Register for our email updates: ncggw.org

Join us by live stream at www.facebook.com/govinst
or call 1-919-212-5747

Meeting agenda and minutes: ncggw.org/minutes-and-group-updates
Welcome & Introductory Remarks

Secretary Larry Hall
North Carolina Department of Military & Veterans Affairs
Vice Chair Updates
Martin Falls
Chief Deputy
Retired Colonel, U.S. Army National Guard
NC Department of Military and Veterans Affairs

Terry Westbrook
Deputy Director
NC Department of Military and Veterans Affairs
GWG Updates for 3/26/2020

Mar 30th – Vietnam War Commemoration, NC DMVA (Virtual), Raleigh

* Please consider initiating a letter writing campaign to our Veterans in the North Carolina Veterans Homes. Just to give them something to do and to reaffirm our commitment to them. The addresses are below

<table>
<thead>
<tr>
<th>NC STATE VETERANS HOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLACK MOUNTAIN</td>
</tr>
<tr>
<td>62 LAKE EDEN ROAD, BLACK MOUNTAIN, NC</td>
</tr>
<tr>
<td>28711</td>
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<tr>
<td>FAYETTEVILLE</td>
</tr>
<tr>
<td>214 COCHRAN</td>
</tr>
<tr>
<td>28301</td>
</tr>
<tr>
<td>KINSTON</td>
</tr>
<tr>
<td>2150 HULL STREET, KINSTON, NC</td>
</tr>
<tr>
<td>28504</td>
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<tr>
<td>SALISBURY</td>
</tr>
<tr>
<td>1601 BRENNER AVENUE, SALISBURY, NC</td>
</tr>
<tr>
<td>28144</td>
</tr>
<tr>
<td>BUILDING 10</td>
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<tr>
<td>28144</td>
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</tbody>
</table>
GWG Updates for 3/26/2020

Current Policies Affecting the North Carolina State Veterans Homes:

No outside in person visitation (with exceptions)
* End Of Life
* Special Occasion (anniversary, etc)
* New Admission (to assist with moving in)
Virtual visitation is permitted, but has to be scheduled
No communal dining (all residents dine in their room)
Constant Monitoring of Residents
Daily Monitoring of Staff (every time they enter the building)

The Department is taking steps to not interrupt services. The current environment has dictated the method we provide these services. We are fully utilizing the remote delivery of services as much as possible. The Department leadership briefed the employees on the Communicable Disease and Emergency Policy as well as the Telework Policy. Each Manager has these policies in their possession and implementing those policies.

The Department operates at sixteen (16) Veteran Service Centers across North Carolina including the Raleigh headquarters, four nursing homes and four cemeteries. All our facilities are open but with modifications and restrictions.
Dr. Michelle Laws
Assistant Director for Consumer Policy and Community Stakeholder Engagement
Division of MH/DD/SAS
NC Department of Health and Human Services

Michelle.Laws@dhhs.nc.gov
ncdhhs.gov/coronavirus

Coronavirus Disease 2019 (COVID-19) Response in North Carolina

- Executive Order 120 closes K-12 public school statewide through May 15, bans mass gatherings over 50 people, closes some businesses.
- NCDHHS asks for health care volunteers to assist with COVID-19.
- All COVID-19 Executive Orders.

More Resources
- CDC
- COVID-19 Guidance
- Contact Your Local Health Department
- Get the Facts: FAQs
- COVID-19 News Releases
- COVID-19 Executive Orders
- Sign Up for COVID-19 NC Updates

COVID-19 Briefings in English & Spanish
Our objectives in this emergency are clear:

To support the continuation of quality, medically necessary services and supports for consumers during this period of great change and uncertainty, recognizing the need for providers and consumers to rapidly adapt to new methods of treatment.

To stabilize, sustain, and adapt provider networks to deliver services and supports tailored to the needs of North Carolinians in the face of the present challenge, while also readying providers for the potential lasting impact of this pandemic.

