**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:

#  Piedmont Regional Committee

### Cabarrus, Davidson, Stanly, Union, Rowan

 Nicole Dewitt

Nicole Dewitt

**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:

The Piedmont Region is a 5 county regional committee, however, in four of the counties the emergency shelters will act as the designated coordinated assessment sites in the county. These are the same agencies that will facilitate the Emergency Response Screening. We find that these facilities are natural places for persons to seek help in our region. The assessment sites include: Union County Community Shelter, Stanly County Community Inn, Crisis Ministry of Davidson County and Rowan Helping Ministries. At this time we do not have a coordinated assessment site for Cabarrus County; we are working with community partners to fill this gap. All of the emergency shelters identified above will conduct the ERS and the VI-SPDAT assessments onsite. The dv shelters in our region will refer non-dv clients to the local emergency shelter for the ERS. Agencies in our region are committed to conducting the Emergency Response Screening in person for each individual or family that presents for shelter at any time. Homes of Hope’s Transitional Housing project will be conducting the ERS and the VI-SPDAT after clients are in the housing for 14 days.

Providers have varying timelines for when they will conduct the VI-SPDAT with clients for example, the Community Inn emergency shelter in Stanly County will assess families and individuals after 14 days, Union County Community Shelter’s staff will provide the VI SPDAT after 14 days for Individuals and 3 days for Families. The UCCS is not a family shelter and as a result the agency provides temporarily housing in motels for families. The VI-SPDAT will be performed sooner to stimulate movement with this population. Rowan Helping Ministries is committed to providing the VI after 14 days for both populations in shelter and due to severe overcrowding and lack of alternate emergency shelter resources in the county Crisis Ministry of Davidson County will provide assessments within 7 business days. Singles and Families in the Adult Shelter and Genesis House at Crisis Ministry of Davidson County will receive assessments. No forms will be transported by the client. All information will be communicated to CL staff responsible for the Referral tracking Sheet.

Community Link will conduct the VI-SPDAT in Cabarrus County on prescribed days/ hours yet to be confirmed. We are working with several options in Cabarrus County to identify space that can be used for the assessments. Since Community Link and Cardinal Innovations are not emergency shelters, it is not realistic for staff to conduct the emergency response screening.

Most of the DV shelters in our region will be contributing resources and accepting referrals from CA. The participating DV shelters are Turning Point (Union), Family Crisis Council (Rowan County), Family Services of Davidson County (Davidson County) and Esther House (Stanly County). Local dv shelters will refer non dv clients to the local emergency shelter for assistance.

Agencies acting as coordinated assessment sites within Regional Committee:

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| --- | --- | --- | --- | --- | --- |
| **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)** |
| Homes of Hope- Trans. Housing | **YES** | **Families only Individuals only Both****Neither** | 1 | 9am-5pm  | Monday-Friday |
| Community Inn | Yes | Families OnlyIndividuals OnlyBothNeither | 3 | 6pm-7am | Mon- Sunday |
| Rowan Helping Ministry | **YES**  | **Families Only****Individuals Only****Both****Neither** | 7 | 24 hours | Mon-Sun |
| Crisis Ministry of DC- Genesis House and Adult Shelter | **YES**  | Both | 3 | 24 hours | Mon- Sun |
| Family Crisis Council of Rowan County (DV) | **YES**  | Families OnlyIndividuals InlyBothNeither | 2 | 24 hours | Monday- Sunday |
| Turning Point (DV) | **YES**  | Families OnlyIndividuals InlyBothNeither | 2 | 24 hours | Monday- Sunday |
| Union County Community Shelter | **YES**  | Families OnlyIndividuals InlyBothNeither | 4 | 24 hours | Mon-Sun |
| Family Services of Davidson County (DV) | Yes | **Both** | # of Staff\_\_2\_\_\_\_ | Hours for CA\_24\_ | Day and Time for CAMon- Sunday |
| Esther House(DV) | Yes | **Both** | # of Staff\_\_\_2\_\_\_ | Hours for CA\_\_24\_\_\_\_ | Day and Time for CA\_Monday- Sunday |
| CommunityLink  | NO | **Both** | 2 staff | Time: To be determined Location: To be determined | To be Determined |
| Cardinal Innovations | NO | **Neither** | NA | NA | NA |
|  |  |  |  |  |  |
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How will individuals access homeless programs in your community? (Should correspond to diagram for individual access in Appendix C)

