



North Carolina Balance of State Continuum of Care

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Regional Committee Veteran Plan

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 The North Carolina Balance of State Continuum of Care (BoS CoC) has set a goal to meet the USICH criteria and benchmarks by December 2017.

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 and State and VA partners will create a regional Veteran system to quickly identify and house Veterans in all 13 Regional Committees.

Vision

The BoS CoC Plan to End Veteran Homeless identifies a primary SSVF grantee for each of the 13 regions 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 or ESG programs, or other community housing programs. If a Veteran is ineligible for SSVF assistance, the SSVF provider, as navigator, will connect the Veteran to the Regional Committee's coordinated assessment system to access community housing programs.

Contact Information

Regional Committee: Neuse Regional Committee (Region 10)

Counties Served: Duplin, Greene, Lenoir, Sampson, Wayne, Wilson

For the following questions please provide individual name, agency name and contact information.

Primary SSVF Provider: Family Endeavors, Latina James, ljames@familyendeavors.org, 910-672-6166;
Family Endeavors, Laura Haygood, lhaygood@familyendeavors.org, 910-672-6166

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

Primary Authors of the Plan: Laura Haygood, Latina James, LaTasha McNair, Marvin Freeman Jr., Janice Sauls, Janice Johnson, Zachary Branch, Brian Davis

Regional Committee Lead: LaTasha McNair, Eastpointe, ltmcnair@eastpointe.net, 252-407-2413

Regional Committee Point of Contact for the Veteran System: LaTasha McNair, Eastpointe, ltmcnair@eastpointe.net, 252-407-2413

Other Key Partners in Veteran System: NC Serves Coastal, Salvation Army, NC Works

Criterion #1: The community has identified all Veterans experiencing homelessness.

Outreach

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.

Outreach within Regional Committees will take two forms: passive and assertive.

Passive Outreach

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, each region will also be responsible for contacting the identified community partners a minimum of 2 times per month, whether in-person or by phone, to ask for potential referrals. Examples of agencies that should be considered for passive outreach include local service agencies (libraries, clothing closets, feeding programs), Veteran services (National Guards, Veteran Service Officers, VFWs), jails, etc.

Use the Appendix A tab to identify key partners who will be contacted for passive outreach efforts.

Describe how key community partners will be trained to identify Veterans, including who will provide training, how the trainings will be conducted (in-person, community meetings, etc.), the target dates for initial trainings, and the plan for future trainings to refresh current staff and initiate onboarding staff. SSVF staff will conduct an initial in-person training at the Neuse Regional Committee meetings. SSVF staff will also conduct quarterly ongoing trainings via webinar, Skype, etc. The tentative dates for these trainings will be July 2017, October 2017, and January 2018. If community partners have questions regarding how to identify Veterans, SSVF staff will train accordingly at the monthly housing committee meetings.

Once communities identify Veterans through passive outreach, describe the process for engaging the Veteran, including: who will engage the Veteran, timeframe for first point of contact, how an offer of shelter will be made, housing plan development, and how the Veteran's information will be added to the regional by-name list.

Once a Veteran is identified through passive outreach, the staff member should complete the "Referral From Community" form for the Veteran. The identified Veteran will then be added to the by-name list. Based off of the Veteran's needs/circumstances, immediate shelter will be offered. Additionally, that

staff member will complete the VI-SPDAT and within 24 to 48 hours fax/email the form to SSVF staff (Laura Haygood) at Family Endeavors (lhaygood@familyendeavors.org or faxed to 910-483-0962). The identified Veteran will then be added to the Regional by-name list. Each staff member will continue to provide additional resources (Community Partners-i.e. shelters, Salvation Army), in an effort to provide the Veterans with the necessary assistance/resources, until their needs have been met. SSVF Staff will then continue communicating with the Veteran to determine eligibility for the SSVF program. If the Veteran is deemed eligible, the process will continue and once the Veteran reaches initial case management, the housing plan will be developed. If the Veteran is ineligible for SSVF programs, the representative will reach out to the regional committee to find resources for the Veteran and determine what organization can assist with the housing plan development.

