

# 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: Pracc Region 6

Counties Served: Person, Rockingham, Alamance, Caswell, Chatham

For the following please provide name and email address.

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### 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

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<sup>1</sup> <http://www.ncceh.org/bos/restructuring/>

<sup>2</sup> <http://www.ncceh.org/files/7522/>

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:

Agency	Count(ies) Served	Population Served	Availability to administer screen	Number Staff Trained (recommend more than 1 staff)	Active on HMIS
Allied Churches	Person,Rockingham,Alamance Caswell, Chatham	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: M-F Times: 8a-4p	3	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Family Violence and Rape Crisis	Person,Rockingham,Alamance Caswell, Chatham	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: M,T,F Times: 9a-5p	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Chatham County Housing Authority	Chatham	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: T,Thur Times: 9a-5p	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Chatham County DSS	Chatham	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: M-F Times: 8a-4:30p	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Chatham County Housing Initiative	Chatham	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: M,W Times: 9a-5p	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Family Abuse Services	Person,Rockingham,Alamance Caswell, Chatham	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: 7days Times: 24hrs	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Caswell County Family Services	Caswell	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: M-F Times: 8a-5p	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

North Carolina Commission of Indian Affairs	Person	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: M-F Times: 9a-5p	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Help Incorporated Center Against Violence	Rockingham	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: 24 hours daily Times: 24 hours daily	3	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Rockingham County Help for Homeless	Rockingham	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: M-F Times: 10a-12p	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reidsville Housing Authority	Rockingham	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: M-F Times: 10a-12p	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lives Worth Changing	Person	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: M Thur Times: 9a-12 p	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Person County DSS	Person	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: M-Fri Times: 9 a-5P	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If your Regional Committee does not have 24-hour availability for the prevention and diversion screen, please describe what happens if a household needs emergency services and shelter outside of the available hours, including what happens if a household presents overnight, on the weekends, or if trained staff is not present. Be sure to address how the household accesses shelter and when the prevention and diversion screen is administered.

If any person presents during non CA hours they will immediately be triaged with the prescreen, and all opportunities to meet the current need will be addressed. In the event that the presenting person arrives and non trained staff is present they will be given the designated CA number to call and receive assistance.

***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:

<b>Agency</b>	<b>Count(ies) Served</b>	<b>Participate in Coordinated Assessment</b>
Family Abuse Services	Person, Rockingham, Alamance Caswell, Chatham	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Safe Haven	Person, Rockingham, Alamance Caswell, Chatham	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Help Incorporated Center Against Violence	Person, Rockingham, Alamance Caswell, Chatham	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
House of Esther	Person, Rockingham, Alamance Caswell, Chatham	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Family Services of Caswell Co.	Caswell	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Family Violence and Rape Crisis Services	Chatham	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Caswell County DV	Caswell	<input checked="" type="checkbox"/> Yes <input 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.

If someone is a victim of DV they will immediately be given the number to the local DV shelter where they are currently available.

A courtesy phone call will be given and the prescreen will be faxed to the proper DV shelter to further assist. Once that call has been made a record of the call will be kept and reported to Regional Committees as often as they meet or as requested for tracking purposes. We also took into consideration that everyone may not participate in the total CA process but we have addressed that by having conversations with DV specific agencies so that they understand that Family Abuse Services should be contacted if they do not participate in CA.

FAS will gather information and coordinate with their resources to try to house. If they have no room then they may be referred to the shelter. A call will be made to ensure that the shelter is a safe situation for the victim and the offending party is not already in the shelter.

If a shelter is unsafe we will work with FAS to seek other options such as out of County placement. Every attempt will be made to address the needs of the person presenting as a DV victim per the HUD guidelines and we will remain in contact with the DV referral source until we know that person has resolved their shelter issues.

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.

We will continue to seek better involvement with DV shelters with the understanding that we grasp the confidential restrictions they operate under. Yet to ensure we are all providing the best options available conversations will address concerns that may arise that hinder our Region from providing the best options for DV victims. We will continue to have conversations and accept referrals based on our understanding of the CA process.

Agencies may or may not participate in CA that is specific to their programs, and if they do make referrals we will have an active MOU in place spelling out our expectations and what we expect from them as well.

They will be invited to all CA planning sessions and meetings and kept informed of changes as policies change. We will renew the MOU with DV agencies as we do with all other partners or affiliated agencies annually. This is in the process at the writing of this plan and we anticipate to have all MOU'S in place by May of 2018. Currently it seems to work best if we have open dialogue over the phone concerning the needs of persons seeking DV shelter and this will continue and be expanded upon.

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: Thadeous Carr,tcarr@alliedchurches.org

### *Diversion*

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

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

If yes, please describe the mediation services provided: A trained staff will once permission is granted call on behalf of the presenting household and speak directly with the contact person to try to mediate a

solution that will meet the current needs. We will also partner with DV shelters to ensure that the needs of persons seeking assistance is met.

