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

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

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

Contact Information

Regional Committee: Southwest Homeless Coalition Regional Committee (SWHCRC)

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

For the following please provide name and email address.

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

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

Elected Coordinated Assessment Lead: In lieu of an elected lead, our region has a Coordinated Assessment Subcommittee. Monica Frizzell is primary contact in the subcommittee.

Other Coordinated Assessment Contact(s) for the Region: Juleah Berlinger, Destri Leger

Prevention and Diversion Screen

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

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

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

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

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

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

Domestic Violence Referrals

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

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

Agency	Count(ies) Served	Participate in Coordinated Assessment
REACH OF CLAY COUNTY	CLAY COUNTY	☒ Yes ☐ No
REACH OF CHEROKEE COUNTY	CHEROKEE COUNTY	☒ Yes ☐ No
REACH OF MACON COUNTY	MACON AND JACKSON	☒ Yes ☐ No
REACH OF HAYWOOD COUNTY	HAYWOOD	☒ Yes ☐ No
QUALLA SAFE HOUSE	SWAIN COUNTY	☐ Yes ☒ No

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

The Southwest region has trained all the Domestic Violence and Emergency shelters to complete the Prevention and Diversion screen. If non-DV assessors find that domestic violence services are needed, the transfer is completed on a case by case basis depending on the needs of the household. Some households only need to be given phone numbers to access services. Some need additional assistance with calling and/or accessing the services. Warm handoffs are always preferable. Since assessors are

often with organizations that deal directly with the homeless, follow up is built into the organziation's mission.

If domestic violence agencies are not currently participating in your coordinated assessment process, please describe the engagement plan for these agencies, including goals and timeline.
Most of the domestic violence agencies in our region participate in the Coordinated Assessment process. In previous engagement attempts, the non-participant DV agencies have expressed a lack of human resources for full engagement, negative experiences with our regional committee or a general lack of interest in participation. Our region has prioritized outreach to these agencies for 2018. We have made progress in engaging some with the PIT process and hope to continue that engagement for Coordinated Assessment.

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

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

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

Are financial assistance resources available for diversion? ☐ Yes ☒ No
If yes, how much financial assistance and what sources of funding are used for this? At this time, there are no agencies in our region who receive specific funding for Prevention and Diversion; therefore, our region has no agencies who participate in the diversion system. We rely on various community resources. There are a number of agencies and organizations that our region relies on for assistance in homelessness prevention, i.e. Department of Social Services, churches, Salvation Army, Haywood Christian Ministries, United Christian Ministries, Carenet, Mountain Projects, Macon Program for Progress, etc., who accept CA referrals but also accept other referrals as well.

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

Agency	Count(ies) Served	Participate in Coordinated Assessment	Services Provided
		☐ Yes ☐ No	☐ Mediation ☐ Financial Assistance
		☐ Yes ☐ No	☐ Mediation ☐ Financial Assistance
		☐ Yes ☐ No	☐ Mediation ☐ Financial Assistance

		Yes No	Mediation Financial Assistance
		Yes No	Mediation Financial Assistance

Please describe the process by which agencies making referrals make contact with and transfer forms to the diversion agency and how the system tracks if a household was successfully placed in a program. Be sure to include if a phone call is made to the agency to inform them of the referral, if forms are sent with households to the agency, and/or if referrals are sent via HMIS.
Assessors in the Southwest region assist with accessing resources. The amount of assistance depends on the needs of the household and what the resource requires for referral.   Some households only need to be given phone numbers to access services. Some need additional assistance with calling and/or accessing the services, incuding transportation. Some programs require direct referrals from the assessor.   Assessors try to only refer to resources that have current funding. Warm handoffs are always preferable. Since most assessors are from agencies that deal directly with the homeless population, follow up is built into the organizations' mission.

