

## North Carolina Balance of State Continuum of Care

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www.ncceh.org/BoS

## **BoS Coordinated Assessment Exchange February 9, 2016**

**Attending:** Susan Bellew, Linda Brinson, Fredrika Cooke, Monica Frizzell, Gabi Gonzalez, Tammy Gray, Chris Hoover, David Jacklin, Angela Jones, Linda Mandell, LaTasha McNair, Jennifer Molliere, Faye Pierce, Joel Rice, Candice Rountree, Teena Willis

## Staff: Corey Root

- Reminders
  - Oct-Dec outcome report due Jan. 15
    - Missing reports from several Regional Committees, please send these ASAP if you have not already done so
  - o 211 Updates from Regional Committees due Jan. 31
    - Record the number of updates made by your Regional Committee using this Google form: <u>http://goo.gl/forms/cmeOEPeqZw</u>
- CA Exchange on NCCEH website http://www.ncceh.org/bos/subcommittees/caexchange/
  - This group had a name change to CA Exchange (formerly CA workgroup and CA dialogue group)
  - All info from meetings (notes, presentations) on NCCEH website: http://www.ncceh.org/bos/subcommittees/caexchange/
- Referral Process
  - Nuts and bolts of process how does it work in your community?
    - Pitt have initial client intake done over the phone at crisis center, then makes referrals to proper service, evaluations happen afterwards, Housing Committee meets every week to see if folks on waitlist can get into housing, based on need
      - CA will help with process, set up more formally, but VI-SPDAT doesn't take into account everything
      - SOAR caseworker will VI-SPDAT unsheltered consumers
    - Down East get referrals from shelter, using Housing First approach for vets and referring them directly to employment services; can streamline to make housing referral before employment services; will be meeting with shelters in other counties of Regional Committee to case manage and case conference to give status updates after people are housed; shelter is administering prevention and VI-SPDAT after 14 days, few score for PSH, many more score for RRH
    - Southwest process is still muddy; providers are doing CA, refer to appropriate resource, but can improve on this; RRH was lost, in process of reestablishing this program; have the score range 8+ for PSH, but lost RRH so backed up to 6+, once RRH comes back will readjust the score ranges

- Some people who are chronically homeless are scoring lower when people don't disclose info, let coordinators know and take into consideration
- AHRMM just started CA, have some tweaks to make to referral process; are not using a form with scores, have no resources
  - Corey will forward info on assessment tools and training, all Regional Committees should be using same forms
    - Prevention/Diversion screen
    - VI-SPDAT
    - Case management tool
- Referral paperwork what are you doing locally? Has anyone developed local forms?
  - Down East Agencies send info by email or call, they give veterans a copy of prevention/diversion screen to take with them to agency referred to; for housing referrals, agencies usually have their own individual forms.
  - Kerr Tar In the future they will require referral form that will follow the household. Now they don't have many participating partners and are encouraging shelters to participate. They anticipate that shelters will have their own forms. They anticipate that coordinated assessment will help ID gaps and access resources
  - Burke and Catawba some agencies doing referrals and others are not. Overall
    they are still working out referral process and don't have resources that aren't
    already being utilized, Agencies are using a Release of Information (ROI) so that
    agencies can share info and agencies use a paper copy of the ROI as a referral.
    The Regional Committee is still discussing whether to create new form or use
    existing form, Agencies are having trouble getting info from crisis agencies and
    other community partners
  - Rockingham they are using coordinated assessment and finding problems with shelter because they only have a seasonal shelter. Other agencies find it hard to get foot in the door at shelter to get referrals. They are looking at starting a second shelter and they will be ready to do referrals once new shelter is completed, but it is a long process now they are working on getting 501(c)3 status. They have a rapid rehousing program, but only for victims of Domestic Violence. They are also using Target/Key units. In their area the emergency shelter services agencies don't see value of long-term permanent housing exits. They need more interaction between shelter and housing programs. Another issue is that they refer to out of county programs and don't hear back
  - Pitt have housing coordinator (a County position) for people who are homeless and at-risk of homelessness to assess clients and provide into to the rest of the housing placement and referral group. They are determining what help to give households and how much assistance to provide.
    - Having municipal/county participation has been key in Pitt to increase capacity
- Next meetings
  - Tues. March 8, 3-4 pm; Register on NCCEH website
    - ncceh.org/events/948
- Keep in touch: <u>bos@ncceh.org</u>, (919) 755-4393