Are financial assistance resources available for diversion?  Yes  No

If yes, how much financial assistance and what sources of funding are used for this? There are some limited funds available and we use them to assist as those funds are available. In the event the funds are depleted, our partnerships with other agencies may be able to assist with their resources. The diversion dollars vary from agency to agency based on their funding sources.

We can estimate these funds at no time as they are dictated by the funding of our network of partners and affiliated agencies, we do constantly seek out resources to assist with financial needs to assist with diversion. Currently we are low on these funds. We continue to seek out funding sources and stay in contact with our networks to see if we may qualify for different streams of funding.

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
Horo	Rockingham	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mediation <input checked="" type="checkbox"/> Financial Assistance
Moravian Church	Rockingham	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mediation <input checked="" type="checkbox"/> Financial Assistance
First Presbyterian Eden Church	Rockingham	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mediation <input checked="" type="checkbox"/> Financial Assistance
Osborn Baptist Eden Church	Rockingham	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mediation <input checked="" type="checkbox"/> Financial Assistance
First Baptist Reidsville Church	Rockingham	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mediation <input checked="" type="checkbox"/> Financial Assistance
Salvation Army's	Rockingham, Alamance, Chatham, Person, Caswell	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mediation <input checked="" type="checkbox"/> Financial Assistance
Rockingham Co. DSS	Rockingham	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mediation <input checked="" type="checkbox"/> Financial Assistance
Person Co. DSS	Person	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mediation <input checked="" type="checkbox"/> Financial

			Assistance
Alamance Co. DSS	Alamance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mediation <input checked="" type="checkbox"/> Financial Assistance
Hands of God Ministries	Western Rockingham County Only	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mediation <input checked="" type="checkbox"/> Financial Assistance
Mission First	Rockingham	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mediation <input checked="" type="checkbox"/> Financial Assistance
New Beginnings Church	Eden 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.

Everything starts with a conversation. We make a phone call on behalf of the individuals who present for services to start the process. Our basic prevention and diversion strategy is used to prevent homelessness for individuals seeking shelter or other homeless assistance by helping them identify immediate alternate housing arrangements that they may not have considered or know exist, and if necessary, connecting them with available services, and financial assistance to help them return to permanent housing if funds are available.

With several agencies using Regional resources specific to their area of concentration a Regional referral listing will be used to try to make services available. Hopefully this will make them more manageable and help households that present for services.

We will make constant phone contact with agencies to ensure we meet the needs of each person presenting to the best of our ability.

Agencies who are wanting to refer through the CA process may do so but understand we will operate by the MOU between our agencies to ensure no side door entries. We will engage each agency on a regular basis and make them aware of any changes or data needs as we navigate the CA process. We will if possible try to link each person or family to a service.

This is currently working but as we grow we expect it to be better as agencies understand what is expected of them. We anticipate that by May of 2018 we will have more agencies clearly understanding the CA process.

### ***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
Allied Churches	Person, Rockingham, Alamance Caswell, Chatham	<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 checked="" type="checkbox"/> All	no sex offenders	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Horo	Rockingham	<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 checked="" type="checkbox"/> All		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Urban Ministries of Greensboro	Rockingham	<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 checked="" type="checkbox"/> All		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The House of Hope Danville, VA	Rockingham	<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 checked="" type="checkbox"/> All		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Family Abuse Services	Person, Rockingham, Alamance Caswell, Chatham	<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 checked="" type="checkbox"/> All	DV, Men are referred out to other agencies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Christian Help Center	Person	<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 checked="" type="checkbox"/> All		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Person County DSS	Person	<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 checked="" type="checkbox"/> All		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Help, Incorporated: Center Against Violence	Rockingham, Caswell, Alamance, Chatham, Person	<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 checked="" type="checkbox"/> All		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Safe Haven DV	Person, Chatham, Caswell, Alamance, Rockingham	<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 checked="" type="checkbox"/> All		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Genesis Ministries Substance Abuse Recovery	Rockingham	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input checked="" type="checkbox"/> Single Women <input type="checkbox"/> All		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Remsco House for Men	Rockingham	<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 type="checkbox"/> All	Men specific	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Remsco House for Women	Rockingham	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input checked="" type="checkbox"/> Single Women <input type="checkbox"/> All	Women specific	<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.

The courtesy phone call will begin each process. The information as of now will be e-mailed or faxed over to the program providing services. The referring agency will be responsible for tracking whether the referral was successful and reporting that data to the CA lead.

Once active end users are familiar with the HMIS process and are inputting into that system, it is our vision that we will be able to capture better data in a real time manner with more accuracy. We make sure that all data is encrypted and do not send sensitive data in e-mails. We speculate that end users who are using HMIS will be able to send secure data when they are trained. For the agencies that partner we are addressing sharing agreements to ensure good accurate data is shared. All other data will be shared in a safe manner using HIPAA guidelines. Hopefully by May of 2018 we will have more agencies on board and trained but it is working in limited fashion now.

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?

Allied Churches is the only homeless shelter in the PRACC region, all calls should go through the designated Coordinated Number of 336-350-9985 and a call will be returned in 2 hours if the caller can be reached.

