

# 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: Northeastern Homeless Coalition-Region 11

Counties Served: Hertford, Gates, Chowan, Perquimans, Pasquotank, Camden, Currituck, Dare, Tyrrell, and Hyde

For the following please provide name and email address.

Primary Authors of the Plan: Melissa Eastwood ([melissa.eastwood@trilliumnc.org](mailto:melissa.eastwood@trilliumnc.org))

Regional Lead: Nicole Boone ([NBoone@rcchc.org](mailto:NBoone@rcchc.org))

Elected Coordinated Assessment Lead: Melissa Eastwood ([melissa.eastwood@trilliumnc.org](mailto:melissa.eastwood@trilliumnc.org))

Other Coordinated Assessment Contact(s) for the Region: Nicole Boone ([NBoone@rcchc.org](mailto:NBoone@rcchc.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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<sup>1</sup> <http://www.ncceh.org/bos/restructuring/>

<sup>2</sup> <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
Hertford County DSS	Hertford County	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: Monday-Friday Times: 8:30am-5:00pm (Have on call staff for 24 hour coverage)	6	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Roanoke Chowan Community Health Center/Hertford Health Access	Hertford County, Bertie County- (serves ages 18-64 that are uninsured or underinsured.	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: Monday-Thursday and Friday 8:00am to 4:00pm Times: 8:00am-5:00pm)	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Choanoke Area Development (CADA)	Bertie, Halifax, Hertford, Martin, and Northampton Counties.	<input checked="" type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: Monday-Friday Times: 8:30am to 5:00pm	2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gates County DSS	Gates County	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: Monday-Friday Times: 8:30am-5:00pm (Have on call staff for 24 hour coverage)	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input type="checkbox"/> All	Days: Times:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input type="checkbox"/> All	Days: Times:		<input type="checkbox"/> Yes <input type="checkbox"/> No

		<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input type="checkbox"/> All	Days: Times:		<input type="checkbox"/> Yes <input type="checkbox"/> No
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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.

Hertford County and Gates County DSS offer 24 hour coverage. They have after hours staff available that can offer assistance and administer screenings if needed. Representatives from these two agencies will contact their counterparts in inactive counties and request their participation in the coordinated assessment process for Region 11. There is not 24 hour availability for the prevention and diversion screen in our other 8 counties currently. Our committee plans to reach out to Integrated Family Services Mobile Crisis to see if they would be willing to participate in the coordinated assessment process. We will reach out to local law enforcement to determine whether they can administer the prevention and diversion screen. Outreach and engagement will occur within the next 3 months. We hope to have full coverage within 1 year of the plan date.

***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
Roanoke-Chowan SAFE 123 Loftin Ln., PO Box 98 Ahoskie, NC 27910 Office: (252) 332-1933 Crisis: (252) 332-1933 Fax: (252) 332-2450	HERTFORD COUNTY	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Albemarle Hopeline PO Box 2064 Elizabeth City, NC 27906-2064 Office: (252) 338-5338  Crisis: (252) 338-3011 Fax: (252) 338-2952 Website: www.albemarlehopeline.org Chowan County-(252) 482-9918 Fax-(252) 482-9933 Currituck County-(252) 453-8116 Fax-(252) 453-6849	PASQUOTANK COUNTY, CHOWAN COUNTY, CAMDEN COUNTY, CURRITUCK COUNTY, PERQUIMANS COUNTY	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inner Banks Hotline PO Box 558 Columbia, NC 27925	TYRRELL COUNTY	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Office: (252) 796-5526 Crisis: (877) 818-3366 Website: www.ibxhotline.org		
Outer Banks Hotline, Inc. PO Box 1490 Manteo, NC 27954 Office: (252) 473-5121 Crisis: (252) 473-3366 Toll Free: (877)-818-3366 Fax: (252) 473-9895 Website: www.obhotline.org	DARE COUNTY	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hyde County Hotline PO Box 335 Engelhard, NC 27824 Office: (252) 925-2502 Crisis: (252) 925-2500 Fax: (252) 925-2501	HYDE COUNTY	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Please describe the process by which agencies making referrals make contact with and transfer forms to the 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.