To reduce, to the greatest extent possible, the need for any hospitalization, including facilitating discharge where appropriate and preventing avoidable readmissions from state psychiatric hospitals.

> Provide Flexible Funding for the COVID-19 Response

- Maximize Flexibility to Stabilize Providers and Respond to the Changing Needs of Consumers

BHIDD.COVID.Qs@dhhs.nc.gov
Mark. Bilosz

Director
Veterans Benefits Administration
Winston-Salem Regional Office
U.S. Department of Veterans Affairs
Upcoming VBA Outreach Updates

- Outreach postponed until further notice
- Regional Office Closed to the public
- Normal claims processing activities
- GI Bill not affected
- Employees teleworking
- eBenefits & IRIS inquiries
- Home loan services looking to waive/reduce late fees and credit bureau reporting

DeAnne Seekins
Network Director
VA VISN-6
VISN 6 Update
DeAnne Seekins, Network Director, VISN 6

Coronavirus Status Update

What we’re doing to mitigate COVID-19 Spread

How we are Safeguarding people in our facilities

Help our most vulnerable populations stay protected

News

Urgent Care transitioned to Optum  March 18
Mark Edmonds
Chief Operating Officer - Workforce Solutions
North Carolina Department of Commerce
Jeff Smith

Military and Veterans Program Liaison
Division of MH/DD/SAS
North Carolina Department of Health and Human Services
NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

NC 2-1-1 Help Starts Here

HOME    Find Help ▼   AGENCY PROFESSIONALS ▼   eLibrary ▼   About Us ▼   Donate   Coronavirus (COVID-19)

HOME
FIND HELP
AGENCY PROFESSIONALS
eLIBRARY
ABOUT US
DONATE
CORONAVIRUS (COVID-19)

CORONAVIRUS (COVID-19)

COVID-19 HEALTH TIPS
@NCDHHS

Wash hands with soap and water for 20+ seconds each time.

Avoid touching your eyes, nose and mouth with unwashed hands.

Stay home from work or school if you are sick.

Avoid close contact with people who are ill.

Cover your mouth and nose with a tissue when you cough or sneeze.

Throw away tissues after coughing, sneezing or blowing your nose.

Clean and disinfect surfaces that are frequently touched.

Find Help

Last updated: March 24, 2020

Text COVIDNC to 898-211 for announcements and updates

Dial 2-1-1 or 888-892-1162 Available 24 hours a day 7 days a week
VA/SAMHSA
Governor’s Challenge to Prevent Suicide Among Service Members, Veterans, and their Families
Policy Academy Agenda

February 25–27, 2020

Wardman Park Marriott
2660 Woodley Road NW
Washington, DC, 20008
Why Answer “the Question”?

**Why former Servicemembers and Families should answer “THE QUESTION”**

The Veterans Administration and the State of North Carolina have benefits and programs that many former Servicemembers and their Families MAY be eligible for.

Veterans’ Health and Disability Benefits change frequently and differ from conflict to conflict and in peacetime.

There are over 4,000 Veterans Non-Profits in North Carolina aiding Veterans and Families.
Going Virtual!
TAKING CARE OF YOUR BEHAVIORAL HEALTH

Tips For Social Distancing, Quarantine, And Isolation During An Infectious Disease Outbreak

What is Social Distancing?
Social distancing is a way to keep people from becoming closely (or frequently) exposed to spread an infectious disease. Schools and other gathering places such as movie theaters may close, and certain events and religious services may be canceled.

What is Quarantine?
Quarantine separates and restricts the movement of people who may have been exposed to a contagious disease in case they become sick. It lasts long enough to ensure that the person has not become infected with the disease.

What is Isolation?
Isolation prevents the spread of an infectious disease by separating people who are sick from those who are not at risk in order to contain the disease.

Introduction
In the midst of an infectious disease outbreak, local efforts may require the public to take measures to prevent and contain the spread of the disease. This tip sheet provides information on social distancing, quarantining, and isolation.

