North Carolina
Balance of State Continuum of Care
bos@ncceh.org   919.755.4393   www.ncceh.org/BoS

Regional Committee Coordinated Assessment Plan

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

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

Contact Information
Regional Committee: Southern Mountains Homeless Coalition

Counties Served: Henderson, Polk, Rutherford, Transylvania

For the following please provide name and email address.

Primary Authors of the Plan: Trina Hill and Kristen Martin

Regional Lead: Trina Hill hillt@hendersoncountydss.org

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

Other Coordinated Assessment Contact(s) for the Region: sgilliam@thrive4health.org

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

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

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

Agency	Count(ies) Served	Population Served	Availability to administer screen	Number Staff Trained (recommend more than 1 staff)	Active on HMIS
Thrive	Henderson, Transylvania, Rutherford, Polk	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: Mon-Fri Times: 8:30am-5pm	4	☒ Yes ☐ No
Pardee PATHS Unit	Henderson	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: All Times: All	3	☐ Yes ☒ No
Family Preservation Services	Henderson, Polk, and Rutherford	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: Mon - Fri Times: 8am - 4pm	10	☐ Yes ☒ No
The Haven	Transylvania	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: All Times: All	3	☒ Yes ☐ No
SAFE	Transylvania	☒ Families Only ☐ Single Men ☒ Single Women ☐ All	Days: All Times: All	4	☐ Yes ☒ No
211	Henderson, Transylvania, Rutherford, Polk	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: All Times: 7am-11pm	13	☒ Yes ☐ No
		☐ Families Only ☐ Single Men ☐ Single Women ☐ All	Days: Times:		☐ 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.

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

Domestic Violence Referrals

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

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

Agency	Count(ies) Served	Participate in Coordinated Assessment
Safelight	Henderson, Transylvania	☒ Yes ☐ No
SAFE	Transylvania	☒ Yes ☐ No
Steps to Hope	Polk/ Rutherford, Transylvania	☒ Yes ☐ No
Paths	Rutherford	☒ Yes ☐ No
		☐ 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 referring agency provides the presenting individual with information about how to access DV services including shelter and assists the individual with making contact with the DV service agency. This also includes a warm transfer in which the referring agency makes a phone call to the DV service/ shelter alongside the client and helps to facilitate the referral in this manner. At this time, the regional CA system does not have a mechanism in place to track if a household was successfully placed in a program. The original timeline was to develop MOUs with DV agencies to allow for tracking by August of 2017, discussions are still occuring but this has not yet been completed.

If domestic violence agencies are not currently participating in your coordinated assessment process, please describe the engagement plan for these agencies, including goals and timeline.

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

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

Are financial assistance resources available for diversion? ☒ Yes ☐ No
If yes, how much financial assistance and what sources of funding are used for this? Funding is available through The Salvation Army, WCCA, Interfaith Assistance Ministry, local DSS offices, The Sharing House, and other faith based relief services who offer funding for rent, deposits, utilities, hotel vouchers, and other basic needs. The amount of the funding varies per the need and availability of resources as well as client eligibility.

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

Agency	Count(ies) Served	Participate in Coordinated Assessment	Services Provided
Salvation Army	Henderson, Transylvania	☒ Yes ☐ No	☒ Mediation ☒ Financial Assistance
Interfaith Assistance Ministry	Henderson	☒ Yes ☐ No	☒ Mediation ☒ Financial Assistance
DSS	Henderson, Transylvania, Polk, Rutherford	☒ Yes ☐ No	☒ Mediation ☒ Financial Assistance
The Sharing House	Transylvania	☒ Yes ☐ No	☒ Mediation ☒ Financial Assistance
WCCA	Henderson, Transylvania, Polk	☒ 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.

The referring agency provides the presenting individual with information about how to access diversion services and assists the individual with making contact with the diversion service agency. This can also include a warm transfer in which the referring agency makes a phone call to the diversion service alongside the client and helps to facilitate the referral in this manner. At times the referring agency gets a release of information form from the client and sends the referral with a letter stating the individuals need and ROI by email or fax to the receiving agency.   In Transylvania and Henderson Counties, referrals to diversion services can be made via Charity Tracker. Using Charity Tracker also allows the referring agency to track the referral to determine disposition of the case. A goal of the region is to expand Charity Tracker to allow for ease of referrals and tracking. In situations where Charity Tracker is not used, we are able to track referrals and outcomes by participating in monthly community meetings in which cases are staffed.