Assertive Outreach

Assertive outreach will be the primary responsibility of the SSVF providers in each Regional Committee. 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.

Use the following chart to list all agencies (SSVF providers, faith-based organizations, shelters, etc.) completing assertive outreach in the region:

Agency	Counties Served	How Often Outreach is Done Per Month
Family Endeavors	Wayne, Wilson, Greene, Lenoir, Sampson, Duplin	minimum of 2 times per month/Weekly
Volunteers of America	Wilson, Wayne	Monthly
NC Works	Wayne, Lenoir	Weekly

If community agencies are doing assertive outreach, describe how they will be trained to identify Veterans, including who will be providing training, how the trainings will be done (in-person, community meetings, etc.) the target dates for these trainings, and how staff turnover will be taken into account for future training.

SSVF staff will conduct an initial in-person training at the Neuse Regional Committee meetings being held quarterly. In addition, working closely with the Regional Lead Committee, staff will conduct on-going trainings via webinar, teleconference, Skype, etc. The tentative dates for these trainings will be July 2017, October 2017, and January 2018. If community partners have questions regarding how to identify Veterans who may be eligible for the program, SSVF staff will brief them during monthly housing committee meetings. In the event that an SSVF organization is experiencing turnover (as it relates to future trainings), updated contact information will be provided to the Regional Lead, CoC staff, and community partners within the region. The new staff member can request one-on-one training with the SSVF staff.

How will the region obtain information about potential unsheltered sites (law enforcement, librarians, etc.)?

Region 10 will obtain information regarding potential unsheltered sites through bi-weekly outreach contact with the region's local sheriff's/police department, libraries, shelters, school social workers, Veteran stand-downs, etc.

Once an unsheltered location is identified, how will the location be tracked by the region and how often will the locations be visited for ongoing engagement?

The Regional Lead will work closely with the SSVF provider to maintain an accurate list of unsheltered sites which have been discovered through the annual Point-in-time count and other outreach efforts. We will create a log that identifies the location, the nature of the outreach (ie. brochures/materials, visit, cards), and who completed the outreach. All representatives of the regional committee are to document when unsheltered locations are found so the region will remain current on any new locations found. A member of the regional committee can volunteer to visit new locations within 5 business days of the log being updated.

Once a Veteran is identified through assertive outreach, describe the process for engaging the Veteran, including: who will engage the Veteran, timeframe for first point of contact, how an offer of shelter will be made, housing plan development, and how the Veteran's information will be added to the regional by-name list.

Once a Veteran is identified, within 24-48 hours, the provider will make an immediate offer to connect the Veteran to shelter. The SSVF provider will begin screening the Veteran to determine eligibility for SSVF services. Necessary forms (Referral from Community form and VI-SPDAT), will be completed. After completing the assessment and the Veteran is deemed eligible for the program, the Veteran's name will then be added to the regional by-name list once the necessary consent (ROI) is received. SSVF providers will complete the intake and begin the process of initial case management for determining a housing stability plan for the Veteran. If the Veteran does not meet the requirements for the SSVF program, the representative will reach out to the regional committee to find other community resources based on the Veteran's needs.

How will transportation be provided for unsheltered Veterans once identified?

Unsheltered Veterans will be referred to other community partners, local agencies/organizations that provide donated bus tickets, transportation services, etc. This will occur as the donations are available. Providers will also direct Veteran's to community resources that could facilitate transportation to shelters.

In-Reach

The primary SSVF provider will 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.

Use the Appendix B tab to identify key agencies that provide shelter, transitional housing, or other services that do not currently participate in HMIS or coordinated assessment and will be contacted for in-reach efforts.

Describe how agencies that provide shelter and transitional housing and do not participate in HMIS or coordinated assessment will be engaged in the Veteran system, including: who will engage the agencies and a projected timeline.