The number is monitored at all times and calls will be triaged to ensure each household gets a call back. Once that phone call is made a prescreening will be attempted, trained staff will use the prevention and diversion skills they have to provide options other than shelter entry if possible. If the determination is made that an individual is eligible for shelter entry they will be instructed to come to the shelter and begin intake process. Upon arrival they will meet with staff who if possible will begin the intake process. Since our Region has one homeless shelter there is the understanding that the shelter will be the default for the region if room is available. The Region is aware of issues such as transportation being a barrier and we are looking at ways to address that barrier. As of now all persons seeking shelter are directed through the CA process to call the CA number for a prescreen of eligibility to 336-350-9985 a call will be returned.

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.

After a prevention and diversion screen has been conducted and the household has been deemed ineligible for any available resources, then these steps will help assist them further.

Presenting households will be referred to the program that best fits their immediate need if a space is available. We will use our resource listing to try to provide options if possible.

Staff will try to contact the household's program destination to let them know to expect their arrival if space is available.

All referrals are made with the understanding that additional information may require asking more questions or conducting additional assessments, and may potentially result in a different outcome other than shelter. The referral is made to agencies who are on the shelter list because they may be able to afford shelter based on the

need during the prevention and diversion screen. If one of the agencies has space available, then we have diverted an individual to the program that best fits their need.

Currently the only way a person is refused shelter is due to them being on the active sex offender registry. Because we house children in our facility. Even with that we provide some resources to those persons.

We provide showers, toiletries, meals lunch and dinner and resources from our housing options that will take a registered offender. This is working but we would like to as a Region expand this base with other resources once they are identified. We will keep using community resources to meet the needs of persons we are unable to house and further build relationships in our Region to address deficits that we may be confronted with. If our shelter is full we again will seek our community resources to find housing options and if funds are available, we will use funds to house temporarily in our network of landlords, hotels, or rooms in our communities.

## **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
Allied Churches Of Alamance	Person, Rockingham, Alamance Caswell, Chatham	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: M-F Times: 24 hrs	5	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reidsville Housing Authority	Rockingham	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: M-Fri Times: 9a-5p	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Rockingham County Help for Homeless	Rockingham	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: M-Fri Times: 9a-5p	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Help Incorporated	Rockingham	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: M-Fri Times: 9a-5p	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Family Abuse Services	Person, Rockingham, Alamance Caswell, Chatham	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: M-F Times: 24 hrs	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Chatham Co. Housing Authority	Chatham	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: Tu, Th Times: 9am - 5pm	2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Family Violence and Rape Crisis	Chatham	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input checked="" type="checkbox"/> All	Days: M-Fri Times: 9am-5pm	1	<input type="checkbox"/> Yes <input checked="" 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.

N/A

How long will your community wait to administer the VI-SPDAT? Generally the VI-SPDAT will be administered 12-15 days after shelter entry. Exceptions may be made for unsheltered households or other highly vulnerable households who may need to be assessed sooner.

If not between 12 and 15 days from shelter entry, why? We will only deviate when it best serves the needs of the persons presenting for services. From time to time we have persons who are in a critical DV situation so we will triage them accordingly for their safety this is one time we feel that doing the Vi-spdats may be of a critical nature as it is a safety issue, so we will do it quicker, another way is if a person is in a situation where they have limited time to get into a program that is open to them and no one else qualifies on our waitlist.

We may bump a mother with four children for a single person in this instance as the need is immediate and they may not be housed otherwise. We do not do this often but will from time to time operate under these parameters.

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

It is something that is being discussed within the Region and we are aware that this is needed but funds for outreach are limited. Our outreach is limited but we do partner with the local police departments and our hospitals who direct individuals to us for a screening. We are anticipating more involvement with our police departments and want to have someone at the police departments trained on how to do a prescreens for CA. We have reached out to the hospitals to get them trained as well and will continue that communication. This is working at a basic level yet we anticipate more involvement in 2018.

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.

The goals and timeline are to be discussed once we designate the total needs for the Region, but it is something that we are aware of and we will try to address the concerns of the Region by May of 2018. This plan will require more time to develop and the 2018 deadline gives the Region enough time to address all the variables. As of now we work with the police depts. who brings unsheltered residents to shelter, we also use local connections in the community such as the library, our local hospitals, and local businesses, and even churches and concerned citizens are a part of our extended outreach in a passive way, who call us with potential persons in need of services that the shelter offers.

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?

Not all DV agencies are involved in Coordinated Assessment at this time, but Family Abuse Services will act as the point agency for all victims of DV. FAS will administer VI-SPDATs and keep them on file. They will make confidential referrals, without identifying information, to the CA waitlist and will participate actively in meetings to ensure DV clients are referred appropriately and safely. When a victim of DV is referred to housing FAS will help make sure the referral is safe for the household and all relevant information is transferred without compromising the client's safety.

If not, please provide your plan to engage local domestic violence agencies, including goals and timeline.

We have some DV agencies involved, and those DV agencies are helping to facilitate conversations with the other agencies to get them more involved. We hope to have all DV agencies involved in CA by the end of the year.