Referrals to Domestic Violence agencies include a warm transfer. Referral agencies will make contact via phone. In some circumstances, the referring agency may transfer the individual/information face to face. Additional documentation can be sent via fax or secure email. Follow up will be done via phone call or secure email.

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.

Our regional committee members will continue to invite domestic violence agencies to participate in our coordinated assessment process (via phone calls, email, face to face invitation). The goal of the committee is to have DV agencies join our group within one year. We will continue to provide education regarding the coordinated assessment process. We will continue to share resources regarding housing and funding opportunities. In addition, our committee will reach out to the NC Coalition on Ending Domestic Violence (Cassie Rowe) for help with DV engagement.

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:

Albemarle Hopeline  
PO Box 2064  
Elizabeth City, NC 27906-2064  
Office: (252) 338-5338  
Website: www.albemarlehopeline.org

Outer Banks Hotline, Inc.  
PO Box 1490  
Manteo, NC 27954

Office: (252) 473-5121  
 Website: www.ob hotline.org-

Roanoke-Chowan SAFE  
 123 Loftin Ln., PO Box 98  
 Ahoskie, NC 27910  
 Office: (252) 332-1933

**Diversions**

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

Does your coordinated assessment system offer mediation services for diversion?  Yes  No

If yes, please describe the mediation services provided: Some agencies involved in our coordinated assessment system offer tenant/landlord mediation and some agencies can assist with mediation between individuals and natural supports. DSS provides mediation between individuals and natural supports. Roanoke Chowan Christian Womens' Job Corps offers mediation and advocacy for individuals in their programs. Trillium Health Resources offers support and advocacy. They can assist with tenant/landlord mediation for PSH enrollees.

Are financial assistance resources available for diversion?  Yes  No

If yes, how much financial assistance and what sources of funding are used for this? The Hertford County and Gates County Department of Social Services have some funding available for diversion. The amount of financial assistance varies depending upon availability of funds. Hertford County DSS assists Hertford County only. Gates county will assist Gates residents only.

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
Hertford County DSS	Hertford County	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Mediation <input checked="" type="checkbox"/> Financial Assistance
St. Thomas Episcopal Church	Hertford County	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mediation <input checked="" type="checkbox"/> Financial Assistance
Roanoke Chowan Christian Womens' Job Corps	Hertford	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Mediation <input type="checkbox"/> Financial Assistance
Gates County DSS	Gates County	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Mediation <input checked="" type="checkbox"/> Financial Assistance
Volunteers of America	Hertford only	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mediation <input checked="" type="checkbox"/> Financial Assistance

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

Referral information will be faxed or emailed (using secure email) to the referral agency to confirm when/where the individual/household needs to go. A call will be made to follow up and confirm

information is received. The referral site will confirm whether the individual/family was served via phone call or secure email.

### *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
Tabernacle of Faith Community Outreach Center	Pasquotank	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input checked="" type="checkbox"/> Single Women <input type="checkbox"/> All	18 years of age, must submit to a criminal background check; be drug free and/or have been in a treatment program for the past 6 months	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Britton Ministries	Anson, Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Granville, Greene, Halifax, Harnett, Hertford, Hoke, Hyde, Johnston, Jones, Lenoir, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Richmond, Robeson, Sampson,	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Mothers must be at least 18 years old and have legal custody of their children. Admission qualifications can include lack of financial stability, potential or current homelessness, few or no job skills, and little or no family support. Mothers are responsible to pay	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



	Scotland, Tyrrell, Vance, Wake, Warren, Washington, Wayne, and Wilson.			a monthly \$60 program fee after their first month of residence. If outside employment has not been obtained after one month from date of placement, the client will volunteer 10 hours per week on the Baptist Children's Homes campus; 10 of these hours will be applied toward the monthly fee.	
Community Crossroads Center (Greenville NC)	Pitt County (primary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input type="checkbox"/> All	Intake hours for the emergency shelter are from 6pm -8pm, seven days a week. 1. Client must provide proof of homelessness. Proof of homelessness can be a letter from another homeless shelter or a transitional program, an	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