Referrals to Shelter

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

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

Agency	Count(ies) Served	Participate in Coordinated Assessment	Population Served	Admission Requirements and/or Prioritization Policies	Active on HMIS
Hendersonville Rescue Mission	Henderson	☐ Yes ☒ No	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	zero tolerance for substances; no sex offenders	☐ Yes ☒ No
The Haven	Transylvania	☒ Yes ☐ No	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	no felony charges; zero tolerance for substances; particpation in program; no sex offenders	☒ Yes ☐ No
Grace of God Rescue Mission	Polk/ Rutherford	☒ Yes ☐ No	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	must pass a drug test	☐ Yes ☒ No
Safelight	Henderson, Transylvania	☒ Yes ☐ No	☒ Families Only ☐ Single Men ☒ Single Women ☐ All	must report and appear to be sober	☐ Yes ☒ No
Safe	Transylvania	☒ Yes ☐ No	☒ Families Only ☐ Single Men ☒ Single Women ☐ All	They have to be fleeing from DV.	☐ Yes ☒ No
Steps to Hope	Polk/Rutherford/Transylvania	☒ Yes ☐ No	☒ Families Only ☐ Single Men ☒ Single Women ☐ All	must be a victim of DV or sexual assault	☐ Yes ☒ No
Paths	Rutherford				

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

The referring agency provides the presenting individual with information about how to access shelter or emergency services and assists the individual with making contact with the service agency. This can include a warm transfer in which the referring agency makes a phone call to the shelter or emergency service alongside the client and helps to facilitate the referral in this manner. At times the referring agency gets a release of information form from the client and sends the referral and ROI by email or fax to the receiving agency/ shelter. Charity Tracker is sometimes used to facilitate these referrals. Using Charity Tracker allows the referring agency to track the referral. A goal of the region is to expand Charity Tracker to allow for ease of referrals and tracking. At this time the region does not have a singular or consistent method of tracking whether or not households were successfully placed in a program.   The original timeline was to develop MOUs with DV agencies to allow for tracking by August of 2017, discussions are still occuring but this has not yet been completed.

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

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

If a household does not meet the admission requirements of a shelter and/or the shelter is full, please describe how the household accesses an emergency bed.

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

VI-SPDAT

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

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

Agency	Count(ies) Served	Population Served	Availability to Administer the VI-SPDAT	Number Staff Trained (recommend more than 1 staff)	Active on HMIS
Thrive	Henderson, Polk, Rutherford, Transylvania	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: Mon - Fri Times: 8:30-5pm	4	☒ Yes ☐ No
The Haven	Transylvania	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: All Times: All	3	☒ Yes ☐ No
Safe	Transylvania	☒ Families Only ☐ Single Men ☒ Single Women ☐ All	Days: All Times: All	1	☐ Yes ☒ No
		☐ Families Only ☐ Single Men ☐ Single Women ☐ All	Days: Times:		☐ Yes ☐ No
		☐ Families Only ☐ Single Men ☐ Single Women ☐ All	Days: Times:		☐ Yes ☐ No
		☐ Families Only ☐ Single Men ☐ Single Women ☐ All	Days: Times:		☐ Yes ☐ No
		☐ Families Only ☐ Single Men ☐ Single Women ☐ All	Days: Times:		☐ 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.
In the region some shelters do administer the VI-SPDAT. In situations in which this isn't the case there is no current system for follow up.   The original timeline was to develop MOUs with DV agencies to allow for tracking by August of 2017, discussions are still occuring but this has not yet been completed. There is specific discussion around having Thrive staff have specific office hours at the shelter in Henderson County to increase access.

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

Please describe how your Regional Committee provides outreach to unsheltered households to complete a VI-SPDAT and provide a housing referral.
This is not currently happening in the region.

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 plans to develop MOUs with DV agencies by Aug. 2017, shelters by Aug. 2017, drop-in centers, and other other points of contact such as meal sites by Dec. 2017 in order to begin outreach efforts. By Aug. 2017 we plan to begin passive outreach efforts including the following : select key community partners to aid in identifying unsheltered households, then participating CA agencies will train these community partners on how to make referrals into CA. Examples of agencies that could be considered for passive outreach include the Storehouse and the Sharing House.

Are local domestic violence agencies participating in administering the VI-SPDAT and making housing referrals? ☒ Yes ☐ No
If so, how is the safety and confidentiality of households taken into account?
If not, please provide your plan to engage local domestic violence agencies, including goals and timeline.
 The original timeline was to develop MOUs with DV agencies to allow for tracking by August of 2017, discussions are still occuring but this has not yet been completed.

Housing Referral and Waitlist

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

Housing Referral

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

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

9-22	Permanent Supportive Housing

Does your Regional Committee follow these recommendations for scoring? ☒ Yes ☐ No
If not, please describe the score ranges the region uses for housing referrals and why.