**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.

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
Cardinal Innovations	Person, Rockingham, Alamance Caswell, Chatham	<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
Roxboro Housing Authority	Person County	<input type="checkbox"/> PSH <input checked="" type="checkbox"/> RRH <input type="checkbox"/> TH <input checked="" type="checkbox"/> Other: Income based	<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
Allied Churches	Person, Rockingham, Alamance Caswell, Chatham	<input type="checkbox"/> PSH <input checked="" 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
Reidsville Housing Authority	Rockingham	<input checked="" type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> TH <input checked="" type="checkbox"/> Other: Income based	<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
Rockingham County Help for Homeless	Rockingham	<input checked="" type="checkbox"/> PSH <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Help Inc, Domestic Violence Shelter	Rockingham	<input type="checkbox"/> PSH <input checked="" type="checkbox"/> RRH <input type="checkbox"/> TH <input checked="" type="checkbox"/> Other: D V	<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
A variety of Group Homes on our Listing	Rockingham	<input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> TH <input checked="" type="checkbox"/> Other: SSDI/ Medicaid pay	<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
Joy A Shabazz Target Key Subsidized Housing Apartments	Rockingham	<input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> TH <input checked="" type="checkbox"/> Other: Income based	<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



ADTS-Target Key Subsdized Housing	Rockingham	<input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> TH <input checked="" type="checkbox"/> Other: income based	<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
Piedmont Rescue Mission	Alamance	<input type="checkbox"/> PSH <input type="checkbox"/> RRH <input checked="" type="checkbox"/> TH <input checked="" type="checkbox"/> Other: Private	<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
Burlington Development Corporation Steps/Hope	Alamance	<input checked="" type="checkbox"/> PSH <input checked="" type="checkbox"/> RRH <input type="checkbox"/> TH <input type="checkbox"/> Other: Chronically Homeless, Families	<input checked="" type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input type="checkbox"/> Single Women <input type="checkbox"/> All	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Volunteers of America	Person, Rockingham, Alamance Caswell, Chatham	<input type="checkbox"/> PSH <input checked="" type="checkbox"/> RRH <input type="checkbox"/> TH <input type="checkbox"/> Other: Vets, SSVF/ Hud Vash,	<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
Residential Treatment Services	Alamance	<input checked="" type="checkbox"/> PSH <input type="checkbox"/> RRH <input checked="" type="checkbox"/> TH <input type="checkbox"/> Other:	<input type="checkbox"/> Families Only <input type="checkbox"/> Single Men <input checked="" type="checkbox"/> Single Women <input type="checkbox"/> All	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FAS	Person, Rockingham, Alamance Caswell, Chatham	<input type="checkbox"/> PSH <input checked="" type="checkbox"/> RRH <input type="checkbox"/> TH <input checked="" type="checkbox"/> Other: DV	<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

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.

Everything starts with a conversation. We make a phone call on behalf of the individuals who present for services to start the process. The information as of now will be e-mailed or faxed over to the program providing services. Once active end users are familiar with the HMIS process and are inputting into that system, it is our vision that we will be able to capture better data in a real time manner with more accuracy. We make sure that every person who is referred is documented on the community waitlist and tracked by the CA lead, and we keep a master list of that data for the Regional committee to see the numbers in real time each month.

### *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.nccch.org/bos/coordinatedassessment/>.

Where is your Regional Committee's waitlist stored? As of now we are keeping the waitlist in a central location using a master list that has names and HMIS numbers for agency use but we only send out information on the waitlist that meets privacy guidelines. First name last initial. The implementation of other components will require more time such as streamlining the Regional process for the waitlist by ensuring it is protected by encryption or other protective measures. Hopefully by May of 2018 we can have in place the other components to address who will be responsible for the waitlist and the location on a permanent basis or will it be rotated; these are a few things we will implement but are not yet active in the plan.

Who manages the Regional Committee's waitlist? As of now the CA lead housed at Allied Churches will provide the necessary collection of data within the Region. To ensure the accuracy of the waitlist, one location makes the most sense now so that accountability is addressed and we can all understand who is the keeper of the document in case of any concerns from any level.

Who has access to the Regional Committee's waitlist? Most member agencies that actively participate in CA that offer Housing services without breaking any confidentiality rules will be granted access to the waitlist. When the waitlist is shared over the web via e-mail we will ensure all encryption tools are used or use a secure option like a google document to share that information. We will send only the waitlist to agencies in our system who provide housing services, these designated agencies will have a current MOU in place to receive the waitlist and will work diligently to ensure the privacy of all participants in our resource offerings.

The wait list or by name list is filled with personal information even if limited and we will ensure that even that data is kept as secure as we can. We have not implemented a protection based platform yet

as Google docs and cloud based application can still be hacked. For now, we use encryption when transferring data between agencies but we realize we need to look further into this overall process. We will continue to work on this and by May of 2018 we hope to have full implementation.

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/>.

