



North Carolina Balance of State Continuum of Care

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NC Balance of State Continuum of Care Plan to End Veterans Homelessness

November 2016

In *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, the US Interagency Council on Homelessness (USICH) outlines goals for Continuums of Care that include ending veteran homelessness by 2015.¹ To assist communities in reaching this objective, the USICH also published *Achieving the Goal of Ending Veteran Homelessness: Criteria and Benchmarks*, which outlines how systems can achieve an effective end to veteran homelessness. Effectively ending homelessness for veterans means that communities have designed systems to quickly identify and house homeless veterans.² To date, 29 cities and 2 states have met the USICH benchmarks, and virtually every state and most communities have made significant progress. Two North Carolina communities, Fayetteville/Cumberland and Winston-Salem/Forsyth have met the criteria for ending veteran homelessness. North Carolina has created a task force for ending veteran homelessness with leadership from the NC Department of Military and Veterans Affairs, the NC Coalition to End Homelessness, and the Veterans Integrated Service Network (VISN) 6 that is supporting local efforts across the state. As part of this statewide effort, the North Carolina Balance of State Continuum of Care (BoS CoC) has set its goal to meet the USICH criteria and benchmarks by December 2017.

To meet the goal of ending homelessness in 79 counties, the BoS CoC will need to work alongside key partners in the design and implementation of this plan. These key partners include VA VISN staff, VA Medical Center Staff, SSVF providers, Regional Committee leadership, NC Department of Military and Veteran Affairs staff, and the BoS CoC's HUD Vets@Home technical assistance provider. On August 2, 2016, the BoS Steering Committee voted to establish a Veterans Subcommittee for the BoS CoC that includes key federal, state, and local partners to assist in overseeing the implementation of this plan to end veteran homelessness. BoS CoC staff will invite partners to meet as a subcommittee for the first time in November 2016.

A Regional Approach

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.³ The new Regional Committee structure allows the BoS CoC to provide full coverage for all 79 counties in its catchment area. Furthermore, the Steering Committee formed the new Regional Committees to create coordinated regional homeless service systems with more system components (i.e. emergency shelter, rapid re-housing, and