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

Agency	Count(ies) Served	Type of Housing Programs	Population Served	Active on HMIS
Thrive	Henderson, Transylvania, Polk, Rutherford	☒ PSH ☒ RRH ☐ TH ☐ Other:	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	☒ Yes ☐ No
Local Housing Authorities	Henderson, Transylvania, Polk, Rutherford	☐ PSH ☐ RRH ☐ TH ☒ Other: PHA	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	☐ Yes ☒ No
WCCA	Henderson, Transylvania	☐ PSH ☐ RRH ☐ TH ☒ Other: Section 8 voucher	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	☐ Yes ☒ No
The Haven	Transylvania	☐ PSH ☒ RRH ☐ TH ☐ Other:	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	☒ Yes ☐ No
Safe	Transylvania	☐ PSH ☒ RRH ☐ TH ☐ Other:	☒ Families Only ☐ Single Men ☒ Single Women ☐ All	☐ Yes ☒ No
		☐ PSH ☐ RRH ☐ TH ☐ Other:	☐ Families Only ☐ Single Men ☐ Single Women ☐ All	☐ Yes ☐ No
		☐ PSH ☐ RRH ☐ TH ☐ Other:	☐ Families Only ☐ Single Men ☐ Single Women ☐ All	☐ Yes ☐ No
		☐ PSH ☐ RRH ☐ TH ☐ Other:	☐ 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.
The Region's plan is to have all completed VI-SPDAT forms sent to the designated regional CA Lead. The Lead will store this data, maintain all waiting lists and track the information. The CA Lead will work with the CA subcommittee to review VI-SPDATs and prioritize individuals and families for referrals into programs. At this point, the CA subcommittee will make the referral and provide the individual or family with information about how to access the housing program and will assist the individual with making contact with the agency/ program. When necessary this includes a warm transfer in which the referring agency makes a phone call to the housing service alongside the client and helps to facilitate the referral in this manner. If a warm transfer is not warranted then the referring agency gets a release of information form from the client and sends the referral and ROI by email or fax to the receiving agency/ shelter. It is the intent of this region to move the CA system into HMIS in February and March.

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? Currently the region stores the waitlist electronically using Excel with the CA Lead. It is the intent of this region to move the CA system into HMIS in February and March.

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

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

Please describe how your community will obtain consent from participants to share and store their information for coordinated assessment. Please indicate how participants will be educated about how their information will be used and how a release of information will be obtained and stored. A sample release of information is here http://www.ncceh.org/bos/coordinatedassessment/. We use ROI's with clients and MOUs between participating agencies. ROI forms are completed at the time of the initial screening and the screener provides education to the participant about how their information will be used and stored.   Participants decide which agencies are allowed to access their information.

How will the Regional Committee track participants on the waitlist and prioritize them for housing if they refuse to have their personal information shared through the coordinated assessment process? The referring agency will assign a tracking number to the participant and will maintain this coding throughout the CA process.

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

Coordinated assessment written standards require that Regional Committees use a case conferencing committee to review the waitlist and oversee the housing referral process. Please describe how your Regional Committee utilizes a case conferencing committee to aid housing placement.
The CA subcommittee with representatives from each county oversee the waitlist and the housing referral process. This subcommittee reviews the information related to vunerability and chronicity during case conferencing. Information is gathered regarding current openings and the subcommitee comes to a consensus regarding the most appropriate referrals.

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

Programs should rarely reject referrals. If they do reject a referral, providers are expected to submit a written reason for the denial to the following agency: Regional CA Lead. Please outline the specific criteria under which a program may reject a referral (refer to the CA Written Standards for more information). A program may reject a referral if the program is full. Programs with housing which includes at least one child under 18 may reject referrals that include sex offenders or people with criminal records for violent crimes per the BoS CoC CA Standards.   The CA process will maintain a record of eligibility criteria in an effort to make the most appropriate referral.

If a household does not accept a referral, or if a provider declines a referral, the provider and the community should work to refer the client to the next appropriate housing provider and/or emergency shelter to ensure that the household has a safe place to sleep that night. The Regional Committee should also maintain the client's place on the waitlist for housing. How will the Regional Committee work to connect the household with a more suitable program? The referring agency will engage in mediation services and will utilize diversion services that are available in an effort to secure shelter for the individual or family. The referring agency will also work with local resources to locate an alternative program when a referral is declined.

For those on the waitlist who remain in a shelter or transitional housing program, how often is follow-up made with the household to ensure that information stays up-to-date?   The CA subcommittee will attempt a minimum of monthly contact with individuals on the waitlist. The CA Lead as well as the CA subcommittee will update the regional waiting list.