Each participant must sign a release of personal information. They will be educated by the Coordinated Assessment access point on how their information will be shared. During the intake process if they are entering services this will be discussed and they will sign the consent in front of the staff completing the intake. Each person who is in service will have an active release on file in HMIS.

MOUs will be in place with each agency that outline how ROIs should be obtained and how information should be stored and shared.

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? If someone refuses to sign the ROI or refuses to have some of their information shared, that person will still have full access to housing in the region. They will be tracked in the CA process with just a number, their VI-SPDAT score, and which agency they are working with.

How will the Regional Committee confidentially and safely track survivors of domestic violence on the waitlist and prioritize them for housing? This will be done by the spreadsheet as well, without any details that may compromise the safety of the person seeking services or currently in a service.

For DV agencies we only list the agency and an alphabetical description. We work closely with the DV agencies who refer to services. FAS is the central DV agency that leads the way in directing services to DV needs. They contact us with the VI-SPDATs done as well as provide us with the prescreens they do for those who specifically are receiving DV services.

What also works is making sure that each agency making referrals clearly understands what the guidelines set by HUD are for intimate partner violence and abuse are so that the victims of either can be triaged to the correct service.

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.

This aspect of the plan needs to be discussed further once we designate the total needs for the Region, but it is something that we are aware of. Until then we will meet as usual within our own respective housing teams and discuss each case. We will try to have more of the details worked out in 2017 by December to address how each conferencing session looks for the new Region, but will need this time to do so.

Case conferences will come from our shared waitlist and this will work by meeting to discuss the overall region. We have yet to work out specific details on this but currently we discuss in team meetings in each county. We then at our scheduled meetings monthly discuss needs on a Regional level. We will

merge this conversation for the whole region beyond our own Counties and the once a month meeting and select dates to discuss conferencing this is not implemented fully yet.

How does the Regional Committee ensure that the most vulnerable households get housing resources first?. We will look at variables such as sheltered vs unsheltered, or homeless vs chronic homeless to prioritize our service offerings. We will also look at all sub groups like unaccompanied youth as well as the chronic homeless or families' vs individuals who present for needs as single, who may all have different needs that we will address case by case.

The vi- spdat gives us a starting point but we will tailor to the needs of the person seeking services to the best of our service offerings. Our sub populations and most vulnerable are given the same tools with a bigger push as their needs may be more pressing. We take the person-centered approach to meet their needs and assist them with navigating the resources as many have extra needs that we must address in conjunction to housing. So currently we begin wrap around services as soon as we identify them via the prescreen.

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: PRACC Regional Lead. We must ensure that programs criteria are met and we do this by making sure that each person understands their role in helping end their housing situation.

In the case that a rejection is made that will go to the Regional Lead to address with the agency. And the Lead will inform the CA team of any concerns. After consultation with the team we will return an answer to the provider who rejected the referral. We will respond in 7 days from the initial rejection. Please outline the specific criteria under which a program may reject a referral (refer to the [CA Written Standards](#) for more information). We will follow all the written standards suggestions for rejection of services and, for questions that do not fall under written standards contact the BOS for clarity.

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? If we follow the client choice model we have an understanding that families may refuse the options presented. We will also try to encourage them to look at their options and accept the choice that they make. We will document the interaction as part of our case management or prescreen whichever they fall under.

We will also factor in that when we do our triage we gather as much of the information that may eliminate a need for negative responses from providers who need more basic or detailed information. We will use our community resources to try to provide other housing options if available. We will network with or neighboring Counties as a potential option if we have no resources in the Region.

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?

This will differ as the needs of the person dictated the level of service. We will review them monthly in our team meeting to discuss any changes that need to be made. We will continue to track the waitlist and update weekly 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?

This is what we are doing currently, we keep track of individuals with our network of community resources in a 30-day period. We weekly have some sort of data come our way that we can use on our waitlist to update those who are unsheltered. If we have numbers we call and try to make, contact. We have relationships in the community with the families, police and peers as many of the people who have been identified on the waitlist have a chronic background. This is something we are discussing as a Region.

We want to extend this if possible up to a year if needed as we realize that the needs of some are more difficult than others and we can have a better chance of finding shelter if it is available.

We want to ensure that all have a chance to be housed and this will give us a better chance of doing that. At present, we go well over 90 days in some instances as much as 6 months, but go case by case in many instances it has been longer, this gives us a better chance of finding someone who may be inactive but still on our list.

What is your policy for taking a household off of the list?

We will discuss as part of our CA team when a household comes off the waitlist. We have currently been basing this on our team interactions with each household and this works well. Our plan is to expand this to also include some elements such as. Once they enter service and complete their transition into housing, have completed their casemanagement portion, and are stably housed then we will discuss as a team if they are ready to be removed from the waitlist. If they refuse services or self resolve and house themselves we will remove them from the waitlist.

