

## North Carolina Balance of State Continuum of Care

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## **Regional Committee Plan**

Section: Regional Committee Plan

Regional Committees within the NC Balance of State CoC (NC BoS) will design coordinated assessment plans using this form. Plans are due to the Coordinated Assessment Council of the BoS Steering Committee in fall 2014 (firm deadline to be established once ESG and CoC application timelines are known).

| Regional Committee:                                                                |                                                                                |           |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------|
| Counties served:                                                                   |                                                                                |           |
| Elected Coordinated Assessment Lead:                                               |                                                                                |           |
| Regional Lead:                                                                     |                                                                                |           |
|                                                                                    |                                                                                |           |
| ACCESS TO SYSTEM                                                                   |                                                                                |           |
| Regional Committees within the NC BoS v<br>Please indicate your Regional Committee | will use one of two approved coordinated assessment emodel below (choose one): | t models. |
| <b>Designated agency(s)</b> administer                                             | both emergency response screening and VI-SPDAT a                               | ssessment |
| tool and make program referrals for the                                            | system                                                                         |           |
| All agencies will uniformly admir assessment tool and make program refer           | nister both emergency response screening and VI-SPD rrals                      | AT        |
| List of agencies administering emergency                                           | y response screening:                                                          |           |

| Agency | Administering<br>the Emergency<br>Response<br>Screening | VI-SPDAT for families,<br>individuals or both | Number of staff for coordinated assessment | Time/week for staff to do coordinated assessment | Schedule of<br>staff available<br>for<br>coordinated<br>assessment<br>(example:<br>Mon-Fri, 8 am<br>– 5 pm) |
|--------|---------------------------------------------------------|-----------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
|        | YES                                                     | Families only<br>Individuals only<br>Both     |                                            |                                                  |                                                                                                             |
|        | NO                                                      | Neither                                       |                                            |                                                  |                                                                                                             |
|        | YES                                                     | Families only<br>Individuals only             |                                            |                                                  |                                                                                                             |
|        | NO                                                      | Both<br>Neither                               |                                            |                                                  |                                                                                                             |
|        | YES                                                     | Families only<br>Individuals only             |                                            |                                                  |                                                                                                             |
|        | NO                                                      | Both<br>Neither                               |                                            |                                                  |                                                                                                             |
|        | YES                                                     | Families only<br>Individuals only             |                                            |                                                  |                                                                                                             |
|        | NO                                                      | Both<br>Neither                               |                                            |                                                  |                                                                                                             |
|        | YES                                                     | Families only<br>Individuals only             |                                            |                                                  |                                                                                                             |
|        | NO                                                      | Both<br>Neither                               |                                            |                                                  |                                                                                                             |
|        | YES                                                     | Families only<br>Individuals only             |                                            |                                                  |                                                                                                             |
|        | NO                                                      | Both<br>Neither                               |                                            |                                                  |                                                                                                             |
|        | YES                                                     | Families only<br>Individuals only             |                                            |                                                  |                                                                                                             |
|        | NO                                                      | Both<br>Neither                               |                                            |                                                  |                                                                                                             |