Referrals to Shelter

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

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

Agency	Count(ies) Served	Participate in Coordinated Assessment	Population Served	Admission Requirements and/or Prioritization Policies	Active on HMIS
Hurlbert Johnson Friendship House	Clay, Cherokee, Graham Haywood, Jackson, Macon, Madison and Swain	☒ Yes ☐ No	☐ Families Only ☐ Single Men ☐ Single Women ☒ All		☐ Yes ☐ No
Jackson County Homeless Program	Jackson	☒ Yes ☐ No	☐ Families Only ☐ Single Men ☐ Single Women ☒ All		☐ Yes ☐ No
Haywood Pathways Center	Haywood	☒ Yes ☐ No	☐ Families Only ☒ Single Men ☒ Single Women ☐ All		☐ Yes ☐ No
Open Door Ministires	Haywood	☒ Yes ☐ No	☐ Families Only ☐ Single Men ☐ Single Women ☒ All		☐ Yes ☐ No
REACH shelters	Clay, Cherokee, Macon, Jackson, Haywood	☒ Yes ☐ No	☐ Families Only ☐ Single Men ☐ Single Women ☒ All		☐ Yes ☐ No
		☒ Yes ☐ No	☐ Families Only ☐ Single Men ☐ Single Women ☒ All		☐ Yes ☐ No

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

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

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

There is not a specific population that technically cannot be housed in our region. We have DV shelters, a shelter that will house sex offenders, a hotel voucher program that will take people currently using substances (though this is program is only available during the winter months) and shelters that take individuals and familes. Because of the geographic lack of shelters in our areas, referrals are made across the region as well as out of our regional committee catchment area (Buncombe County). Still, many times households stay unsheltered in our region. This is a gap that is continuing to be addressed. Our Region has prioritized outreach to targetted at-risk populations (LGBTQIA, Hispanic, additional Veteran outreach, etc.) for 2018 to further address this gap.

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 limited number of shelters as well as geographic distance between them oftern hinders ease of access. Assessors often refer across the region and out of our regional committee catchment area (Buncombe County). However, the aforementioned barriers mean that many times households stay unsheltered in our region. This is a gap that our Regional Committee continues to address through continued outreach, engagement and offered support to local shelters and any community resource that deals directly with the homeless population.

VI-SPDAT

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

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

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

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

How long will your community wait to administer the VI-SPDAT? The hotel voucher programs administer the VI-SPDAT immediately upon entry into the program. For other shelters as well as DV programs, the shelter can administer the VI SPDAT as early as the 4th day in shelter.
If not between 12 and 15 days from shelter entry, why? If used correctly as a triage tool, the VI SPDAT serves as a guide to the level of service that is needed for that household. The staff at various shelters use the VI SPDAT as a case management tool to indicate the level of asssistance required. Granting earlier access to this information allows for more time to explore the appropriate programs in that level of service. Additionally, given our lack of resources in the region, most homeless and housing assistance programs consistently have long wait periods. Administering the VI SPDAT and providing the appropriate referral means agencies can get their clients onto wait lists sooner, resulting in less time that the client will experience homelessness. It also greatly helps case managers expidite the process of making these referrals as they are made aware of specific documentation that the client may need to obtain for the referral (Birth Certificates, Social Security Cards, diagnostic referrals, etc.). Also, as our Referral and Monitoring Meeting (RAMM) takes place only once a month (barring special circumstance), completing the VISPDAT closer to the client's entry into shelter allows their case manager to bring their case before other committee members and/or refer them for Rapid Rehousing sooner. Allowing case managers to administer the VI SPDAT earlier has greatly helped us make progress towards our goal of housing households within thirty (30) days.

Please describe how your Regional Committee provides outreach to unsheltered households to complete a VI-SPDAT and provide a housing referral.
The Southwest Committee does passive outreach to unsheltered households. Coordinated Assessment in the Southwest region has emphasized training to where those who are homeless present for help. Instead of traveling to points of contact, the region offers training to persons, agencies or organziations that a household who is homeless may reach out for help. Since so many of the homeless enter in the system through Mental Health and Substance Use services, providers play a big part in outreach and engagement of the households. Our Regional Committee prioritizes outreach to different agencies and organizations as a means of expanding Coordinated Entry to ensure that we are closing the gap of those with unmet needs. Additionally, as our Regional Committee continues our outreach and engagement with other agencies and resources, we have also made it a priority to provide direct advertisement into the community so that we may reach the homeless population directly. It is our Region's goal to have a formal advertising plan by the end of 2018.