				<p>eviction notice or letter from landlord indicating his intent to begin eviction proceedings, a letter from other household members clearly stating reason for homelessness.</p> <p>2. Client must have a state issued photo I.D.</p> <p>3. If minor children will accompany parent, we need a Birth Certificate for each child.</p>	
Zion Shelter	Beaufort County (primary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Families Only <input checked="" type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Valid ID required, men only	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Union Mission of Roanoke Rapids NC	Roanoke Rapids and surrounding areas	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	<p>Intake Monday - Friday 10:00am - 3:00 pm</p> <p>Ministry to Men Emergency shelter, Long-term recovery/rehab program (rural), Transitional housing, Case</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

				management Women and Family Ministries Emergency shelter, Single women (with children)	
Outer Banks Room in the Inn-Seasonal	Dare County	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Agencies making shelter referrals will contact emergency shelters to obtain information regarding bed availability. Referral information will be faxed or emailed (using secure email) to the referral agency to confirm when/where the individual/household needs to go. A call will be made to follow up and confirm information is received. The referral site will confirm whether the individual/family was served by call or secure email. HMIS is not being utilized currently.

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 only 1 shelter and 1 seasonal shelter in our 10 county region. There are 3 DV shelters within our region. There is no plan to develop new shelters at this time. Our committee will make referrals to surrounding counties if needed. Referring agencies will track households that are referred out of the region with a spreadsheet. They will contact the household and follow up regarding their desire to return to their home county. There are some faith based churches that offer funding to assist in emergency situations (if funding is available).

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.

Our committee makes referrals to shelters in other counties if there is no bed availability in our region. There is no plan to develop new shelters at this time. Referring agencies will track households that are referred out of the region with a spreadsheet. They will contact the household and follow up regarding their desire to return to their home county. Our committee will continue to reach out to community resources. The committee will continue to attempt to mediate with family members and other natural supports if they are available.

## **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
Hertford County DSS	Hertford County	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: Monday-Friday Times: 8:30am-5:00pm (Have on call staff for 24 hour coverage)	3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Roanoke Chowan Community Health Center/Hertford Health Access	Hertford County and Bertie County	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: Monday-Friday Times: 8:00am-4:00pm	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Volunteers of America	Hertford only	<input type="checkbox"/> Families Only <input checked="" type="checkbox"/> Single Men <input checked="" type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: Monday-Friday Times: 8:30am-5:00pm	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Choanoke Area Development (CADA)	Bertie, Halifax, Hertford, Martin, and Northampton Counties.	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: Monday-Friday Times: 8:00am to 5:00pm	2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gates County DSS	Gates County	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: Monday-Friday Times: 8:30am-5:00pm (Have on call staff for 24 hour coverage)	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input type="checkbox"/> All	Days: Times:		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input type="checkbox"/> All	Days: Times:		<input type="checkbox"/> Yes <input type="checkbox"/> No

If 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.

The shelter can contact agencies listed in our coordinated assessment plan (ex. DSS) and request assistance with administering the VI-SPDAT. Our committee will work towards developing an active in reach system over the next year. We will attempt to identify a committee member that will act as a liaison and reach out to the shelters on a regular basis to determine whether individuals in the shelter need assessment. We will continue to encourage shelters within our region to actively participate in the coordinated assessment process.

How long will your community wait to administer the VI-SPDAT? Our community will wait 12-15 days. If not between 12 and 15 days from shelter entry, why? The VI-SPDAT will be administered if an individual is in need and cannot wait 12-15 days for assistance or the individual is difficult to access.

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

Volunteers of America (SSVF provider) does outreach to unsheltered households in Hertford County. They go out into the community to various places (ex. Library, streets, etc.). RCCHC/Hertford Health Access goes to the food pantry for outreach at least once a month in Hertford County. There is no outreach to unsheltered household to complete the VI-SPDAT in the other 9 counties in our region. Trillium Health Resources will administer the VI-SPDAT via phone if needed while the committee is in the process of engaging community agencies. The committee hopes to have engagement/participation from additional agencies within one year.