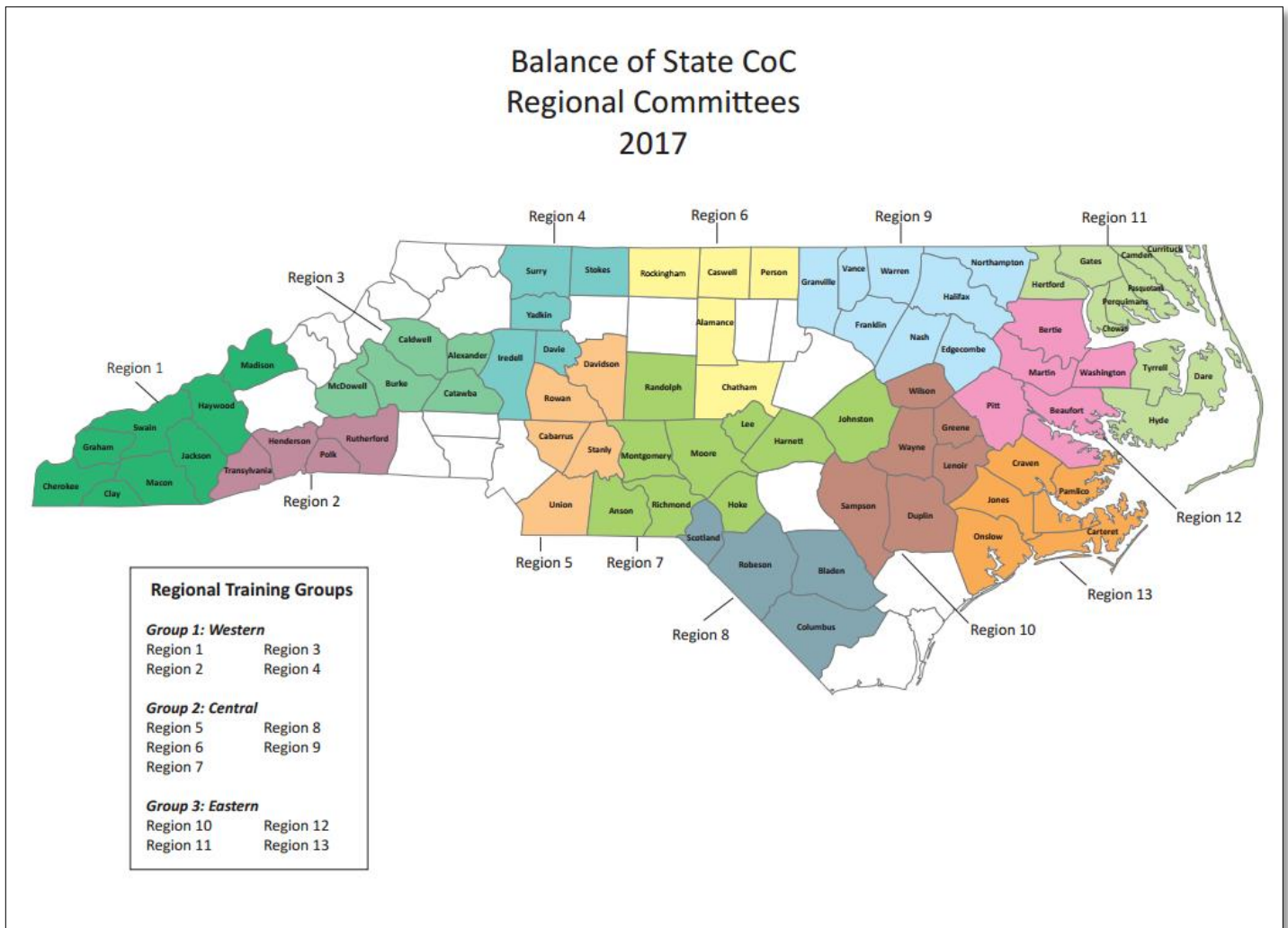
¹ <https://www.usich.gov/opening-doors>

² https://www.usich.gov/resources/uploads/asset_library/Achieving_the_Goal_Ending_Veteran_Homelessness_v3_10_01_15.pdf

³ <http://www.ncceh.org/bos/restructuring/>

permanent supportive housing) available to support homeless households. Please see Figure 1 for a map of the new 13 Regional Committees.

Figure 1. Map of 13 New BoS CoC Regional Committees



Regional Committees are in the consolidation phase of the restructuring process from June 2016 through December 2016. During this phase, Transition Committees from each of the new 13 regions have formed to make key decisions about policies and procedures. The BoS CoC expects all 13 Regional Committees to begin operating under the new structure on January 1, 2017. Please see Figure 2 for the consolidation phase timeline.

The BoS CoC's plan to end veteran homelessness will utilize the new Regional Committee structure. Each region will operate as its own veterans system and will track data about identified homeless veterans and system performance at a regional level.



Figure 2. Consolidation Phase Timeline for Regional Committees

Benchmark	Complete by
Initial meeting of current Regional Committee leaders and formation of a Transition Committee	June 30, 2016
Complete a draft plan for new Regional Committee transition that includes: <ul style="list-style-type: none"> • Meeting structure, frequency, and location • Consolidation of contact lists and communications • Plan for Regional Committee leadership and election • Plan for fair and equitable distribution of financial and funding resources • Plan for outreach and engagement to all counties included in the Regional Committee • Plans for standing workgroups and subcommittees • Timeline and plan for future Point-in-Time Count • Timeline and plan for consolidated Coordinated Assessment Plan • New name for the consolidated Regional Committee 	July 31, 2016
Presentation of transition plans to current Regional Committees for approval	August 31, 2016
Initial consolidated meeting of the new Regional Committee/election of new Regional Committee leadership	September 30, 2016
1-day regional meetings with BoS CoC staff and new RC leadership <ul style="list-style-type: none"> • Greenville • Burlington • Morganton 	October/November, 2016
Creation of Point-in-Time Count and Coordinated Assessment subcommittees	October 31, 2016

Regional Veteran Homeless Assistance System

Goal

The goal of the regional veteran system is to meet the federal benchmarks and criteria in each of the 13 Regional Committees by establishing and continuing to maintain an optimized homeless assistance system that effectively and continually prevents and ends veteran homelessness across the BoS CoC. To accomplish this goal, the BoS CoC, State and VA partners will create a regional veteran system to quickly identify and house veterans in all 13 Regional Committees.

