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# NC Balance of State CoC Steering Committee

# **Consent Agenda and Updates**

November 2017

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# Section I. NC BoS Steering Committee Consent Agenda

\*Any Steering Committee member may request to move an item off the consent agenda to be more thoroughly considered. Any such items will be discussed as a regular agenda item at the next Steering Committee meeting.

The following will be voted on at the November 7, 2017 NC BoS Steering Committee meeting:

### Approval of October 3, 2017 Meeting Minutes

Available here: <a href="http://www.ncceh.org/files/8684/">http://www.ncceh.org/files/8684/</a>

### Approval of Local System Administrators' Direct Access to Mediware

NCCEH staff requested that the NC BoS CoC HMIS Lead, the Michigan Coalition Against Homelessness, allow Local System Administrators (LSAs) to talk directly to the HMIS software vendor, Mediware. Direct access to Mediware would help to ensure that tickets are submitted quickly and to troubleshoot ongoing issues with the system, thus increasing collaboration to improve our HMIS.

In May 2017, the HMIS Governance Committee (HMIS GC) included this component in the approved 2017-2018 HMIS Scope of Work. In October 2017, the HMIS GC approved a procedure to approve LSAs for this direct access. This procedure requires the CoC to approve which LSAs can have direct access to Mediware.

NCCEH staff recommend that the NC BoS CoC Steering Committee approve the following LSAs to have this direct access:

Email request for direct access to Mediware:

[BoS] Mediware ticket access Inbox x		- B
Andrea (NCCEH Data Center)' via NC Balance to Balance	of State CoC 10:30	AM (2 minutes ago) 💥 🔺 👻
Images are not displayed. Display images below	и	
To add additional comments, reply to this en	nail.	
Andrea Andrea (NCCEH) Oct 30, 10:30 AM EDT		
Hi Balance of State,		
I would like to officially reque	est access to submit tickets on behalf of BoS for myself, Jasmin Volkel, Nicole Purdy, Andy Phillips, and Tia Sanders-Rice.	
If you have any questions or r Thank you,	need any additional information, please let us knowl	
Andrea Carey   NCCEH Data	a Center   <u>919.410.6997</u>	
This email is a service from NCCEH. Delivere	d by Zendesk	
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# **Section II. Updates**

## November 8, 2017 Regional Leadership Meeting Registration

The registration deadline is 5:00 p.m. on Friday, November 3.

All Regional leadership should register for the November 8 in-person meeting: <u>http://www.ncceh.org/events/1193/</u>.

This is an in-person meeting for leadership of the NC Balance of State Regional Committees. NCCEH staff will work with Regional Committee leadership to plan for the upcoming year. NCCEH staff will provide information and training on key goals and updates from the CoC. All Regional Committee leadership are encouraged to attend (leads and alternates, funding leads, coordinated assessment leads, PIT Count leads, webmasters, and any other leadership positions within the Regional Committee).

Lunch and snacks will be provided. The registration fee covers the cost of food and materials. If this fee will prevent you from being able to attend, please email bos@ncceh.org to request a waiver.

When: November 8, 10 a.m. to 4 p.m.

Where: High Point, NC

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## **Grant Transfer Workgroup**

A workgroup has been formed to develop a process for CoC grant transfers. Until now, transfers have been handled in accordance with the CoC's significant change policy, which simply requires Steering Committee approval. With the potential for upcoming transfers of large grants, the workgroup is tasked with creating a more thorough and transparent process to ensure grants are transferred to the most appropriate agencies.

The workgroup will meet via conference call on November 1 and November 15 from 10:00 to 11:00. Members include Barrett Kahl, Destri Leger, Kristen Martin, and Talaika Williams. The proposal developed by the workgroup will be presented for review and approval at the December Steering Committee meeting.





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## **Coordinated Assessment Updates**

3<sup>rd</sup> quarter Coordinated Assessment Outcomes were due October 15<sup>th</sup> Submit outcomes here: <u>https://goo.gl/forms/a5tCMilvA2X2V92l2</u>

NCCEH staff have received 3<sup>rd</sup> Quarter Outcomes from Regions 2, 5, 6, 10, 11, and 12. All Regional Committees must submit 3<sup>rd</sup> Quarter Outcomes.

### November Coordinated Assessment Exchange Call

Tuesday, November 14th, 3 p.m. to 4 p.m.

Register here to receive the call-in information: <u>http://www.ncceh.org/events/1069/</u>

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### **Veterans Plan Updates**

**Every Regional Committee must have a Veterans by-name list in HMIS by the beginning of December**. Every agency that might encounter a homeless Veteran should participate in this process. Contact your local SSVF provider to get involved.

In order to track by-name lists in HMIS, every HMIS-participating agency must sign an HMIS sharing agreement (QSOBAA) and all currently homeless Veterans must sign a new release of information. If your agency participates in HMIS and you have not talked to your SSVF provider about the HMIS sharing agreement, please contact SSVF as soon as possible.