How many attempts do you make to contact? We have discussed over the course of 30 days we make at a minimum 4 contact attempts and each month after that we make at least two, after the third month of inactivity we will contact at least once monthly for a designated period and use our resources in the community to get word to or try to locate a household before we discuss removal from the waitlist. We want to extend this if possible up to a year if needed as we realize that the needs of some are more difficult than others. This is something we are discussing as a Region. Currently, we go well over 90 days in some instances as much as 6 months but go case by case, in many instances this give us a better chance of finding someone who may be inactive but still on our list. All facets of this is not yet fully implemented but hopefully by May of 2018 we will be further along on this.

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?

We will try to use resources in the community to get word to or try to locate a household before we discuss removal from the waitlist. After the sixth month period, we can begin having conversations with our CA team on how to proceed with individuals who are inactive.

We want to extend this if possible up to a year if needed as we realize that the needs of some are more difficult than others. This is something we are discussing as a Region. Currently, we go well over 90 days in some instances as much as 6 months but go case by case, in many instances this give us a better chance of finding someone who may be inactive but still on our list. All facets of this is not yet fully implemented but hopefully by May of 2018 we will be further along on this.

## **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.

We have had in place a County arrangement with local law enforcement to transport to the County line individuals who need transportation services. This is a coordinated effort between law enforcement agencies. Nothing addresses the needs of the very rural Counties who need transportation services to another County. There are no specific funds for transportation for that. Within each County in the Region are several local transportation resources ranging from a full bus system in Alamance, ACTA, and Uber, other Counties have similar options such as RCATS and SCAT in Rockingham County. We will make the necessary phone calls to ensure we do all we can to meet the now needs and hopefully assist all who find transportation as an issue that keeps them from a service.

What happens if a household is unable to access transportation resources or any other transportation? This is to be discussed, once we designate the total needs for the Region, but it is something that we are aware of. They can call the coordinated assessment number 336-350-9985

### *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.) This is to be discussed, we will have to get more input from the Region before moving forward, but it is something that we are aware of but as of now we are using basic Power point presentations, flyers and handouts . We will discuss the PRACC logo and what that will look like as well as the flyer and any other relevant advertisement strategies for the Region. We will try to address this deficit in 2017 by December as this will be one of the things that drives the Region.

Please explain the strategies the Regional Committee uses to educate households who are risk of homelessness or experiencing homelessness about coordinated assessment. (Please attach any materials the Regional Committee uses in these efforts, like flyers, slides, posters, handouts, etc.) This is to be discussed in more detail, we will have to get more input from the Region before moving forward, but it is something that we are aware of. We have been using our local flyers and handouts but will try to incorporate those at our Regional level once discussed. We will try to address this deficit in 2017 by December as this will be one of the things that drives the Region.

### *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. We will use the State's websites that offer several resources to assist with situations that arise for persons with disabilities. If we need to use a local establishment to meet a need we will use places that are accessible such as the library and other handicap accessible places. Currently we will log into the State website [www.ncdhhs.gov/divisions/dsb](http://www.ncdhhs.gov/divisions/dsb), and make contacts from the provided divisions list. We will follow the State resources for areas that we are not equipped to handle. We have used this as part of our CA process and it works very well. We have gained access to braille resources, hard of hearing resources and the like. For specific language needs several resources have been used

<http://www.languageresources.com/>, <http://interpretersunlimited.com/north-carolina-interpreter-translator/> these point us in the right direction when we are faced with language barriers. And we contact the police department for assistance often and they assist. We will read to an individual if they have a reading deficit and explain to them what is being discussed, we will connect to an interpreter if need be, and all other needs will be further discussed.

Is there an access point in your community accessible to people who use wheelchairs or have limited mobility? Each access point should meet minimum requirements for persons with disabilities and accommodations.,

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. If we need to use a local establishment to meet a need we will use places that are accessible, such as the library and other handicap accessible places.

What steps will the Regional Committee take to help people with Limited English Proficiency or difficulty reading access the coordinated assessment system? We will use the State's websites that offer several resources to assist with situations that arise for persons with language barriers, or other impairments such as hearing or vision.

### *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.

The merging of systems seems to be the best fit, but we are open to making this system manageable for all, but it is not out of the scope to consider other options

Why is this the best plan to cover the Regional Committee?

It addresses all the needs of each County and still receives oversight as a total Region. It increases sharing of services once that is negotiated to again meet County specific needs, but also the Regional needs of individuals within the Region as well.

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 know that Alamance County has the only Homeless shelter so yes in that aspect. We also realize that each County in the Region has a DV shelter so yes in that aspect. All other sharing across boundaries will need to be negotiated and we will have sharing agreements in place to spell out who, what, when, and how this will work. We will discuss this further as the Region works out the details, as this will ensure that we as a Region grow and address all the relevant needs within our Region for all.

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 can anticipate that as we grow into a Region that what we need we address and prioritize issues

that are currently relevant to ensure smooth operations by all who participate in CA.

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.

The Regional CA Lead in collaboration with the PRACC Regional Lead will continue to reach out to inactive communities, and leaders to spark interest and give direction as to how CA works and what the benefits are for each community, with needed direction and guidance from the BOS.

### *Coordinated Assessment Outcomes*

How will outcome data be gathered for quarterly reports to the CoC?