Agencies that do not participate in HMIS or coordinated assessment will be engaged in the Veteran system through monthly housing or regional community meetings. On-line trainings will also be available. Regional staff will engage these agencies.

Describe how engaged community agencies will be trained to identify Veterans, including: who will be providing training, how the trainings will be done (in-person, community meetings, etc.), the target dates for these trainings, and how staff turnover will be taken into account for future training. These agencies will be trained in-person or via teleconference at the monthly and quarterly housing meetings. SSVF providers or Regional staff will conduct the trainings. Refresher trainings will be conducted on a "needs" basis to account for staff turnover or the on-boarding of new partners, staff, and providers.

Once the community has identified Veterans through in-reach efforts, describe the process for engaging the Veteran, including: who will engage the Veteran, timeframe for first point of contact, how an offer of shelter will be made, housing plan development, and how the Veteran's information will be added to the regional by-name list.

The agencies that identify the Veteran through in-reach efforts will contact the SSVF Provider. The representative from the agencies in our region will assess the Veteran, provide the Veteran with a list of resources: shelters and/or community agencies that can assist the Veteran. The initial contact with the Veteran is within 24-48 hrs. Based on the assessment interview, the person will determine the type of housing the Veteran needs. If the Veteran is eligible for SSVF, the SSVF providers will complete the intake and begin the process of initial case management for determining a housing stability plan for the Veteran. If the Veteran does not meet the requirements for the SSVF program, the representative will reach out to the regional committee to find other permanent housing and/or community resources based on the Veteran's needs.

Criterion #2: The community provides shelter immediately to any Veteran experiencing unsheltered homelessness who wants it.

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 the screen 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 the Veteran's information has been entered into HMIS.

Use Appendix C tab to identify shelter in the region that will be utilized to serve unsheltered Veterans.

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 system 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.

Describe how unsheltered Veterans will be offered and connected to shelter once identified in outreach, including: how shelter bed(s) will be secured, how Veterans will be transported to shelter, etc. Once an unsheltered Veteran is identified through outreach services, the region representative will refer the Veteran to the local shelter. The Veteran will be briefed on the shelter's requirements (i.e. number of beds, weekly cost, hours of operation, and along with going to the local Sheriff's office to get a warrant check). The provider will also link the Veteran with the local transit system, agencies, and/or other community resources that may provide transportation services. In case the shelters are full, then a representative will link the Veteran to national organizations, agencies and/or religious organizations that are outside of the Region that may be able assist with emergency housing.

If an unsheltered Veteran is identified in the region's coordinated assessment process through the Prevention and Diversion screen or the VI-SPDAT, describe how CoC agencies will make an offer of shelter and how Veterans will be connected to the primary SSVF provider to be added to the region's by-name list.

If an unsheltered Veteran is identified through the Regional Committee, the outreach personnel will contact the local shelters for availability and try to secure a bed for the Veteran, along with contacting the SSVF provider for Veteran services. The outreach personnel will then fax, email, or upload the VI-SPDAT to the secured dropbox. The SSVF representative will then add the unsheltered Veterans name to the Regional by-name list.

Describe how Veterans who decline an offer of shelter will be routinely offered shelter and how these offers will be tracked for the region.

Upon the initial assessment, Veterans who decline an offer of shelter will be tracked by the Coordinated Assessment and the SSVF Provider. The Coordinated Assessment will maintain an Excel database to track these Veterans. The database will include the following information: date, Veteran's name, last 4 SSN, phone number, reason for decline, follow-up date and housing status. The Coordinated Assessment will provide the name of the Veteran who decline shelter to the SSVF Provider. The SSVF will track the Veterans through an Excel spreadsheet which includes the following information: Veterans's name, last 4 SSN, county located, CA representative's name and contact information and reason for declination. The SSVF provider will contact the Veteran monthly to check if the Veteran's situation changes. If the Veteran changes their mind and accepts housing, the Veteran's name will be removed from the database and be added to the regional's by-name list. In addition, the SSVF provider will make a case note documenting the Veteran's change to accept shelter.

