

# 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.<sup>1</sup> 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.<sup>2</sup>

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: Region 7

Counties Served: Randolph, Anson, Hoke, Richmond, Montgomery, Moore, Lee, Harnett, and Johnston

For the following please provide name and email address.

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## **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

<sup>&</sup>lt;sup>1</sup> http://www.ncceh.org/bos/restructuring/

<sup>&</sup>lt;sup>2</sup> http://www.ncceh.org/files/7522/

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:

Agency	Count(ies) Served	Population Served	Availability to administer screen	Number Staff Trained (recommend more than 1 staff)	Active on HMIS
Sandhills Community Action Program	Anson, Richmond, Moore, Montgomery	Families Only Single Men Single Women	Days: M - F Times: 8:30AM- 5PM	2	Yes
Friend to Friend	Moore	Families Only Single Men Single Women	Days: 24/7 Times: 24 Hr. Crisis Line	2	☐ Yes ⊠ No
Family Promise	Moore	Families Only Single Men Single Women	Days: M-F Times: 9AM-5PM	2	☐ Yes ⊠ No
Golden Care Health Services	Anson, Hoke, Richmond, Moore, Montgomery	Families Only Single Men Single Women	Days: M - F Times: 9AM - 5PM	2	☐ Yes ⊠ No
New Horizons	Richmond	Families Only Single Men Single Women	Days: 24/7 Times: 24 Hr. Crisis Line	2	☐ Yes ⊠ No
Family Promise of Lee County	Lee	Families Only Single Men Single Women All	Days: M - Thurs. Times: 8AM - 2PM Friday 10AM – 12PM Sat. & Sun 10Am – 2pm and 3pm -5pm	2	Yes No
Johnston Lee Harnett Community Action	Johnston, Lee, Harnett	Families Only Single Men Single Women All	Days: Mon and Tues Times: 8AM - 12PM	2	Yes

SAFE of Harnett County	Harnett	Families Only Single Men Single Women	Days: Mon Fri. Times: 8AM - 10AM and 2PM - 4PM	2	☐ Yes ⊠ No
HAVEN of Lee County	Lee	Families Only Single Men Single Women	Days: M - F Times: 10AM - 2PM	2	☐ Yes ⊠ No
Harbor	Johnston	Families Only Single Men Single Women	Days: M - F Times: 8AM - 5PM	2	☐ Yes ⊠ No
Family Endeavors	Anson, Hoke, Richmond, Montgomery, Moore, Johnston, Lee, Harnett, Randolph	Families Only Single Men Single Women	Days: M - F Times: 8AM - 5PM	2	Ves No
Volunteers of America	Johnston	Families Only Single Men Single Women	Days: M - F Times: 8AM - 5PM	2	Yes No

Randolph/Montgomery	Randolph &	Families Only	Days: 24/7	2	Yes
County Family Crisis	Montgomery	Single Men	Times:		🖂 No
Center, Inc.		Single Women			
Christians United	Randolph	Families Only	Days: Mondays	2	🛛 Yes
Outreach Center		Single Men	Times: 11AM - 3PM		No No
		Single Women			
Randolph County	Randolph	Families Only	Days: M - F	2	Yes
Senior Adults Assn.		Single Men	Times: 8AM -5PM		🖂 No
		Single Women			
Asheboro Housing	Randolph	Families Only	Days: M - F	2	🔀 Yes
Authority		Single Men	Times: 8AM - 5PM		No
		Single Women			
Habitat for Humanity	Randolph	Families Only	Days: M - F	2	Yes Yes
		Single Men	Times: 9AM - 5PM		🔀 No
		Single Women			
Goodwill Resource	Randolph	Families Only	Days: M - F	2	Yes 🗌
Center		Single Men	Times: 8AM - 5PM		🖂 No
		Single Women			

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.

If an individual needing shelter presents during hours not covered by coordinated assessment, emergency services will be provided and coordinated assessment agencies will follow up to complete the emergency screening with the individual on the next day. Additionally, information is available via 211, to access community resources. Friend to Friend and New Horizons (both DV Shelters) have 24hour crisis lines and can conduct after-hours prevention & diversion screens, as necessary.