All monthly data will be done in the same manner. Each County CA lead will gather their respective information and put it in the system. Before uploading it will be sent to the CA Lead for the Region to review and submit from the Region instead of each County submitting their own. Details will be further discussed as we work out specifics.

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

The Pracc Regional Lead in collaboration with the the Regional CA Lead will ensure that the information gets to the BOS from the Region, or designated PRACC members.

How are finalized coordinated assessment outcome reports presented to the community?

Once the document has been reviewed by the CAC and returned each Region that has a CA lead will receive from the Regional Lead a copy, if questions need to be answered they will be discussed at the local PRACC Regional meeting to correct, or answer questions from the CAC, and re-submitted by the Regional CA lead. Once that has gone to BOS a second time and is returned, a copy again will be given to each County lead for their final records.

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.

Now that we have been active in CA for awhile we have found trends that can be addressed by establishing basic baselines for all data. Once that baseline has been established we can see how the data drives the direction we go. An example is if we had 34 persons via the prescreen form and prevented 14 of them from entering the shelter we are only left to address the 20 that remain. This becomes our baseline. Because if you add the 14 who were diverted to the 20 that remain you get the total of 34 who sought out services.

We count those 34 that present for service and the 14 that were diverted. And we count and follow the connections of those who remain to see where they went/go in our services or resources. From this data on a monthly basis we can establish the process of prevention and diversion, as well as those who entered a service and where they went.

This data can help us when applying for funds by showing any increase in numbers or decrease in numbers to show trends that can be explained with the data. We can focus on how to make stays shorter in shelter services, or we can show how we decreased shelter days based on this data. It helps us set goals that are realistic for our Region and gives us a baseline to build upon as we grow. The goals we set will be a comprehensive set of goals that guide us to the future of the Region in terms of addressing the needs of the County yet ensuring that the Region as a whole experience a decrease in homelessness numbers across the Region in all areas.



If it is determined as a Region that we need to change a process we will make that aware to all the stakeholders and partners who participate with us in CA and seek the guidance and direction of the BOS if needed.

Once we have identified any barriers or gaps in our services our plan is to allow the raw data to tell the story and navigate, create, define, realign, strategies that will allow us to meet all goals we outline as a Region.

When seeking funding this data will be useful in painting a picture of what our Region is accomplishing and give us the needed proof to request that funding continues for current funders. We will evaluate all our processes to ensure that we stay current with all HUD and BOS requirements.

We have listed some of the internal processes we will use.

Our PRACC evaluation processes will include:

Monthly reviews; Quarterly meetings scheduled by BOS, HUD and within the PRACC

Semi-annual reports issued to BoS and PRACC

Annual reports to BoS and all PRACC stakeholders.

All relevant reports within PRACC that keep us current as a Region.

## ***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 Coordinated Assessment team to discuss the issue(s) that result in referrals being declined.

Providers are expected to submit a written reason for the denial to PRACC. 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 PRACC Regional Lead/BOS to discuss the issue(s) that result in referrals being declined.

For all other grievances, providers must email a detailed grievance to PRACC contact the Regional Lead Ellery Blackstock, eblackst@co.rockingham.nc.us within 5 days of the adverse action/decision. The PRACC will schedule a hearing within 5 days of receiving the grievance and render a decision within 5 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 BOS, PRACC, or Regional Lead, Ellery Blackstock, eblackst@co.rockingham.nc.us, either verbally or in writing, within 5 days of the attempted referral. PRACC/Regional Lead will respond within 5 days. If the household does not agree with this local decision, an appeal will be submitted to the CAC for review.

It is the policy and commitment of PRACC that it does not discriminate based on race, age, color, sex, national origin, actual or perceived orientation, gender identity, marital status, physical or mental disability, or religion.

PRACC further is committed to a policy of equal access to services and housing opportunity and does not discriminate in the terms, conditions, or privileges of access to services because of race, age, color, sex, national origin, physical or mental disability, or religion or otherwise as may be prohibited by federal and state law.

## Subpopulations

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

### Chronically Homeless

We will follow the HUD guidelines and service definitions for the Chronically Homeless and meet all requirements therein. The shelter makes accommodations for special needs of the chronically homeless and connect to landlords who may be willing to help with needs of chronic homeless households. We are working with our processes to track longer the chronically homeless to give them a better chance of being housed.

We have landlords who work with us on a case by case basis to house the most vulnerable, and we have plans to offer some sort of housing units in the future. We meet the needs of chronic individuals in many ways currently. We provide meals, showers, laundry services as some choose to remain transient and not be sheltered for whatever reason. We remain low barrier, and triage per the desired needs of this sub population.

### Unaccompanied Youth (up to age 24)

We will follow the HUD guidelines and service definitions for the persons who fall under Unaccompanied youth and meet all requirements therein. DSS is called for any child under 18 and any McKinney Vento kids. We currently use the school systems and the social workers as our points of contact for students in the school system and their families who have been identified as McKinney Vento. We ensure that they and their families have adequate housing and school supplies, and appropriate seasonal clothing in collaboration with the school system and Allied Churches. If these youths have aged out of foster care and have specific needs, we use resources such as Youth Villages to meet the needs that accompany many youths who are in this category or in need of resources that will assist them. We make sure that transportation to the schools is provided by local school systems. We are discussing ways to get more youth centered resources in our region and need help with that process.