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# Section III. Meeting Minutes and Supporting Materials

## **Steering Committee Restructuring Workgroup Minutes**

### October 17, 2017 Minutes

Workgroup members present: Melissa McKeown, Monica Frizzell, LaTasha McNair, Jim Cox, Teena Willis

NCCEH staff present: Ehren Dohler

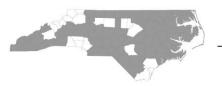
Update on recruiting at-large steering committee members

- Ehren: Terry has identified a man named Barry Shipp with lived experience who currently works as a peer support specialist in Charlotte. He comes highly recommended and knows a lot about CoC work. He would need to learn more about the BoS CoC. Ehren will talk to Barry, and potentially connect him to Regions 3, 4, or 5 to learn more about the Balance of State.
- Melissa: talked to Derrick Burnell (former client/employee). Challenge is his episode of homelessness was 15 years ago. He agreed to serve. Melissa will introduce Ehren to Derrick.
- Jim: Reached out to NC Office of Rural Health haven't heard back he was going to put the word and see who might be interested.
  - Put the word out with City/County Commissioners. Waiting to hear back.
  - Youth/Foster Care talking this afternoon to talk to DSS's annual meeting.
- LaTasha: Council for Women, Youth Involvement talked to eastern region director Thilisa Fowler – based in Jacksonville, covers over 31 counties. Was interested. Her role is more than just youth involvement – it's all DV agencies. So she could fill the DV seat too. Ehren will send one-pager.
  - Vidant Duplin: waiting to hear back.
- Monica: Pisgah legal: Waiting for talking points.

### Funding and Performance Subcommittee

- Ehren outlined the potential types of the data the subcommittee could use:
  - Subpopulation goals like ending Veteran homelessness, Chronic homelessness, etc.
  - System Performance Measures
  - Coordinated Assessment Data
  - Performance on the CoC application





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- Resource allocation
- Grantee performance
- The subcommittee could make recommendations such as:
  - Funding priorities
  - Grantee performance
  - Guidance for regional committees
- LaTasha though that all these topics seem like too broad of a scope. She suggested breaking it down into multiple committees.
- Melissa agreed this is a large scope of work. She suggested pairing it down to smaller number of items.
- Ehren suggested system performance measures and funding priorities are probably top priorities so the subcommittee could start there.
- LaTasha agreed that SPMs would be one of the main things. Funding priorities may differ region to region.
- Monica thought focusing on using funding well, across the full BoS is important. Providing guidance for regional committees would be more in the weeds and would be a different topic.
- Ehren suggested the subcommittee might have a chair or co-chair structure to encourage participation and ownership.
- Jim asked what the time commitment from the chair would be, and what kind of support they would get from staff.
- Ehren said they would get a lot of support from staff the role of the chair would be more about running meetings and decision-making.
- LaTasha asked how many members would be on the subcommittee.
- Ehren suggested around 10-12. To ensure attendance and spread the work around.
- Monica thought the group should meet monthly at first, because they will have a steep learning curve. Meetings could get less frequent over time.

Policy and advocacy work group:

• What resources do CoC members need to engage in advocacy?





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- Melissa: We don't even know what the opportunities are. It would be good to get more guidance.
- Monica: Basics of advocacy CoCs, BoS, so they know what they're talking about.
- Jim: As we expand steering committee we can be strategic about adding new members who will help with advocacy.

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## **Coordinated Assessment Council Meeting Minutes**

### **October 17, 2017 Minutes**

**CAC members present:** Angela Harper-King, Ginny Rainwater (for Harold Rice), Stephanie Williams, Brian Fike

### NCCEH staff present: Ehren Dohler

### Checking in on regional progress

- The CAC discussed how checking in with the regions went. Angela said it was a little out of the blue, it would have been good to give them more notice and context. But they did respond and it was helpful to learn more about how things are going in the regions.
- The CAC looked at the progress reported by the regions:
  - Region 1 has made some progress on their goals, but a new CA lead just started so they had to put other things on hold to train the new lead.
  - Region 2 is making progress engaging 211 and engaging more partners, but engaging some shelters is still difficult.
  - Region 5 has set up a phone line that people can call to hear what hours and locations they can go to to get assessed. This has been very popular – they get more calls than they expected. They are also working on making more connections to DSS to help youth coming out of foster care.
  - Region 12 has made progress on securing more funding by submitting a CoC application for RRH this year. They are still working on engaging the more inactive counties in their region.

### Translations of VI-SPDAT and P&D Screen

• The CAC discussed using a translation of the VI-SPDAT. Orgcode has a translation but it's currently a draft. The CAC suggested using the draft, but soliciting feedback from caseworkers who use it to make any edits or fix errors.





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• The CAC discussed how to translate the prevention and diversion screen. They suggested pulling together a small workgroup to help translate it and test it after translation.