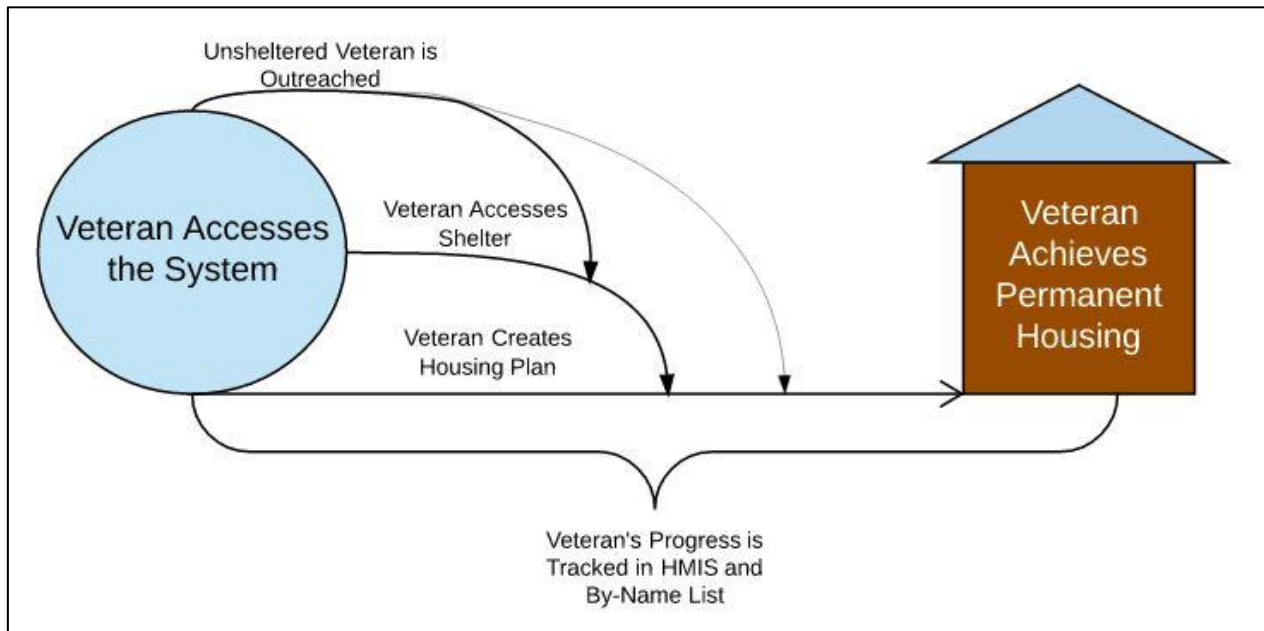
Vision

Each Regional Committee will be assigned a primary SSVF grantee who will provide outreach to homeless veteran households, assess them for eligibility, and oversee their connection to housing. These SSVF grantees will act as system navigators for each identified veteran, no matter the veteran's VA eligibility status, to ensure data collection and connection to permanent housing as quickly as possible. The permanent housing placement may be provided by SSVF, HUD-VASH, CoC and ESG programs, or other community housing programs. If a veteran is not eligible for SSVF assistance, the SSVF provider as navigator will connect the veteran to the Regional Committee's coordinated assessment process to access community housing programs.



With the new Regional Veteran Homeless Assistance System veterans who are homeless will be quickly identified and engaged, will be offered and have access to low-barrier shelter, and will be offered and have access to low-barrier permanent housing placement and stabilization assistance. The BoS CoC will ensure targeted use of transitional housing based on veteran choice and make sure that housing interventions are coordinated and readily available. Figure 3 provides an overview of the housing process for veteran households in the new system.

Figure 3. Regional Veteran Homeless Assistance Overview



System Oversight and Key Responsibilities

Within the new regional veteran system, stakeholders will have key oversight responsibilities. Please see Figure 4 for an outline of these tasks.

Figure 4. Oversight Responsibilities in the Regional Veteran System

Stakeholder	Key Responsibilities
Balance of State CoC	<ul style="list-style-type: none"> • Provide ongoing oversight of performance measurement and oversee the by-name list • Establish policies, goals, and general procedures for the CoC • Assist in addressing regional barriers • Staff the Veteran Subcommittee • Staff the Coordinated Assessment Council that oversees coordinated assessment system
Balance of State Regional Committees	<ul style="list-style-type: none"> • Create and implement a standard protocol once a homeless veteran is identified • Establish policies and goals for each region as needed • Work with SSVF providers to find a solution for veterans ineligible for VA programs • Oversee regional performance • Oversee coordinated assessment process and ensure accurate



	<ul style="list-style-type: none"> identification and referral process for veterans • Outreach and engage public housing authorities to set a preference for homeless veterans • Outreach and engage key systems to participate, including jails, prisons, NC works and Departments of Social Services
SSVF Grantees	<ul style="list-style-type: none"> • Outreach and identify homeless veterans • Ensure offer/access to emergency bed • Act as system navigator for veteran • Assess for eligibility for SSVF programs • Refer to VAMC for VA eligibility assessment • Offer and/or connect to permanent housing intervention • Assist in regional planning process • Serve on the CoC Veteran Subcommittee
VA Medical Centers	<ul style="list-style-type: none"> • Assess veterans for VA eligibility • Offer and document a choice of a Grant Per Diem program • Oversee contracts for Health Care for Homeless Veterans (HCHV) shelter beds including how to best utilize contract beds to meet shelter needs in each region • Coordinate VA outreach activities with regions • Participate in each region's coordinated assessment process and utilize the by-name list to prioritize resources • Work with each region to utilize the by-name list in awarding HUD-VASH vouchers
CoC and ESG Grantees	<ul style="list-style-type: none"> • Connect veterans who are not eligible for SSVF services to the region's coordinated assessment process to access community housing programs • Provide permanent housing resources for veterans who refuse to work with SSVF providers or who are ineligible for VA programs
Public Housing Authorities	<ul style="list-style-type: none"> • Establish preferences for homeless veterans for available vouchers and/or units • Assist with permanent housing providers in developing move on programs to increase permanent housing exits and capacity to serve more households • Assist with porting HUD-VASH vouchers as needed
NC Department of Military and Veterans Affairs	<ul style="list-style-type: none"> • Assess veterans who call for assistance for VA eligibility • Staff and support the State Task Force on ending veteran homelessness to assist the Balance of State CoC in addressing barriers • Provide a point of contact and referrals for homeless veterans that call hotline
NC LME/MCO Agencies	<ul style="list-style-type: none"> • Provide a point of contact and referrals for homeless veterans that call hotline

