**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:

# Craven Regional Committee

 Craven, Pamlico & Jones Counties

# Whitney Morton

Tharesa Lee & Juliet Rogers

## ACCESS TO SYSTEM

Regional Committees within the NC BoS will use one of two approved coordinated assessment models. Please indicate your Regional Committee model below (choose one):

 **Designated agency(s)** administer both emergency response screening and VI-SPDAT assessment tool and make program referrals for the system

 **All agencies** will uniformly administer both emergency response screening and VI-SPDAT assessment tool and make program referrals

List of agencies administering emergency response screening:

Religious Community Services (RCS) The Salvation Army (TSA)

Coastal Women's Shelter PORT Human Services Family Endeavors

NC Works Career Center

Agencies acting as coordinated assessment sites within Regional Committee:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency** | **Administering the Emergency Response Screening** | **VI-SPDAT for families, individuals or both** | **Number of staff for coordinated assessment** | **Time/week for staff to do coordinated assessment** | **Schedule of staff available for coordinated assessment (example: Mon-Fri, 8 am****– 5 pm)** |
| Religious Community Services | **YES****NO** | **Families only Individuals only Both****Neither** | 1 | as needed | Monday - Friday8:30am-1:30pm |
| Salvation Army | **YES NO** | **Families only Individuals only Both****Neither** | 2 | 12/week | Monday - Thursday 8am-4:30pm Friday8am-11:30am |
| Coastal Women's Shelter | **NO** | **Families only Individuals only Both****Neither** | 1 | as needed | Monday- Friday, 8am-5pm |
| PORTHuman Services | **YES NO** | **Families only Individuals only Both****Neither** | 1 | as needed | Monday - Friday, 9am-4pm |
| Family Endeavor s | **YES NO** | **Families only Individuals only Both****Neither** | 1 | as needed | Monday - Friday 9am-4pm |
| NCWorks | **YES NO** | **Families only Individuals only Both****Neither** | 2-3 | Approx. 5 days per week | Monday - Friday8am-4:30pm |
|  | **YES NO** | **Families only Individuals only Both****Neither** |  |  |  |

How will individuals access homeless programs in your community? (Should correspond to diagram for individual access in Appendix C)

Individuals can make contact with the following agencies designated as entry points where initial screening is done: Walk-In Request, Community Agencies, Law Enforcement and Hospital Referrals. After this process, it is determine if the individual needs homeless services. A list of community agencies is kept on hand to direct individual to the proper agency. Diversion tool will be utilized upon entry to RCS or TSA. This will remain the same on weekends & evenings. VISPDAT will occur after 2 weeks of residency at RCS or after the 3rd visit to TSA. Referrals for Veterans are made to Family Endeavors and NC Works Career Center who will provide screenings in accordance to their guidelines. Referrals to PORT will also be made along these same lines. PORT will utilize the VISPDAT score that they generate for prioritizing housing placement.

How will families access homeless programs in your community? (Should correspond to diagram for family access in Appendix C)

Families make contact with agencies designated as entry points where the initial screening is done. During the screening, it is determined whether individuals, women and children need homeless services. A list of community agencies is kept on file to direct families to the proper agency. Diversion tool will be utilized upon entry to RCS or TSA. This will remain the same on weekends & evenings. VISPDAT will occur after 2 weeks of residency at RCS or after the 3rd visit to TSA. Referrals for Veterans are made to Family Endeavors and NC Works Career Center who will provide screenings in accordance to their guidelines. Referrals to PORT will also be made along these same lines. PORT will utilize the VISPDAT score that they generate for prioritizing housing placement.

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?

Referral to CARTS for transportation - This is a low cost NGO-run transportation option. There is no public transit option in this area. This NGO is a part of our regional committee but does not have the capacity to provide discounted/free fare.

How is coordinated assessment advertised in your community? (check all that apply)

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✔ All agencies aware Posters Billboards

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✔ Media stories Flyers

Stickers Community Forum

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✔ Other (Please describe: website )

How does your community connect coordinated assessment to existing systems? Please describe what is available locally and how the systems overlap and interact.