Individuals will access homeless programs in the Piedmont Region primarily through the emergency shelter in each county, minus Cabarrus County. We are working with providers in Cabarrus County to secure appropriate space for Community Link staff to conduct both assessments. In the meantime Community Link will provide the VI-SPDAT for families in Cabarrus County via phone. We recognize that side doors will exist in Cabarrus County since neither the emergency shelter nor the dv shelter are participating in CA. Overall DV shelters in our region are contributing resources and accepting referrals of persons determined to be fleeing domestic violence from the CA. Assessments for individuals may happen in a couple of ways.

1. In person- individuals will physically visit the emergency shelters and speak with assigned staff that will provide the ERS to determine their need for emergency shelter in their particular county. Once the ERS is complete clients will either be admitted to the ES or diverted back to the community. If admitted to the ES, the participant will have a VI-SPDAT at a timeframe individually set by the ES staff during CA planning.
2. Appointments set by Phone (In Cabarrus County) – Since the ES is not on board with CA at this time, Community Link is exploring how the agency can do ERS and or VI-SPDAT assessments in Cabarrus County. There will be a phone option for the VI-SPDAT as well as the ERS once the process is setup. The toll free number will be provided to clients by staff at Cooperative Christian Ministries. At this time, the other counties do not have the capacity to receive conduct phone assessments.

Community Link Staff will develop a Google form that will act as the Referral tracking Sheet with tabs for each housing intervention in the PRC including PSH, SSVF, ESG- RR and COC- RRH. Staff will use the Google form to record the assessment date, the encrypted client name, DOB, and VI score on the tab for the triaged intervention. Community Link staff will manage the Referral Tracking Sheet. The VI SPDAT score will be used to determine who will be chosen next for a specific housing intervention. If a client scores for a housing intervention that is not available they will be assessed for a secondary housing resource that may be appropriate for their needs. For example, if a client is triaged for PSH and it is not available they may be referred for RR services. Community Link, Cardinal Innovations and Family Endeavors will utilize email to communicate unit/ bed availability with PRC partner.

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

### Families in the PRC will access CA the same as Individuals

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?

Since the counties are rural, distance does play a role in how and if people can access homeless programs. All of the counties have recognized that there is a limited public transportation service available.

More specifically, if clients are fleeing DV at the Union County Community Shelter, Turning Point will provide transportation to their shelter using a local contracted cab company. Cabarrus County has a limited bus system that goes to the Salvation Army Night Shelter, the CCM Crisis Center and goes within walking distance of CCM's My Father's House transitional housing program. Rowan Helping Ministries and Family Crisis Council have arranged for transportation for DV clients. Stanly County also has transportation for participants that will need dv shelter. All of the counties recognized that Medicaid transportation services are very specific and not readily available to all clients. All participants receiving an ERS or VI SPDAT will need to be physically present for the service. There will not be a phone option for clients to have either assessment done remotely.

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

✔ All agencies aware Posters Billboards Media stories Flyers

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Stickers

✔ Community Forum Other (Please describe: Eventually CA will be advertised through emails, regional committee meetings and county task force meetings. There will be a soft launch of Coordinated Assessment among the emergency shelters and housing providers in the PRC, prior to widely advertising any processes.