### **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
Friend to Friend	Moore	Yes
		No
New Horizons	Richmond	🛛 Yes
		No
Randolph/Montgomery County Family	Randolph and Montgomery	🛛 Yes
Crisis Center, Inc.		No
HAVEN of Lee County	Lee	🛛 Yes
		No
SAFE of Harnett County	Harnett	🛛 Yes
		No
Harbor	Johnston	🛛 Yes
		No
Hoke County Domestic Violence &	Hoke	Yes
Sexual Assault Center		No No
Anson County Domestic Violence	Anson	Yes
Coalition		No 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.

When an individual/family presents themselves as homeless, the staff at the participating agency will fill out the Emergency Response Screening Form (See instructional form which is attached). If the individual/family is fleeing domestic violence as determined by the Emergency Response Screening, THE Emergency Response Screening is stopped. The staff codes the form, so that the domestic violence agency that the staff is referring the client to knows who sent the client and when the Emergency Response Screening was completed. The staff then makes a copy of the completed Emergency Response Screening Form. Once all of this is done, then the staff contacts the Domestic violence agency that is closest to the client's location to let the domestic violence agency know that the client will be coming to meet with an advocate, who will then place the client in a domestic violence shelter, if the client is willing to be placed in a domestic violence shelter. If there is not available space in the Region until one with available space is located. Transportation will then be arranged for the client to get to the shelter. If client is not interested in staying in a domestic violence shelter then the advocate at the domestic violence agency will arrange to follow up with client to have a VI-SPDAT form completed 12-15 days after contact.

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. N/a

Does your region need assistance in engaging domestic violence agencies?  $\Box$  Yes  $\boxtimes$  No If yes, please provide the name, email and phone number of the person to contact:

## **Diversion**

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

Does your coordinated assessment system offer mediation services for diversion? Xes No If yes, please describe the mediation services provided: Each organization is willing to make a call and negotiate with family/friends/landlords on behalf of those who may benefit form diversion services.

Are financial assistance resources available for diversion? Yes No If yes, how much financial assistance and what sources of funding are used for this? In Randolph County the Department of Social Services has limited resources as far as financial assistance goes, but the Department of Social Services is able to assist households with utility payments once per year. The Department of Social Services also has a work first program that provides a small amount of income to individuals/families who are working on obtaining employment. The Department of Social Services also offers SNAP benefits to individuals/families who have low-income. Also in Randolph County, the Christians United Outreach Center also offers emergency financial assistance for those who qualify. The Randolph County Family Crisis Center, Inc. is able to provide limited financial assistance to those who are fleeing domestic violence and/or sexual assault. Johnston County Department of Social Services, Salvation Army, and Community Services for Seniors are also able to provide financial assistance to divert a household from homelessness.

Agency	Count(ies) Served	Participate in	Services Provided
		Coordinated Assessment	
Randolph County	Randolph	Yes	Mediation
Department of Social		No No	🔀 Financial Assistance
Services			
Christians United	Randolph	🔀 Yes	Mediation
Outreach Center		No	Kinancial Assistance
Randolph County	Randolph &	🛛 Yes	Mediation
Family Crisis Center,	Montgomery	No	Financial Assistance
Inc.			
Johnston County	Johnston	Yes	Mediation
Department of Social		No	Financial Assistance
Services			
Salvation Army	Johnston	Yes	Mediation
		No	Financial Assistance
<b>Community Services</b>	Johnston	Yes	Mediation
for Seniors		No	Financial Assistance
Johnston Lee Harnett	Johnston, Lee & Harnett	Yes	Mediation
<b>Community Action</b>		No	Financial Assistance
Sandhills Community	Richmond	🛛 Yes	Mediation
Action Program		No	Financial Assistance
Friend to Friend	Moore	🖂 Yes	Mediation
		No	Financial Assistance
Family Promise of	Moore	🖂 Yes	Mediation
Moore Co.		No	Financial Assistance
Golden Care Health	Anson, Hoke, Richmond,	🖂 Yes	🛛 Mediation
Services	Moore, Montgomery	No	Financial Assistance
Family Endeavors	Anson, Hoke, Richmond,	🖂 Yes	🛛 Mediation
	Moore, Montgomery	No	Financial Assistance
211	Anson, Hoke, Richmond,	🛛 Yes	Mediation
	Moore, Montgomery	No	Financial Assistance
New Horizons	Richmond	🛛 Yes	Mediation
		No	Financial Assistance

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

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.

