North Carolina
Balance of State Continuum of Care
bos@ncceh.org   919.755.4393   www.ncceh.org/BoS

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.[1] 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.[2]

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: Uni5

Counties Served: Alexander, Burke, Caldwell, Catwaba, McDowell

For the following please provide name and email address.

Primary Authors of the Plan: Christopher Hoover (chris@meetingplacemission.org)

Regional Lead: Teena Willis (twillis@partnersbhm.org)

Elected Coordinated Assessment Lead: Christopher Hoover (chris@meetingplacemission.org)

Other Coordinated Assessment Contact(s) for the Region: Casey McCall (casey.mccall@uss.salvationarmy.org), Crystal Sweatt (crystal@mcdowellmission.com)

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 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:

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[1] http://www.ncceh.org/bos/restructuring/
[2] http://www.ncceh.org/files/7522/

Agency	Count(ies) Served	Population Served	Availability to administer screen	Number Staff Trained (recommend more than 1 staff)	Active on HMIS
Burke United Christian Ministries	Burke	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: Mondays - Fridays Times: 9:00 a.m. - 4:00 p.m.	2	☐ Yes ☒ No
House of Refuge Ministries	Burke	☐ Families Only ☒ Single Men ☐ Single Women ☐ All	Days: Sundays - Saturdays Times: 4:30 p.m. - 8:00 a.m.	2	☒ Yes ☐ No
The Meeting Place Mission	Burke	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: Sundays - Saturdays Times: 8:00 a.m. - 8:00 p.m.	5	☒ Yes ☐ No
McDowell Mission Ministries	McDowell	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: Mondays - Fridays Times: 8:00 a.m. - 5:00 p.m.	2	☒ Yes ☐ No
Dulatown Outreach Center	Caldwell	☒ Families Only ☐ Single Men ☒ Single Women ☐ All	Days: Mondays - Fridays Times: 9:00 a.m - 6:00 p.m.	3	☒ Yes ☐ No
Yokefellow Ministries	Caldwell	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: Mondays - Fridays Times: 8:00 a.m. - 5:00 p.m.	2	☐ Yes ☒ No
Family Care Center	Catawba	☒ Families Only ☐ Single Men ☐ Single Women ☐ All	Days: Mondays - Sundays Times: 8:00 a.m. - 5:00 p.m.	2	☒ Yes ☐ 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.
N/A

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:

Agency	Count(ies) Served	Participate in Coordinated Assessment
Options	Burke	☒ Yes ☐ No
New HOPE of McDowell	McDowell	☒ Yes ☐ No
Shelter Home of Caldwell County	Caldwell	☒ Yes ☐ No
Family Guidance Center	Catwaba	☒ Yes ☐ No
		☐ Yes ☐ 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 participant(s) present to the referring agency and do not advise of the need for domestic violence (DV) resources initially, if in agreement, the particpant(s) will complete the Release of Information (ROI) for the Uni5 and the Prevention and Diversion Screen (PDS) up to question number # two (2) regarding DV. Upon identifying the need for DV resources, the agency administering the PDS will assist partipcant(s) in contacting DV resources by telephone to provide referral. The agency administering the PDS will provide the participant(s) a copy of the ROI and the PDS for the particpant(s) to present to DV resources. If participant(s) advise of the need for DV resources initially, the Coordinated Assessment process will not proceed and the referring agency will assist partipcant(s) in contacting DV resources by telephone to provide referral. Tracking of program placement for referred participant(s) will occur with contact by either the referring and/or referred-to agency via e-mail/telephone/interpersonal for verification with recordkeeping successful/unsuccessful placements documenting ONLY the first two (2) letters of the first and last name of participant(s) as well as an identifiying number associated with the participant(s) which is recorded on the VI-SPDAT and the corresponding waiting lists.

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.
N/A

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: N/A

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: Basic mediatation services are offered and provided by agencies administering the PDS as needed and possibly on a limited basis due to time constraints of staff. Mediation training for administering agencies as well as designation of mediation services provided will be discussed.

Are financial assistance resources available for diversion? ☒ Yes ☐ No
If yes, how much financial assistance and what sources of funding are used for this? Burke United Christian Ministries provides up to $150 for rental assistance, electricity, and heating needs including oil/kerosene/propane.

