

SSVF Priority 1 Community Plan

Date Completed/Revised:

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Month			Day			Year			

Continuum of Care (CoC) Name: Fayetteville/ Cumberland County		CoC #: NC 511
CoC Representative: Delores Taylor		Title: Community Service Manager
Phone/Email: 910-437-1891 dtaylor@co.cumberland.nc.us		
Person Completing this Plan: Laressa Witt		Title: NC Program Manager
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1. Primary Planning and Coordination Group: Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. Identify the principal members of this group and their affiliation.

Primary Group Name:	
Principle Members	Affiliation
Laressa Witt	Family Endeavors
Nana Knowles	Family Endeavors
Mary Fisher Murray	Fayetteville VA Medical Center HCHV Coordinator
Delores Taylor	Cumberland County/ CoC
Jeri Veirs	Fayetteville VA Medical Center HUD VASH Coordinator
Adolph Thomas	City of Fayetteville
Manny Specht	Salvation Army

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group or a related review/coordination group meets to review Veterans who are homeless, track progress toward re-housing, and coordinate efforts. Include a summary of what information is reviewed during these meetings.

On 7 November 2014, the Mayor of Fayetteville met with the CoC, Veteran Affairs, Family Endeavor, VISN 6 and Cumberland County and the Housing Authority to discuss Veteran homelessness. It was decided a subgroup of the CoC addressing Veteran homelessness would be developed. It was agreed the Veteran subgroup would meet twice a monthly to coordinate efforts and to track progress to end homelessness among Veterans.

3. SSVF Grantees Serving CoC Geography: Identify each SSVF funded agency serving Veterans in the CoC geography and each SSVF total grant award amount for FY15, including priority 1 (“surge”), 2 (renewals), and 3 (other new) awards. If one agency has multiple awards, list each separately. Pro-rate a grant award amount if the award covers more than one CoC geography. Include the projected annual number of households each grantee can serve and the total number of households across all grantees.

Grantee Agency Name	Grant Amount	Total Annual Projected Households	Total Annual Projected Households: Rapid Re-Housing	% of Total Households to be Assisted with Rapid Re-Housing
Family Endeavors Priority 1	1,000,000	400	240	60%
Family Endeavors Priority 2	400,000	150	90	60%

TOTAL	1,400,000	550	330	60%

4. Annual Demand and Need for Rapid Re-Housing Assistance: Using the *Veterans Demand Analysis and Progress Tracking Tool* or other demand analysis data agreed to by the primary group above, identify:

- The most recent actual or projected annual unduplicated number of homeless Veterans (on street and/or who access emergency shelter, Safe Havens, or transitional housing, including GPD) in the CoC geography, by household type
- The number of those Veterans who will need rapid re-housing assistance to exit homelessness
- The number of Veterans needing rapid re-housing assistance who are projected to be eligible for SSVF RRH assistance.

	Annual Unduplicated Homeless Veteran Households	Estimated # of Needing RRH (a)	Projected # to be Assisted with SSVF RRH (b)	Projected # to be Assisted with Other RRH (c)	Gap (a-(b+c))
Households without Children	130	123	123	0	0
Households with Children	32	30	30	0	0
Total Homeless Veteran Households	162	153	153	0	0

5. CoC Goals for Ending Homelessness Among Veterans: List the CoC’s goals for ending Veteran homelessness by the end of 2015 (fill in additional related goals the CoC has determined, if relevant).

What are the CoC’s goals for the estimated number of Veterans, including chronically homeless Veterans, who will be homeless as of the night of the January 2016 PIT Count?

	All Homeless Veteran Households (including CH)			Chronically Homeless Veteran Households		
	Sheltered	Unsheltered	TOTAL	Sheltered	Unsheltered	TOTAL
Households without Children	0	0	0	0	0	0
Households with Children	0	0	0	0	0	0
Total Households	0	0	0	0	0	0

Has the CoC established other goals related to preventing and ending homelessness among Veterans by the end of 2015? Yes No

If “Yes”, please describe:

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| <ul style="list-style-type: none"> a) Develop a discharge plan to ensure that persons being released from public institutions (corrections, mental health, health care, and foster care systems) are able to reintegrate into society and not end up homeless. b) Develop a centralized or unified service intake process for persons experiencing a housing crisis to access needed housing and supportive services from co-operating agencies. c) Identify an affordable housing database system that can be used to assist with housing search/placement and other housing issues. d) Increase the supply of affordable permanent housing or rapid re-housing. e) Increase the supply of permanent housing units for chronically homeless individuals and families |
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6. SSVF Integration into CoC Coordinated Assessment System: Briefly describe how Veterans access SSVF assistance (across all SSVF grantees) via the CoC’s coordinated assessment system (e.g., “All Veterans who present to the CoC coordinated assessment center are screened for their current situation, needs, and SSVF eligibility. Then....). If not yet fully developed, describe your plans and implementation timeframe. Specifically address:

- a) How Veterans who present for shelter are screened and diverted to SSVF homelessness prevention assistance when they have somewhere safe and appropriate to stay that night.
- b) How Veterans who become literally homeless are screened and triaged to SSVF rapid re-housing assistance as soon as possible once it is clear the Veteran is unable to resolve their homelessness without assistance.

Cumberland County Continuum of Care (CoC) on Homelessness currently has a community-wide, coordinated intake process. The system designed to function as a multi-site collaboration process consisting mainly of those agencies that are federally funded through either the Veterans Administration or the U.S. Department of Housing and Urban Development. The CoC will eventually expand the current multi-site system to include other agencies. However, there are some areas which will need to be improved for better tracking and reporting. In the meantime, the CoC will work on a new design focus on the Veteran population only in order to fully implement a more practicable coordinated intake process.

The new process will be designed to coordinate participant intake among veterans by using a common standardized prescreening tool. The intake will still be performed at a multi-site level. The agency performing the prescreening during the intake step will refer participants to the appropriate agency, Family Endeavors (FE) or the Fayetteville Veterans Affairs (VA) Medical Center, for full assessment and eligibility determination. These agencies will perform the full assessment and eligibility determination. It is at this point where data is entered and shared within the Homeless Management Information System. If additional services are needed, the participants will then be diverted to other agencies to receive other needed services.

Referral forms (used as the standardized intake tool) are signed by the agency (FE or VA) and sent to Cumberland County Community Development (central station) where the referrals will be compiled and updated on a regularly basis.

7. Long-Term System Improvements: Briefly describe how the CoC plans to utilize SSVF Priority 1 and all other SSVF funding over the next three years to foster long-term system improvements and optimization so that homelessness is prevented whenever possible and when it does occur, it is rare and brief. Specifically address areas for improvement related to:

- a) Further integrating SSVF assistance into the CoC's planning, oversight processes and coordinated assessment system.
- b) Ensuring comprehensive coordination with VA systems and other VA funded programs.
- c) Improving or establishing partnerships with community-based services and public/private housing providers.

- a) SSVF programs will continue to serve on CoC Executive Board and the Coordinated Assessment subcommittee address planning and oversight for the integration of the coordinated assessment system.
- b) SSVF programs will meet monthly with Veteran Homelessness subcommittee which includes the VA programs as well as continue to conduct intakes at the Fayetteville VA Medical Centers Health Care for Homeless Veterans programs
- c) SSVF will continue to develop partnerships with the community services and public-private housing providers by outreach, monthly CoC meetings and MOUs.

8. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

Cumberland County has limited resources for those facing homelessness and so referrals to the SSVF program has been robust. Likewise the VA and SSVF work closely with each other through regular communication, planning and resourcing.