Does your region utilize emergency housing, such as hotel/motel vouchers, if no shelter beds are available? Yes No

If so, please describe the process for accessing this emergency housing:

N/A

Please describe any known barriers for accessing emergency housing:

Felonies, sex-offenders, women Veterans and Veterans who have pets. Within Region 10 there is a definite shortage of available Women's Shelters. There are some shelters available, however, are primarily DV/SA related. Mirakal's Love For Lives (MLFL Inc) in Wayne County is currently in the process of obtaining a building to house approximately 150 women/women with children. There are tentatively planning to open October 2017. They will continue to provide Region 10 with updates. Wesley Shelter, located in Wilson County, have also sheltered non-DV and homeless women in the past. DV/SA victims are a priority, however, depending on availability, this would also be an option. Hope Station, located in Wilson County, is also in the process of obtaining a building to assist women that are facing homelessness within Region 10. In the event that shelter is not available, we will continue working with

our collaborative agencies in an effort to provide funding for hotel stays until permanent housing has been obtained. Connecting the Veteran's to an SSVF to assist with these services is a resource.

Does your region need assistance with emergency housing and shelter? Yes No

If yes, please provide the name, email and phone number of the person to contact: LaTasha McNair, Eastpointe, ltmcnair@eastpointe.net, 252-407-2413

Criterion #3: The community only provides service-intensive transitional housing in limited instances.

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 serve as access points for the Regional Committee's coordinated assessment system 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 and 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 attempts a discharge into housing using the Veteran's support resources.

For each system, please describe how Veterans will be offered permanent housing and how that offer will be tracked prior to transitional housing referral.

Regional Coordinated Assessment System:

All agencies have a plan in place to offer permanent housing based off the Veteran's need factors. After the Veteran has been assessed, agencies will complete the VI-SPDAT's to ensure that the Veteran's are tracked prior to transitional housing referrals. The Coordinated Assessment will identify Veterans through the Prevention and Diversion Screening form and refer them to SSVF if they are eligible for services. SSVF provider's will offer the Veteran permanent housing options first either through SSVF or other housing resources within the region. If the Veteran declines any offer to permanent housing and requests to be placed in transitional housing, then the SSVF provider will document the declination on the Community Referral Form (SSVF form) and will connect them to the right transitional housing program, along with placing the Veteran on the by name list in order to follow up with the Veteran monthly in order to offer the Veteran permanent housing options.

Veteran Service System (SSVF Providers and VA Medical Centers):

The primary SSVF provider will connect the Veteran to permanent housing through all SSVF providers, as well as, VA Medical Centers. These agencies offer permanent housing based on the Veteran's needs and factors associated with the Veteran. Family Endeavors and the VA Medical Center have a consolidated list of landlords that work with Veterans on obtaining permanent housing. Family Endeavors and VA representatives (HUD-VASH) are in constant communication regarding Veteran's who may benefit from

the HUD-VASH program. Veteran's are then tracked through data collection on an excel worksheet and through Coordinated Assessment efforts by the point of contact at Family Endeavors.

If a Veteran is referred to a Grant Per Diem program outside of the BoS CoC and wishes to return to the BoS CoC for housing, please describe how SSVF providers will follow-up with the Veteran to create housing plans for their return to the region.

If a Veteran in a Grant Per Diem program outside the BoS Coc intends to return to housing within the region, the Grant Per Diem program can make a referral to the primary SSVF provider on the Veteran's behalf. In some cases, the Veteran may have to re-enter the region in order to be eligible for SSVF services. This would apply to Veteran's in the Grant Per Diem program who are residing outside the service areas of the region's SSVF providers.

Criterion #4: The community has capacity to assist Veterans to swiftly move into permanent housing.

