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: Southeast Regional Committee (Region 8)

Counties Served: Bladen, Columbus, Robeson, and Scotland County

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

Primary SSVF Provider: Family Endeavors. Point of Contact - Tracey Morrison : (910) 672-6166 ext. 297; tmorrison@familyendeavors.org

[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: Emily Locklear (Southeastern Family Violence Center) - sfvc@ncrrbiz.com, Ed Clark (Department of Veteran Affairs) - ed.clark2@va.gov; Rosemarie Glenn (My Refuge), Clementine Thompson-McCormick (Lumberton Christian Care) - tmc43@hotmail.com, and Beth Coles (Fayetteville Veterans Medical Center) - beth.coles@va.gov

Regional Committee Lead: Emily Locklear

Regional Committee Point of Contact for the Veteran System: Tracey Morrison (Family Endeavors)

Other Key Partners in Veteran System: Ed Clark (Veteran Affairs), Beth Coles (Fayetteville VA Med. Center), Mary Fisher-Murray (Fayetteville VA Med. Ctr) - mary.fishermurray@va.gov

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. Community partners (SSVF and Veteran Affairs) that specialize in working with veterans will assist with the training process on a monthly basis (during the Balance of States meetings). Training wil be conducted by members specialized in working with veteran population (SSVF and Department of Veteran Affairs staff that's a member of Region 8). This training will make the community partners aware of the veteran population, and issues related to the veteran population. Region 8 participates in outreach service with community partners (i.e. Homeless Standdown) where Veterans more likely frequent for hands on training. Target Dates for future training unknown at the moment, but will be in the works.

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.
After community partners identify the veteran, the community partner will complete an asssessment on the veteran. The veteran is assess by the community partner through a Community Referral Form and VI-SPDAT form. Region 8 are trained to administer the VI-SPDAT. Those forms are submitted to the SSVF Provider (Family Endeavors) as well as a VA Representative from Region 8 that works for Fayettevile VA Med Center (HUD-VASH) within 24-48 hrs. The veteran is added to the Regional by-name list. Staff members will engage the veteran by immediately reaching out to the local community based shelters, and provided community based resources to the veteran according to the veterans' need. Staff members will keep an open line communication with the community partners until the need of the veteran is met. If the veteran is eligible for service, then the SSVF Worker will complete an intake and initial case management, and work on a housing plan. If ineligible for services the SSVF staff will reach out to the regional committee to find other resources to help the Veteran, and follow up with the Veteran to determine if the needs of the veteran was met.

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	Bladen, Robeson, Columbus, Scotland	Daily
Veteran Affairs	Bladen, Robeson, Columbus, Scotland	Daily
Lumberton Christian Care	Robeson	Daily
My Refuge	Robeson	Daily
Fayetteville VA Medical Center	Bladen, Robeson, Columbus, Scotland	Bi-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 staff will conduct an initial in-person training during the regional committee meetings as needed to go over the procedure in doing assertive outreach. In regards to future training, SSVF staff will provide an update on future training after the initial training.

How will the region obtain information about potential unsheltered sites (law enforcement, librarians, etc.)?
Region 8 will obtain this information from the SSVF and Dept of VA. Outreach team through the SSVF Porgram and VA. Currently, SSVF conduct outreach through law enforcements (i.e. to help locate areas where the homeless population are more likely present such as bridges, abandoned home, etc), at the libraries, shelters, churches, soup kitchens, veteran related organizations, and through community events (i.e. veteran stand-down)

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?
Family Endeavors will update its outreach log on a weekly basis. The log identifies the location, the nature of the outreach (i.e. in-person, community visit, presentations, etc), point of contact - if applicable (from the agency), and the person that completed the outreach. This is how the agency, Family Endeavors, collect data on the unshletered locations & where we're more likely to track the veteran population. A similar log can be created for the regional representatives in Region 8 to document when unsheltered locations are located in an effort to stay abreast in tracking data on the veteran population in the unsheltered locaton.