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.
Our Region has made community outreach and engagement a priority item for 2018. We are providing information and trainings to agencies and organizations who may be able to administer the VI SPDAT and provide a Coordinated Entry point. We are also trying to have more visibility and engagement directly with community members through adversiting, personal engagement, social media, etc. Our goal is to be made aware of and incorporate subpopulations who may not currently be engaged directly with service providers but still need assistance. While the level of engagement we hope to achieve will likely take some time, we intend to have targeted engagement for Point in Time, Coordinated Entry and Emergency Solutions Grant and a direct line of contact with the community by the end of 2018.

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

Housing Referral and Waitlist

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

Housing Referral

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

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

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

The Regional Committee continues to evaluate the scores to monitor the use of current resources wisely, ease of accessibility of programs and general success of members using the programs.
The new scoring guide, as reviewed and renewed by Committee members in December 2017 is as follows:

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SINGLE                                              FAMILY
12-17   PSH/SPC                                     15-22
8-11    RRH  deposits and monthly rent             10-14
5-8     RRH deposits (possibly one month)           6-10
1-4     Section 8/Subsidized  Housing/Community Resources  1-6
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Please list the housing programs that households are referred to once assessed with the VI-SPDAT:

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

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

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

Waitlist

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

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

Who manages the Regional Committee's waitlist? Coordinated Assessment Subcommittee

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

Please describe how your community will obtain consent from participants to share and store their information for coordinated assessment. Please indicate how participants will be educated about how their information will be used and how a release of information will be obtained and stored. A sample release of information is here http://www.ncceh.org/bos/coordinatedassessment/. None of the three docs use any personal identifying information. The assessor inputs an unique ID, only known to the assessor. No names or demographic information is asked on the docs.   The assessor educates the household in the opening script of the VI SPDAT. Everyone that administers the VI SPDAT can get the SWHRC Release of Information form signed for consent. The ROI can also be used as informational purposes to let persons know that where information is stored and the process for referrals (depending on their VI SPDAT score). The ROI is most important if case staffing for higher level of homeless services, like RRH and PSH is needed. If a household refuses to sign the ROI, presenting staff use the least amount identifying information in RAMM for confidentiality.Without bringing that person up in RAMM, the household is only known to the assessor on Google docs. There has not been a household that has refused to allow an agency to input information.

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

How will the Regional Committee confidentially and safely track survivors of domestic violence on the waitlist and prioritize them for housing? None of three docs use any personal identifying information. The assessor at the DV agency inputs an unique ID, only known to the assessor. No other identifying information is put into Google docs. If any one outside of the DV program needs any additional identifying information, that request is made to the DV assessor who obtains permission or a ROI from the client before disclosing same.

Coordinated assessment written standards require that Regional Committees use a case conferencing committee to review the waitlist and oversee the housing referral process. Please describe how your Regional Committee utilizes a case conferencing committee to aid housing placement.
The Southwest region uses the Referral and Monitoring Meeting (RAMM) for case conferencing as well as referral montioring.   P&D and Community Wait Lists are managed in the RAMM. The "Wait Pools and Slots" list for RHH and PSH is updated by the Coordinated Assessment Subcommittee based off of decisions made by RAMM members at the monthly meeting. The process is as follows: An assessor completes a VI SPDAT and makes a referral to the appropriate program or resource. That referral and VI SPDAT score is then recorded in the "Community Wait/VI SPDAT" document. Assessors can still make referral directly to programs and any assessor for any VI SPDAT score can staff cases at the RAMM for alternative options, ideas or for case staffing.
The RAMM usually reviews the lower scores and may give suggestions for alternative options. RAMM members address a number of barriers such as lack of funding, uncertaintly about the appropriateness of a resource and providing additional input and guidance for those who are struggling to make a referral. The RAMM looks over these higher scores for appropriateness and eligibility of the referral.
For VI SPDAT scores that fall into the PSH range, referral to the program is still make directly to the PSH program, but typically the wait pool for PSH is long. Alternative resources can be discussed at the meeting. The RAMM continues to act as the selection committee for RRH. During the RAMM, slots are assisgned to households after staffing the case.
From this committee, households are moved from the Community Wait List to the Wait Pool and Slot List. This third Google doc list is "view only" to everyone but the Coordinated Assessment Subcommittee. This provides for accessable information to assessors. Assessors that did not attend the meeting can see if the household is on the wait pool and how long the wait time might be for that program.   This RAMM has evolved and has been working well as a case staffing mechanism to look at options and alternative resources. The RAMM has allowed for the committee to use a wide range of resources in the communites we serve.   For instance, since one household was living in their own home (though the home was not meant for human habitation), an alternative option of winterization and Habitat for Humanity was suggested. The RAMM has also assisted with eligibility for referral programs. One household was couch surfing and not literally homeless. This was caught in the RAMM so time was saved for all parties because the household did not qualify for RRH. Alternatives for this household was also discussed.