Primary SSVF Providers for Each Regional Committee

In partnership with BoS CoC and SSVF providers, primary SSVF providers have been identified for each Regional Committee, except for Region 11. Currently, Region 11 has no coverage by SSVF providers. This need is discussed in the Identified Needs section.



The primary SSVF providers listed in Figure 5 will act as navigators for homeless veterans to ensure a placement in permanent housing as quickly as possible.

Figure 5. Primary SSVF Providers for Regional Committees

Regional Committee	Primary SSVF Provider	SSVF Point of Contact	Other SSVF Providers in the Region
Region 1	ABCCM	Jill Carter, (828) 398-6785 , jill.carter@abccm.org	Not Applicable
Region 2	ABCCM	David Carr, (828) 388-5749 , david.carr@abccm.org	Not Applicable
Region 3	ABCCM	Curry Cromer, (980) 201-8672 , curry.cromer@abccm.org	Community Link Family Endeavors (Charlotte Region)
Region 4	United Way of Forsyth County	Rose Fisher Director of CIC and FRRC, (336) 721-9369 , Rose.Fisher@uwforysyth.org	Community Link Family Endeavors (Charlotte Region)
Region 5	Community Link	Rocco Bacelli, Veteran Outreach Specialist, RBacelli@communitylink-nc.org , 704-943-9638	Family Endeavors (Charlotte Region) United Way of Forsyth County
Region 6	Volunteers of America (Durham Region)	Primary POC- Robin Henry, Team Lead II, Rhenry@voa.org , 919-530-1100 Secondary POC- Tiana Terry, Program Director, Tterry@voa.org	Family Endeavors (Charlotte Region)
Region 7	Family Endeavors (Fayetteville Region)	Shanita Harris, 910-672-6166 ext. 287	Family Endeavors (Charlotte Region) Volunteers of America (Durham and Rocky Mount Regions)
Region 8	Family Endeavors (Fayetteville Region)	Greg Schell, 910-672-6166 ext. 283	Family Endeavors (Jacksonville Region)



Region 9	Volunteers of America (Durham Region)	Primary POC- Robin Henry, Team Lead II, Rhenry@voa.org , 919-530-1100 Secondary POC- Tiana Terry, Program Director, Tterry@voa.org	Volunteers of America (Rocky Mount Region)
Region 10	Family Endeavors (Fayetteville Region)	Latina James, 910-672-6166 ext. 252	Family Endeavors (Jacksonville Region) Volunteers of America (Rocky Mount Region)
Region 11	Not identified at this time	TBD	Volunteers of America (Rocky Mount Region) in Hertford County
Region 12	Volunteers of America (Rocky Mount Region)	Primary POC- Tina Rodgers, Team Lead, Trodgers@voa.org , 252-985-0230 Secondary POC- Tiana Terry, Program Director, Tterry@voa.org	Family Endeavors (Jacksonville Region) Volunteers of America (Durham Region)
Region 13	Family Endeavors (Jacksonville Region)	Ashly Tinkham, 910-672-6166 ext. 266	Not Applicable

Outreach, In-reach and Coordinated Assessment

The goal of outreach is to immediately identify and engage unsheltered homeless veterans and offer low-barrier shelter and permanent housing assistance to any homeless veteran within the CoC. For those regions that do not have shelter, the CoC has identified a need for a flexible funding source for emergency housing in hotels/motels or other housing. This need will be discussed later in the plan.

Outreach within Regional Committees will take two forms: passive and assertive. With passive outreach, SSVF providers, with the help of regional leadership, will identify key community partners to aid in identifying homeless veterans. SSVF providers will train these community partners on how to identify veterans experiencing homelessness and how to make a referral to the primary SSVF agency in the region. Referrals will be made on an ongoing basis. In addition, the primary SSVF provider for each region will also be responsible for contacting the identified community partners at a minimum of 2 times per month, whether in-person or by phone, to ask for potential referrals.