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.
The person who identified the veteran through assertive outreach will engage the veteran at the momemnt. The person who identified the veteran will complete the necessary forms (community referral and VI-SPDAT). The veteran is given resources regarding shelters. The person will collect as much information on the veteran as possible (i.e. best method of contact, normal hang out areas - soup kitchen in the morning/lunch/dinner, etc, etc). The forms (community referral and VI-SPDAT) will be faxed or sent by email to Family Endeavors - SSVF Program. Within 48 hours of receiving this information, a representative from the SSVF program will reach out to the veteran to further assist the veteran. The veteran's name will then be added t the by-name list as well.

The SSVF representative will arrange an appointment to meet with the veteran. The SSVF Representative will screen the veteran to determine eligibility for SSVF services. If the veteran is deem eligible, then an appointment is scheduled to complete the intake and initial case management. The SSVF Representative will immediately assist the veteran by collecting as much info as possible on the veteran, complete an assessment, determine a housing plan for the veteran, and provide helpful community resources based on the veteran's need. If the veteran is deem ineligible for services for the SSVF program, then the representative will reach out to the regional committee to find resources for the veteran and determine what organization can assist the veteran with a housing development plan.

SSVF goes by the housing first model. Veteran is offer permanent housing. If the veteran is not ready to be permanently housed, depending on the situation (i.e. substance abuse, alcohol abuse, mental delay) then the veteran is offer transitional housing, but we do provide resources to permanent housing for veteran when they are reaching their exit date from transitional housing. SSVF can also refer the veteran to boarding house if interested.

How will transportation be provided for unsheltered Veterans once identified?

Unsheltered veterans located in Robeson, Bladen, Scotland, and Columbus County are referred to agencies that provide free bicycles, local transit systems, and organizations that provide free pass to the transit system. 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.
Region 8 is currently working on the coordinated assessment, but each region representatives keeps an open line communication with the SSVF Provider on the veteran and different factors associated with the veteran. The Southeastern Family Violence Center, for instance, provide shelter & transitional housing for veterans that's domestic violence victims. Business Hours: M-F, 8am-5pm. Safe Shelter - 24 hours/7 days a week.

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 training will be offer by SSVF to agencies that doesn't participate in the Coordinated Assessment or HMIS. SSVF will conduct outreach biweekly to monthly via in-person, teleconference. Future training - SSVF will update Region 8 on future training and locations.

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.

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. Local shelters in Region 8 include - My Refuge, Lumberton Christian Care, Southeastern Family Violence Center - all in Robeson County, and Restoring Hope Center (Laurinburg, NC). 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 Regional Committee representatives will contact the local SSVF provider for veteran services. The Regional Committee representative 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:
Eastpointe - housing assistance for individuals & families who struggle with substance abuse, mental health issues, and developmental delay, Southeastern Family Violence Center - housing assistance for domestic violence victims, Housing Authority - government housing assistance, local Lumbee Tribe Housing Agencies. All agencies have a plan in place to offer permanent housing based on the veteran's need and factors associated with the veteran. This is done by assessing the veteran. They are tracked through VI-SPADT (data collection).

NOTE: Veterans are always offer permanent housing because we're. Depending on the situation, if the veteran is not ready to be permanently housed that's when the veteran is referred to other transitional

housing, but its is a priority to provide resources for permanent housing during the initial contact if the veteran later decide they are ready for permanent housing. SSVF also does outreach while veterans placed transitional housing, targeting veterans that will soon exit permanent housing. SSVF also does presentation overview of the SSVF program to staff working at transitional housing and veterans placed in transitional housings in the area for them to refer any veterans to SSVF to seek long term housing. Region 8 keeps a track of veteran through a consolidated data collection spreadsheet to follow through with the veteran.