When an individual/family presents themselves as homeless, the staff at the participating agency will fill out the Emergency Response Screening Form (See instructional form which is attached). If the client is not homeless but is in need of a resource to keep them from becoming homeless, the staff who

completed the emergency response screening form with client then codes the form, so that the agency that the staff is referring the client to knows who sent the client and when the Emergency Response Screening was completed. This is also so that the agency knows how much financial assistance client is in need of in order to prevent that household from becoming homeless. The staff then makes a copy of the completed Emergency Response Screening Form. Once all of this is done, then the staff contacts the agency that the individual/family is being referred to, to let that agency know that the individual/family is on their way and that the financial resources that the client is in need of are available. The individual/family then takes the coded emergency response screening form with them to the agency that the individual/family is being referred to. Once the individual/family arrives at the agency, the agency will contact the referring agency to let them know that the individual/family arrived.

## **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
Family Promise	Moore	Yes	Families Only Single Men Single Women All	Homeless	☐ Yes ⊠ No
Friend to Friend	Moore	Yes	Families Only Single Men Single Women All	DV	Yes XNO
The Place of Grace Rescue Mission	Richmond	Yes No	Families Only Single Men Single Women All	Homeless	☐ Yes ⊠ No
Outreach for Jesus	Richmond	Yes No	Families Only Single Men Single Women All	Homeless	☐ Yes ⊠ No
New Horizons	Richmond	Yes	Families Only Single Men Single Women	DV	☐ Yes ⊠ No
Baptist Childrens Home of NC Smith Home	Richmond	Yes	Families Only Single Men Single Women All	Homeless women with children	☐ Yes ⊠ No

Randolph/Montgomery County Family Crisis Center, Inc. (Archdale and Asheboro Shelters) Shelter of Hope	Randolph and Montgomery Randolph	Yes No Yes No	Families Only Single Men Single Women All Families Only Single Men Single Women All	Homeless Families and Individuals who are fleeing domestic violence and/or sexual assault. Limited to 20 Men	Yes No Yes No
Bread of Life Ministries Extreme Weather Shelter SAFE of Harnett County	Lee Harnett	Yes No Yes No	Families Only Single Men Single Women All Families Only Single Men	Homeless – 20 cots overnight and breakfast (6PM – 8AM, unless otherwise determined) Homeless Families and Individuals	Yes No Yes No
Harbor	Johnston	Yes No	Single Women All Families Only Single Men Single Women All	who are fleeing dmestic violence and/or sexual assault Homeless Families and Individuals who are fleeing domestic violence and/or sexual	☐ Yes ⊠ No
Smithfield Rescue Mission	Johnston	☐ Yes ⊠ No	Families Only Single Men Single Women All	assault. Homeless	☐ Yes ⊠ No

Hoke County Domestic Violence & Sexual Assault Center	Hoke	⊠ Yes □ No	Families Only Single Men Single Women	DV	☐ Yes ⊠ No
Preferred Care/Hoke County Open Door Soup Kitchen Raeford	Hoke	☐ Yes ⊠ No	Families Only Single Men Single Women	Homeless families/individuals	☐ Yes ⊠ No
Harvest Ministries	Anson	☐ Yes ⊠ No	Families Only Single Men Single Women	Homeless single men only.	Yes Xo
Samaritan Inn	Anson	☐ Yes ⊠ No	Families Only Single Men Single Women	Homeless	☐ Yes ⊠ No
Christian Faith Ministries	Lee	☐ Yes ⊠ No	Families Only Single Men Single Women	Limited to 13 Men	☐ Yes ⊠ No
Christian Faith Ministries	Lee	☐ Yes ⊠ No	Families Only Single Men Single Women	Limited to 8 women w/children	☐ Yes ⊠ No
Family Promise of Lee County	Lee	Yes No	Families Only Single Men Single Women	Couples must be married	☐ Yes ⊠ No
HAVEN of Lee County	Lee	Yes No	Families Only Single Men Single Women All	Women fleeing DV or Sexual Assault	Yes No

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

When an individual/family presents themselves as homeless, the staff at the participating agency will fill out the Emergency Response Screening Form (See instructional form which is attached). If the client is in fact in need of emergency shelter, then the staff codes the form, so that the Shelter that the staff is referring the client to knows who sent the client and when the Emergency Response Screening was completed. The staff then makes a copy of the completed Emergency Response Screening Form. Once all of this is done, then the staff contacts the Emergency Shelter that best suits the individual/family's needs to make sure there is an available bed. If there is an available bed, then staff sends the individual/family with the Emergency Response Screening Form. If there is not available space, the staff will then contact other emergency shelters in the Region until one with available space is located. Transportation will then be arranged for the individual/family to get to the 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?

