North Carolina
Balance of State Continuum of Care

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Regional Committee Veteran Plan

In *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, the US Interagency Council on Homelessness (USICH) outlines goals for Continuums of Care that include ending Veteran homelessness by 2015.[1] To assist communities in reaching this objective, the USICH also published *Achieving the Goal of Ending Veteran Homelessness: Criteria and Benchmarks*, which outlines how systems can achieve an effective end to Veteran homelessness. Effectively ending homelessness for Veterans means that communities have designed systems to quickly identify and house homeless Veterans.[2] The North Carolina Balance of State Continuum of Care (BoS CoC) has set a goal to meet the USICH criteria and benchmarks by December 2017.

Goal

The goal of the regional Veteran system is to meet the federal benchmarks and criteria in each of the 13 Regional Committees by establishing and continuing to maintain an optimized homeless assistance system that effectively and continually prevents and ends Veteran homelessness across the BoS CoC. To accomplish this goal, the BoS CoC and State and VA partners will create a regional Veteran system to quickly identify and house Veterans in all 13 Regional Committees.

Vision

The BoS CoC Plan to End Veteran Homeless identifies a primary SSVF grantee for each of the 13 regions who will provide outreach to homeless Veteran households, assess them for eligibility, and oversee their connection to housing. These SSVF grantees will act as system navigators for each identified Veteran, no matter the Veteran's VA eligibility status, to ensure data collection and connection to permanent housing as quickly as possible. The permanent housing placement may be provided by SSVF, HUD-VASH, CoC or ESG programs, or other community housing programs. If a Veteran is ineligible for SSVF assistance, the SSVF provider, as navigator, will connect the Veteran to the Regional Committee's coordinated assessment system to access community housing programs.

Contact Information

Regional Committee: ARHMM (Region 7)

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

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

Primary SSVF Provider: Family Endeavors, Shanita Harris, sharris@familyendeavors.org, 910-672-6166 x287

[1] https://www.usich.gov/opening-doors
[2] https://www.usich.gov/resources/uploads/asset_library/Achieving_the_Goal_Ending_Veteran_Homelessness_v3_10_01_15.pdf

Primary Authors of the Plan: Shanita Harris

Regional Committee Lead: Donna McCormick, Sandhills Center, donnam@sandhillscenter.org, 910-673-7229.

Regional Committee Point of Contact for the Veteran System: Family Endeavors, Shanita Harris, sharris@familyendeavors.org, 910-672-6166 x287

Other Key Partners in Veteran System: N/A at this time

Criterion #1: The community has identified all Veterans experiencing homelessness.

Outreach

The goal of outreach is to immediately identify and engage unsheltered homeless Veterans and offer low-barrier shelter and permanent housing assistance to any homeless Veteran within the CoC. Outreach within Regional Committees will take two forms: passive and assertive.

Passive Outreach

With passive outreach, SSVF providers, with the help of regional leadership, will identify key community partners to aid in identifying homeless Veterans. SSVF providers will train these community partners on how to identify Veterans experiencing homelessness and how to make a referral to the primary SSVF agency in the region. Referrals will be made on an ongoing basis. In addition, each region will also be responsible for contacting the identified community partners a minimum of 2 times per month, whether in-person or by phone, to ask for potential referrals. Examples of agencies that should be considered for passive outreach include local service agencies (libraries, clothing closets, feeding programs), Veteran services (National Guards, Veteran Service Officers, VFWs), jails, etc.

Use the Appendix A tab to identify key partners who will be contacted for passive outreach efforts.

Describe how key community partners will be trained to identify Veterans, including who will provide training, how the trainings will be conducted (in-person, community meetings, etc.), the target dates for initial trainings, and the plan for future trainings to refresh current staff and initiate onboarding staff.
SSVF provider will conduct in person training at the ARHMM Regional Committee Meetong being held April 6, 2017. Ongoing trainings will be conducted in person, webinar, and Skype. The tentative dates for these trainings will be April 2017, July 2017, and, October 2017. In the event that communituy partners are unsure of how to identify Veterans, SSVF staff will train accordingly.

Once communities identify Veterans through passive outreach, describe the process for engaging the Veteran, including: who will engage the Veteran, timeframe for first point of contact, how an offer of shelter will be made, housing plan development, and how the Veteran's information will be added to the regional by-name list.
Once SSVF staff identify a Veteran, a pre-screening-Referral From Community" , VI-SPDAT, and emergency response form are completed. Emergency Response Forms and VI-SPDAT are then faxed to Nina Walker within 24-48 hours. Nina Walker, Sandhills Community Action Program, ninawalker@nc.rr.com, 910-947-5675 ext 25.