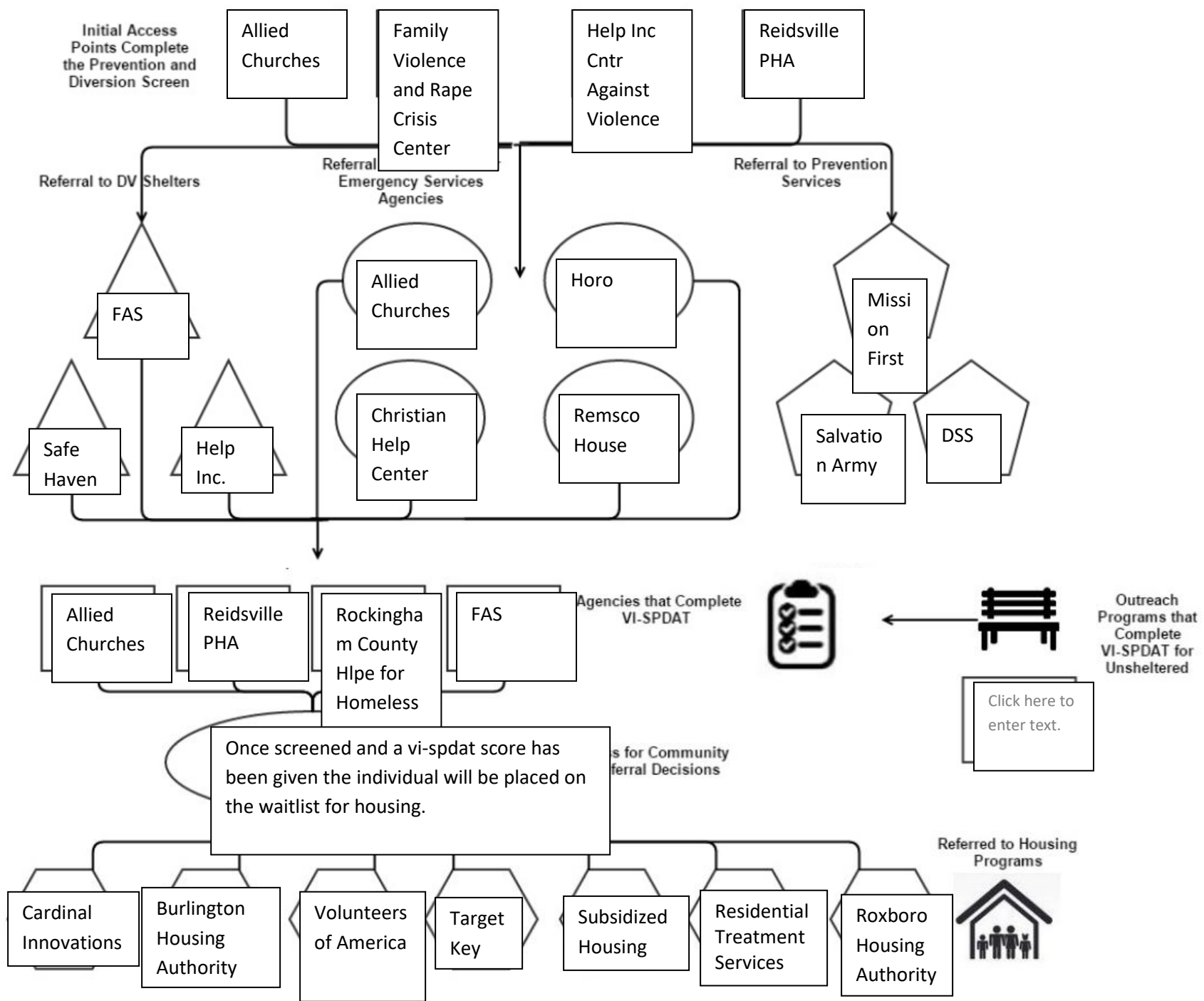
### Veterans:

Unsheltered Veterans with VI-SPADAT scores are offered the appropriate housing option that will best meet their needs. Referrals will be made to VOAC/SSVF as a part of the housing offer if appropriate. All veterans who currently seek shelter are triaged and immediately a call is made to the local VA office to begin the process, once this is done and the veterans status has been confirmed contact is made with the VOA.

Once a Veteran is identified via assertive outreach an SSVF referral will be made to VOAC/SSVF will disperse a Case Manager within 48 hours for outreach to further engage Veteran and will do so ongoing

to effectively assist the Veteran. Attempts will be made and documented via SSVF or other providers conducting the outreach. Offers for shelter will be made once Case Manager engages Veteran immediately via referral to shelter. Once in the shelter the SSVF/VOAC will begin the housing case plan.

Households Present as Homeless

Click  
here to

Click  
here to

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