Region 7 will maintain a regional waitlist, via google docs. of those who are not immediately housed. Unsheltered households/individuals will be prioritized, within the waiting list, based on VI SPDAT Scores, the length of time homeless, income, family composition and service needs. A vacancy list will be maintained, as well. The Coordinated Assessment Committee will hold Case Conferencing Meetings or Calls bi-weekly to determine who is still waiting, who has availability, what documents are necessary to get those who are waiting housed, to identify gaps in services and how we could fill those gaps. Clients are matched to the resource that best fits their need and for which they are eligible.

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.

Region 7 will maintain a regional waitlist, via google docs. of those who are not immediately housed. Unsheltered households/individuals will be prioritized, within the waiting list, based on VI SPDAT Scores, the length of time homeless, income, family composition and service needs. Case Conferencing will be held monthly to determine who is still waiting, who has availability, what documents are necessary to get those who are waiting housed, to identify gaps in services and how we could fill those gaps.

## **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
Randolph/Montgomery County Family Crisis Center, Inc.	Randolph and Montgomery	Families Only Single Men Single Women	Days: 24/7 Times:	2	☐ Yes ⊠ No
Asheboro Housing Authoirty	Randolph	Families Only Single Men Single Women	Days: M-F Times: 8AM - 5PM	2	Yes No
Johnston Lee Harnett Cmmunity Action (JLHCA)	Johnston, Lee and Harnett	Families Only Single Men Single Women	Days: Mon. and Tues. Times: 8AM - 12PM	2	Yes No
SAFE of Harnett County	Harnett	Families Only Single Men Single Women	Days: M - F Times: 8AM - 10AM and 2PM - 4PM	2	Yes 🔀 No
Family Promise of Lee County (FPLC)	Lee	Families Only Single Men Single Women	Days: Mon Thurs. Times: 8AM - 2PM	2	Yes 🔀 No
Harbor	Johnston	Families Only Single Men Single Women	Days: M - F Times: 8AM - 5PM	2	Yes 🛛 Yes
Volunteers of America	Johnston	Families Only Single Men Single Women All Veterans Only	Days: M - F Times: 8AM - 5PM	2	Yes No

Sandhills CAP	Richmond	Families Only	Days: M - F	2	🛛 Yes
		Single Men	Times: 8:30AM - 5PM		🗌 No
		Single Women			
Family Endeavors	Anson, Hoke, Richmond,	Families Only	Days: M - F	2	🛛 Yes
	Moore, Montgomery	Single Men	Times: 8AM - 5PM		🗌 No
		Single Women			
		Veterans Only			

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.

If after completing the prevention and diversion screening a client is determined to be homeless, the client will be referred to the best available housing option or remain homeless, due to a lack of resources. In either case, the person completing the P & D screening will make a telephone call to facilitate a warm hand-off of the client and the client will be referred to one of the following organizations, for completion of the VI SPDAT:

County	Organization (s)
Anson	Family Endeavors
Harnett	JLH Community Action & SAFE of Harnett
Hoke	Family Endeavors
Johnston	JLH Community Action, HARBOR & Volunteers of
	America
Lee	JLH Community Action & Family Promise of Lee
Montgomery	Randolph/Montgomery Family Crisis Ctr. & Family
	Endeavors
Moore	
Randolph	Randolph/Montgomery Family Crisis Ctr. & Asheboro
	Housing Authority
Richmond	Sandhills Community Action

VI SPDATs may be completed by telephone

How long will your community wait to administer the VI-SPDAT? The VI-SPDAT form will be administered 12 - 15 days, after identifying individuals/families as homeless.