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
Burke United Christian Ministries	Burke	☒ Yes ☐ No	☒ Mediation ☒ Financial Assistance
Department of Social Services	Alexadnder, Burke, Caldwell, Catawba, McDowell	☐ Yes ☒ No	☐ Mediation ☒ Financial Assistance
House of Refuge Ministries	Burke	☒ Yes ☐ No	☒ Mediation ☐ Financial Assistance
The Meeting Place Mission	Burke	☒ Yes ☐ No	☒ Mediation ☐ Financial Assistance
McDowell Mission Ministries	McDowell	☒ Yes ☐ No	☒ Mediation ☐ 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.
Agencies not adminstering the PDS will contact agencies administering the PDS by telephone to advise of PDS referral. Agencies administering the PDS will administer the PDS by telephone with the

particpant(s) if possible if transportation is limited for the participant(s). If telephone access is not available for the particpant(s) and the agency administering the PDS, referring agencies will provide contact information for the referred to agencies. Due to the concern for particpant(s) confidentiality, program placement tracking is negated for agencies not involved in Coordinated Assessment; however, tracking the successful placements of household into programs with agencies involved in Coordinated Assessment will occur and include contact by either the referring and/or referred to agency via e-mail/telephone/interpersonal for verification with recordkeeping successful/unsuccesful placements.

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
House of Refuge Ministries	Burke	☒ Yes ☐ No	☐ Families Only ☒ Single Men ☐ Single Women ☐ All	Identification required. Must not be intoxicated. No registered sex offenders.	☒ Yes ☐ No
The Meeting Place Mission	Burke	☒ Yes ☐ No	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Identification required. Must not be intoxicated. No registered sex offenders.	☒ Yes ☐ No
McDowell Mission Ministries	McDowell	☒ Yes ☐ No	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Identification required. Must not be intoxicated. No registered sex offenders.	☒ Yes ☐ No
Dulatown Outreach Center	Caldwell	☒ Yes ☐ No	☒ Families Only ☐ Single Men ☒ Single Women ☐ All	Identification required. Must not be intoxicated. No registered sex offenders.	☒ Yes ☐ No
Yokefellow Ministries	Caldwell	☒ Yes ☐ No	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Identification required. Must not be intoxicated. No registered sex offenders.	☐ Yes ☒ No

Family Care Center	Catawba	☒ Yes ☐ No	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Identification required. Must not be intoxicated. No registered sex offenders.	☒ Yes ☐ 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.

Referrals for participant(s) based on the PDS are completed by contacting, by telephone, agencies providing services corresponding with screening results, i.e. shelter, transitional housing, etc., advising the agencies of the referral. Agencies administering the PDS will provide a duplicate copy of the ROI and PDS to the participant(s) to present to the agencies receiving the referral. Tracking of program placement for referred participant(s) will occur with referring agencies documenting the participant(s) referral and contacting the referred-to agency via telephone to verify participant(s) successful program placement.

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?

If there is no availlability and/or a particular population does not have access to the shelter services, shelters in the Uni5 will be contacted by telephone inquiring of availability and particular populations. Shelters within the Uni5 also maintain overflow beds which the number and/or type of overflow beds is provided in NC HMIS as well as in Google Docs for the Uni5.

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.

If participant(s) do not meet the admission requirements of a shelter and/or the shelter is full, shelters in the Uni5 will be contacted by telephone inquiring of admission requirements and availability. Hotel/motel vouchers are not available within the Uni5 and will be discussed by Uni5, however, involved ministries within the Uni5 may be contacted to inquire of hotel/motel financial provisions.

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
Asheville Buncombe Community Christian Ministry	Burke, Caldwell, Catawba, McDowell (Veterans)	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: Mondays - Fridays Times: 8:00 a.m. - 5:00 p.m.	3	☒ Yes ☐ No
Options	Burke	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: Mondays - Sundays Times: 8:00 a.m. - 11:00 p.m.	3	☐ Yes ☒ No
House of Refuge Ministries	Burke	☐ Families Only ☒ Single Men ☐ Single Women ☐ All	Days: Mondays - Sundays Times: 4:00 p.m. - 8:00 a.m.	2	☒ Yes ☐ No
Partners Behavioral Health Management	Burke, Catawba	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: Mondays - Fridays Times: 8:00 a.m. - 5:00 p.m.	2	☒ Yes ☐ No
The Meeting Place Mission	Burke	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: Mondays - Thursdays Times: 9:00 a.m. - 4:00 p.m.	2	☒ Yes ☐ No
RHA Behavioral Health	McDowell	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: Mondays - Fridays Times: 8:00 a.m. - 5:00 p.m.	2	☐ Yes ☒ No
McDowell Mission Ministries	McDowell	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	Days: Mondays - Fridays Times: 8:00 a.m. - 5:00 p.m.	2	☒ Yes ☐ 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.
Shelters within the Uni5 are involved in Coordinated Assessment and do administer the VI-SPDAT and as any shelter not involved in Coordinated Assessment is identified, inquiries will be made by Coordinated Assessment Leads for involvement.