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.

SSVF and RCCHC/Hertford Health Access currently provide outreach to unsheltered households. Our goal is to have outreach to unsheltered households in the other 9 counties within one year. The committee has identified agencies that we would like to have participate in our regional committee. The committee hopes to have engagement/participation from additional agencies within one year.

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? DV agencies are not currently participating in the coordinated assessment process. However, if DV agencies do engage in our process, an individual will be provided with a release of information that indicates who information will be provided to. The coordinated assessment process will be explained to each individual that presents for assessment. If it is unsafe to disclose information regarding an individual, the assessor will utilize a unique identification number.

If not, please provide your plan to engage local domestic violence agencies, including goals and timeline. Our regional committee will continue to invite Domestic Violence agencies to our monthly regional committee meetings. We will continue to provide education/information regarding the coordinated assessment process. Our committee will continue to share resources and provide updates regarding funding processes. Region 11 will continue to work on positive collaboration. We will reach out every 3 months (at minimum) with a goal of DV agencies joining our group in within 1 year. In addition, our committee will reach out to the NC Coalition on Ending Domestic Violence (Cassie Rowe) for help with DV engagement.

## 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:

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

NA-The Regional Committee will follow these recommendations for scoring.

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
Trillium Health Resources	Hertford, Gates, Chowan, Perquimans, Pasquotank, Camden, Currituck, Tyrrell, Dare, and Hyde	<input checked="" type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> TH <input type="checkbox"/> Other:	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Volunteers of America	Hertford only	<input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> TH <input checked="" type="checkbox"/> Other: SSVF	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Ahoskie Housing Authority	Hertford	<input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> TH <input checked="" type="checkbox"/> Other: Public Housing	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Edenton Housing Authority	Chowan	<input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> TH <input checked="" type="checkbox"/> Other: Public Housing	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Economic Improvement Council	Camden, Chowan, Currituck, Dare, Gates, Hyde, Pasquotank, Perquimans, Washington and Tyrrell counties.	<input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> TH <input checked="" type="checkbox"/> Other: Section 8, CSBG	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CADA	Hertford	<input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> TH <input checked="" type="checkbox"/> Other: Section 8, CSBG, Emergency Assistance	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Elizabeth City Housing Authority	Pasquotank County	<input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> TH <input checked="" type="checkbox"/> Other: Public Housing	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hertford Housing Authority	Perquimans County	<input type="checkbox"/> PSH <input type="checkbox"/> RRH	<input checked="" type="checkbox"/> Families Only <input type="checkbox"/> Single Men	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



		<input type="checkbox"/> TH <input checked="" type="checkbox"/> Other: Public Housing	<input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	
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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.

There will be an agency to agency hand off. Referral information will be faxed or emailed (using secure email) to the referral agency to confirm when/where the individual/household needs to go. A call will be made to follow up and confirm information is received. Individuals will be provided with a copy of the referral information at their request. The referral site will confirm whether the individual/family was served by call or secure email. HMIS is not being utilized currently.

### *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 waitlist is stored with the coordinated assessment lead. The committee is currently utilizing an excel spreadsheet. We hope to eventually utilize a program such as Google Docs or Dropbox to house our waitlist. In the future, the waitlist will be in HMIS.

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

Who has access to the Regional Committee's waitlist? Coordinated Assessment lead, Regional Lead, and Regional committee members (as needed)

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/>. The agency that is administering the VI-SPDAT will provide a detailed explanation of the coordinated assessment process. The agency will provide information regarding how the process works and who information is shared with. The agency will utilize the committee's approved Release of Information. The release of information will be reviewed with the participant. Signatures will be obtained from the participant confirming that the individual understands the process and is giving consent for his or her information to be shared with identified agencies. Each referral agency will house the original copy of the release of information forms that they complete. Original releases will be available upon request.