### Coordinated Assessment Evaluation

- The CAC discussed how to solicit feedback from participants in CA.
- One CAC member mentioned it's hard to solicit feedback while someone is still homeless it has to be completely anonymous or they may think they have to answer a certain way into order to get housing.
- Region 5 distributes a survey after housing: they ask general questions about how the process went, and they still get critical feedback.
- One CAC member suggested doing a two part survey: Once at assessment, then once after being housed.
- Ginny liked the idea of having an anonymous box, but mentioned they're still struggling with getting grievance forms out, so this might not work.
- A CAC member suggested doing the evaluations during a specific week or time period, to ensure shelters will participate.
- The CAC discussed how focus groups might work.
  - Ginny: How would you bring together even multi-county focus groups to get a good view of the whole region?
  - Angela: How would you get enough people? Why would they volunteer?
  - Stephanie: What about incentives?

### The CAC looked at Region 2 and Region 11's outcomes.

- Region 2 has a high unsheltered number of VI-SDPATs. The CAC is wondering how they do outreach.
- Angela mentioned it would be nice to have some context from the plans when looking at outcomes. It would also be good to look at outcomes over multiple quarters. Ehren will look into including multi-quarter outcomes at the next CAC meeting.
- Region 11 had one person go to an adult care home. Stephanie wanted to know why they were referred there, and wanted to make sure it wasn't someone with SPMI.

The next meeting is Tuesday, November 14 from 1-3 p.m.





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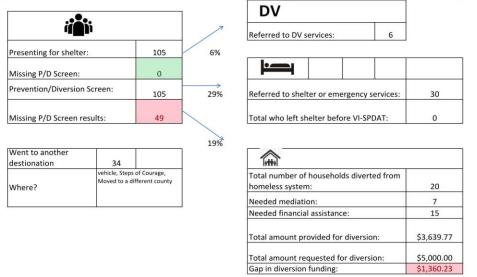
## 3<sup>rd</sup> Quarter Coordinated Assessment Outcomes Region 2 Coordinated Assessment Outcomes

#### NC BoS Regional Committee Coordinated Assessment Outcome Report

Regional Committee:	Region 2 Southern Mountains
Report Due:	10/15/2016
Report Submitted:	10/12/2017
Time Period Covered:	July - September
Implementation Date:	6/1/2017

**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.



#### VI-SPDAT

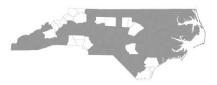
The VI-SPDAT screen identifies housing barriers for households and assists in identifying and prioritizing households for housing programs.

lis≡]		65%	Individual VI-	SPDAT S	cores		4-7:
Total VI-SPDAT	69	,	0-3:	11	24%		8-17:
Unsheltered	52		4-7:	28	62%		=0-17.
Sheltered	17		8-17:	6	13%		
						1	
Missing VI-SPDAT scores:	-1		Total:	45			
	-1 19	36%	Total:	45			
· · · · · · · · · · · · · · · · · · ·	-1 19	36%		÷.	pres		■ 0-3: ■ 4-8:
· · · · · · · · · · · · · · · · · · ·		36% *	Family VI-SI	÷.	pres 32%	C	
People in shelter w/o VISPDAT	tered	36% *	Family VI-SI	PDAT Sc	1	0	<b>4</b> -8:
People in shelter w/o VISPDAT	tered	36%	Family VI-SI	PDAT Sc 8	32%	C	<b>4</b> -8:

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# NC BoS Regional Committee Coordinated Assessment Outcome Report

Explanation of adjusted score ranges

#### 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 community has gaps that are impacting the referral process.

					Total Referrals
Program Type	Total Referrals	Admissions this quarter	Added to wait list this quarter	Missing	Case
Case Management (CM)	30				Management (CM)
Transitional Housing (TH)	0	0	0	0	Transitional Housing (TH)
Rapid Rehousing (RRH)	46	5	33	8	Rapid Rehousing (RRH)
Permanent Supportive Housing (PSH)	6	0	6	0	Permanent Supportive
Total Housing Program Referrals (not including CM):	52	5	39	8	Housing (PSH

Possible Gaps In System:			
# Scored for RRH but not referred	-6		
# Scored for PSH but not referred	5		

Wait lists	
Total on TH wait list	0
# removed from TH	
wait list	0
Total on RRH wait list	78
# removed from RRH	
wait list	0
Total on PSH wait list	32
# removed from PSH	
wait list	0

	Other Destinations
Health care institution	4
Prison/Jail	2
Other destinations	2
Which other destinations?	Reunited with family

#### System Feedback

Individual Grievance	es	Agency Grievances	
# of Grievances:	0	# of Grievances:	
# of Grievances Resolved:	0	# of Grievances Resolved:	(
Average Days to Respond:	0	Average Days to Respond:	

**Community Assessment of System** 



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### NC BoS Regional Committee Coordinated Assessment Outcome Report

Gaps identified:	Delivery food services for indigent who have yet to receive disability or are not of elderly age.
Addressing gaps:	Discussion with area agencies to see who would be most appropriate to fill this gap.
Side doors identified:	DV shelter has apartments with a church that are not accessed through CA process.
Addressing sidedoors:	Working to build rapport with DV shelter to increase CA involvement.
What is going well?	Continued collaborations and networking with community meetings. Strengthening relationships across the region and moving away from county specific.
What are challenges?	Continue to need more agencies across the region involved to be able to gather accurate data and help more individuals/families.