How long will your community wait to administer the VI-SPDAT? 15 days
If not between 12 and 15 days from shelter entry, why? N/A

Please describe how your Regional Committee provides outreach to unsheltered households to complete a VI-SPDAT and provide a housing referral.
Outreach to unsheltered households is presently limited or non-occurring within the Uni5; however, efforts will be discussed during June 2017 session and implemnted by the Uni5 prior to August 2017 session as opportunties have been mentioned to complete VI-SPDAT for unsheltered households and are in progress.

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.
Discussions have been held with mentions of opportunities to administer the VI-SPDAT on unsheltered households including promotion of Coordinated Assessment at frequented facilities, centrally-located events to complete the VI-SPDAT, site visits to known areas of inhabitation, etc., and implementation of will continue to be of focus.

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? DV agencies will provide the first two (2) letters of the first and last name of participant(s) as well as an identifiying number associated with the participant(s) which is recorded on the VI-SPDAT as well as the corresponding waiting lists. The identifying number allows the particpant(s) to be contacted by the DV agencies if housing programs are available by providing agencies. If participant(s) receive services from housing programs not providing DV services, the agency providing the housing program will advise the participant(s) of privacy preferences within NC HMIS.
If not, please provide your plan to engage local domestic violence agencies, including goals and timeline.
N/A

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:

Individual VI-SPDAT Score	
0-3	No Housing Referral/Basic Information Provided
4-7	Rapid Rehousing
8-17	Permanent Supportive Housing

Family VI-SPDAT Score	
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.
N/A

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
Asheville Buncombe Community Christian Ministry	Burke, Caldwell, Catawba, McDowell (Veterans)	☐ PSH ☒ RRH ☐ TH ☒ Other: SSVF	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	☒ Yes ☐ No
Partners Behavioral Health Management	Catawba, Burke	☒ PSH ☐ RRH ☐ TH ☐ Other:	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	☒ Yes ☐ No
The Meeting Place Mission	Burke	☐ PSH ☒ RRH ☒ TH ☐ Other:	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	☒ Yes ☐ No
McDowell Mission Ministries	McDowell	☐ PSH ☒ RRH ☒ TH ☒ Other: Targeting Key	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	☒ Yes ☐ No
RHA Behavioral Health	McDowell	☒ PSH ☐ RRH ☐ TH ☐ Other:	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	☐ Yes ☒ No
Shelter Home of Caldwell County	Caldwell	☐ PSH ☒ RRH ☒ TH ☐ Other:	☒ Families Only ☐ Single Men ☒ Single Women ☐ All	☐ Yes ☒ No
Vaya Health	Alexander, Caldwell, McDowell	☒ PSH ☐ RRH ☐ TH ☐ Other:	☐ Families Only ☐ Single Men ☐ Single Women ☒ All	☒ Yes ☐ No
Dulatown Outreach Center	Caldwell	☐ PSH ☐ RRH ☒ TH ☐ Other:	☒ Families Only ☐ Single Men ☒ Single Women ☐ All	☒ Yes ☐ 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.

Agencies administering the VI-SPDAT will transfer collected data to waiting lists stored securely for the Uni5 on Google Drive and maintain original copy of completed VI-SPDAT locally at the administering agency. The referring agency will contact the agencies providing corresponding services, i.e. Rapid Re-housing (RRH), Permanent Supportive Housing (PSH), etc., by telephone and/or e-mail to advise of referral. As participant(s) are eligible to receive services from housing programs, the housing agencies will contact the participant(s) utilizing the maintained waiting lists. Tracking of program placement for referred particpant(s) is performed by the housing program recording program entry in the designated column on the appropriate waiting lists.