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? Our committee will utilize unique identifiers to track participants on the waitlist and prioritize them for housing if they refuse to have personal information shared during the CA process. The referral will be listed on our spreadsheet. If an individual has the opportunity to access housing, the referring agency will be contacted. The committee will make them aware that the individual has come up on the waitlist

and inquire as to whether the individual still needs housing and to see if they would like to move forward.

How will the Regional Committee confidentially and safely track survivors of domestic violence on the waitlist and prioritize them for housing? Our committee will utilize unique identifiers or identifiers already established by a DV agency.

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.

We will have case conferencing monthly or as needed. Case conferencing will take place on the second Tuesday and will be apart of our monthly meeting. If there is an emergency/high priority situation, the Regional Lead will be contacted and will initiate a conference call with committee members for case conferencing. Case conferencing offers the opportunity for committee members to obtain feedback and guidance regarding cases. This enables committee members to obtain updated information regarding all services and resources that are available. It helps us to maximize our resources and to utilize them effectively.

How does the Regional Committee ensure that the most vulnerable households get housing resources first? Households are prioritized based on the VI-SPDAT scores. Our committee gives priority to those that are chronically homeless, veterans, and unaccompanied youth. Medical needs are taken into consideration as well (ex. chronic diseases, pregnant women, etc.). All housing programs will follow BoS CoC written standards.

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 referral agency and the individual/household referred. Please outline the specific criteria under which a program may reject a referral (refer to the [CA Written Standards](#) for more information). 1.) All program beds are full (program at capacity) 2.) Not eligible for program (ex. does not meet program eligibility requirements) 3.) the program may exclude a registered sex offender if the housing program/site has families with children under the age of 18.

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 Regional Committee will review the household's needs. The Regional committee will review resources and programs that might meet the individuals needs. The committee will refer to a shelter if needed.

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? Follow-up will be made with the household at least every other week (minimum of 2 times monthly) or as needed.

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? Follow-up will be made with the household at least every other week (minimum of 2 times monthly) or as needed.

What is your policy for taking a household off of the list? A household will be removed from our waitlist if: the household asks to be removed, the housing issue has been resolved, the household obtains stable housing, individual is incarcerated, long term hospitalization, and a household can be removed from the list if we are unable to make contact with them for 90 days. The household can be reassessed and put back on the waitlist if they return. If no significant changes occur, the VI-SPDAT does not need to be redone before adding the household back to the list after removal.

How many attempts do you make to contact? 3

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? A household will be removed from the waitlist if we are unable to make contact with them for 90 days. The household can be reassessed and put back on the waitlist if they return. If no significant changes occur, the VI-SPDAT does not need to be redone before adding them back to the list after removal.

## 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. NA- There are no transportation funds/resources currently. Our region consists of very rural areas. We have very limited resources. DSS stated that they offer transportation assistance for medical appointments and transportation for the elderly only. RCCEH offers transportation for medical issues only.

What happens if a household is unable to access transportation resources or any other transportation? Our group will attempt to administer the screening tools by phone. The process will be explained over the phone. There are some programs in which individuals can meet with individuals in the community (ex. Volunteers of America can meet with individuals in the community). However, they can only meet with Veterans in Hertford County. In a crisis/urgent situation, law enforcement can assist with transportation in some instances.

### 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 Committee will use email, phone contact, word of mouth, and monthly meetings to educate agencies and other community systems about coordinated assessment. The Regional Committee members are doing all of these things each month. The committee would like to try to do some Lunch and Learns in the future.

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.) Our regional committee will develop a flyer utilizing plain, simple language within one year. We will utilize pictures/symbols for individuals who may have difficulty reading.

## *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 Regional Committee will work towards increasing access for people with disabilities within one year. We currently do not have communication services such as Braille, audio, assistive listening devices, or sign language interpreters. Trillium Health Resources may be able to assist in some instances with accessing interpreting services.

Is there an access point in your community accessible to people who use wheelchairs or have limited mobility? Yes, all of the agencies that are participating in the coordinated assessment process are accessible to people who use wheelchairs or have limited mobility.

