC/SSVF documents all housing placements in HMIS.

Describe the process by which the region will track housing plans on regional by-name lists.

Each participating agency provide weekly updates to the list to Allied Churches (CA) , those updates and tracking information are documented. The following week Allied Churches sends out the updated list and current tracking information.

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

Agency	Counties Served	Role in the Coordinated Assessment Process
Allied Churches of Alamance	Person, Rockingham, Alamance, Chatham and Caswell	<input checked="" type="checkbox"/> Prevention and Diversion <input checked="" type="checkbox"/> VI-SPDAT
VOAC/SSVF	Person, Rockingham, Alamance, Chatham and Caswell	<input checked="" type="checkbox"/> Prevention and Diversion <input checked="" type="checkbox"/> VI-SPDAT
Family Violence and Rape Crisis	Person, Rockingham, Alamance, Chatham and Caswell	<input checked="" type="checkbox"/> Prevention and Diversion <input type="checkbox"/> VI-SPDAT
Chatham County Housing Authority	Chatham	<input checked="" type="checkbox"/> Prevention and Diversion <input type="checkbox"/> VI-SPDAT
Chatham County Housing Initiative	Chatham	<input checked="" type="checkbox"/> Prevention and Diversion <input type="checkbox"/> VI-SPDAT
Caswell County Abuse Services	Caswell	<input checked="" type="checkbox"/> Prevention and Diversion <input type="checkbox"/> VI-SPDAT
Family Abuse	Person, Rockingham, Alamance, Chatham and Caswell	<input checked="" type="checkbox"/> Prevention and Diversion <input type="checkbox"/> VI-SPDAT
Help Incorporated Center Against Violence	Rockingham	<input checked="" type="checkbox"/> Prevention and Diversion <input type="checkbox"/> VI-SPDAT
Living Worth Changes	Person	<input checked="" type="checkbox"/> Prevention and Diversion <input type="checkbox"/> VI-SPDAT

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

If so, please describe the each program and preferences.

Regional By-Name List

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

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

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

Allied Churches and SSVF will share in the responsibility for overseeing the by-name list for the region. Allied Churches will house the lists and SSVF will share updates, co-lead monthly meeting, and all other duties referred to the by-name list.

What is the process the region will use to get consent from Veterans to be added to the by-name list? Currently a release of information will be signed by the Veteran consenting to be on the by name list via the organization that is engaged or providing services.

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.

All agencies that will have access to the list include Allied Churches, Horo, Urban Ministries of Greensboro, The House of Hope, Family Abuse Services, Christian Help Center, Person County DSS, Help, Incorporated: Center Against Violence, Safe Haven DV, Genesis Ministries Substance Abuse Recovery, Remsco House for Men, Remsco House of Women, Volunteers of America Carolinas/SSVF Program. Agencies will describe in detail how they will work with the Veteran in the MOU and clearly explain to the Veteran the reason for sharing their information using a specific script at intake. The Veteran will sign the MOU which will then it will be sent to Allied Churches.

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.)

Currently this is done weekly by Allied Churches for those residing in the shelter done by phone call or in person for those needing outreach. Participating organization call in to provide updates. During the monthly meeting case conferencing is done and information is updated at that time.

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.

To ensure the accuracy of the by name list, one location makes the most sense now so that accountability is addressed and we can all understand who is the keeper of the document in case of any concerns from any level. Currently committees and partners will be updated weekly via encrypted emails or cloud bases technology to ensure confidentiality of all Veterans.

Is region currently being served by NC Serves? Yes No

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

If so, how will NC Serves information be incorporated into the by-name list? VOAC/SSVF currently receives referrals from NCServes for various counties throughout the region and those referrals will be added to the by name list via VOAC/SSVF.

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.)

This is to be discussed , we will have to get more input from the Region before moving forward, but it is something that are aware of but as of now we are using basic Powerpoint presentations, flyers and handouts. We will discuss the PRACC logo and what that will look like as well as the flyer and an other relevant advertisement strategies for the entire Region. Currently SSVF uses community meetings as a forum to educate other organizations presenting brochures and flyers along with other outreach items with contact information attached. VOAC/SSVF also engage in cold calls to organizations via telephone to educate community partners ongoing.

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.)

VOAC/SSVF Case Managers conduct ongoing outreach in the regions counties. SSVF Program flyers, cards, outreach items with VOAC/SSVF information is distributed during individual outreach, events and meetings. Cold calls are also made to community organizations informing them about the goal to end Veteran homelessness, program and services.

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.).

The PRACC Regional Lead/Team will update the Regional Committee with reports at Monthly Regional Committee 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?

Gaps will be identified by each participating organization that are experiencing those gaps and addressed at the monthly Master List meeting. Our plan is to process the gaps as a group of organizations committing to the goal to end Veteran homelessness in the Region to find solutions that will work best for the community.

How will system issues be identified and addressed?

Gaps will be identified and addressed at the monthly meeting.

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 PRACC. Providers may decline 1 out of 10 referrals in a 30 day period without a meeting. However, if a program declines more referrals than this, they will need to meet with Regional Lead to discuss the issue(s) that result in referrals being declined.

For all other grievances, providers must email a detailed grievance to PRACC within 5 days of the adverse action/decision. The PRACC will schedule a hearing within 5 days of receiving the grievance and render a decision within 5 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 BOS, PRACC, or Regional Lead, either verbally or in writing, within 5 days of the attempted referral. Regional Lead will respond within 5 days. If the household does not agree with this local decision, an appeal will be submitted to the BoS CoC Veteran Subcommittee.