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.ncceh.org/bos/coordinatedassessment/.

Where is your Regional Committee's waitlist stored? The Regional Committee's waiting lists are stored securely on Google Drive.

Who manages the Regional Committee's waitlist? The Regional Committee's waiting lists are managed by the Regional Coordinated Assessment Lead and Coordinated Assessment Leads.

Who has access to the Regional Committee's waitlist? The Regional Coordinated Assesment Lead and Coordinated Assessment Leads and the agencies providing recommended services, i.e. Transitional Housing, Rapid Re-housing, Permanent Supportive Housing, will have access to the Regional Committee's waiting lists, separated by county.

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/. The ROI developed for the Uni5 will be provided to participant(s) involved in Coordinated Assessment with administering agencies maintaining original copies locally at each administering agency. Administering agencies will review the ROI with particpant(s) discussing the purpose of Coordinated Assessment, the counties and agencies involved, and the rights of the participant(s) within Coordinated Assessment.

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 participant(s) refuse to be involved in Coordinated Assessment, agencies will document ONLY the first

two (2) letters of the first and last name of participant(s) as well as an identifiying number associated with the participant(s) which is recorded on the VI-SPDAT and the corresponding waiting lists.

How will the Regional Committee confidentially and safely track survivors of domestic violence on the waitlist and prioritize them for housing? DV agencies will provide the first two (2) letters of the first and last name of participant(s) as well as an identifiying number associated with the participant(s) which is recorded on the VI-SPDAT as well as the corresponding waiting lists. The identifiying number allows the particpant(s) to be contacted by the DV agencies if housing programs are available by providing agencies. If participant(s) receive services from housing programs not providing DV services, the agency providing the housing program will advise the participant(s) of privacy preferences within NC HMIS. Prioritization will be discussed by the Coordinated Assessment and Subcommittee during the June 2017 session to incorporate prioritization into already-developed waiting lists for applicable subpopulations.

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.

Case conferencing will be held monthly by designated Coordinated Assessment Leads and the referred to agencies providing recommended services, separated by county, for the purpose of reviewing waiting lists with prioritization. Waitlists will be prioritized by the VI-SPDAT score, length of time homeless, and using other factors that will be ~~presently categorized by VI-SPDAT score and based on first come, first serve; however, prioritization will be~~ discussed by the Coordinated Assessment and Subcommittee during June 2017 session and implemented by August 2017. Other factors under consideration include how to prioritize families with children, unaccompanied youth, and participants fleeing domestic violence. ~~session which will be incorporated into already-developed waiting lists focusing on vulnerabeness including the VI-SPDAT score as well as unsheltered participant(s), length of time homeless, families with children, unaccompanied youth, and participant(s) fleeing domestic violence.~~ Case conferencing will further review available resources and oversee the housing referral process.

How does the Regional Committee ensure that the most vulnerable households get housing resources first?
The wait list will be prioritized based on VI-SPDAT score, length of time homeless, and using other factors that will be discussed by the Coordinated Assessment and Subcommittee during June 2017 session and implemented by August 2017. Other factors under consideration include how to prioritize families with children, unaccompanied youth, and participants fleeing domestic.

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: Providers rejecting any referral will submit a reason for denial to the referring agency as well as to the Regional Coordinated Assessment Lead and Coordinated Assessment Leads . Please outline the specific criteria under which a program may reject a referral (refer to the [CA Written Standards](#) for more information). Providers rejecting a referral shall only do so due to limited availability in regards to capacity and/or funding for program, established program entry requirements, i.e. denial of registered sex offenders due to child residency, program-specific target popultions such as Permanent Supportive Housing only accepting chronically homeless, etc., and/or prior agency services provided to client which resulted in program suspension.

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 participant(s) do not accept a referral or if a provider declines a referral, following discussion with participant(s) and/or provider to attempt resolve, the administering agency will contact emergency shelters within the Uni5 to inquire of availability to ensure services provided as well as the household remaining, in same order, on the appropriate waiting lists until satisfactory housing program services are available and provided.

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? Case conferencing will be held monthly for the purpose of reviewing waiting lists and will include the appointing of housing programs to attempt follow-up with participant(s) to ensure participant(s) information is current. Attempts for follow-up with partipant(s) on waiting lists will be documented in designated columns on appropriate waiting lists.