Assertive outreach will be the primary responsibility of the SSVF providers in each Regional Committee, with the primary SSVF provider coordinating efforts. Assertive outreach involves visiting and surveying sites where unsheltered homeless people sleep or frequent to identify homeless veterans and to offer them shelter and housing. Through this approach, providers can continue to engage known veterans and identify new veterans who need assistance. SSVF



providers will also work with community partners who already conduct outreach to train them in how to identify and refer veterans.

The primary SSVF provider will also coordinate in-reach efforts to identify homeless veterans in shelter and transitional housing programs that do not participate in coordinated assessment or the HMIS system. SSVF providers will train agency staff at non-participating agencies on how to identify veterans and how to make a referral to the primary SSVF agency in the region. Referrals will be made on an ongoing basis. In addition, the primary SSVF provider for each region will also be responsible for contacting these agencies at a minimum of 2 times per month, whether in-person or by phone, to ask for potential referrals. The BoS CoC will also continue to outreach these agencies to encourage participation in the regional coordinated assessment process and HMIS.

Each region will create written outreach procedures based on the number of veterans identified and resources available. These procedures will include passive and assertive outreach strategies, key partners, frequency, and what happens when an unsheltered veteran is identified to ensure CoC goals are met. SSVF providers will participate in the BoS CoC 2017 Point-in-Time Count on January 25, 2017, to establish a baseline of identified veterans per Regional Committee with the goal of training regional partners on how to identify a veteran, tracking locations of unsheltered veterans for follow-up outreach, and tracking the areas not covered in the count to focus new outreach efforts.

System Navigation

As communities identify homeless veterans through outreach or in-reach activities, the primary SSVF provider will be notified. The primary SSVF provider will either meet with the veteran or identify another SSVF provider who covers the region to contact the veteran. Upon contact, the assigned SSVF provider will determine veteran eligibility for SSVF and HUD-VASH and add them to the Regional Committee's by-name list.

If the SSVF provider identifies the veteran as eligible for VA-funded services, they will ensure a connection to either an SSVF or HUD-VASH program in the region to assist with permanent housing placement. Enrollment in an SSVF or HUD-VASH program will indicate the offer and acceptance of a permanent housing intervention.

If the veteran is ineligible for VA benefits or does not want to participate in a VA program, the SSVF provider will connect the veteran to the Regional Committee's coordinated assessment process for assessment and prioritization for CoC and other community housing programs. Each region will create written procedures about referring into the coordinated assessment process, how data will be collected, how housing offers will be tracked, and how veterans will be prioritized for housing. CoC staff will follow up with the Regional Committee's coordinated assessment lead for updates on veterans entering the coordinated assessment process.

Offer of Shelter

When an unsheltered veteran is identified during outreach, SSVF providers will make an immediate referral to the coordinated assessment system. If the region's coordinated assessment system identifies an unknown veteran, the provider completing either



the Prevention and Diversion Screen at shelter entry or the VI-SPDAT screen if outreached and unsheltered, the provider will make an offer of shelter and refer the veteran to the primary SSVF provider in the region. For veterans ineligible for VA programs, the SSVF provider will work with providers in the region's coordinated assessment system to ensure that shelter placement has been offered and identifying information entered into HMIS.

For veterans who decline an offer of shelter, the SSVF provider acting as navigator will routinely offer shelter in conjunction with the regional coordinated assessment process while also working to secure a permanent housing placement.

For regions that do not have shelter, an offer of emergency housing in a hotel or motel will be made. SSVF providers are able to offer this assistance for a limited time period. When veterans do not qualify with VA services, the BoS CoC Regional Committees will use community resources available for emergency placement and the BoS CoC will continue to work with the NC Department of Military and Veteran Affairs to advocate for flexible funding to supplement SSVF resources and provide emergency housing.

The BoS CoC will also partner with the VA medical centers to expand the use of HCHV emergency contract beds within the CoC to increase the number of shelter beds available for veterans and ensure access to emergency beds for veterans.

Transitional Housing

Though the BoS CoC does not have Grant Per Diem programs, service-intensive transitional housing programs funded through private sources are available to veterans. Both the primary SSVF provider and the local agencies that are access points for the Regional Committee's coordinated assessment process will ensure veterans are offered a choice of permanent housing assistance (e.g., SSVF) either prior to entering the transitional housing program or once identified in the transitional housing program.

Literally homeless veterans referred to Grant Per Diem programs outside of the BoS CoC who originated from the BoS CoC will be welcomed back to their home counties if they choose to return. SSVF providers are responsible for following up with veterans while in Grant Per Diem programs to develop housing plans for their return. For veterans that entered Grant Per Diem programs without literal homeless status, SSVF providers will not accept referrals from Grant Per Diem programs until the program attempted a discharge into housing using the veteran's support resources.

