

NC BoS Regional Committee Coordinated Assessment Outcome Report

Regional Committee: Region 5 Piedmont
Report Due: 10/15/2016
Report Submitted: 7/13/2017
Time Period Covered: April - June
Implementation Date: 3/15/2016

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.

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|------------------------------|-----|
| | |
| Presenting for shelter: | 423 |
| Missing P/D Screen: | 98 |
| Prevention/Diversion Screen: | 325 |
| Missing P/D Screen results: | -35 |

2% (from 423 to 98)
 106% (from 325 to 98)
 2% (from 325 to -35)

| | |
|--------------------------|---|
| DV | |
| Referred to DV services: | 8 |

| | |
|--|-----|
| | |
| Referred to shelter or emergency services: | 346 |
| Total who left shelter before VI-SPDAT: | 257 |

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|-----------------------------|---|
| Went to another destination | was not collected |
| Where? | We will begin to collect that data for the next reporting quarter |

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| Total number of households diverted from homeless system: | 6 |
| Needed mediation: | 4 |
| Needed financial assistance: | 2 |
| Total amount provided for diversion: | \$761.25 |
| Total amount requested for diversion: | \$761.25 |
| Gap in diversion funding: | \$0.00 |

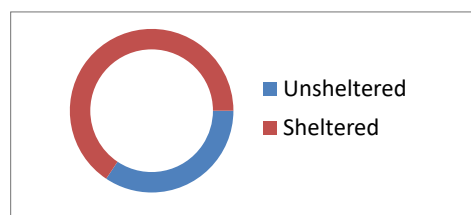
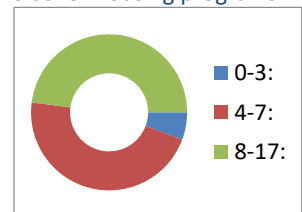
VI-SPDAT

The VI-SPDAT screen identifies housing barriers for households and assists in identifying and prioritizing households for housing programs.

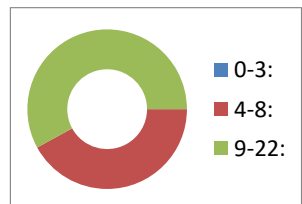
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|-------------------------------|-----|
| | |
| Total VI-SPDAT | 192 |
| Unsheltered | 66 |
| Sheltered | 126 |
| Missing VI-SPDAT scores: | 0 |
| People in shelter w/o VISPDAT | -29 |

64% (from 192 to 126)
 36% (from 126 to -29)

| | | |
|-----------------------------------|------------|-----|
| | | |
| Individual VI-SPDAT Scores | | |
| 0-3: | 7 | 6% |
| 4-7: | 57 | 46% |
| 8-17: | 59 | 48% |
| Total: | 123 | |



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|-------------------------------|-----------|-----|
| | | |
| Family VI-SPDAT Scores | | |
| 0-3: | 0 | 0% |
| 4-8: | 29 | 42% |
| 9-22: | 40 | 58% |
| Total: | 69 | |



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|---|-----|
| Has the community adjusted the standard score ranges? | Yes |
|---|-----|

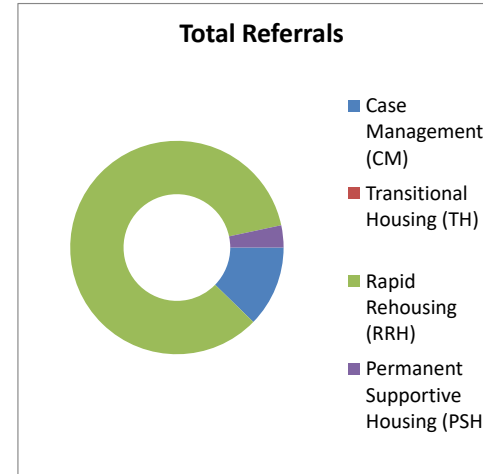
NC BoS Regional Committee Coordinated Assessment Outcome Report

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| Explanation of adjusted score ranges | Case Management 0-5 |
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Referrals

As interventions are identified, communities track the referral process for households to see how many were referred, admitted and how this impacts length of time homeless. Communities should look to this data to see if their community has gaps that are impacting the referral process.

| Program Type | Total Referrals | Admissions this quarter | Added to wait list this quarter | Missing |
|--|-----------------|-------------------------|---------------------------------|------------|
| Case Management (CM) | 22 | | | |
| Transitional Housing (TH) | NA | NA | NA | #VALUE! |
| Rapid Rehousing (RRH) | 151 | 21 | 130 | 0 |
| Permanent Supportive Housing (PSH) | 6 | 4 | 42 | -40 |
| Total Housing Program Referrals (not including CM): | 157 | 25 | 172 | -40 |



| Possible Gaps In System: | |
|-----------------------------------|-----|
| # Scored for RRH but not referred | -65 |
| # Scored for PSH but not referred | 93 |

| Wait lists | |
|------------------------------|-----|
| Total on TH wait list | NA |
| # removed from TH wait list | NA |
| Total on RRH wait list | 218 |
| # removed from RRH wait list | 10 |
| Total on PSH wait list | 70 |
| # removed from PSH wait list | 1 |

| Other Destinations | |
|---------------------------|----------------------------|
| Health care institution | Unknown-data not collected |
| Prison/Jail | Not collected |
| Other destinations | Not collected |
| Which other destinations? | Unknown-data not collected |

System Feedback

| Individual Grievances | |
|---------------------------|----|
| # of Grievances: | NA |
| # of Grievances Resolved: | NA |
| Average Days to Respond: | NA |

| Agency Grievances | |
|---------------------------|----|
| # of Grievances: | 0 |
| # of Grievances Resolved: | NA |
| Average Days to Respond: | NA |

Community Assessment of System

NC BoS Regional Committee Coordinated Assessment Outcome Report

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|------------------------|---|
| Gaps identified: | The household who score for no housing intervention do not always get referred for case management services. When we are setting up site visit and outreach assessments we are unable to provide case management services for those households at this time. |
| Addressing gaps: | I feel we worked hard to fill the gap of no coverage in certain areas. Now we face the challenge of providing services and helping connect those households to case management services. We have been speaking with potential volunteers who would be willing to be present at the time of the site based assessment in Cabarrus county. If a household scores for no housing intervention the household would informed that someone was here to go over resources (potential apartments with availability, budgeting, etc) if they would like. |
| Side doors identified: | none at this time |
| Addressing sidedoors: | NA |
| What is going well? | We have a routine case conferencing system set up which allows the region to interact more and discuss gaps and resources. |
| What are challenges? | Lack of housing programs to assist our large wait list. |

Plan Changes and CAC Feedback

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| Amendments requested for coordinated assessment plan: | Not at this time |
| Feedback for the CAC: | No |

NC BoS Regional Committee Coordinated Assessment Outcome Report

CAC Feedback for the Regional Committee:

It seems some people are entering shelter without getting a P&D screen done? The number of people in shelter is more than the number of P&D screens done. The CAC is also wondering why the number referred for DV is so low - is this due to lack of participation by DV providers, or possibly screeners need more training to identify people at risk of violence. Great job collecting and maintaining so much data!

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