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:

Households will be able to access Prevention services through linkages from service providers in the community. Veterans will access SSVF Prevention services via by contacting one of the 3 SSVF grantees in the PRC. The CA Oversight Committee will provide contact information for the projects. Other agencies providing Prevention services will be invited to the Quarterly Regional Committee meeting to learn more about how they can be involved in CA and BOS COC/Reg Committee activities.

Veterans Affairs:

Hefner VA Medical Center is our local veteran services provider. Community Link and Family Endeavors are the providers for Supportive Services for Veteran Families in the PRC; additionally United Way of Forsyth County provides SSVF services in Davidson County. The SSVF program provides rapid rehousing and prevention services for veterans and their families. Rowan Helping Ministries has 10 contract beds for veterans inside the emergency shelter. Rowan County Housing Authority has 67 HUD VASH vouchers for veterans only. Rowan Helping Ministries is a contract beds and Grant Per Diem provider.

Amber Kimble with the Salisbury VA is the community liaison for the Piedmont Region.

The PRC CA system will utilize the VA's hotline number (1-877-424-3838) for veterans in need of assistance with housing, health care and mental health services. Similarly the SSVF providers are assigned a SSVF liaison who can also provide guidance on how to navigate the VA system. To determine if these veteran services are appropriate, there are several places on the VI-SPDAT that would indicate that a person is a vet, or affiliated with the VA.

Faith-based poverty programs:

### The PRC CA system will work to officially connect with the 2 faith based groups in the area to educate them on CA and how they can make and receive referrals through this process. Faith based groups will be invited to community meetings to learn about CA and be given an opportunity to provide their contact information to receive referrals.

Mental health services:

Cardinal Innovations Healthcare Solutions is the primary Medicaid billable mental health provider in the Piedmont Region. Cardinal staff is visible in the community and attends PRC Quarterly Meetings and volunteers on the PRC Executive Committee. Mental health providers in the PRC region are a part of the resource assessed for during intake by trained individuals who will be able to indicate that may be a need. The VI-SPDAT does offer a place for those questions and or resource to be offered. Each CA site will have/or does have a working relationship with their local mental health provider in order to make the appropriate referrals.

Legal/judicial system, including law enforcement and prisons:

#### Each emergency shelter has developed relationships with local law enforcement in the community. Law Enforcement is visible at various housing meetings in each county.

Emergency shelter CA staff will be responsible for educating law enforcement on CA and assessing their system(s) through the use of telephone referrals or community support. CA sites will have on hand police phone numbers readily available.

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

There is involvement in the PRCs housing efforts from staff at local DSS offices in Stanly, Rowan, Union and Davidson counties. Each DSS office only serves residents of its county except for Cabarrus County DSS that serves southern Rowan County as well. The CA oversight Committee will develop a pamphlet to describe the CA process. Contact information for DSSs in each county is included on the Appendix.

**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.

Individuals and families will present for services at the identified emergency shelters in each county, excluding Cabarrus County. Staff will conduct the Emergency Response Screening to assess whether clients need an immediate shelter bed or if there are other personal housing resources available to them. In Cabarrus County, CL is working with providers to set up a physical location for ERS to happen and there will be a phone option for Cabarrus County.

If the individual or family can be diverted back to the family with financial supports, the staff will refer the clients to an agency providing prevention services.

If the Individual or family cannot be diverted from the shelter, they will be admitted. Each shelter has identified a timeline for administering the VI-SPDAT. The assessment score & client’s encrypted name will be submitted to CL to be recorded on the Google document that will track all referrals. No paperwork will be transported by the client.

The Referral Tracking Sheet will be a Google document that will be completed by Community Link staff. CL staff will request that VI-SPDAT scores from emergency shelters be submitted by Close of Business on Tuesdays and Thursdays for updating on Wednesdays and Fridays.

Housing Providers for PSH, SSVF, TH and RRH will be asked to provide email updated of unit availability during the 1st week of the month. CL will follow up via email with housing providers who have not given an update during the 2nd week of the month via email/ phone. CL will contact the referring staff when the case is referred to a housing provider and provide a contact name/ number.