If the veteran states a preference to first stay in the service-intensive transitional housing program to address their service needs, SSVF providers will provide their contact information and instructions for accessing appropriate services as soon as the veteran wants to begin the process for locating and moving into permanent housing.

Regional Committees will continue to outreach transitional housing providers and will include them in the regional coordinated assessment process to improve the ability of the system to identify veterans before transitional housing placement.



Connection to VA and Mainstream Benefits

SSVF providers will assess each veteran's eligibility for VA benefits upon initial contact. If eligible for VA benefits, the SSVF provider will refer the veteran to the Veterans Benefits Administration Homeless Outreach Coordinator at the VA Medical Center serving the region. If the veteran is ineligible for VA benefits, the SSVF provider will make a referral to the Managed Care Organization (MCO) Veteran Services program for the region, ensuring the veteran connects to local programs and mainstream benefits, as appropriate.

SSVF providers set a goal to have a dedicated SOAR caseworker to whom they can refer veterans for access to Social Security disability benefits. BoS CoC staff will work with SSVF providers to achieve this goal.

Inclusion in HMIS and Master List

To track the BoS CoC's progress in meeting the goal of ending veteran homelessness, key data will need to be tracked for each of the 13 regional veteran systems. Each region should maintain:

- **By-Name List:** This list will identify all homeless⁴ veterans within each region and will be updated at least monthly using the USICH template.
- **System Performance Dashboard:** This dashboard will be created with the assistance of the NCCEH Data Center to track key performance measures for homeless veterans within the HMIS system, including average length of time homeless, exits to permanent housing, new entries to the system, and increases in income.

BoS CoC staff and SSVF providers will work jointly to maintain a current by-name list for each region. BoS CoC staff will pull regular reports from agencies that use HMIS to identify veterans, place them on the list, and ensure that the primary SSVF provider for the region makes contact. SSVF providers will make bi-weekly contact with agencies not currently using HMIS to check if any veteran currently accesses services in their programs. If veterans are staying in these programs, the primary SSVF provider will contact the veteran and gather necessary information to provide to BoS CoC staff an update for the by-name list. BoS CoC staff will continue to encourage agencies not using NC HMIS to join the system.

Identified Needs

During the creation of this plan to end veteran homelessness within the BoS CoC, partners identified gaps and existing needs. The partners must address these needs through creative solutions to fully actualize the 13 regional veteran systems. These needs include:

- ***Complete SSVF Coverage for Region 11***
Currently, 9 out of the 10 counties in Region 11 of the BoS CoC are not covered by an SSVF provider. These counties are an under-served area in the BoS CoC and need support from SSVF programs to provide housing services to veterans. SSVF providers

⁴ https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf



have identified that an increase in funding from the VA is needed for staff, travel, and assistance to expand coverage to these areas. Research is being conducted to determine how veteran service officers can be utilized to provide corollary support.

- *Increase Staff Capacity at the CoC*

An increase in staff capacity at the CoC level is needed to support and oversee the implementation of the 13 regional veteran systems. Please see Attachment 1 of this plan for a proposed scope of BoS CoC staff activities. The BoS CoC and SSVF providers are discussing how to fund an increase in CoC staff capacity.

- *CoC-Wide Access Point*

A CoC-wide access point is needed to streamline referrals and assist in outreaching veterans experiencing a housing crisis. Partners identified that a phone option allowing veterans or concerned community members to identify homeless veterans would be most beneficial. BoS CoC staff is currently discussing the possibility of using the Department of Military and Veterans Affairs NC4Vets hotline as an access point.

- *Flexible Funding for Emergency Shelter and Permanent Housing Needs*

While most Regional Committees have emergency shelter, some areas in the BoS CoC have no emergency shelter beds available for households not experiencing a domestic violence situation. In these areas, flexible funding is needed to provide emergency shelter through hotel/motel vouchers and other housing resources. While SSVF providers can provide limited assistance for eligible veterans, funding is needed to supplement these resources and cover veterans ineligible for SSVF services. Funding is also needed to provide permanent housing resources for veterans identified as homeless but who remain ineligible for VA programs and/or who do not want to participate in VA programs. While the BoS CoC has access to CoC and ESG funding for housing programs, the current levels of funding do not meet the need and access to these funds is not uniform across all regions. Additional flexible funding will assist with other needs that are ineligible expenses for SSVF providers (i.e. rental arrears, etc.) that can create barriers to getting veterans into permanent housing. To identify additional costs that the flexible funding will cover, the BoS CoC recommends that a survey be completed of SSVF providers. The *Status of Veteran Homelessness in North Carolina: Preliminary Report* identified this funding as a need.⁵

- *Increase in VA Contract Beds for Emergency Shelter*

For the BoS CoC to offer a veteran experiencing homelessness an immediate shelter more shelter capacity is needed. Increasing HCHV VA funding for contract beds and assuring that HCHV-funded beds are aligned with local coordinated assessment and the regional veteran systems would help to expand the available shelter beds for veterans.

