NC BoS Regional Committee Coordinated Assessment Outcome Report

Regional Committee:	Region 1 Southwest
Report Due:	10/15/2016
Report Submitted:	7/16/2017
Time Period Covered:	April - June
Implementation Date:	10/1/2015

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.

Presenting for shelter:	95
Missing P/D Screen:	0
Prevention/Diversion Screen:	95
Missing P/D Screen results:	24

43%
17%
15%

DV	
Referred to DV services:	41

Referred to shelter or emergency services:			16
Total who left shelter before VI-SPDAT:			9

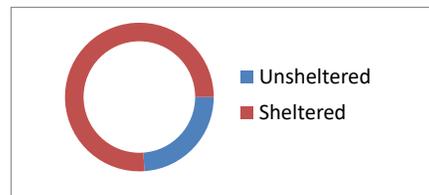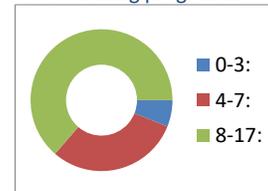| Went to another destionation	24	
Where?		stayed literally homeless in tents, cars, places not meant for human habitation

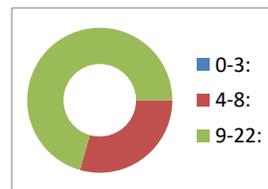|	
Total number of households diverted from homeless system:	14
Needed mediation:	1
Needed financial assistance:	13
Total amount provided for diversion:	$2,471.00
Total amount requested for diversion:	$23,544.00
Gap in diversion funding:	$21,073.00

VI-SPDAT

The VI-SPDAT screen identifies housing barriers for households and assists in identifying and prioritizing households for housing programs.

Total VI-SPDAT	67
Unsheltered	16
Sheltered	51
Missing VI-SPDAT scores:	0
People in shelter w/o VISPDAT	-3

49%
51%

Individual VI-SPDAT Scores		
0-3:	2	6%
4-7:	10	30%
8-17:	21	64%
Total:	**33**	

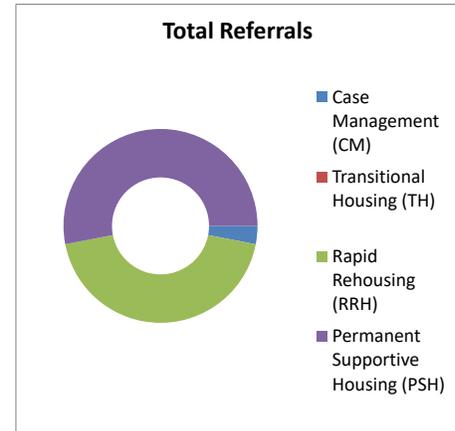| Family VI-SPDAT Scores		
0-3:	0	0%
4-8:	10	29%
9-22:	24	71%
Total:	**34**	

Has the community adjusted the standard score ranges?	Yes
Explanation of adjusted score ranges	Indiv 0-3 (family0-4), Indiv 3-4(family 4-5) for sub housing /HCV and 2 levels for RRH but overall 4-9 indiv and 5-10 family and PSH 10-17 indiv and 10-20 family. I will fill out the outcome for your numbers

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Referrals

As interventions are identified, communities track the referral process for households to see how many were referred, admitted and how this impacts length of time homeless. Communities should look to this data to see if their communty has gaps that are impacting the referral process.

Program Type	Total Referrals	Admissions this quarter	Added to wait list this quarter	Missing
Case Management (CM)	2			
Transitional Housing (TH)	0	0	0	0
Rapid Rehousing (RRH)	29	28	5	-4
Permanent Supportive Housing (PSH)	35	0	23	12
Total Housing Program Referrals (not including CM):	**64**	**28**	**28**	**8**

Possible Gaps In System:	
# Scored for RRH but not referred	-9
# Scored for PSH but not referred	10

Wait lists	
Total on TH wait list	0
# removed from TH wait list	0
Total on RRH wait list	5
# removed from RRH wait list	0
Total on PSH wait list	34
# removed from PSH wait list	1 off for housing

Other Destinations		
Health care institution	0	
Prison/Jail	**0**	
Other destinations	**2 (score 6)**	
Which other destinations?	apt with Community Resource to help with move in costs	

Total Referrals

- ■ Case Management (CM)
- ■ Transitional Housing (TH)
- ■ Rapid Rehousing (RRH)
- ■ Permanent Supportive Housing (PSH)

System Feedback

Individual Grievances	
# of Grievances:	0
# of Grievances Resolved:	0
Average Days to Respond:	0

Agency Grievances	
# of Grievances:	0
# of Grievances Resolved:	0
Average Days to Respond:	0

Community Assessment of System	
Gaps identified:	we are taking RRH for scores 10-12 sometimes but we need a longer term RRH program for this population. RRH now typically funds about 3 months. They are high enough to need longer RRH but low enough that their number is unlikely to come up on the PSH wait pool. If we continue to fund 10-12 scores the lower 5-8 scores will not be housed as last year and the 5-8 scores do better on RRH. Also diversion funding, transportation and something to help for things like ID's, birth certificates, furniture, etc. As always shelters are a needed resources.
Addressing gaps:	These are not specific to our RC but there is a task force in one county to explore a shelter, one county is working on funding for more transportation options and one non profit is looking into a general fund. RRH is applying to the CoC grant for scores in the 10-12 range (approx.).
Side doors identified:	none
Addressing sidedoors:	0
What is going well?	google docs has increased our accuracy and numbers for recording data and it is easier for referral agencies to record as they go instead of trying to keep up for quarterly outcome reports,, no wrong door module, RC committee is starting to expand and settle down from new leadership. google doc information lets CA lead know what/who needs clarification.
What are challenges?	google docs - this has been a learning curve and continues to be a learning curve, not only to get information into forms, but to put info in correctly. It still takes a long time for reporting because of learning curve and accuracy of information and some agencies have struggled with the tech.

Plan Changes and CAC Feedback

Amendments requested for coordinated assessment plan:	working on more detail and information that was needed in last update
Feedback for the CAC:	we only have 2 emergency shelters. We have 0 transitional housing dedicated for homeless. We have 1 TH that will take homeless families but it is not only for homeless. Clarification – RRH- the (4) referral would be 1 to Targeted Units, 1 MIA and 2 to section 8 including the 4 - the 4 was linked to CM/sub housing, 6 10's, 3 PSH – the (12) - RRH took 10 (3 11's, 1 12 and 6 10') s into slots. The other 2 received Section 8.

NC BoS Regional Committee Coordinated Assessment Outcome Report

CAC Feedback for the Regional Committee:

Good to see many unsheltered VISPDATs done - CAC is wondering who is doing that outreach?
CAC didn't fully understand the explanation for the referral numbers - there seem to be 4 more people that got RRH or went on the RRH waitlist this quarter than referrals and there seem to be 12 people who got PSH referrals but weren't added to the waitlist. Where in the system are those people? Maybe there's another cell we can put in the form to help capture this? Or possibly it's just the issues with using different VISPDAT ranges.