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? Case conferencing will be held monthly for the purpose of reviewing waiting lists and will include the appointing of housing program to attempt follow-up with participant(s) to ensure participant(s) information is current including unsheltered participant(s); however, appointing housing programs will monitor unsheltered prioritization on waiting lists to attempt follow-up with unsheltered participant(s) occurring monthly. Attempts for follow-up with partipant(s) on waiting lists will be documented in designated columns on appropriate waiting lists.

What is your policy for taking a household off of the list? Case conferencing will be held for the purpose of reviewing waiting lists including removing participant(s) from waiting lists. Removing participant(s) will be performed with approval of the designated Coordinated Assessment Lead, separated by county, based on the minimum follow-up attempts occurring without contact, particpant(s) no longer needing services, or as participant(s) receive services from housing programs associated with waiting lists.
How many attempts do you make to contact? Housing programs will attempt contact to participant(s) on waiting lists for housing programs at minmium, for six (6) months, during case conferencing including assertive approaches, i.e. participant(s) via any participant-provided information, i.e. telephone, e-mail, etc., emeregency contact(s) listed for participant(s), NC HMIS review, agency collaboration, street outreach, etc., for the purpose of ensuring participant(s) information is current and/or is in continued need of services.
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? The Coordinated Assessment Lead will review and approve removal of participant(s) from waiting lists, separated by county, during case conferencing to be held monthly.

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. Greenway Public Transportation is available publicly within the Uni5; however, "Dial-a-Ride" van services as well as fixed bus routes vary by county in regards to the availability of services provided. "Dial-a-Ride" is available in Burke County with fixed bus routes present in Alexander and Catawba. McDowell Transit via the Department of Social Services offers transportation assistance based on availability and requires completing application for services. Agencies involved in Coordinated Assessment further offer limited transportation services for clients in programs as needed and as available. Supplementary transportation options may include taxi/cab services and/or family/friend support. Fare discounts and vouchers for participant(s) will be discussed by the Coordinated Assessment Subcommittee during June 2017 session including the funding and designation of.

What happens if a household is unable to access transportation resources or any other transportation? Transportation requests may occur by the referring agency or the agency referred to, to assist and/or to provide transportation for participant(s) unable to access transportation. Transportation requests may also occur to emergency services depending on circumstance severity. Agencies administering the PDS will administer the PDS by telephone with the particpant(s) if possible if transportation is limited for the participant(s). If telephone access is not available for the particpant(s) and the agency administering the PDS, referring agencies will provide contact information for the referred to agencies. Further efforts will be discussed by the Coordinated Assessment Subcommittee during the June 2017 session to address the "gap" of transportation.

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.) Coordinated Assessment is of focus during local and regional committees and subcommittees. Agencies presenting are provivded Coordinated Assessment updates as well as being informed of opportunities with Coordinated Assessment Exchange as well as Coordinated Assessment Subcommittee. Coordinated Assessment will further be of focus during public presentations by agencies while discussing the services the agencies provide. As Coordinated Assessment progresses, communication by means of presentation and materials to identifying agencies and community will be performed to provide understanding and inquire of involvement.

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.) As Coordinated Assessment progresses, materials will be developed and shared with persons presenting homeless or at-risk of homelessness by agencies involved in Coordinated Assessment as well as by community in locations frequented by persons who are homeless or at-risk of homelessness. Outreach, including passive and aggressive, for Coordinated Assessment to unsheltered persons who are homeless or at-risk of homelessness will be discussed by the Coordinated Assessment Subcommittee during June 2017 session and implemented by August 2017 session.

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. Coordinated Assessment documentation will be provided in large print as well as by speech in-person or via telephone. Discussion will occur by the Coordinated Assessment Subcommitte during June 2017 session and implemented by August 2017 session to further identify barriers for accessibility to Coordinated Assessment for persons with disabilities.

Is there an access point in your community accessible to people who use wheelchairs or have limited mobility? Agencies within the Uni5 are accessible to persons using wheelchairs either by available ramps, elevators, or the locations of agencies being on ground-level. If persons with disabilities are limited to Coordinated Assessment accessibility, administering agencies may be requested to accommodate participant(s) by on-site visit or via telephone.
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. N/A

What steps will the Regional Committee take to help people with Limited English Proficiency or difficulty reading access the coordinated assessment system? Coordinated Assessment documentation will be provided in English as well as languages common to the Uni5 including Spanish and Hmong. Discussion will occur by the Coordinated Assessment and Subcommittee during the June 2017 session to further identify language or literacy barriers for accessibility to Coordinated Assessment.