Prevention services:

Religious Community Services (RCS), The Salvation Army (TSA) and Department of Social Services have utility and rental assistance available on a limited basis. Each program is governed by the procedures and protocols of each agency.

Discussion on improving system communication between these agencies is in process to avoid duplication of services.

Veterans Affairs:

Immediate referrals to DSS and Family Endeavors. We utilize the Office of Veterans Affairs and work closely with our Veterans' Garden Coordinator who provides work therapy and outreach to homeless veterans in the area.

Faith-based poverty programs:

RCS & TSA are our primary faith-based NGOs. Both are active participants in the coordinated assessment and ESG process.

Mental health services:

PORT provides coordinated assessment services to clients who enter their system for mental health and dependency issues. As the local LME through ECBH they are also the primary recipient of the continuum's PSH referrals.

Legal/judicial system, including law enforcement and prisons:

Law enforcement makes referrals to local participating NGOs but does not have the capacity to participate themselves in coordinated assessment.

Department of Social Services (if multiple DSS agencies within Regional Committee, please discuss each agency):

Craven & Pamlico DSS do not currently have the capacity to provide diversion screening. Connections will be made through referrals to TSA & RCS for this service.

## 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.

Clients needing a referral for further assistance will receive a document providing information to referral agency about system steps completed and requested. This document will also provide client with information regarding location, name and potential services for which they are being referred. Please see provided example.

Are transportation funds/resources provided?

Yes No

If yes, please describe resources, to whom they are available, and how and when they are accessed.

Are forms sent with clients and/or included in HMIS?

Yes No

If yes, please describe:

See above description

Does your Regional Committee use real-time bed availability?

Yes No

If yes, please describe:

What is the process for agencies that do not want to accept referrals coming from coordinated assessment?

Respecting the autonomy of individual agencies, our regional committee understands that not every agency will be able to accept all referrals. If an agency does not accept a referral, efforts will be made to find a complimentary service with a different agency.

Should this process be deemed unsatisfactory or insufficient, grievances can be made in writing or through audio-recording at The Salvation Army or RCS. These grievances will be heard by a committee comprised of representatives from the following agencies: CarolinaEast Medical System, Craven County DSS, Community At-Large, The Salvation Army and RCS.

What is the grievance process for individuals who do not agree with their referral?

Individuals will be asked to file written or audio-recorded complaint with members of the Regional Committee's Coordinated Assessment Team. This team is comprised of a representative from Carolina East, Craven DSS, Community At Large, The Salvation Army and RCS.

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.

Each shelter (of which their are only 2, basic emergency and domestic violence) has their own process and protocol for filling available beds. DV shelters do not have wait-lists for their sheltering and it is against there practice to do so. The emergency

shelter maintains a wait-list for residency in their family room only. This is maintained by the lead monitor who makes contact with the family who has been assessed to have to greatest need. Typically this list is not more than two families long. When making referrals for immediate emergency or domestic violence sheltering, referring agencies will call for availability. With regards to Rapid Rehousing funds, as qualifying community members are made known they are screened and prioritized. As funds are available the highest priority cases are contacted to utilize those funds.

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.

Coordinated assessment will help communities to identify gaps in services. How will your community address these gaps as they become apparent?

Regional committee will work to implement identified system changes for policy issues. Other areas of concern will be addressed as group workshops, and trainings with coordinated community awareness for general public and local officials. The Coordinated Assessment Team will meet monthly following the Regional Committee meeting to analyze data with the goal of gleaning information and determining what gaps may exist. As these are identified they will be addressed as the team and committee deem necessary.

## OVERSIGHT

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.

Regional Committees Coordinated Assessment Team will meet monthly following general Regional Committee meeting to discuss issues of monitoring and flow. Case conferencing and grievance matters will also be discussed as they are determined. Gaps will be addressed and the implementation and flow of the plan will be assessed and amended if needed.