If not between 12 and 15 days from shelter entry, why? N/a

Please describe how your Regional Committee provides outreach to unsheltered households to complete a VI-SPDAT and provide a housing referral.

If someone presents as homeless and they are living in a place not meant for human habitation, we attempt to find them shelter. If we are unable to find them shelter, then we find out what location they are most likely to be at and schedule a time to have someone come to them to have the VI-SPDAT completed.

Individuals may present as homeless at outreach activities such as VA Stand Downs, Clothing and Toiletry distribution days, other community events or simply as part of their housing search.

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.

Volunteers of America, Family Endeavors, Veterans Services host VA Stand-downs to engage unsheltered households and True Worship Ministries provide street outreach every Wednesday to distribute hygiene items and engage the homeless. The Point In Time Count is used to provide outreach and engage the homeless in services by offering referrals and informing them of resources. Resource cards and flyers about the coordinated assessment process will be distributed, as the PIT count is conducted and beyond. Region 7 will work at recruiting addition partners to help with outreach efforts. Additionally, Region 7 will form a Community Engagement Committee that will work at educating all area services providers and the community in general about how to refer to coordinated assessment and help recruit landlords.

Are local domestic violence agencies participating in administering the VI-SPDAT and making housing referrals?  $\boxtimes$  Yes  $\square$  No

If so, how is the safety and confidentiality of households taken into account? When referring an individual/family, who is fleeing domestic violence and/or sexual assault, to another agency for resources, our region has adopted a coding system that is used on the emergency response screening forms (See instructional form which is attached). In this way, the individual/family's identifying information is not sent out on the form, therefore protecting the individual/family's confidentiality. When it is absolutely necessary for agencies to reveal an individual/family's identifying information to another agency, then the individual/family must give that agency permission to do so through a written consent form and the referring staff will make sure that the individual/family's safety remains the number one priority.

If not, please provide your plan to engage local domestic violence agencies, including goals and timeline. N/a

# **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?  $\square$  Yes  $\square$  No If not, please describe the score ranges the region uses for housing referrals and why. N/a

Agency	Count(ies) Served	Type of Housing Programs	Population Served	Active on HMIS
Asheboro Housing	Randolph	PSH	Families Only	🛛 Yes
Authority		🖂 RRH	Single Men	🗌 No
		ПТН	Single Women	
		Other:		
Johnston Lee Harnett	Johnston, Lee and Harnett	PSH	Families Only	🛛 Yes
Community Action		🔀 RRH	Single Men	🗌 No
		🖂 ТН	Single Women	
		Other:		
Randolph County	Randolph	PSH PSH	Families Only	Yes
Family Crisis Center		🔀 RRH	Single Men	🔀 No
		ТН	Single Women	
		Other:	All	
Volunteers of America	Johnston	PSH 🗌 PSH	Families Only	🖂 Yes
		RRH	Single Men	🗌 No
		ТН	Single Women	
		Other:		
			Veterans Only	
Sandhills Community	Richmond	🔀 PSH	Families Only	🔀 Yes
Action Program		RRH	Single Men	No No
		ТН	Single Women	
		Other:		
Family Endeavors	Anson, Hoke, Richmond,	PSH PSH	Families Only	Yes
	Moore, Montgomery and		Single Men	No No
	Johnston	ТН	Single Women	
		Other:	All	
			Veterans Only	
		PSH	Families Only	Yes
			Single Men	No No
		🔄 ТН	Single Women	
		Other:		

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

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.

Organizations that complete the VI SPDAT also have access to modify the waitlist. The waitlist prioritizes clients based on VI SPDAT scores, the length of time homeless, income, family composition and service needs. The organization that completes the VI SPDAT has the option of sending the referral via HMIS (if the organization has access) or sending the referral/forms with the household. In either case, the organization making the referral will initiate a telephone call to the referral source, prior to sending clients and/or documents. The organization making the referral will follow the client through placement, in order to document their housing placement.

Additionally, housing providers will report to the Coordinated Assessment Case Conferencing Group regarding those clients who were accepted, denied and report move-in data and current status.

## 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: <a href="http://www.ncceh.org/bos/coordinatedassessment/">http://www.ncceh.org/bos/coordinatedassessment/</a>.