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 connect the Veteran to the local VAMC to determine Veteran eligibility for SSVF and HUD-VASH and add them to the Regional Committee’s by-name list.

If the VAMC identifies the Veteran as eligible for VA-funded services, the primary SSVF provider will ensure a connection to either an SSVF or HUD-VASH program in the region to assist with permanent housing placement. 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 system for assessment and prioritization for CoC and other community housing programs.

Please use the following chart to list the staff from the VA Medical Centers (VAMC) who serve the region:

VAMC	Counties Served	Contact Name	Contact Information (email and phone)	Primary or Secondary staff
VA Fayetteville	Lenoir, Wayne, Greene, Sampson, Duplin, Wilson	Mary Fisher Murray	910-488-2120	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary
				<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
				<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
				<input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Please use the following chart to list the SSVF providers in the region:

Agency	Counties Served	Point of Contact	Contact Information (email)	Primary SSVF Provider
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			and phone)	
Family Endeavors	Wayne, Wilson, Greene, Lenoir, Sampson, Duplin	Laura Haygood	910-672-6166	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Volunteers of America	Wayne, Wilson	Tiana Terry	919-530-1100 tterry@voa.org	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe how the primary SSVF provider will follow up with referrals as Veterans are identified in the region, including: the timeframe for follow-up and how Veterans will be added to the regional by-name list.

Once a referral is provided to the primary SSVF provider, the Veteran will be contacted within 24-48 hours from receipt of the referral. The SSVF provider will then conduct an initial eligibility assessment to verify that the Veteran is in fact, eligible for our program. Once the consent (ROI) has been received, the SSVF provider will add the Veteran to the regional by-name list within 48 hours.

If other SSVF provider(s) cover the region, describe how the primary SSVF provider will coordinate referrals and ensure that programs contact Veterans.

The primary SSVF provider will receive all referrals for the region. Once the referral is provided to the SSVF, if the Veteran lives in Wayne or Wilson counties, the primary SSVF will forward the referral to the secondary SSVF provider. This will allow the other SSVF provider to contact the Veteran and ensure resources are provided as needed. During monthly meetings, updates will be encouraged to ensure all SSVF providers have made contact with the corresponding Veteran that was referred to them.

Describe how SSVF providers will coordinate with VA Medical Centers to assess Veterans for VA eligibility, including: transportation, timeframe, and determination of eligibility.

SSVF providers will make a referral and connect the Veteran to the proper VAMC facility. When appropriate, providers will assist with transportation to the VA Medical Centers. In addition, the SSVF Providers meets with a VA representative on a weekly basis to determine which Veterans are a good fit to receive a HUD-VASH voucher. The Veteran is in the SSVF program for 90 days. The SSVF provider will help meet the Veteran's needs in housing and other areas. If the Veteran is eligible for HUD-VASH, then the HUD-VASH worker will later arrange a meeting with the Veteran to start the HUD-VASH application process.

Describe how SSVF providers will assess eligibility for SSVF services, including: timeframe and how eligibility will be tracked.

Once the referral is provided to the SSVF provider, the Veteran will be contacted within 24-48 hours to conduct an initial eligibility screening. If the Veteran is deemed eligible for the program, based off of eligibiliy requirements (client is a Veteran, Veteran meets HUD's low-income requirements, Veteran is homeless/at imminent risk of homelessness, and Veteran has all required documentaion for screening), the Veteran will go through the intake and case management process within 72 hours. The Veteran's name will be added to the regional by-name list, which will assist in tracking the Veteran's housing status.

If eligible for SSVF and/or other VA housing programs, describe the process that will be used to connect Veterans to permanent housing within 90 days.

The SSVF providers will utilize the 90-day Case Management program to focus on housing stability. The SSVF staff will assist the Veteran in working on action steps that will help them secure/sustain permanent housing. We will complete assessments and work with them to help develop a strong housing stability plan, as well as, work as an advocate between them and their current/potential landlord. During initial case management (which occurs within 48 hours of initial intake) staff will provide the Veteran with a list of landlords that have availability, and will also contact local landlords to make every effort to have the Veteran housed within 90 days.