**Plan Changes and CAC Feedback** 

Amendments requested for coordinated assessment plan:	N/A
	IN/A
Feedback for the CAC:	N/A

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## **Region 5 Coordinated Assessment Outcomes**

#### NC BoS Regional Committee Coordinated Assessment Outcome Report

<b>Regional Committee:</b>	<b>Region 5 Piedmont</b>
Report Due:	10/15/2016
Report Submitted:	10/20/2017
Time Period Covered:	July - September
Implementation Date:	3/15/2016

**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 optic available to them besides a shelter bed. This screen allows communities to prioritize shelter beds for those with no other options.

			Т	DV		
i <b>n</b> i			7	Referred to DV services:	1	
Presenting for shelter:		474	0%			
Missing P/D Screen:		126				
Prevention/Diversion Sc	reen:	348	76%	Referred to shelter or emergency	services:	266
Missing P/D Screen resu	llts:	80		Total who left shelter before VI-SI	PDAT:	70 (this only included EM shelters- we need to start collecting for DV as well)
			0%			
Went to another destionation	18					
	Detox, friends	house		Total number of households diver	ted from	
Where?				homeless system:		1
				Needed mediation:		0
				Needed financial assistance:		1
				Total amount provided for diversi	on:	\$63.71
				Total amount requested for divers	sion:	\$63.71
				Gap in diversion funding:		\$0.00

#### VI-SPDAT

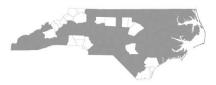
The VI-SPDAT screen identifies housing barriers for households and assists in identifying and prioritizing households for housing programs.

				2		0	■ 0-3:
J		54%	Individual VI-	SPDAT S	cores		4-7:
Total VI-SPDAT	110		0-3:	4	7%		■ 8-17:
Unsheltered	35		4-7:	30	51%		-01/.
Sheltered	75		8-17:	25	42%		
Missing VI-SPDAT scores:	2		Total:	59			
People in shelter w/o VISPDAT	#VALUE!						
			Family VI-SF	PDAT Sc	ores		■ 0-3: ■ 4-8:
Unshelt	ered		0-3:	0	0%		9-22:
Shelter	ed		4-8:	14	29%		
			9-22:	35	71%		
			Total:	49			

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# NC BoS Regional Committee Coordinated Assessment Outcome Report Singles and Families (0-5, no inter), (6-10, RRH), (11+ PSH)

Explanation of adjusted score ranges

#### Referrals

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

					Total Referrals
Program Type	Total Referrals	Admissions this quarter	Added to wait list this quarter	Missing	Case
Case Management (CM)	12				Manageme (CM)
Transitional Housing (TH)	0	0	0	0	Transitiona Housing (T
Rapid Rehousing (RRH)	71	25	71	-25	Rapid Rehousing (RRH)
Permanent Supportive Housing (PSH)	21	0	5	16	Permanent Supportive
Total Housing Program Referrals (not including CM):	92	25	76	-9	Housing (P

Possible Gaps In System	n:
# Scored for RRH but not referred	-27
# Scored for PSH but not referred	39

Wait lists	
Total on TH wait list	0
# removed from TH	
wait list	0
Total on RRH wait list	282
# removed from RRH	
wait list	0
Total on PSH wait list	12
# removed from PSH	
wait list	0

	Other Destinations			
Health care institution	0			
Prison/Jail	0			
Other destinations	3			
Which other destinations?	housing	no other details left related to what type of h		

#### System Feedback

Individual Grievanc	es	Agency Grievances	
# of Grievances:	n/a	# of Grievances:	0
# of Grievances Resolved:	n/a	# of Grievances Resolved:	n/a
Average Days to Respond:	n/a	Average Days to Respond:	n/a

Community Assessment of System



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### NC BoS Regional Committee Coordinated Assessment Outcome Report

	A current gap in the system is getting applications completed and submitted with the PSH application in
	order for the household to be referred to the program. Another gap is related to completing PSH
Gaps identified:	applications and follow ups with people that are homeless and not in a shelter.
Addressing gaps:	We now have a new coordinated assessment lead that will work to lessen these gaps in the system.
Side doors identified:	None have been identified.
Side doors identified.	
Addressing sidedoors:	n/a
	Knowledge of the system has shown to increase and more people are reporting and being added to the list.
	We had a successful diversion of one household to housing. Although we have a lack of participation from
What is going well?	one county, other counties have shown a great interest in using the system.
	The gaps that have been identified are related to consistent reporting of people when they exit Shelters and where they go. Also, there is a gap in completing the initial Prevention-Diversion screening and the VI-SPDAT in a specific time period that
	would be beneficial for the shelter and the household members. In addition, we will evaluate our surveys in order to learn
	how people feel using program services before, during, and after their experiences. Lastly, we will ensure agencies are handing out grievances to all people assessed since we have had 0 reported.
	We are working to develop a better system of removing people from the wait list and come up with solutions on how to get
	agencies to report exit destinations on households leaving their shelters. When evaluating the surveys we will address if the location and times are convenient for people and the process is being explained in a way that people understand.
What are challenges?	receiver and times are convenient for people and the process is being explained in a way that people differstand.