Where is your Regional Committee's waitlist stored? The Community Wait List will be stored on google docs. The wait list will be visible to housing providers, but only modifiable by those organizations that complete the VI SPDAT.

Who manages the Regional Committee's waitlist? The Coordinated Assessment Lead or their designee manages the wait list.

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 <u>http://www.ncceh.org/bos/coordinatedassessment/</u>. Participants are not identified by name. The Region's coordinated assessment process uses a code to identify participants.

Region 7 will modify and adopt the NCCEH ROI Template, which will enable the agencies that are participating in coordinated assessment to share and track information. Each Agency that signs an MOU of participation in Coordinated Assessment will be listed on the Regions ROI. The ROI forms and a script will be provided to each of these agencies. All participating agencies will commit to making sure that all

clients are educated about what information is shared and what information is not shared, as well as their option to decide. The Agencies will educate consumers in regard to information sharing, via the script.

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? Participants are tracked by a coded identifier, instead of by name. All participants are prioritized in the same manner, regardless of their decision to share or not share information.

How will the Regional Committee confidentially and safely track survivors of domestic violence on the waitlist and prioritize them for housing? Like all participants, survivors of domestic violence are identified by a code, instead of by name. Prioritization is the same for all participants.

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.

Case Conferencing will be held bi-weekly, unless otherwise determined to determine that the system is working properly and to recommend adjustments to processes or the system as a whole, in order to more efficiently house the homeless, to determine who is still waiting, who has availability, what documents are necessary to get those who are waiting housed, to identify gaps in services and to identify how we could fill those gaps.

How does the Regional Committee ensure that the most vulnerable households get housing resources first?

An individual/family who has the VI-SPDAT form completed, is put on the Regional Wait List based on, VI-SPDAT score, the length of time homeless, income, household composition and service needs. Those with the highest score receive first priority for housing. All possible housing interventions are discussed with the individual/family. The interviewer will suggest the most appropriate intervention. However, the individual/family may choose from among the interventions available with consideration being given to their eligibility for a particular program.

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: The Region 7 Lead. Please outline the specific criteria under which a program may reject a referral (refer to the <u>CA Written Standards</u> for more information).

Applicants may be rejected, because they are not eligible for a specific program, if there are no vacancies or if the household includes a registered sex offender or someone who would jeopardize the safety of other clients.

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?

If a household does not accept a referral or if a provider declines a referral, the household will be referred to the next best option that is available, if any. Every effort will be made to meet the households need for shelter that night. Declinations by both providers and program participants will be documented and submitted for discussion and resolution by the CA Committee. If the number of declinations is excessive (three for a client and more than 10% for providers, in a 12-month period), the CA Committee has the authority to resolve those issues.

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? Clients who are on a waitlist who remain in a shelter or transitional housing program are followed up with on a weekly basis.

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? Clients who are unsheltered in our region are followed up with once a month to ensure information is up-to-date.

What is your policy for taking a household off of the list? Clients who present as no longer needing a program will be taken off of the waitlist for that program. Also, those who are contacted at least three times, and do not respond, will be taken off the waitlist. How many attempts do you make to contact?

At least one attempted contact every five - seven days, for three consecutive weeks. After 90 days of no contact, client will be put on the inactive list.

What are the procedures if a household is unable to be found? Is there are certain amount of time that they must be lost to the system before being taken off the waitlist? Staff who manage the waitlist will attempt to make contact with clients on the waitlist at least three times (using contact information provided by the client – mail, telephone or in-person outreach), before placing those clients in an inactive status. Clients may remain in an inactive status indefinitely. Each failed telephone contact will be follow-up by mail, if a mailing address has been supplied. Each attempted contact will be spaced at least one week apart and documentation of the contacts maintained on file. If a household is unable to be found, they will be taken off the waitlist seven days after the third contact attempt is made.

# System Management and Oversight

## Transportation

Are people required to travel to different locations to access programs and services in your community? Xes 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. N/a What happens if a household is unable to access transportation resources or any other transportation?

Although transportation funds/resources will not be provided by all agencies, some agencies may have the capacity to provide transportation and arrangements can be made for transportation if it is available in the community. Case Managers/staff at screening agencies will assist with coordinating transportation or provide telephone screening, if necessary. Initial referral into the Coordinated Entry system is available 24/7 to all counties, via telephone, by dialing 211. Additionally, the following agencies offer 24/7 telephone access: Anson County Domestic Violence Coalition, Friend to Friend, New Horizons, Randolph Co. Family Crisis and Family Endeavors. County-level transportation is available, by appointment, for those who qualify.