How does the Regional Committee ensure that the most vulnerable households get housing resources first? The Regional Committee not only uses the VI SPDAT tool scoring to determine the most vunerable but has preferences for programs also. Highest VI SPDAT score is given first preference, allowing for the highest needs (high medical, behavioral needs, challenges, etc.) to be a priority. If two VI SPDAT scores are the same:

Chronically Homeless (CH) household over not CH with the longest CH as a priority, Unsheltered over Sheltered, Families over single households, Domestic Violence challenges over none, Veterans that do not qualify for VA services over non Veterans.

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

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

Alternative options for any household, including the above rejections, are built into the RAMM

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

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

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

What is your policy for taking a household off of the list? We do not take households off the list. If a household cannot be found, the household wll be moved to another tab indicating contact was not successful and contact is still needed. This is called the MIA list.

How many attempts do you make to contact? There is no set number for attempts. All avenues are explored before moving to the MIA list.

What are the procedures if a household is unable to be found? Is there are certain amount of time that they must be lost to the system before being taken off the waitlist? We do not take households of the list. If a household cannot be found, the household wll be moved to another tab that indicates contact

was not successful and contact is still needed (MIA). Once on the MIA tab, assessors can be on the look out for the missing person and make contact to update the RAMM.

System Management and Oversight

Transportation

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

Are transportation funds/resources provided? ☒ Yes ☐ No

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

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

Advertisement

Please explain the strategies the Regional Committee uses to educate agencies and other community systems about coordinated assessment. (Please attach any materials the Regional Committee uses in these efforts, like flyers, slides, posters, handouts, etc.) Our Regional Meeting has listed outreach as a top priority for 2018 including outreach regarding Coordinated Assessment. We are currently exploring the option of creating a subcommittee to exclusively address our outreach needs. To date, our outreach has consisted of personal contact and trainings with members of multiple agencies and organizations to better educate them on Coordinated Assessment. We have used materials such as Written Standards and other Balance of State documents to complete this training. Our strategy for this outreach is to use Regional Committeee members and leads to reach out to any contacts they have to educate about Coordinated Assessment. We have used this approach for Point In Time Count this year and were able to enlist new participants. Our Region will continue to develop our strategy and creating our own materials to raise awareness and enlist additional participants for Coordinated Entry.

Please explain the strategies the Regional Committee uses to educate households who are risk of homelessness or experiencing homelessness about coordinated assessment. (Please attach any materials the Regional Committee uses in these efforts, like flyers, slides, posters, handouts, etc.) We have been educating agencies that work with the homeless or those at risk of homeless. Materials for this training include the different versions of the VI SPDAT (family and single), BOS Written Standards as well as other BOS documents related to Housing First.

Accessibility

How will the Regional Committee ensure that the Coordinated Assessment process is accessible to people with disabilities? Please indicate which communication services will be available, such as Braille, audio, large type, assistive listening devices, and sign language interpreters. Please indicate any other accommodations that will be available to help people with disabilities access the coordinated assessment system. Accessibility is still being determined. At this time, individual agencies are responsible for managing accessibility specifics. However, the Regional Committee has listed this issue as a priority to address in 2018, including compiling a master list of Coordinated Entry points in the region and what accessibility measures each agency or organization has taken. This list will address sight impaired, hearing impaired, general communication impairment, mobility impairment and language impairement including foreigh languages like Spanish speaking persons. Consequently, this list will also make visabile the areas where accessibility needs to be improved upon in our Region. Our Region hopes to have this list compiled by the end of 2018 so that it can prioritize expanding accessibility in 2019.