- *Housing Preferences that Prioritize Veterans*

⁵ <https://ncdmva.s3.amazonaws.com/s3fs-public/documents/files/homeless%20vet%20report.pdf>



VA and CoC housing programs are not the only ways that veterans can access affordable, permanent housing. Public Housing Authorities (PHA) and HUD Multi-Family Properties also offer valuable housing stock for veterans to end homelessness. These agencies may set preferences, prioritizing homeless veterans and their families for available units and vouchers. To fully utilize these resources, more PHAs and HUD Multi-Family Properties need to set veteran preferences. BoS CoC staff and SSVF programs need to outreach, educate, and advocate for veteran preferences.

Proposed Timeline

To meet the goal of ending veteran homelessness, the partners propose the following timeline for implementation of the 13 regional veteran systems. The timeline outlined in Figure 6 will need to be adjusted if partners do not identify additional resources to fund staff capacity at the CoC level to support these activities.

Figure 6. Implementation Timeline for Regional Veteran System

Task	Proposed Deadline	Responsible Party
Finalize draft of Regional Veteran Plan with SSVF providers	October 2016	CoC staff and SSVF providers
Form and hold first meeting of the BoS CoC Veterans Subcommittee	November 2016	CoC staff
Finalize contracts with SSVF providers for CoC staff position if applicable	December 2016	CoC staff and SSVF providers
Fill new CoC staff position to accomplish plan to end veteran homelessness	January 2016	CoC staff
Present Regional Veteran Plan for Balance of State CoC Steering Committee approval	January 2016	CoC staff
SSVF providers participate in 2017 PIT Count in all 13 regions to establish a baseline number for homeless veterans in the CoC	January 25, 2017	SSVF providers and Regional Committee leadership
Create a plan template and generic system flow mapping guide with decision points to assist SSVF providers and Regional Committees to develop local veteran homeless system plan and procedures	January 31, 2016	CoC staff
Develop Regional Veteran Plans with SSVF providers and Regional Committees	January – March 2017	Regional Committee leadership, primary SSVF providers, and CoC staff
Create process for establishing by-name lists for each region	January – March 2017	CoC staff
Complete SSVF grantee coverage realignment so BoS CoC has full coverage	March 2016	CoC staff, VA leadership, SSVF providers, Regional Committee leadership
Submit Regional Veteran Plans to the Veterans Subcommittee	April 1, 2017	Regional Committee leadership, primary



		SSVF providers, and CoC staff as support
Veterans Subcommittee reviews and approves 13 Regional Veteran Plans	May 2017	Veterans Subcommittee
Implement new Regional Veteran Plans in all 13 regions	June 1, 2017	Regional Committee leadership, SSVF providers, and CoC staff as support
Establish regular case conferencing meetings in each region	June 2017	CoC staff
Have a by-name list in each region	June 2017	CoC staff
Data collection for submission to the USICH	September-November 2017	Data Center staff, CoC staff, SSVF providers
Submit application for meeting USICH benchmark and criteria	December 31, 2017	CoC staff and Veterans Subcommittee

North Carolina Balance of State Continuum of Care Plan to End Veteran Homelessness Addendum: Outreach and Shelter Procedures

Background: The NC BoS CoC covers a large geographic area including many rural areas. In some places, the nearest homeless shelter is hours away. Adequately covering large rural areas with street outreach is challenging. This document sets procedures for providing adequate coverage of shelter and outreach in order to identify and serve all Veterans experiencing homelessness across the whole NC BoS CoC.

Goal: *To identify all Veterans experiencing unsheltered homelessness in the BoS CoC*

Street outreach:

- SSVF providers will work with community partners to identify unsheltered homeless sites and develop a map for their community. Community partners should include:
 - Law enforcement
 - Faith-based outreach/ministry programs
 - Mental health providers
 - Soup kitchens and mobile feeding programs
 - Veterans Service Officers and Disabled Veterans Outreach Program officers (VSOs and DVOPs)
 - Other providers serving unsheltered homeless individuals
- SSVF providers will develop a schedule for a trained outreach worker (from SSVF or other community programs) to visit each identified location on a regular basis (not less often than once every two weeks). Visits may be less frequent if no homeless person is found at an identified location after three consecutive visits.
 - If a campsite is identified, especially one with multiple people, SSVF providers should



develop a plan for how to provide outreach to the campsite while ensuring safety of outreach workers and campsite residents. Guidelines for campsite outreach:

- Outreach workers must always go in groups.
 - Try to develop a strong relationship with a member of the campsite who can help engage the other residents of the site.
 - Always ask permission to enter the campsite, even if permission has been granted in the past. Ideally have a resident of the campsite lead outreach workers to the campsite.
 - Law enforcement could escort outreach workers to the site, if law enforcement has a good relationship with the campsite residents and law enforcement presence will not result in the arrest of the residents or eviction of the camp.
 - If entering the campsite is unsafe or outreach workers are unwelcome, outreach workers should work with a resident of the campsite to meet campsite residents at a neutral place.
- SSVF providers or other trained street outreach workers will conduct street outreach to known unsheltered Veterans within 48 hours of a direct referral or within a week of when they learn about their presence.