## 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.)

Region 7 will form a Community Engagement Committee to provide outreach and engage other service providers and landlords to educate them and the community about the coordinated assessment process. Social media and websites will be employed as well as flyers and resource lists.

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.) Region 7 will form a Community Engagement Committee to provide outreach and engage other service providers and landlords to educate them and the community about the coordinated assessment process. Flyers, websites, and resource lists will be provided, in this effort.

Randolph County has a facebook page that is used to let the community know about coordinated assessment. Region 7 will form a Community Engagement Committee that will use flyers, handouts and website information and social media to educate other agencies and the public about the coordinated assessment system. Special efforts will be made to engage representatives of the judicial system (police, clerks of court, DSS, etc.) who will be in direct contact with those who are at risk of homelessness or experiencing homelessness.

## 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.

The Region 7 Committee has the ability to provide verbal information and assistance to those who are blind or have low vision. TTY Relay Services are also available and the committee may request sign language interpretation, assistive listening services, etc. from the NC DHHS Deaf & Hard of Hearing Services, which includes services for the blind. Additionally, printed material will also be available in large type. Agencies will individually address this issue on a case by case basis. Many times households presenting with a disability will already have a caseworker (DSS or otherwise), who assists with accessibility issues.

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

All of the Region 7 access points are handicap accessible or available to conduct an assessment via telephone.

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. N/a

What steps will the Regional Committee take to help people with Limited English Proficiency or difficulty reading access the coordinated assessment system? The Agencies in Region 7 will make every effort to secure translation services, as needed.

Beginning January 2018, contacts will be made and relationships built with local police/sheriff's departments/judicial facilities, departments of social services and other organizations that have access to translators, in order to coordinate access to the CA system, based on need and availability.

#### 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.

Region 7 will merge into one large system for coordinated assessment. In each county, the system has multiple initial intake sights that will administer the prevention and diversion screen and make referrals for those who are determined to be homeless. This referral will include a warm hand-off via a telephone call with information regarding the completion of a VI SPDAT. Organizations that complete the VI SPDAT are also able to modify the community waitlist; so that every client is accounted for on the waitlist. The waitlist will prioritize the clients. A Case Conferencing call will be held bi-weekly, unless otherwise determined. The Case Conferencing group will determine who is still waiting and what needs to be done to get them placed, among other duties. This committee will report out to the Region 7 Committee; which meets monthly.

Why is this the best plan to cover the Regional Committee?

A uniform regional plan is best, because all of the organizations will be able to provide the same information and the same processes, which will enable coordinated assessment to work the way HUD intends it to work. Additionally, having regional access to vacancy information and who is waiting will allow the right placement into the right program more efficiently than in the past.

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. Our region sees the coordinated assessment process changing as far as more referrals being made across counties to better serve our individuals and families.

The oversight portion of the plan will help to identify gaps and work toward filling those and thereby bringing more resources to those who need them.

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.

N/a

## **Coordinated Assessment Outcomes**

How will outcome data be gathered for quarterly reports to the CoC? Region 7 will be gathering outcome data for quarterly reports by using a google excel. Designated staff will be responsible for entering information for their area. The google excel also allows the region to see the information that will be submitted before it is even submitted. Therefore, if someone sees a concern, it can be discussed before reports are submitted.

Who will be in charge of submitting, correcting, and reviewing outcomes? Our regional coordinated assessment lead will be responsible for submitting outcomes. The coordinated assessment subcommittee will be responsible for correcting and reviewing outcomes.

How are finalized coordinated assessment outcome reports presented to the community? The finalized coordinated assessment outcome reports are presented and discussed as part of the agenda, at the Region 7 Committee Meeting.

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.

Region 7 will use the coordinated assessment outcome data to figure out how we can coordinate services better as a community and regionally share resources that may be lacking in a particular county, within the region. If there is a resource that is lacking in our region as a whole, then we will work as a region to try to obtain that resource.