Assertive Outreach

Assertive outreach will be the primary responsibility of the SSVF providers in each Regional Committee. Assertive outreach involves visiting and surveying sites where unsheltered homeless people sleep or frequent to identify homeless Veterans and to offer them shelter and housing. Through this approach, providers can continue to engage known Veterans and identify new Veterans who need assistance. SSVF providers will also work with community partners who already conduct outreach to train them in how to identify and refer Veterans.

Use the following chart to list all agencies (SSVF providers, faith-based organizations, shelters, etc.) completing assertive outreach in the region:

Agency	**Counties Served**	**How Often Outreach is Done Per Month**
Family Endeavors	Anson, Harnett, Hoke, Johnston, Lee, Montgomery, Moore, Richmond, Randolph	3 counties per week on a monthly basis
Veteran Service Office	Anson & Montgomery Counties	
Veteran Service Office	Hoke	Weekly
Veteran Service Office	Johnston, Lee, Harnett	Weekly
Veteran Service Office	Richmond	Weekly

If community agencies are doing assertive outreach, describe how they will be trained to identify Veterans, including who will be providing training, how the trainings will be done (in-person, community meetings, etc.) the target dates for these trainings, and how staff turnover will be taken into account for future training.
SSVF provider will conduct in person training at the ARHMM Regional Committee Meetong being held April 6, 2017. Ongoing trainings will be conducted in person, webinar, and Skype. The tentative dates for these trainings will be April 2017, July 2017, and, October 2017. In the event that community partners are unsure of how to identify Veterans, SSVF staff will train accordingly.

How will the region obtain information about potential unsheltered sites (law enforcement, librarians, etc.)?
Region 7 will obtain information about unsheltered sites by conducting outreach through law enforcement, libraries, shelters, Department of Social Services, CBOC's as well as participating in Veteran and community events.

Once an unsheltered location is identified, how will the location be tracked by the region and how often will the locations be visited for ongoing engagement?
Regional Leads will maintain an accurate list of unsheltered sites as well as a map which will be marked for unsheltered sites which have been discovered through Point-in-Time counts and outreach.

Once a Veteran is identified through assertive outreach, describe the process for engaging the Veteran, including: who will engage the Veteran, timeframe for first point of contact, how an offer of shelter will

be made, housing plan development, and how the Veteran's information will be added to the regional by-name list.
Once a Veteran is identified as homeless, the individual who identified the Veteran will complete a pre-screening (Referral from Community), VI-SPDAT, and an Emergency Response Form. The VI-SPDAT and Emergency Response Forms are ten faxed to Nina Walker, Sandhills Community Action Program, ninawalker@nc.rr.com, 910-947-5675 ext 25. SSVF Representative will provide the Veteran with temporary housing leads such as shelter listings and soup kitchens. Veteran will aslo be added to the Region By Name List until they are permanently housed. The Veteran will then complete the eligibility process (intake) which then lead to case management.The Veterans assigned case manager will creat a housing stability plan with Veteran over the next 90 days.

How will transportation be provided for unsheltered Veterans once identified?
Veterans who are in the Region 7 (Anson, Harnett, Hoke, Johnston, Lee, Montgomery, Moore, Richmond, Randolph) will be referred to agencies that provide either transportation or free bicycles, local transit systems, or organizations who provide bus passes. Veterans are also referred to local agencies in the respected areas that provide transportation services, such as Department of Social Services and the Department of Veterans Affairs.

In-Reach

The primary SSVF provider will coordinate in-reach efforts to identify homeless Veterans in shelter and transitional housing programs that do not participate in coordinated assessment or the HMIS system. SSVF providers will train agency staff at non-participating agencies on how to identify Veterans and how to make a referral to the primary SSVF agency in the region.

Use the Appendix B tab to identify key agencies that provide shelter, transitional housing, or other services that do not currently participate in HMIS or coordinated assessment and will be contacted for in-reach efforts.

Describe how agencies that provide shelter and transitional housing and do not participate in HMIS or coordinated assessment will be engaged in the Veteran system, including: who will engage the agencies and a projected timeline.
At this time, there are no agencies that meet this criteria.

Describe how engaged community agencies will be trained to identify Veterans, including: who will be providing training, how the trainings will be done (in-person, community meetings, etc.), the target dates for these trainings, and how staff turnover will be taken into account for future training.
The SSVF will offer training to agencies who do not participate in HMIS or coordinated assessment. Region 7 also will reach out to a representative from NC Coalition to End Homelessness to offer training on HMIS or coordinated assessment.