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.
Coordinated Assessment will be implemented and managed by designated Coordinated Assessment Leads within assigned count(ies); however, collaboration will be completed by Regional Coordinated Assessment Lead, Coordinated Assessment Leads, and involved agencies in all Uni5 counties for progressive effectiveness.

Why is this the best plan to cover the Regional Committee? This approach to Coordinated Assessment allows individualized focus within count(ies) and avoids any oversight by the Regional Coordinated Assessment Lead due to limitations of locations and/or availability. This approach also promotes collaboration between Coordinated Assessment Leads as well as involved agencies across the Uni5 to share strengths and challenges of current Coordinated Assessment practices.

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? Coordinated Assessment Leads will be designated by county and collaborate in regards to referrals and waiting lists for services as well as case conferencing and grievances throughout the Uni5 as needed. The developed Coordinated Assessment and Subcommittee as well as Continuums of Care will also provide opportunities for collaboration with involved agencies.

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. As Coordinated Assessment progresses, awareness of and collaboration with involved and uninvolved agencies will advance for agencies best being utilized for the provision of services and for the betterment of providing services to clients and importantly, reducing "gaps" which occur not connecting any person presenting homeless to appropriate services. The effectiveness of Coordinated Assessment will prove beneficial if efforts continue in streamling Coordinated Assessment allowing positive outreach to occur to uninvolved agencies to genuinely demonstrate the benefits of Coordinated Assessment. As alliances strengthen across the Uni5, a collobarated approach will be noticed by grantees.

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.

If the Uni5 includes inactive communities within the Balance of State Continuum of Care, the Uni5 will inquire with the North Carolina Coalition to End Homelessness (NCCEH) requesting information regarding prior involvement of the communit(ies) or attempts of outreach and will proceed as needed in providing understanding to the communit(ies) and inquire of invovlement. Alexander Couny, for example, is limited in services provision with only Vaya Health; however, efforts in establishing a Coordinated Assesment Lead for Alexander County via Vaya Health will be attempted and designated during June 2017 session and implemented by the Uni5 prior to August 2017. Presently, Catawba County is accepting Coordinated Assessment referrals from Alexander County.

Coordinated Assessment Outcomes

How will outcome data be gathered for quarterly reports to the CoC? Coordinated Assessment Leads will report Outcome Reports for designated count(ies) utilizing tally sheets and Google Drive to the Regional Coordinated Assessment Lead for the complete Uni5 submission.

Who will be in charge of submitting, correcting, and reviewing outcomes? The Regional Coordinated Assesment Lead and Coordinated Assessment Leads will be responsible for submitting, correcting, and reviewing outcomes.

How are finalized coordinated assessment outcome reports presented to the community? Coordinated Assessment Outcome Reports are presented both to local and regional committees and subcommittees, including Continuum(s) of Care, the Coordinated Assessment and Subcommittee, and the Uni5 Regional Committee. Coordinated Assessment Outcome Reports are also distributed via e-mail to agencies involved in Coordinated Assessment as well as agencies not involved in Coordinated Assessment. Discussion by the Uni5 will occur further exploring presenting Outcome Reports to the community.

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.

The Uni5 will use Coordinated Assessment Outcome Reports for movitvating agencies involved in Coordinated Assessment to collect and submit accurate data and participant(s) are receiving the provision of aspirational services. Coordinated Assessment Outcome Reports will be of use in identifying and resolving "gaps" as well as advocating for the provisions of needed services. The Uni5 will use Coordinated Assessment Outcome Reports for presentations with agencies not involved in Coordinated Assessment as well as with the community for the purpose of understanding and inquiring of

involvement.

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 and Subcommittee to discuss the issue(s) that result in referrals being declined.

Providers are expected to submit a written reason for the denial to the referring agency as well as the Regional Coordinated Assessment Lead and Coordinated Assessment Leads. 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 Subcommittee to discuss the issue(s) that result in referrals being declined.