## **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 or 10% of referrals, in a year without a meeting. However, if a program declines more referrals than this they will need to meet with the Region 7 CA Committee to discuss the issue(s) that result in referrals being declined.

Providers are expected to submit a written reason for the denial to Client and the Coordinated Assessment Lead or the Region 7 Committee Lead. Providers may decline 1 out of 10 or 10% of referrals in a year without a meeting. However, if a program declines more referrals than this they will need to meet with the Region 7 Committee to discuss the issue(s) that result in referrals being declined.

For all other grievances, providers must email a detailed grievance to the Region 7 lead within 5 days of the adverse action/decision. The Region 7 Lead will schedule a hearing within 10 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 the Coordinated Assessment Lead, , or the Region 7 Committee Lead, either verbally or in writing, within 7 days of the attempted referral. The Coordinated Assessment Lead or the Region 7 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.

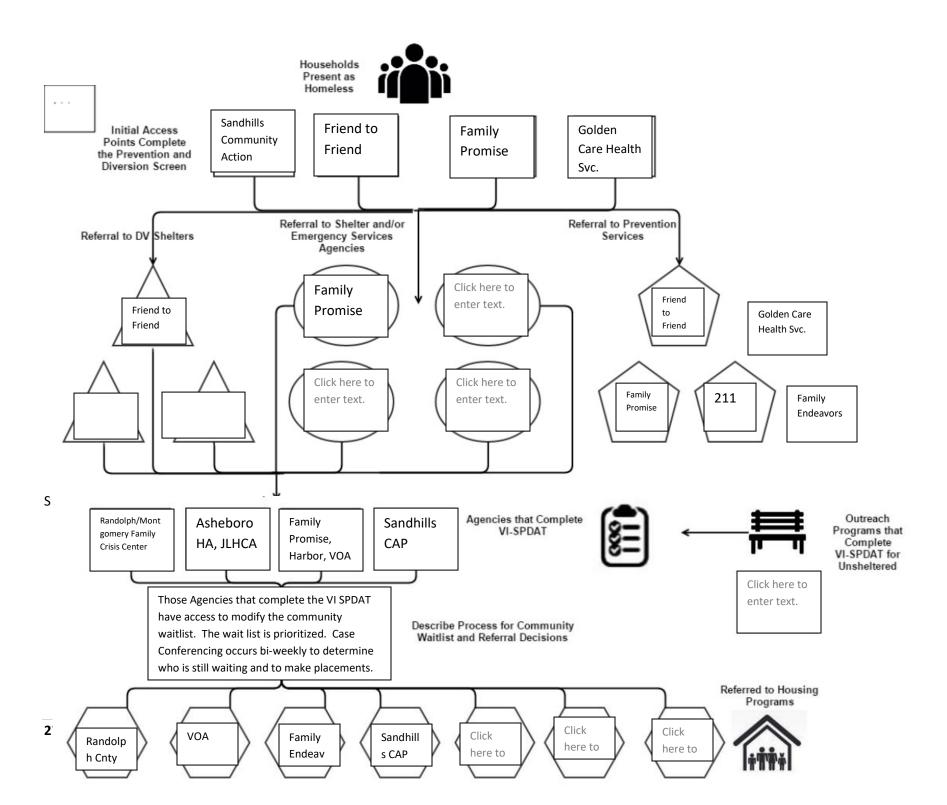
#### **Chronically Homeless**

Through completing the VI-SPDAT form with those who are homeless, we are able to determine whether clients have been chronically homeless or not. Those who have been chronically homeless are provided more intensive case management. Many individual/families who are chronically homeless suffer from alcohol and/or drug addictions, so case managers work on helping those individuals/families to obtain the resources that they need.

### Unaccompanied Youth (up to age 24)

Under the McKinney-Vento Homeless Assistance Act, Unaccompanied Youth have the right to remain in their school of origin (to the extent feasible), transportation to and from the school of origin, immediately enroll in a new school serving the area in which they are currently living even if they don't have typically required documents (e.g. proof of guardianship), equal access to programs and services such as gifted and talented education, special education, vocational education, and English as a Second Language. Our region is aware of this and we make sure that if an unaccompanied homeless youth is in one of our shelters, that we are paying special attention to the McKinney-Vento Homeless Assistance Act and advocating for theses youth in whatever way we can.

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



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