Once the community has identified Veterans through in-reach efforts, describe the process for engaging the Veteran, including: who will engage the Veteran, timeframe for first point of contact, how an offer of shelter will be made, housing plan development, and how the Veteran's information will be added to the regional by-name list.
The agencies that identify the veteran through in-reach efforts will contact the SSVF Provider. The representative from the agencies in our region will assess the veteran, provide veteran with a list of resources - shelters, community agencies that can assist the veteran. The initial contact with the veteran

is within 24-48 hrs. Based on the assessment interview, the person will determine the type of housing the veteran needs, and link the veteran to community resources. The representative from Region 8 will contact the SSVF Regional lead to add the veteran's name to the by-name list.

Criterion #2: The community provides shelter immediately to any Veteran experiencing unsheltered homelessness who wants it.

Offer of Shelter

When an unsheltered Veteran is identified during outreach, SSVF providers will make an immediate referral to the coordinated assessment system. If the region's coordinated assessment system identifies an unknown Veteran, the provider completing the screen will make an offer of shelter and refer the Veteran to the primary SSVF provider in the region. For Veterans ineligible for VA programs, the SSVF provider will work with providers in the region's coordinated assessment system to ensure that shelter placement has been offered and the Veteran's information has been entered into HMIS.

Use Appendix C tab to identify shelter in the region that will be utilized to serve unsheltered Veterans.

For Veterans who decline an offer of shelter, the SSVF provider, acting as navigator, will routinely offer shelter in conjunction with the regional coordinated assessment system while also working to secure a permanent housing placement.

For regions that do not have shelter, an offer of emergency housing in a hotel or motel will be made.

Describe how unsheltered Veterans will be offered and connected to shelter once identified in outreach, including: how shelter bed(s) will be secured, how Veterans will be transported to shelter, etc.
Once an unsheltered veteran is identfied through outreach services, the region representative will refer the veteran to the local shelter. Veteran is brief on the shelter's requirements (i.e. number of beds, weekly cost, hours of operation, and other requirements), and will link veteran on an action step - such as, going to the police to get a warrant check as required by shelters. Veteran is also linked with local transit system, agencies, and other community resources that provide transportation services. In case the shelters are full, then a representative will link the veteran to agencies and religious organizations that provide emergency housing, free hotel/motel stay.

If an unsheltered Veteran is identified in the region's coordinated assessment process through the Prevention and Diversion screen or the VI-SPDAT, describe how CoC agencies will make an offer of shelter and how Veterans will be connected to the primary SSVF provider to be added to the region's by-name list.
If an unsheltered veteran is identified through the Coordinated Assessment Lead will contact the local SSVF provider for veteran services. The Coordinated Assessment Lead will also inform the veteran about the SSVF program.

Describe how Veterans who decline an offer of shelter will be routinely offered shelter and how these offers will be tracked for the region.
As outreach is being conducted and the veteran is still in the local area, veterans are provided with other resources based on the veterans' need (i.e. emergency housing, linked to hotels/motels that finance

their stay). Veterans will be added to the outreach list, and the SSVF provider will document this in the case note.

Does your region utilize emergency housing, such as hotel/motel vouchers, if no shelter beds are available? ☒Yes ☐ No
If so, please describe the process for accessing this emergency housing:
In the event that shelter beds are not available, the representative will reach out to local VFWs in the area, local agencies (i.e. Social Services, religious organizations, etc), churches, and national agencies for veterans (i.e. National Veteran Service Funds, Operation Homefront, USA Cares) with assistance with emergency housings.
Please describe any known barriers for accessing emergency housing:
Some barriers veterans face for accessing emergency housing can be limited funds, large family sizes. For SSVF Providers - Depending on the veteran's situation, a representative can reach out to a landlord on available housing. If the landlord have available housing and is willing to work with the veteran then the case is staff with upper management after the completion of the intake & case management. If financial assistance is approved, then the SSVF provider will notify the landlord - notifying him or her that TFA was approved, and ask the landlord if he or she is willing to house the veteran before receiving payment (i.e. security deposit, prorated rent). If the landlord agrees then arrangements is made for the veteran to meet with the landlord

Does your region need assistance with emergency housing and shelter? ☐ Yes ☒ No
If yes, please provide the name, email and phone number of the person to contact:

Criterion #3: The community only provides service-intensive transitional housing in limited instances.