If ineligible for SSVF and/or other VA housing programs or the Veteran refuses VA-funded programs, describe how the SSVF provider will connect Veterans to the region’s coordinated assessment process. If the Veteran is ineligible for SSVF or other VA housing programs, the name will be added to the regional by-name list. At the monthly housing meeting, or prior to, the regional by-name list will be reviewed, and other community resources, partners/organizations will be used to assist the Veteran.

Once a Veteran enters the region’s coordinated assessment system, describe how the Veteran will be tracked by regional leadership and SSVF providers to ensure housing placement.

Once the Veteran enters the coordinated assessment system, the SSVF provider will utilize the region's by-name list to track each Veteran's progress towards housing placement. Any updates will be provided at each monthly meeting, as well as, at the regional meetings to ensure permanent housing is secured. Regional leadership will be active participants in the process.

Describe the process by which the region will track housing plans on regional by-name lists.

The region will track housing plans on the regional by-name list through regional and monthly meetings.

Please use the following chart to list the region’s coordinated assessment access points:

Agency	Counties Served	Role in the Coordinated Assessment Process
NC Works	Wayne	<input checked="" type="checkbox"/> Prevention and Diversion <input type="checkbox"/> VI-SPDAT
Salvation Army	Wayne, Sampson	<input checked="" type="checkbox"/> Prevention and Diversion <input checked="" type="checkbox"/> VI-SPDAT
Goldsboro Housing Authority	Wayne	<input checked="" type="checkbox"/> Prevention and Diversion <input type="checkbox"/> VI-SPDAT
Eastpointe	Wayne, Wilson, Sampson, Green, Lenoir, Duplin	<input checked="" type="checkbox"/> Prevention and Diversion <input checked="" type="checkbox"/> VI-SPDAT
Family Endeavors	Wayne, Wilson, Sampson, Green, Lenoir, Duplin	<input checked="" type="checkbox"/> Prevention and Diversion <input checked="" type="checkbox"/> VI-SPDAT
Wilson County DSS	Wilson	<input checked="" type="checkbox"/> Prevention and Diversion <input type="checkbox"/> VI-SPDAT
U-Care	Sampson	<input checked="" type="checkbox"/> Prevention and Diversion <input checked="" type="checkbox"/> VI-SPDAT
Hope Station	Wilson, Greene	<input checked="" type="checkbox"/> Prevention and Diversion <input checked="" type="checkbox"/> VI-SPDAT
Greene County DSS	Greene	<input checked="" type="checkbox"/> Prevention and Diversion <input type="checkbox"/> VI-SPDAT

Does the region currently have housing programs, including public housing authorities, with preferences for Veterans? Yes No

If so, please describe the each program and preferences.

N/A

Regional By-Name 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 a by-name list. This list will identify all homeless³ Veterans within each region and will be updated at least monthly using the USICH template.

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.

Who will oversee the by-name list for the region?

Latina James-Family Endeavors

What is the process the region will use to get consent from Veterans to be added to the by-name list? All participating agencies will obtain and send a signed agreement (ROI) to Regional leadership. In return, ROI's will be faxed to the SSVF providers. Veteran's will then be added to the regional by-name list.

Please list all agencies that will have access to the list to add Veterans and/or update information and describe how MOUs will be established with these agencies.

Family Endeavors, Eastpointe, Salvation Army, Volunteers of America, NC Works, Goldsboro Housing Authority, Wilson County DSS, U-Care, Hope Station, Greene County DSS, 4 Day Movement, Inc., Carolina Family Health Center, Carolina Residential Services, Easter Seals, Eastern Carolina Human Service, Enlighten the World, Legal Aid NC, MLFL, Inc., Neuse Enterprises, SAFE, Spiritual Destiney, Vidant Duplin, Wesley Shelter, Wilson County Schools, Wilson Housing Authority.