Plan Changes and CAC Feedback

Г	1
Amendments requested for coordinated	
assessment plan:	Not at this time.
Feedback for the CAC:	Not at this time.

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### **Region 6 Coordinated Assessment Outcomes**

### NC BoS Regional Committee Coordinated Assessment Outcome Report

<b>Regional Committee:</b>	Region 6 PRACC
Report Due:	10/15/2016
Report Submitted:	10/23/2017
<b>Time Period Covered:</b>	July - September
Implementation Date:	4/1/2015

**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.

	•		DV	
ii	Ĭ	1	Referred to DV services:	40
Presenting for shelte	er:	192	26%	
Missing P/D Screen:		39		
Prevention/Diversion	n Screen:	153	54% Referred to shelter or emergency se	ervices: 83
Missing P/D Screen	results:	-40	Total who left shelter before VI-SPD	AT: 31
			46%	
Went to another destionation	0			
destionation	n/a		Total number of households diverte	d from
Where?			homeless system:	70
			Needed mediation:	37
	alar.		Needed financial assistance:	37
			Total amount provided for diversion	: \$4,272.00
			Total amount requested for diversio	on: \$12,052.00
			Gap in diversion funding:	\$7,780.00

#### VI-SPDAT

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

( <u>8</u>				2			■ 0-3:
0		65%	Individual VI-	SPDAT S	cores		4-7:
Total VI-SPDAT	116		0-3:	18	24%		8-17:
Unsheltered	3		4-7:	40	53%		=017.
Sheltered	113		8-17:	17	23%		
Missing VI-SPDAT scores: People in shelter w/o VISPDAT	-1 -21		Total:	75			
		36%	Total:	75			■ 0-3:
People in shelter w/o VISPDAT	-21	36% 2	Total:	*;	ores		■ 0-3: ■ 4-8:
	-21	36%		*;	ores 33%	0	
Deople in shelter w/o VISPDAT	-21	36%	Family VI-SI	PDAT Sci	1	0	4-8:
People in shelter w/o VISPDAT	-21	36%	Family VI-SI	PDAT Sco 14	33%	0	4-8:

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### NC BoS Regional Committee Coordinated Assessment Outcome Report

Explanation of adjusted score ranges

### n/a

#### 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.

					Total Referrals
Program Type	Total Referrals	Admissions this quarter	Added to wait list this quarter		Case
Case Management (CM)	29				Mar (CM
Transitional Housing (TH)	0	0	0	0	Tran Hou:
Rapid Rehousing (RRH)	59	59	59	-59	Rapi
Permanent Supportive Housing (PSH)	26	26	26	-26	(RRH Perm Supp
Total Housing Program Referrals (not including CM):		85	85	-85	Hou

Possible Gaps In System	n:
# Scored for RRH but not referred	-1
# Scored for PSH but not referred	1

0

0

41

0

15

0

Wait lists

Total on TH wait list

# removed from TH wait list

Total on RRH wait list

Total on PSH wait list

# removed from PSH wait list

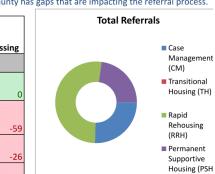
# removed from RRH wait list

	Other D	estinations
Health care institution	0	
Prison/Jail	0	
Other destinations	0	
	0	
Which other destinations?		

#### System Feedback

Individual Grievanc	es	Agency Grievances	
# of Grievances:	0	# of Grievances:	0
# of Grievances Resolved:	0	# of Grievances Resolved:	_
Average Days to Respond:	0	Average Days to Respond:	

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### NC BoS Regional Committee Coordinated Assessment Outcome Report

Gaps identified:	The continued gap is the lack of overall understanding of the process.
Addressing gaps:	We are having more conversations and scheduling training's to ensure the Region is well versed on the CA processes.
Cida da era ida etilia d	
Side doors identified:	Again the lack of understanding the process has opened a few doors that we are addressing
Addressing sidedoors:	More ongoing conversations as well as scheduling more trainings
	Efforts to bring more people to the table and having better by in from community members is moving
What is going well?	well
	We still have some who do not understand the system and how it can flow. Participation from inactive counties is still a hindrance we are working through. Transportation and overall
What are challenges?	communication can be better as it relates to who to contact and how to access resources

Plan Changes and CAC Feedback

Amendments requested for coordinated assessment plan:	N/A
	We need to develop some sort of written standards for outreach, that is a direction we have to strongly consider as we gather data

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### **Region 10 Coordinated Assessment Outcomes**

#### NC BoS Regional Committee Coordinated Assessment Outcome Report

Regional Committee:	Region 10 Neuse Regional Committee
Report Due:	10/15/2016
Report Submitted:	10/23/2017
Time Period Covered:	July - September
Implementation Date:	3/1/2016