Transitional Housing

Though the BoS CoC does not have Grant Per Diem programs, service-intensive transitional housing programs funded through private sources are available to Veterans. Both the primary SSVF provider and the local agencies that serve as access points for the Regional Committee's coordinated assessment system will ensure Veterans are offered a choice of permanent housing assistance (e.g., SSVF) either prior to entering the transitional housing program or once identified in the transitional housing program.

Literally homeless Veterans referred to Grant Per Diem programs outside of the BoS CoC who originated from the BoS CoC will be welcomed back to their home counties, if they choose to return. SSVF providers are responsible for following up with Veterans while in Grant Per Diem programs and to develop housing plans for their return. For Veterans that entered Grant Per Diem programs without literal homeless status, SSVF providers will not accept referrals from Grant Per Diem programs until the program attempts a discharge into housing using the Veteran's support resources.

For each system, please describe how Veterans will be offered permanent housing and how that offer will be tracked prior to transitional housing referral.

Regional Coordinated Assessment System:

Veterans who are identified as literally homeless and living in transitional housing will be referred to the SSVF program in order to obtain permannent housing. Veterans who desire transitional housing will also be refered to the primary SSVF provider. Each Veteran living in transitional housing or desires transitional housing will be offered permanent housing by SSVF provider, added to the Region's By Name List, and tracked through By Name List and through VI-SPADT (data collection).

Veteran Service System (SSVF Providers and VA Medical Centers):
Family Endeavors and the Fayetteville VA Medical Center - Tribal HUD Program (introductory phased - offer housing vouchers). These agencies offer permanent housing based on the vetran's need and factors associated with veterans. Family Endeavors and Fayetteville VA Medical Center have a consolidated list of landlords that work with veterans. Family Endeavors and Representatives from the Fayetteville VA Med Ctr - HUD-VASH unit meets on a weekly basis, in which Family Endeavors provide a list of veterans that may be in need of a HUD-VASH voucher. The veterans are tracked through data collection on a excel worksheet, and through the Coordinated Assessment by the point of contact at Family Endeavors.

If a Veteran is referred to a Grant Per Diem program outside of the BoS CoC and wishes to return to the BoS CoC for housing, please describe how SSVF providers will follow-up with the Veteran to create housing plans for their return to the region.
The SSVF Provider have a release of information form, in which the veteran signs at intake. A list of agencies that's outside of the BOS and COC are listed on the release of information form. The veteran will sign it and initial by each agencies that's outside of the BOS and COC - by veteran initial and signing this form, the veteran is giving SSVF permission to pull up this information on the type of services veteran received through those agencies that's outside of the BOS and COS. SSVF will keep track of the number of months and amount of financial assistance the veteran received in those particular grant per diem program to ensure that the veteran hasn't maxed out of his or her services. In a situation, in which the veteran is maxed out of services or doesn't quality for services through SSVF, based on the veteran's situation, the SSVF Provider will link veteran with services through her Regional Committee to better assist veteran.

Criterion #4: The community has capacity to assist Veterans to swiftly move into permanent housing.

System Navigation

As communities identify homeless Veterans through outreach or in-reach activities, the primary SSVF provider will be notified. The primary SSVF provider will either meet with the Veteran or identify another SSVF provider who covers the region to contact the Veteran. Upon contact, the assigned SSVF provider will connect the Veteran to the local VAMC to determine Veteran eligibility for SSVF and HUD-VASH and add them to the Regional Committee’s by-name list.

If the VAMC identifies the Veteran as eligible for VA-funded services, the primary SSVF provider will ensure a connection to either an SSVF or HUD-VASH program in the region to assist with permanent housing placement. If the Veteran is ineligible for VA benefits or does not want to participate in a VA program, the SSVF provider will connect the Veteran to the Regional Committee’s coordinated assessment system for assessment and prioritization for CoC and other community housing programs.