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 veteran'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. The outside grant per diem programs are Eastern Carolina Human Services, Community Link, ABCCM, Passage Home, Alston Wilkes Society, Volunteers of America/United Way, Homeward Bound Western of NC, United Way of Forsyth County. 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 max out of his or her services. In a situation, in which the veteran max out of services that meets the veteran 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**
VA Fayetteville	Robeson, Bladen, Columbus, Scotland	Ed Clark	910-522-2210 or 910-474-2020	☒Primary ☐Secondary
VA Fayetteville	Robeson, Bladen, Columbus, Scotland	Mary Fisher-Murray	910-488-2120	☒Primary ☐Secondary
VA Fayetteville	Robeson, Bladen, Columbus, Scotland	Beth Coles	910-583-9065	☒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	Robeson, Bladen, Columbus, Scotland	Tracey Morrison	910-672-6166 ext. 297 or 910-299-2582	☒Yes ☐No
				☐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.

The SSVF Provider will complete an assessment on the veteran, and based on the veteran's need, risk factors associated with the veteran, the SSVF Provider will reach out to the regional representatives that can meet the needs of the veteran.

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 disable 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.
After 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. All counties under Region 8 have assess to the VI-SPDAT to view the veteran's housing status. This will help Region 8 to identify veteran's that are housed and not housed, and what resources to provide to the veteran.

Describe the process by which the region will track housing plans on regional by-name lists.
Region 8 will track the housing plan by going through the by-name list to get an update on the veteran's housing plan. Veteran's housing situation and housing plan are notated on the by-name list. The By-name list is shared with Region 8 to get an update of the by-name list, and this helps in providing a variety of services to the veteran as it pertains to any dilemma with the housing plan.

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

Agency	Counties Served	Role in the Coordinated Assessment Process
Southeastern Family Violence Center	Robeson	☐ Prevention and Diversion ☒ VI-SPDAT
Lumberton Christian Care	Robeson	☐ Prevention and Diversion ☒ VI-SPDAT
Robeson County Government	Robeson	☐ Prevention and Diversion ☒ VI-SPDAT
My Refuge	Robeson	☐ Prevention and Diversion ☒ VI-SPDAT
Fayetteville VA Medical Center	Robeson, Scotland, Bladen, Columbus	☐ Prevention and Diversion ☒ VI-SPDAT
Robeson County Department of Social Services	Robeson	☐ Prevention and Diversion ☒ VI-SPDAT
Social Security Administration	Robeson, Scotland, Bladen, Columbus	☐ Prevention and Diversion ☒ VI-SPDAT
Eastpointe	Robeson, Bladen	☐ Prevention and Diversion ☒ VI-SPDAT
Family Endeavors	Robeson, Scotland, Bladen, Columbus	☒ 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.
The Tribal HUD Program (Demonstration Project) through the Fayetteville VA Medical Center. Robeson County Housing Authority, Eastpointe, HUD-VASH, Lumbee Tribe of NC (Affordable Housing), Southeastern Family Violence Center (have grants to offer permanent housing).

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?
Tracey Morrison - Family Endeavors

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

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.

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, Fayetteville VA Medical Center, Southeastern Family Violence Center, My Refuge

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.)
The list will be routinely reviewed by Region 8 during the monthly Balance of States meeting. The Balance of States meetings are in person at United Way of Robeson County or via teleconference.

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.
Family Endeavors will store the regional by-name list in the Fayetteville ofice. The Regional Committees and other partners will be updated during the regional and monthly meetings.

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

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 Southeastern Regional Committee leader. Providers may decline 1 out of 10 referrals in a 2 month without a meeting. However, if a program declines more referrals than this, they will need to meet with the 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 Regional Committee leader within 10 days of the adverse action/decision. The Regional Committee leader will schedule a hearing within 7 days of receiving the grievance and render a decision within 10 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 Regional Leader, SSVF, or the Veteran sub-committee, either verbally or in writing, within 7 days of the attempted referral. The Regional Committee Leader will respond within 10 days. If the household does not agree with this local decision, an appeal will be submitted to the BoS CoC Veteran Subcommittee.