For those on the waitlist who are unsheltered, it is recommended that follow-up happen at least every 30 days. How often is follow-up made with these households in your region to ensure information stays up-to-date? The CA subcommittee attempts at least monthly contact with individuals on the waitlist. Attempts include phone calls, text messages, as well as coordination with other agencies to reach the individual. Each household is also encouraged to keep their contact information up to date with the CA Lead.

What is your policy for taking a household off of the list? When they no longer meet HUD definitions, when appropriate housing is found, or when attempts to contact for 6 months have failed.
How many attempts do you make to contact? 1 time monthly for 6 months.
What are the procedures if a household is unable to be found? Is there are certain amount of time that they must be lost to the system before being taken off the waitlist? 1 attempt per month for 6 months. Attempts to contact include phone calls, text messages, as well as coordination with other agencies to reach the individual.   They are taken off the waitlist if they no longer meet qualifications after 1 attempt monthly for 6 months.

System Management and Oversight

Transportation

Are people required to travel to different locations to access programs and services in your community?
☒ Yes ☐ No
Are transportation funds/resources provided? ☒ Yes ☐ No
If yes, please describe resources, to whom they are available, and how and when they are accessed.
Public transportation is available in some areas of the region with varying hours per county and per area of the county.   Henderson County has a public bus system operated by Apple Country Transportation - WCCA - Mon - Fri from 6:30am to 6:30pm and accessed by using labeled bus stops.   Transylvania County has a system called County Transportation. In order to access this system a person must call the designated taxi company before 10am - 24 hours before the needed ride. Polk County local government operates a transportation system called Foothills Express. It operates Mon, Wed. and Fri from 8am to 4pm. Rutherford County has a transportation system administered by their county government and it's called Transit. Access to Transit for the general public is available for a fixed route only and can be accessed Mon - Fri from 7am to 5:30pm.   Region wide area human service agencies offer gas vouchers and bus vouchers as funding allows.

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

Advertisement

Please explain the strategies the Regional Committee uses to educate agencies and other community systems about coordinated assessment. (Please attach any materials the Regional Committee uses in these efforts, like flyers, slides, posters, handouts, etc.) The regional coalition provides community education and outreach to agencies to inform them about CA. This advertisement approach is working well in Henderson County.   The CA subcommittee will be developing more formal advertisement tools such as handouts and flyers by December 2017 and will increase education about CA to other counties in the region.

Please explain the strategies the Regional Committee uses to educate households who are risk of homelessness or experiencing homelessness about coordinated assessment. (Please attach any materials the Regional Committee uses in these efforts, like flyers, slides, posters, handouts, etc.) Currently the only education provided is when the household contacts a service agency. As MOUs are developed this year there will be tools developed to be used for this purpose so that each household receives consistent

information. The CA subcommittee will be developing more formal advertisement tools such as handouts and flyers by December 2017.

Accessibility

How will the Regional Committee ensure that the Coordinated Assessment process is accessible to people with disabilities? Please indicate which communication services will be available, such as Braille, audio, large type, assistive listening devices, and sign language interpreters. Please indicate any other accommodations that will be available to help people with disabilities access the coordinated assessment system. Language and sign language interpreters are available at most agencies in the region. Individuals with language disabilities that utilize assistive listening devices will be linked to the managed care organization for further services including case management to assist in the housing assessment.

Is there an access point in your community accessible to people who use wheelchairs or have limited mobility? Yes
If there is not, or if the access point is difficult to get to, please describe how you will provide outreach that is accessible to people with disabilities.

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

Local Oversight

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

What is your plan for providing coordinated assessment across the entire Regional Committee? This could be either by merging systems into one large system or overseeing several smaller, county-based coordinated assessment systems.

There have been staff changes in several of the counties within our region. The CA system now includes all four counties but has more input from Transylvania and Henderson Counties. The CA subcommittee and Regional Leadership team is working to give equal access to all four communities by training other agencies and adding more access points in all countiies.

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

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

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. The use of MOU's and ROI's will help the Regional Committee to standardized access to services across the region. Standardized handouts and flyers will assist in educating the region about services available and the importance of a standized process. The MOU's and ROI's as well as standadized education tools will be developed and implemented this year. Then the Regional Committee will explore expansion of existing services to cross county lines.

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.

Regional stakeholders and leaders will be engaged throughout the MOU and ROI process. There have been staff changes in several agencies within our region. Meetings regarding MOUs and ROIs will allow important conversations to take place regarding the importance and utilization of a standard CA process for the region.