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. NA-access points are accessible. If individual are unable to get to the identified sites, agencies will be able to complete the screenings by phone.

What steps will the Regional Committee take to help people with Limited English Proficiency or difficulty reading access the coordinated assessment system? We will utilize flyers/forms with plain language. We will utilize material with pictures. We will read information aloud. We will utilize language interpreters if they are available at the agencies (ex. DSS, RCCHC). Our committee will reach out to local colleges to determine whether we can utilize interns to assist with interpreting services. Trillium Health Resources may be able to assist in some instances with accessing interpreting services.

## *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 11 consists primarily of inactive counties. We are still attempting to engage other counties within the region. Our committee will continue to reach out to agencies and encourage participation in our committee and the coordinated assessment process. Our vision for the region is to have multiple coordinated assessment systems working under the the umbrella of the Regional Committee. We currently have one system.

Why is this the best plan to cover the Regional Committee? Region 11 consists of 10 counties. Most of the counties in Region 11 are inactive counties. Primary participation comes from Hertford County. We have very little participation and we are currently utilizing one large system for those that are actively participating. Our goal is to have a functional Region with participation from all 10 counties. The counties are very spreadout and the region is mostly rural counties. Once the committee and coordinated assessment process is functioning as it should, it would be best to have one coordinated

assessment umbrella with several smaller, county-based coordinated assessment systems. This will ensure that we meet the needs of individuals in each county quickly and efficiently.

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? We are not maintaining multiple coordinated assessment systems. Referrals can 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. We are currently working with a couple of counties. Primary participation comes from Hertford County. We have very little participation and we are currently utilizing 1 system for those that are actively participating. Our goal is to have a functional Region with participation from all 10 counties. The counties are very spread out and the region is mostly rural counties. Once the committee and coordinated assessment process is functioning as it should, it would be best to have one coordinated assessment umbrella with several smaller, county-based coordinated assessment systems. We hope to achieve this within one year.

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.

We will continue to attempt to engage leaders and agencies in the communities in the coordinated assessment process by: phone calls, emails, letters. Our committee is developing a generic letter for outreach (will be complete by 4/11/2017). Agencies that are participating in our regional committee meetings plan to reach out to their counterparts in other inactive counties (ex. DSS representatives will reach out to DSS representative in inactive counties, Health Dept will reach out to Health Dept in other counties, etc.). There will be an update regarding outcomes on 4/11/2017.

### *Coordinated Assessment Outcomes*

How will outcome data be gathered for quarterly reports to the CoC? Outcome data will be gathered from the coordinated assessment excel spreadsheet.

Who will be in charge of submitting, correcting, and reviewing outcomes? Coordinated Assessment Lead

How are finalized coordinated assessment outcome reports presented to the community? The coordinated assessment outcome reports will be reviewed at the Regional Committee meetings.

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.

Coordinated assessment outcome data will be reviewed at our Regional Committee meeting. The committee will utilize the data to identify gaps. Feedback/suggestions will be obtained from committee members regarding how to address gaps and change processes to meet the needs of the individuals and families we serve. The Regional Committee and CA subcommittee will set goals based on the information and data that we obtain. Our committee will collaborate and advocate for resources and services for our counties. The CA subcommittee and Regional Committee (including funding lead) will work together to identify grantees that can manage funds and meet the needs of all 10 counties. We will identify potential projects to address gaps and needs identified through the coordinated

assessment.

## **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 month without a meeting. However, if a program declines more referrals than this they will need to meet with the Regional Alternate to discuss the issue(s) that result in referrals being declined.

Providers are expected to submit a written reason for the denial to the referral agency and the individual/household. Providers may decline 1 out of 10 referrals in a month without a meeting. However, if a program declines more referrals than this they will need to meet with the Regional Alternate to discuss the issue(s) that result in referrals being declined.