Please use the following chart to list the staff from the VA Medical Centers (VAMC) who serve the region:

VAMC	Counties Served	Contact Name	Contact Information (email and phone)	Primary or Secondary staff
Fayetteville VA Medical CenterT	Richmond, Lee, Harnett, Johnston, Hoke, Moore	Leo Ficht	910-488-2120	☒Primary ☐Secondary
W. G. Hefner VA Medical Center	Anson, Randolph, Montgomery	Temekia Tony	704-597-3500 ext 7822	☒Primary ☐Secondary
				☐Primary ☐Secondary
				☐Primary ☐Secondary

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

Agency	Counties Served	Point of Contact	Contact Information (email and phone)	Primary SSVF Provider
Family Endeavors	Richmond, Lee, Harnett, Johnston, Hoke, Moore, Anson, Randolph, Montgomery	Shanita Harris	910-672-6166 x287 sharris@familyendeavors.org	☒Yes ☐No
Volunteers of America	Lee, Harnett, Johnson, Randolph	Tiana Terry	919-530-1100	☐Yes ☒No
				☐Yes ☐No
				☐Yes ☐No

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

Once a referral is provided to the SSVR provider, that SSVF staff will add the veteran to the by-name list within 48 hours. When the necessary documents are received by the SSVF staff, they will then follow up with the veteran within 48 hours. The SSVF staff will gathered as much information as possible on the veteran (i.e. normal hang out areas, method of contact, etc). If the veteran is not successfully reached, the SSVF staff will continue to make contact efforts to reach the veteran at least 2-3 times a month. The SSVF staff will go by the release of information form, and reach out to other community resources (i.e. Social Services to get any helpful info on the veteran). The SSVF staff will use all other means to track the veteran - i.e. internet search, online inmate search, etc.

If other SSVF provider(s) cover the region, describe how the primary SSVF provider will coordinate referrals and ensure that programs contact Veterans.
Volunteers of America

Describe how SSVF providers will coordinate with VA Medical Centers to assess Veterans for VA eligibility, including: transportation, timeframe, and determination of eligibility.
SSVF providers will be able to provide financial assistance for local transit systems. If the veteran is disabled and in need of transportation then the SSVF provder will link the veteran to VA Medical Center for transportation services. The SSVF Provider will submit referrals for the veteran to reach out to the VA Med Ctr. In addition, the SSVF Providers meets with a VA representative on a weekly basis to determine which veterans are a good fit to receive a HUD-VASH voucher. The veteran is in the SSVF program for 3 months. SSVF goes by the model of housing first, and the goal is to get the veteran housed as soon as possible. Afterwards, the SSVF provider will help meet the veteran's needs in other areas. If the veteran is eligible for HUD-VASH, then HUD-VASH worker will later arrange a meeting with the veteran to start the HUD-VASH application process.

Describe how SSVF providers will assess eligibility for SSVF services, including: timeframe and how eligibility will be tracked.
Eligiblity is tracked through the Outreach & Intake Specialist I when the veteran is screened for services. An appointment is immediately scheduled within 24-48 hrs for the veteran to meet with an Outreach & Intake Specialist II. Eligibility is determine through an thorough assessment, proof of income, DD-214, and housing situation. The eligibility is tracked by the Lead Outreach & Intake Specialist.

If eligible for SSVF and/or other VA housing programs, describe the process that will be used to connect Veterans to permanent housing within 90 days.
fter eligiblity, the veteran is immediately forward to the Case Manager. The Case Manager will go over a housing plan with the veteran and network with local landlords, housing programs (Targeting Housing Program, Section 8, Housing Authority), Regional Homeless Committee, and the VA housing programs to immediately housed veteran.

If ineligible for SSVF and/or other VA housing programs or the Veteran refuses VA-funded programs, describe how the SSVF provider will connect Veterans to the region’s coordinated assessment process.
Based on the veteran's situation, the SSVF provider will link with the Regional Committee to refer the veteran to the services offered by that particular agency.

Once a Veteran enters the region’s coordinated assessment system, describe how the Veteran will be tracked by regional leadership and SSVF providers to ensure housing placement.
SSVF Provider keeps a track on veteran's housing status through a compiled data. Regional leads is currently working on the coordinated assessment, but is using the VI-SPDAT to collection data.

Describe the process by which the region will track housing plans on regional by-name lists.
The representative in charges goes by the by-name list will contact the Veteran's Case Worker to track hosuing plan and notate it on the by-name list.

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

Agency	**Counties Served**	**Role in the Coordinated Assessment Process**

Family Endeavors	Anson, Harnett, Hoke, Johnston, Lee, Montgomery, Moore, Richmond	☐ Prevention and Diversion ☒ VI-SPDAT
Johnston County Mental Health	Johnston	☐ Prevention and Diversion ☒ VI-SPDAT
Hoke County Health Department	Hoke	☐ Prevention and Diversion ☒ VI-SPDAT
Johnson Harnett Community Action	Johnston/Harnett	☐ Prevention and Diversion ☒ VI-SPDAT
Sandhill Community Action	Richmond	☐ Prevention and Diversion ☒ VI-SPDAT
Montgomery county DSS	Montgomery	☐ Prevention and Diversion ☒ VI-SPDAT
Volunteers of America	Johnston, Lee, Harnett	☐ Prevention and Diversion ☒ VI-SPDAT
W.G Hefner VAMC	Anson, Montgomery, Randolph	☐ Prevention and Diversion ☒ VI-SPDAT
harvest Ministries	Anson	☐ Prevention and Diversion ☒ VI-SPDAT

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

If so, please describe the each program and preferences.