For all other grievances, providers must email a detailed grievance to the Regional Coordinated Assessment Lead and Coordinated Assessment Leads within 10 days of the adverse action/decision. The Coordinated Assessment Subcommittee will schedule a hearing within 3 to 5 business days of receiving the grievance and render a decision within 7 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 the Regional Coordinated Assessment Lead , the Coordinated Assessment Leads, or the Coordinated Assessment Subcommittee, either verbally or in writing, within 10 days of the attempted referral. The Regional Coordinated Assessment Lead, Coordinated Assessment Leads, or the Coordinated Assessment Subcommittee will respond within 3 to 5 business days. If the household does not agree with this local decision, an appeal will be submitted to the CAC for review.

Subpopulations

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

Chronically Homeless
Chronically homeless will be presented as of the utmost priority for referred to services, i.e. Transitional Housing, Rapid Re-housing, and Permanent Supportive Housing, to the Coordinated Assessment Subcommittee for VI-SPDAT referrals to provide a "housing first" approach to address the

Veterans: Each Regional Committee should also be developing a Regional Veteran Plan to End Homelessness, also due April 1.
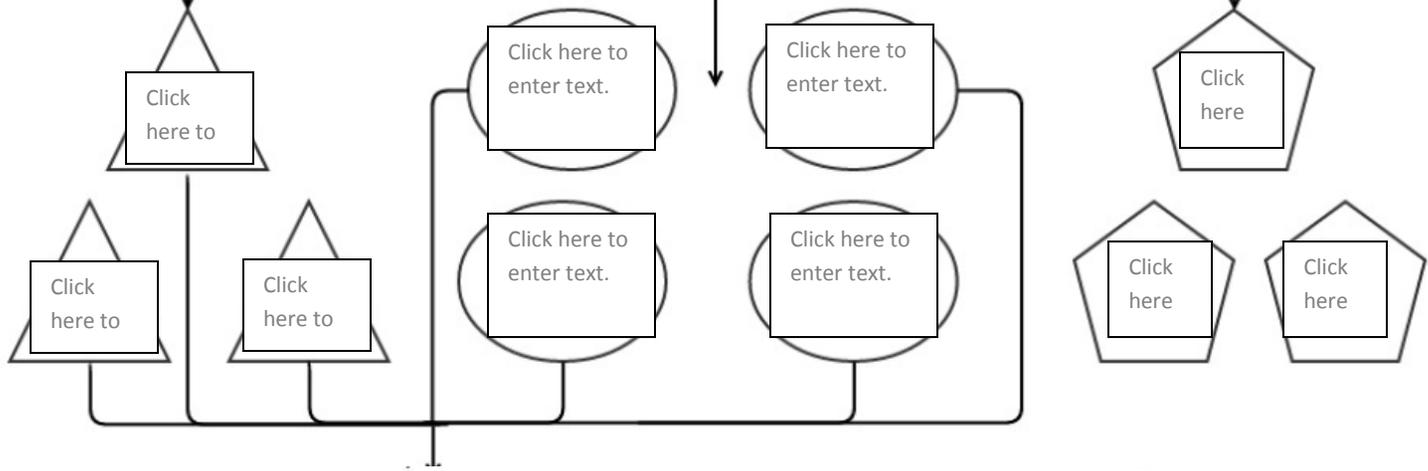
Households Present as Homeless

Initial Access Points Complete the Prevention and Diversion Screen

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Referral to DV Shelters

Referral to Shelter and/or Emergency Services Agencies

Referral to Prevention Services

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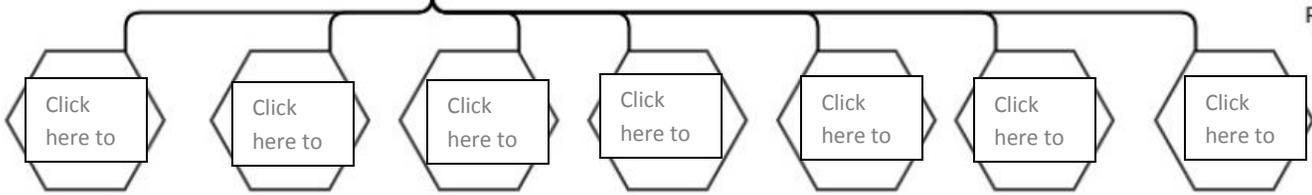Agencies that Complete VI-SPDAT

Outreach Programs that Complete VI-SPDAT for Unsheltered

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Describe Process for Community Waitlist and Referral Decisions

Referred to Housing Programs

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