**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.

	•-		7	DV		
i	i <b>l i</b> i		/	Referred to DV services:	100	
Presenting for shelter	r:	424	40%			
Missing P/D Screen:		172				
Prevention/Diversion	Screen:	252	56%	Referred to shelter or emergency s	ervices:	142
Missing P/D Screen re	esults:	7		Total who left shelter before VI-SP	DAT:	95
			1%			
Went to another						
destionation	10 Information n	at provided	-	ITTT		
Where?	momadorn	or provided.		Total number of households divert homeless system:	ed from	3
				Needed mediation:		0
				Needed financial assistance:		1
				Total amount provided for diversio	n:	\$384.75
				Total amount requested for diversi	on:	\$1,282.75
				Gap in diversion funding:		\$898.00

#### VI-SPDAT

F

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

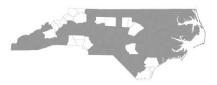
		88%	Individual V	I-SPDAT S	cores	= 0- = 4-	
Total VI-SPDAT	56		0-3:	9	18%	-8	3-17:
Unsheltered	18		4-7:	29	59%		. 17.
Sheltered	38		8-17:	11	22%		
	0		Total	: 49			
Missing VI-SPDAT scores: People in shelter w/o VISPDAT	0 109	13%	Total	: 49			
	0	13%				•0	
People in shelter w/o VISPDAT		13%	Family VI-	SPDAT Sc	-	-4-	1-8:
Deople in shelter w/o VISPDAT	eltered	13%	Family VI- 0-3:	SPDAT Sc 0	0%	-4-	
People in shelter w/o VISPDAT	eltered	13% *	Family VI- 0-3: 4-8:	SPDAT Sc 0 4	0% 57%	-4-	1-8:
People in shelter w/o VISPDAT	eltered	13% *	Family VI- 0-3:	SPDAT Sc 0	0%	-4-	1-8:

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### NC BoS Regional Committee Coordinated Assessment Outcome Report

Explanation of adjusted score ranges

#### 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 community has gaps that are impacting the referral process.

					Total Referrals
Program Type	Total Referrals	Admissions this quarter	Added to wait list this quarter	Missing	Case
Case Management (CM)	27				Management (CM)
Transitional Housing (TH)	3	3	0	0	Transitional Housing (TH)
Rapid Rehousing (RRH)	33	30	3	0	Rapid Rehousing (RRH)
Permanent Supportive Housing (PSH)	2	2	1		■ Permanent Supportive
Total Housing Program Referrals (not including CM):	38	35	4	-1	Housing (PSH

Possible Gaps In System	ו:
# Scored for RRH but not referred	0
# Scored for PSH but not referred	12

3

1

6

0

3

1

Wait lists

Total on TH wait list

# removed from TH wait list

Total on RRH wait list

Total on PSH wait list

# removed from PSH wait list

# removed from RRH wait list

	Other D	estinations
Health care institution	0	
Prison/Jail	0	
Other destinations	0	
	n/a	
Which other destinations?		
L	1	

#### System Feedback

Individual Grievanc	es	Agency Grievances	s
# of Grievances:	n/a	# of Grievances:	
# of Grievances Resolved:	n/a	# of Grievances Resolved:	n
Average Days to Respond:	n/a	Average Days to Respond:	n,

**Community Assessment of System** 

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### NC BoS Regional Committee Coordinated Assessment Outcome Report

Gaps identified:	Effective utilization of coordinated assessment has been identified as a gap.
	A conference call/webinar was held recently with committee members. The training was led by Ehren Dohler who provided a basic overview of Coordinated Assessment; approximately 18 Committee
	members participated. We will also begin using Google Docs instead of DropBox to share information,
Addressing gaps:	in an effort to make things as easy as possible.
Side doors identified:	Unknown
Addressing sidedoors:	N/A
	We have recruited a new leader, who will hopefully have the time to assist with education,
What is going well?	compliance, quarterly report data, case staffings, etc.
	There are real challenges having a coordinated approach across 6 counties. Doing the work takes a
What are challenges?	serious amount of time and not all interested committee members have the time/ability/interest to take on a leadership role.
what are chanenges?	

**Plan Changes and CAC Feedback** 

Amendments requested for coordinated assessment plan:	None
Feedback for the CAC:	None

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### **Region 11 Coordinated Assessment Outcomes**

#### NC BoS Regional Committee Coordinated Assessment Outcome Report

Regional Committee:	Region 11 Northeastern Homeless Coalition
Report Due:	10/15/2016
Report Submitted:	10/13/2017
Time Period Covered:	July - September
Implementation Date:	4/1/2017

#### **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.

	•.		DV	
ii	)i		Referred to DV services:	0
Presenting for shelte	er:	6	0%	
Missing P/D Screen:		0		
Prevention/Diversion	n Screen:	6	0% Referred to shelter or emergency service	ces: 0
Missing P/D Screen r	esults:	0	Total who left shelter before VI-SPDAT:	0
			100%	
Went to another				
destionation	1 Adult care home		INTEL	
Where?	Huan care nome		Total number of households diverted fr homeless system:	om 6
			Needed mediation:	3
			Needed financial assistance:	2
			Total amount provided for diversion:	\$231.75
			Total amount requested for diversion:	\$231.75
			Gap in diversion funding:	\$0.00

#### VI-SPDAT

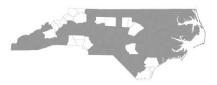
The VI-SPDAT screen identifies housing barriers for households and assists in identifying and prioritizing households for housing programs.