Regional By-Name List

To track the BoS CoC's progress in meeting the goal of ending Veteran homelessness, key data will need to be tracked for each of the 13 regional Veteran systems. Each region should maintain a by-name list. This list will identify all homeless[3] Veterans within each region and will be updated at least monthly using the USICH template.

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

Who will oversee the by-name list for the region?
Shanita Harris - Family Endeavors

What is the process the region will use to get consent from Veterans to be added to the by-name list?
Release of Information forms will be distribute to the region. At initial contact, veteran will sign the Release of Information, and it will be faxed up by the Region Representative speaking to the veteran and forward to the SSVF Provider.

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

Please list all agencies that will have access to the list to add Veterans and/or update information and describe how MOUs will be established with these agencies.
Family Endeavors

Please describe the process for reviewing the list to ensure information remains current, including: how often, who will review, and in what format (in-person meeting, phone call, etc.)

Describe how the by-name list will be stored for the region, including technology used and how Regional Committees and other partners will be updated.

Is region currently being served by NC Serves? ☒Yes ☐No
If so, how will NC Serves information be incorporated into the by-name list?

Criterion #5: The community has resources, plans, and system capacity in place should any Veteran become homeless or be at risk of homelessness in the future.

Advertisement

Please explain the strategies that will be used to educate agencies and other community systems about the regional Veteran process. (Please attach any materials the Regional Committee uses in these efforts, like flyers, slides, posters, handouts, etc.)

Goal is to utilize the local newspaper, word of mouth, email to communtiy resources, flyers, public service announcments.

Please explain the strategies the Regional Committee uses to educate Veteran households who are risk of homelessness or experiencing homelessness about the regional Veteran process. (Please attach any materials the Regional Committee uses in these efforts, like flyers, slides, posters, handouts, etc.)

Regional Committee goal is to utilize vetearn outreach events such as the Veteran Stand-Down, community events, workshops, and other outreach events to educate veterans who are at risk of being homeless or experiencing homelessness.

Local Oversight

The regional Veteran process provides community-wide accountability for housing Veterans experiencing homelessness as quickly as possible. It is recommended that each Regional Committee have a Veteran subcommittee to oversee the system, report out to the Regional Committee, address system grievances, educate and provide outreach to non-participating agencies, and assist in maintaining the by-name list.

Please describe how the Regional Committee will be updated about progress towards ending Veteran homelessness, including: who will provide the update, how often, and in what venue(s) (Regional Committee meetings, email, etc.).

Updates will be given to the regional committee at the monthly or quarterly meetings

Will the Regional Committee have a Veterans subcommittee to oversee the region's plan? ☒Yes ☐No

How will system gaps be identified and addressed?

Effective communication plan to identify and address any system gaps in a timely manner.

How will system issues be identified and addressed?

System issues will be identified and dress during the monthly and quarterly meetings.

Grievances

Agency Grievance Policy

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

If a provider declines a client referral, that provider should work with the community to refer the client to the next appropriate housing provider and/or emergency shelter to ensure that the household has a safe place to sleep that night.

Providers are expected to submit a written reason for the denial to ARHMM Regional Committee Leader. Providers may decline 1 out of 10 referrals in a 2 month period without a meeting. However, if a program declines more referrals than this, they will need to meet with regional committee leader to discuss the issue(s) that result in referrals being declined.

For all other grievances, providers must email a detailed grievance to the regioanl committee leader within 14 days of the adverse action/decision. The regiional committee leader will schedule a hearing within 7 days of receiving the grievance and render a decision within 7 days following the hearing. If grievances cannot be resolved at the local level, an appeal will be submitted to the BoS CoC Veteran Subcommittee.

Individual Grievance Policy

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

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

If the household remains unsatisfied, they may file a grievance with the regioanl committee leader, the primary SSVF , or Veteran's sub-committee, either verbally or in writing, within 7 days of the attempted referral. the regioanl committee leader will respond within 14 days. If the household does not agree with this local decision, an appeal will be submitted to the BoS CoC Veteran Subcommittee.