For all other grievances, providers must email a detailed grievance to the Regional Alternate within 10 business days of the adverse action/decision. The grievance committee will schedule a hearing within 5 business days of receiving the grievance and render a decision within 5 business 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 Grievance committee chair, Grievance committee member, or the Regional Lead, either verbally or in writing, within 14 days of the attempted referral. The Regional Committee will respond within 10 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

Chronically Homeless individuals will be a priority for our committee. We will administer the prevention and diversion screen as an individual presents. The agency that administers the screening tool will then make appropriate referrals based on the information obtained. The VISPDAT may be administered immediately. The committee will use all resources at its disposal to link the individual with shelter/safe, stable housing.

### Unaccompanied Youth (up to age 24)

Unaccompanied Youth will be a priority for our committee. We will administer the prevention and diversion screen as an individual presents. The agency that administers the screening tool will then make appropriate referrals based on the information obtained. The VISPDAT may be administered immediately if needed. The committee will use all resources at its disposal to link the individual with shelter/safe, stable housing. DSS will be contacted regarding youth under the age of 18.

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

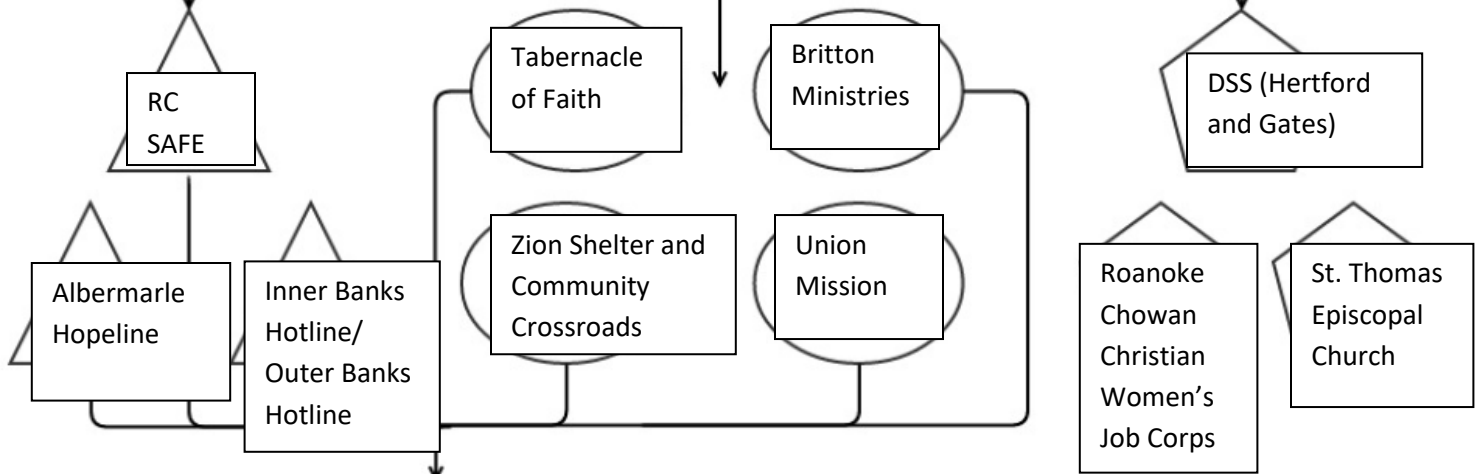


Households Present as Homeless 

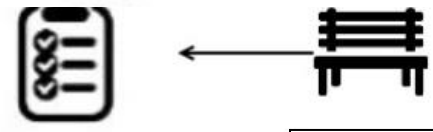
Initial Access Points Complete the Prevention and Diversion Screen

- Hertford DSS
- RCCHC/HA
- CADA
- Gates DSS

Referral to DV Shelters      Referral to Shelter and/or Emergency Services Agencies      Referral to Prevention Services



- Agencies that Complete VI-SPDAT
- DSS (Hertford, Gates)
  - VOA
  - RCCHC/HA
  - CADA



Outreach Programs that Complete VI-SPDAT for Unsheltered

Click here to enter text.

After VI-SPDAT is complete, households are added to the waitlist. Referrals are made according to scores. Priority is given to the chronically homeless, Veterans, and Unaccompanied Youth

Access for Community Referral Decisions