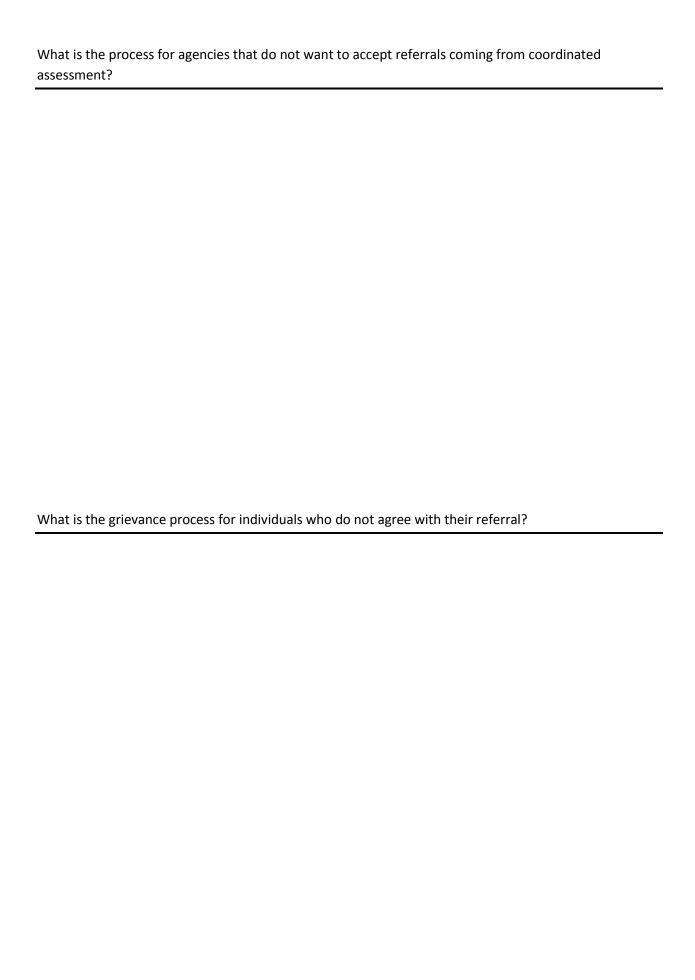
| How will individuals access homeless programs in your community? (Should correspond to diagram for individual access in Appendix C) |
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| How will families access homeless programs in your community? (Should correspond to diagram for family access in Appendix C)        |
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| Are people required to travel to different locations to access programs and services in your community?                             |
| Yes No                                                                                                                              |
| If yes, what happens if a household is unable to access transportation?                                                             |
|                                                                                                                                     |
|                                                                                                                                     |
| How is coordinated assessment advertised in your community? (check all that apply)                                                  |
| All agencies aware Posters Billboards Media stories Flyers                                                                          |
| Stickers Community Forum Other (Please describe:)                                                                                   |
|                                                                                                                                     |
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| available locally and how the systems overlap and interact.                                                     |
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| Prevention services:                                                                                            |
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| Veterans Affairs:                                                                                               |
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| Faith hasad navorty programs:                                                                                   |
| Faith-based poverty programs:                                                                                   |
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| Mental health services:                                                                                         |
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| Legal/judicial system, including law enforcement and prisons:                                                   |
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| Department of Social Services (if multiple DSS agencies within Regional Committee, please discuss each agency): |
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How does your community connect coordinated assessment to existing systems? Please describe what is

## **REFERRALS**

| Please describe how the referral process will work in your community. If clients need to transfer agencies in the referral process, please describe how this will be done. |
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| Are transportation funds/resources provided? Yes No                                                                                                                        |
| If yes, please describe resources, to whom they are available, and how and when they are accessed.                                                                         |
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| Are forms sent with clients and/or included in HMIS? Yes No                                                                                                                |
| If yes, please describe:                                                                                                                                                   |
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|                                                                                                                                                                            |
|                                                                                                                                                                            |
| Does your Regional Committee use real-time bed availability? Yes No                                                                                                        |
| If yes, please describe:                                                                                                                                                   |



| How does your Regional Committee handle waitlists for programs? Please include information for how this waitlist is created, stored, and updated and the agency/person responsible.          |
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| Please include the full list of program rules for each agency participating in coordinated assessment in Appendix A. Please indicate below which rules are specifically required by funders. |
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| Coordinated assessment will help communities to identify gaps in services. How will your community address these gaps as they become apparent?                                               |
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## **OVERSIGHT**

Section: Regional Committee Plan

The Coordinated Assessment Lead will be tasked with reporting about coordinated assessment on measures set by the Coordinated Assessment Council. Will your Regional Committee engage in further measures (e.g. including weekly case management meeting to case conference, monthly provider meeting to assess system flow, elected group to monitor local grievances)? Please describe below.