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

What steps will the Regional Committee take to help people with Limited English Proficiency or difficulty reading access the coordinated assessment system? Most of our assessors work with poor and disabled populations. They are familiar with filling out paperwork and the complications that can cause. If the household needs the assessment or system explained in simple terms, this is done automatically. The Regional Committee has made efforts to engage more Spanish speaking participants, and will continue that effort in the future. The regional committee encourages agenices to establish and maintain contact with non-english resources to assist with coordinated assesment translation. (30th Judicial Alliance, KARE, Children's Hope Alliance etc).

Local Oversight

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

What is your plan for providing coordinated assessment across the entire Regional Committee? This could be either by merging systems into one large system or overseeing several smaller, county-based coordinated assessment systems.
We are currently providing CA across our region.
Why is this the best plan to cover the Regional Committee? Our current "No wrong door" plan is

currently the best plan for the Southwest region. Since transportation is a gap in our rural region and the demographics of our region is large, this plan seems to be working well. This plan also works well with agences that provide multiple services to different populations.

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

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

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

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

Coordinated Assessment Outcomes

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

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

How are finalized coordinated assessment outcome reports presented to the community? Currently these are presented at the Regional committee and sent out via email to all those trained in the CA tool. However, as the Regional Committee expands is presence in the community, we intend to present this information to the public in a more direct form (flyers, social media, presentation, etc.).

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.

Our region uses and will continue to use this information to inform agencies and individuals of areas for improvement such as improving the quality and quantity of data as well as making sure that it is all being input into the system correctly and timely. We will also use it as a baseboard for future outreach efforts to engage agencies outside of Coordinated Entry to show the need for further involvement from agencies in our region. We also plan to use the data to show what the reality of homelessness looks like in our region and prove need for services as a means of encouraging other agencies to seek ESG and/or COC grants.

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 0 out of   referrals in a   without a meeting. However, if a program declines more referrals than this they will need to meet with Destri Leger - Regional Alternate Lead to discuss the issue(s) that result in referrals being declined.

Providers are expected to submit a written reason for the denial to Destri Leger. Providers may decline 0 out of   referrals in a   without a meeting. However, if a program declines more referrals than this they will need to meet with   to discuss the issue(s) that result in referrals being declined.

For all other grievances, providers must email a detailed grievance to Destri Leger - destribh@gmail.com within 5 days of the adverse action/decision. The Southwest Homeless Coalition Regional Committee will schedule a hearing within 5 days of receiving the grievance and render a decision within 2 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 Destri Leger, Marilyn Chamberlin, or Monica Frizzell, either verbally or in writing, within 10 days of the attempted referral. One of the aforementioned will respond within 2 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
The Regional Committee not only uses the VI SPDAT tool scoring to determine the most vunerable but has preferences for programs also. Highest VI SPDAT score first- (This allows for the highest need (High medical/ behavioral needs/challenges) to be a priority). If two VI SPDAT scores are the same: Chronically Homeless (CH) household over not CH with the longest CH as a priority, Unsheltered over Sheltered,, Families over single households, Domestic Violence challenges over none, Veterans that do not qualify for VA services over non Veterans.

Unaccompanied Youth (up to age 24)
We have two youth agencies that are active on our Regional Committee. Since there is not an updated version of the VI-SPDAT for youth at this time, the agencies are not administering this assessment. The homeless programs for youth are not available in our region. The youth agencies do complete the P/D screen. The agencies attend the Regional Committee and keep the committee updated on bed usage and agency updates. The runaway shelter accepts referrals for all the counties. The SWCDC accepts referral for all the counties also, but more importantly changed their policy to give subsized day care a priority for homeless familes. If needed, the two agencies are trained and complete the VI SPDAT on the adult (s) in the family. The Regional committee is still learning about the needs of the youth and

unaccompanied youth in our community. Recently the runaway youth shelter did not receive a grant for funding so are involved in the funding processes and priorities to increase the possibility of funding options.

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

Households Present as Homeless

Initial Access Points Complete the Prevention and Diversion Screen

Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.

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

Click here to enter text.

Click here to enter text.

Describe Process for Community Waitlist and Referral Decisions

Referred to Housing Programs

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