Where Targeting and Key Units are available, clients will be linked by the housing providers.

Are transportation funds/resources provided?

|  |
| --- |
| Yes |

 No

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

### Yes, very limited transportation funds are available to transport clients to DV shelters in Union, Rowan, Stanly counties.

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

Yes No

If yes, please describe:

### No, PRC partners are interested in a paperless model.

VI-SPDAT scores will be communicated via an online form that ERS and VI-SPDAT assessors will be asked to contribute information to and CL staff will update the form twice a week. Providers will be asked to send the ERS and VI-SPDAT assessments to CL securely via email; CL staff will communicate with the sender when it is received.

Once HMIS is available, client data will be uploaded and entered into the PRC Coordinated Assessment program and referrals will be sent through HMIS.

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?

#### The PRC members agreed to develop a Coordinated Assessment Oversight Committee that will hear any grievances. Once developed a Chairperson will be identified and announced in regional committee meetings and via email to the regional committee members.

#### The CA Oversight Committee will be a standing committee of the PRC and make quarterly reports to the membership during Quarterly Regional Committee meetings. Additionally as things change, the CA Oversight Committee may need to communicate via email.

#### All agencies will be asked to submit their eligibility criteria to CA. If an agency refuses to accept referrals from CA that otherwise would be appropriate referrals per their agency eligibility criteria, the CA Oversight Committee Chairperson will call a meeting via conference call with the goal of resolving the issue. The CA Oversight committee will schedule a conference call with the agency refusing the referral to discuss the agency’s reason for denying the referral. The committee will assess the validity of the refusal, the agency will be asked to help the CA Oversight Committee to find an alternative appropriate housing solution for the client. The Oversight Committee will address all grievances within 7 business days.

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

### Individuals and families who do not agree with their referral will need to express this concern with the staff conducting the VI-SPDAT or a member of the Coordinated Assessment Committee within 14 days. The CA staff will further assess the family for a secondary housing intervention that will be appropriate based on the client’s needs and the available housing resources in the region. If the concern cannot be resolved at the staff level, the staff will seek guidance from the CA Oversight Chairperson. The Chairperson may schedule a conf call with the committee to discuss and resolve within 7 business days.

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.

The Referral tracking Sheet will be developed and maintained by Community Link staff. Once developed, Staff will inform the Regional Committee members via secure email. CL Staff will develop a Google document to receive the assessment information from assessors. Client referral information will be due to CL staff by close of business on Tuesday and Thursday so that the Referral Tracking Sheet can be updated on Wednesday and Friday. Assessors will be asked to scan and securely email the VI-SPDAT form to CL when requested. CL staff will provide a Receipt Verification email to the referring case manager.

The Referral Tracking Sheet will include the Clients name, Month/ Day of Birth, Date VI was conducted, Housing Intervention assigned and the family size. The Sheet will have a tab for each housing intervention.

Any project with a pre-existing waiting list will take steps to exhaust that list. If persons are still homeless, they will have a VI-SPDAT assessment will be placed on the Referral Tracking Sheet.

Bed availability will be updated by monthly emails from the housing provider.

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.

### See Attached Appendix A.

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

Gaps in services in our community will be addressed at the regional committee level during the quarterly regional committee meetings. As a standing agenda item, the PRC members will brainstorm and provide potential solutions for the gaps. PRC members will also be able to explore new funding sources to increase capacity.

Additionally, the PRC Executive Committee will also brainstorm on different ways that agencies can collaborate to create or expand resources in the region. The PRC Executive Committee meets monthly via conference call.

**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.

### The PRC Regional Committee meets quarterly and will work to develop a CA Oversight Committee that will be responsible for reporting to the members. Committee will report the status of the system flow, lessons learned, gaps in service, and needed changes at each Quarterly Regional Committee meeting. CL staff will serve on that committee and provide an update of the Referral Tracking Sheet for each housing intervention.