Coordinated Assessment Outcomes

How will outcome data be gathered for quarterly reports to the CoC? Each county will submit their monthly outcome data to the CA Regional Lead for quarterly reports via email. The CA Regional Lead will gather all needed data and will report on outcomes to the Regional Committee. We believe our CA system will be in HMIS by February 2018 which will make the data gathering and reporting occur with higher quality and frequency.

Who will be in charge of submitting, correcting, and reviewing outcomes? The CA Regional Lead will be responsible for submitting, correcting, and reviewing outcomes as well as helping to train and education each county's CA participants.

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

Please describe how your Regional Committee will use coordinated assessment outcome data, including identifying gaps, changing processes, setting goals, advocating for resources, funding new ESG and CoC grantees, etc.

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

Grievances
Agency Grievance Policy
Please complete the following policy with details from your Regional Committee:
If a provider declines a client referral, that provider should work with the community to refer the client to the next appropriate housing provider and/or emergency shelter to ensure that the household has a safe place to sleep that night.

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

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

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

Individual Grievance Policy
Please complete the following policy with details from your Regional Committee:

If a household does not agree with a referral or the assessment process, the coordinated assessment site will attempt to make another appropriate referral based on the household's needs and the housing resources available.

If the household remains unsatisfied, they may file a grievance with CA county contact, CA Subcommittee, or CA Regional Lead, either verbally or in writing, within 5 days of the attempted referral. The CA county contact, subcommitte, or regional lead will respond within 3 days. If the household does not agree with this local decision, an appeal will be submitted to the CAC for review.

Subpopulations

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

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

Unaccompanied Youth (up to age 24)
Unaccompanied youth are referred to each counties Department of Social Services as well as county specific programs. Only Hope WNC is a county specific program within Henderson County that is being utilized. The Haven, in Transylvania County, has designated accommodations for this subgroup but they are not currently utilized. There are other accommodations within each county that are in development. The CA subcommittee will obtain further information during the MOU and ROI process to coordinate these services further within this subgroup. Each county's designated school staff will be included in these conversations per the McKenny Vento Act.

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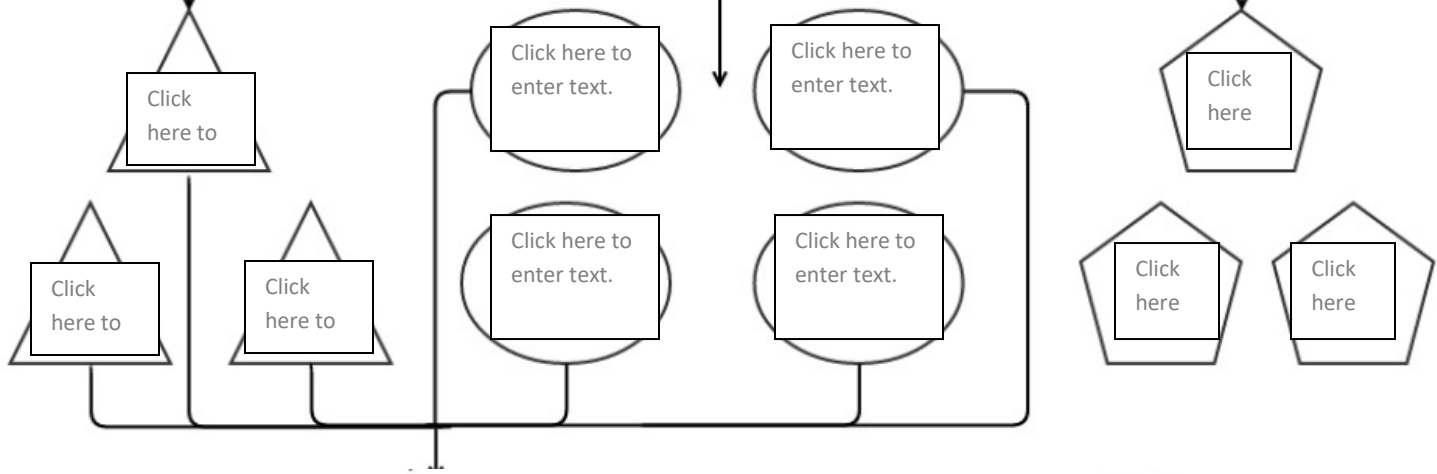
Households Present as Homeless

Initial Access Points Complete the Prevention and Diversion Screen

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Referral to DV Shelters

Referral to Shelter and/or Emergency Services Agencies

Referral to Prevention Services

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Agencies that Complete VI-SPDAT

Outreach Programs that Complete VI-SPDAT for Unsheltered

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Describe Process for Community Waitlist and Referral Decisions

Referred to Housing Programs

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