I VI-SPDAT 0 0 0 al: 0	#DIV/0!           #DIV/0!           #DIV/0!		■ 4-7: ■ 8-17:
0	#DIV/0!		8-17:
0			- 0 17.
	#DIV/0!		
al: 0			
	20		
/I-SPDAT S	Scores		<b>0</b> -3: <b>4</b> -8:
0	#DIV/0!		<b>9-22</b> :
0	#DIV/0!		
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### NC BoS Regional Committee Coordinated Assessment Outcome Report

Explanation of adjusted score ranges

#### 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.

					Total Referrals
Program Type	Total Referrals	Admissions this quarter	Added to wait list this quarter	Missing	Case
Case Management (CM)	0				Management (CM)
Transitional Housing (TH)	0	0	0	0	<ul> <li>Transitional Housing (TH)</li> </ul>
Rapid Rehousing (RRH)	0	0	0	0	■ Rapid Rehousing ((RH)
Permanent Supportive Housing (PSH)	0	0	0	0	Permanent Supportive
Total Housing Program Referrals (not including CM):		0	0	0	Housing (PSH

Possible Gaps In System	ו:
# Scored for RRH but not referred	0
# Scored for PSH but not referred	0

Wait lists

Total on TH wait list

# removed from TH wait list

Total on RRH wait list

Total on PSH wait list

# removed from PSH wait list

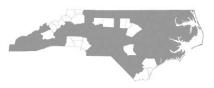
# removed from RRH wait list

		Other D	estinations
0	Health care institution	0	
0	Prison/Jail	0	
0	Other destinations	0	
0		NA	
0	Which other destinations?		
0			

#### System Feedback

Individual Grievanc	es	Agency Grievances	
# of Grievances:	0	# of Grievances:	
# of Grievances Resolved:	0	# of Grievances Resolved:	
Average Days to Respond:	NA	Average Days to Respond:	N

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### NC BoS Regional Committee Coordinated Assessment Outcome Report

	Lack of resources, lack of funding, lack of shelters/transitional housing, lack of participation in the CA
Gaps identified:	process.
	Our regional committee continues to meet regularly. Our committee continues to reach out to community agencies and leaders to encourage participation in the Coordinated Assessment process. Our committee continues to work on ways agencies can partner/collaborate. Agencies will be
Addressing gaps:	applying for ESG funds this year for the region.
Side doors identified:	We have not identified any side doors at this time.
Addressing sidedoors:	We have not identified any side doors at this time.
	The DSS in Hertford County has been consistently participating in the coordinated assessment system. DSS has been able to successfully prevent/divert most individuals that have presented to
What is going well?	them from homelessness.
	Large geographic region, very rural area, limited resources, limited funding, lack of agencies participating in the Coordinated Assessment System consistently, lack of agencies administering the
What are challenges?	screening tools.

**Plan Changes and CAC Feedback** 

Amendments requested for coordinated assessment plan:	No
Feedback for the CAC:	None at this time.

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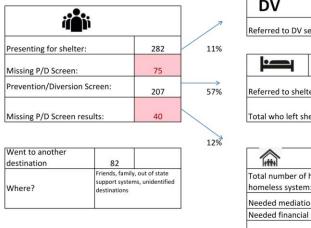
### **Region 12 Coordinated Assessment Outcomes**

#### NC BoS Regional Committee Coordinated Assessment Outcome Report

Region 12
10/15/2016
10/17/2017
July - September
4/1/2017

**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.



DV		
Referred to DV services:	23	
Referred to shelter or emerge	ency services:	119
Total who left shelter before	VI-SPDAT:	74

Total number of households diverted from	
homeless system:	25
Needed mediation:	0
Needed financial assistance:	17
Total amount provided for diversion:	Unknown
Total amount requested for diversion:	Unknown
Gap in diversion funding:	#VALUE!

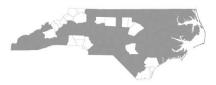
#### VI-SPDAT

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

8=							■ 0-3:
12 120		84%	Individual VI-	SPDAT S	cores		4-7:
Fotal VI-SPDAT	61		0-3:	13	25%		■ 8-17:
Jnsheltered	0		4-7:	23	45%		
Sheltered	61		8-17:	15	29%		
Vissing VI-SPDAT scores:	0		Total:	51			
People in shelter w/o VISPDAT	7						
		1.00					
		16%	C.				
		16%		•			■ 0-3:
		16%	Family VI-SF	PDAT Sco	ores	C	■ 0-3: ■ 4-8:
Unsh	eltered	16%	Family VI-SF	PDAT Sco 2	ores	C	
		16% *	· · ·		-	C	4-8:
Unsh		16% *	0-3:	2	20%	C	4-8:

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### NC BoS Regional Committee Coordinated Assessment Outcome Report

Explanation of adjusted score ranges

#### 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 community has gaps that are impacting the referral process.

					Total Referrals
Program Type	Total Referrals	Admissions this quarter	Added to wait list this quarter	Missing	Case
Case Management (CM)	41				Management (CM)
Transitional Housing (TH)	0	0	0	0	Transitional Housing (TH)
Rapid Rehousing (RRH)	30	9	21	0	Rapid Rehousing (RRH)
Permanent Supportive Housing (PSH)	9	0	9	0	Permanent Supportive
Total Housing Program Referrals (not including CM):		9	30	0	Housing (PSH

Possible Gaps In System	ו:
# Scored for RRH but not referred	0
# Scored for PSH but not referred	7

0

0

17

13

11

0

Wait lists

Total on TH wait list

# removed from TH wait list

Total on RRH wait list

Total on PSH wait list

# removed from PSH wait list

# removed from RRH wait list

Other D	Destinations
2	
0	
21	
Supporte	ed with TANF funds; supported with Disabilities
	2 0 21

#### System Feedback

Individual Grievance	es	Agency Grievances	
# of Grievances:	0	# of Grievances:	
# of Grievances Resolved:	0	# of Grievances Resolved:	
Average Days to Respond:	0	Average Days to Respond:	(

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### NC BoS Regional Committee Coordinated Assessment Outcome Report

	There continues to be a shortage of low income housing for households who are homeless or at risk of becoming homeless, as well as a shortage of financial assistance to meet the myriad of situations that arise.
	Lack of consistency with administering the P/D and VI-SPDAT screens is an ongoing issue. Some agencies do one, but not both. Some agencies are showing agitation with the process because they do not see a benefit. Also, there are still gaps in the region where coverage has not been phased in. In some cases there has been agreement to participate, but no results. In other cases, there is still lack of interest/participation.
	Follow-up with people who are discharged from shelter for compliance issues is an ongoing challenge. We have gotten better at trying to contact people, but the results are inconsistent. There is still a need for more outreach.
Gaps identified:	Another gap is lack of shelter for homeless women in Beaufort County.
Addressing gaps:	The Coordinated Assessment team continues to engage partners to administer the screening tools consistently. There are also efforts underway to promote, engage, educate, encourage, and mentor more participants across Region 12. Some that initially agreed to participate have not followed through, which presents a challenge. The CA Lead is now attending 3 monthly meetings (Tri- County/Washington, Martin & Bertie), Beaufort County, and Pitt County. Additionally, offers have been made to meet with individual agencies to explain the process and advantages of participation.
Audressing gaps.	agencies to explain the process and advantages of participation.
Side doors identified:	The inconsistency of use of the P/D screen presents a side door. Mental Health agencies have been a challenge because they have not been accustomed to the P/D and VI-SPDAT screens. We work with them, helping to perform the tools, so that their referrals are made. As previously reported, law enforcement and hospital discharges present a side door. Because of the circumstances under which those referrals are made, hurried/crisis driven/outside business hours, there is a reluctance not to accept these referrals.
	There is an interest among some of the regional committee to meet with mental health providers to see if they are willing to perform the P/D and VI- SPDAT for clients they want to refer. We will explore the possibility of a meeting in the coming months. If a meeting is able to be scheduled, perhaps we can include law enforcement and health care representatives to see if we can address that side door issue at the same time. We continue to seek input from other regions that may have been successful in addressing these same side doors.
Addressing sidedoors:	With regard to inconsistency of administering screens among partner agencies, it is our hope that attending the monthly meetings, and scheduling individual meetings with agencies will help to increase participation by eliminating the barriers that are causing resistance.
What is going well?	All counties in Region 12 now have monthly meetings, which helps with communication. Through the ESG application process that is currently underway, there is a plan to have region-wide coverage for RRH and shelter, so that there are formal and direct lines of referral to help the CA system work more effectively.
	The CA system continues to combat hesitancy/reluctance on the part of some to participate. We are also discovering that the learning curve in a largely rural region poses a challenge. Things about the CA system that we thought were understood, we are now realizing are not clearso there is a need for ongoing explanation and education.
	Completing this quarterly report has proven challenging. In tabulating information inconsistencies in information were identified, some of which are not corrected. There is also no place to list referrals that were made to resources outside of the CA system, only placements into housing outside of the system. In our region, we make referrals to a variety of sources, both inside and outside the CA system. Only placements into housing outside of document that information. There is also no place to document referrals/placements that were made when the VI-SPOAT was not performed. Since there are communities that are still not fully engaged in the system, there are housing referrals made and placements that occur outside the system. While we know your preference is to have everything going through the CA system, when there is work happening in the region, but outside the SA
What are challenges?	system, it would be good to have a place to document that information.

**Plan Changes and CAC Feedback** 

Amendments requested for coordinated assessment plan:	N/A	
Feedback for the CAC:	See Coordinated Assessment Challenges.	

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