Site-based outreach:

- Site-based outreach occurs at a community agency other than a shelter or transitional housing program, such as a soup kitchen, library, or Department of Social Services. Site-based outreach can be *either passive or assertive outreach*, depending on the level of engagement and expertise of the staff at the agency. SSVF providers should assess whether each site can be passive – program staff will engage Veterans and refer them to SSVF programs themselves – or assertive – SSVF providers will develop a regular, frequent outreach schedule to visit an agency to engage Veterans.

Coverage:

- Outreach coverage in the NC BoS CoC may vary by the number of Veterans in the county and the presence of shelters. SSVF providers should focus street outreach efforts in areas with the most unsheltered Veterans but must develop a system to identify and engage unsheltered Veterans in other counties as needed. SSVF providers should develop a map of known sites where unsheltered Veterans frequent. If a county has no known unsheltered Veterans, they should work with VSOs, law enforcement, and other passive or assertive outreach sites to ensure unsheltered Veterans will be identified and referred to SSVF programs, if they appear. In counties with unsheltered Veterans, SSVF providers should develop a regular street outreach plan to engage and serve unsheltered Veterans.

Goal: To provide shelter to any Veteran experiencing unsheltered homelessness who wants it

Some counties in the NC BoS CoC do not have emergency shelter, and some counties with shelter have barriers that prevent Veterans from accessing it. At times, SSVF providers will need to provide emergency housing in a hotel or motel to Veterans in order to provide emergency shelter to every homeless Veteran who wants it.



SSVF funds available for such emergency housing are restricted. SSVF providers should make every effort to identify a suitable emergency housing placement before using a hotel or motel. SSVF providers should:

- 1) Verify the Veteran is eligible for SSVF.
- 2) Verify that no shelter is available to the Veteran, including shelter within a reasonable distance but in another region, to which SSVF providers could provide transportation.
- 3) Verify that SSVF programs cannot place the Veteran immediately into a permanent housing placement.
- 4) Verify that the SSVF program will be able to house the Veteran permanently within 45 days of putting them in emergency housing.
 - a. The SSVF provider should have strong relationships with landlords in the area such that they have units or buildings in mind in which the Veteran could be feasibly placed within 45 days.

If a Veteran ineligible for SSVF funding cannot access emergency shelter, as stated in the BoS Plan to End Veteran Homelessness, SSVF providers should work with the regional coordinated assessment system to identify other sources of emergency housing.

If a region is not able to shelter an unsheltered Veteran who wants shelter, SSVF should immediately contact Ehren Dohler at ehren@ncceh.org.

North Carolina Balance of State Continuum of Care Plan to End Veteran Homelessness Addendum: By-Name List Procedures

Goal: To develop a comprehensive by-name list and track USICH criteria and benchmarks data in every region

Each region must maintain a by-name list that tracks every homeless Veteran in the region, regardless of their eligibility for VA services. By-name lists should also track the data needed to fulfill the USICH criteria and benchmarks for ending Veteran homelessness.

To facilitate data tracking and reporting on USICH criteria and benchmarks for the whole CoC, all by-name lists must be tracked using HMIS.

SSVF providers will use the by-name list report in HMIS as a basis for their by-name lists. To ensure a comprehensive report, SSVF providers should train all service providers in their region(s) to identify Veterans and indicate Veteran status in HMIS.

NCCEH has developed an assessment in HMIS that will track the additional data for the USICH benchmarks. SSVF providers will develop a process for tracking USICH benchmarks data, choosing from these two options:

1. Providers will fill out the USICH assessment in HMIS for all Veterans in their programs; or
2. SSVF providers will enter all Veterans in the community into a “coordinated assessment program” in HMIS (that NCCEH staff will set up) and track all USICH assessment data.



SSVF providers will develop a procedure to identify Veterans staying in shelters that do not enter data into HMIS and track those Veterans on the by-name list, including the USICH assessment data. SSVF providers can engage those Veterans directly and enter them into an HMIS-participating project, or SSVF can create an anonymous record in a “coordinated assessment program” in HMIS for each Veteran, with data provided by the referring program.