MOUs will be sent to all participating agencies that will have access to add Veterans/and or update information. The MOU must be obtained prior to gaining access to the by-name list.

Please describe the process for reviewing the list to ensure information remains current, including: how often, who will review, and in what format (in-person meeting, phone call, etc.)

The list will be routinely reviewed by the regional committee at the monthly CoC meetings. These meetings are in-person or teleconference.

Describe how the by-name list will be stored for the region, including technology used and how Regional Committees and other partners will be updated.

³ https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

Family Endeavors will store the regional by-name list in the Fayetteville office. The Regional Committees and other partners will be updated during regional and monthly meetings.

Is region currently being served by NC Serves? Yes No

If so, how will NC Serves information be incorporated into the by-name list?

The representative from NC Serves will attend the monthly and quarterly meetings. Any updated information will be provided to SSVF providers for placement of Veteran's to the regional by-name list.

Criterion #5: The community has resources, plans, and system capacity in place should any Veteran become homeless or be at risk of homelessness in the future.

Advertisement

Please explain the strategies that will be used to educate agencies and other community systems about the regional Veteran process. (Please attach any materials the Regional Committee uses in these efforts, like flyers, slides, posters, handouts, etc.)

Training agencies and other community systems about the regional Veteran process will be done at regional/monthly meetings. The regional committee will convene at a quarterly meeting to come up with advertisement materials that will be used to educate agencies about the Veteran process. Each committee member will submit input regarding the look of the materials that will be utilized. SSVF providers will provide organizational materials to educate them accordingly.

Please explain the strategies the Regional Committee uses to educate Veteran households who are risk of homelessness or experiencing homelessness about the regional Veteran process. (Please attach any materials the Regional Committee uses in these efforts, like flyers, slides, posters, handouts, etc.)

The Regional Committee will utilize organizational materials to educate Veteran households. Outreach events such as Veteran Stand downs, community events, workshops and other informational events will also be utilized to educate Veteran households who are at imminent risk of homelessness or experiencing homelessness.

Local Oversight

The regional Veteran process provides community-wide accountability for housing Veterans experiencing homelessness as quickly as possible. It is recommended that each Regional Committee have a Veteran subcommittee to oversee the system, report out to the Regional Committee, address system grievances, educate and provide outreach to non-participating agencies, and assist in maintaining the by-name list.

Please describe how the Regional Committee will be updated about progress towards ending Veteran homelessness, including: who will provide the update, how often, and in what venue(s) (Regional Committee meetings, email, etc.).

Updates will be given to the Regional Committee at the monthly and quarterly meetings

Will the Regional Committee have a Veterans subcommittee to oversee the region's plan? Yes No

How will system gaps be identified and addressed?

Gaps will be identified by the COC and by-name list. Outreach efforts will also be used to find these gaps. At the monthly and regional meetings, the groups will address the gaps and find ways to fill these gaps.

How will system issues be identified and addressed?

System issues will be identified by the COC and by-name list. At the monthly and regional meetings, the groups will address the issues and find ways to correct these issues.

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.

Providers are expected to submit a written reason for the denial to Neuse Regional Committee lead. Providers may decline 1 out of 10 referrals in a 2 month period without a meeting. However, if a program declines more referrals than this, they will need to meet with regional committee lead to discuss the issue(s) that result in referrals being declined.

For all other grievances, providers must email a detailed grievance to the regional committee lead within 14 days of the adverse action/decision. The committee lead will schedule a hearing within 7 days of receiving the grievance and render a decision within 14 days following the hearing. If grievances cannot be resolved at the local level, an appeal will be submitted to the BoS CoC Veteran Subcommittee.

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 lead, the primary SSVF, or the Veteran's sub-committee, either verbally or in writing, within 7 days of the attempted referral. The regional lead will respond within 14 days. If the household does not agree with this local decision, an appeal will be submitted to the BoS CoC Veteran Subcommittee.