What to Expect: Typical Reactions
Everyone reacts differently to stressful situations such as an infectious disease outbreak that requires social distancing, quarantine, or isolation. People may feel:

- Anxiety, worry, or fear related to the disease
- The health status of others whom you may have interacted with
- The requirement that you or your family may have to take self-isolation as a result of contact with you
- An increased sense of monitoring yourself, or being monitored by others for signs and symptoms of the disease
- Time taken off from work and the potential loss of income and job security
- The challenges of securing things you need, such as groceries and personal care items
- Concern about being able to effectively care for children or others in your care
- Uncertainty or confusion about how long you will need to remain in isolation, and uncertainty about the future
- Emotional responses associated with being cut off from others in the world and from loved ones
- Anger if you think you were exposed to the disease because of others’ negligence
- Boredom and frustration because you may not be able to work or engage in regular day-to-day activities
- Uncertainty or ambivalence about the situation

- A desire to use alcohol or drugs to cope
- Symptoms of depression, such as feelings of hopelessness, changes in appetite, or sleeping
In Person Livestream

4023 4253 8879 5280 5437 4085 6512 12270 10664 6737
Completion of the construction for the Veterans Life Center – June 1, 2020

- Opening ceremony information can be found at: www.vlcnc.org

Started our employment and hiring process for Key Staff Position

- Additional jobs posting will be posted: www.vlcnc.org

The VA-VLC Working Group working on referrals, training, and processes

- Special recognition to these members for their invaluable support
For more information about DMH/DD/SAS services and initiatives for Veterans, Servicemembers and their Families contact:

Jeff Smith, Military and Veterans Program Liaison at jeff.smith@dhhs.nc.gov
Or
Dr. Michelle Laws at michelle.laws@dhhs.nc.gov
Governor’s Challenge Update

Crystal Miller
2020 Governor’s Challenge: To Prevent Suicide Among Servicemembers, Veterans, and their Families
Update 26 March
Who and What?

- The US Department of Veterans Affairs (VA), Veterans Health Administration (VHA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) to continue this initiative.

- SAMHSA’s Servicemembers, Veterans, and their Families Technical Assistance (SMVF TA) Center works with states and communities to strengthen their behavioral health systems serving Servicemembers, Veterans, and their Families (SMVF).

- The Center provides support through the provision of technical assistance and the promotion of ongoing interagency collaboration.
Goals

Form an interagency military and civilian team of state leaders and policy makers to develop and implement a strategic action plan to prevent and reduce suicide.

Define and measure success, including defining assignments, deadlines, and measurable outcomes to be reported.
Pre-Policy Academy Meeting
Initial Planning
Pre-Policy Academy Activities

- Completed an environmental scan as well as strengths, weaknesses, opportunities, and threats (SWOT) analysis;
- Introduced teams to three priority areas supported by the U.S. Department of Veteran Affairs’ National Strategy for Preventing Veteran Suicide (VA’s National Strategy); and
- Established priorities, strategies, and preliminary logic models ahead of the February Policy Academy.
Using the VA’s National Strategy and the overarching three priority areas as context, the group through an assessed North Carolina’s SWOTs as they relate to preventing suicide among SMVF in the following priority areas:

- Identify SMVF and screen for suicide risk
- Promote connectedness and improve care transitions
- Lethal means safety and safety planning
Action Planning

The team spent the rest of its time focusing its efforts on logic models and preliminary action planning based on the three priority areas supported by the VA’s National Strategy. Some of the strategies under each priority included the following:

- Identify existing ATQ and screening best practices and methods across the state for identifying and screening SMVF
- Create real community care network for rural Veterans by solidifying community partnerships to bridge gaps
- Utilize and engage faith-based resources
TA REQUESTED/RECOMMENDED

- Provide follow-up TA with a subject-matter expert on engaging top VISN, governor’s office, and state agency leadership to facilitate the success of strategies in specific priority areas

Follow-up TA on how to connect entities within the Crisis Intercept Mapping system

Provide a TA phone call opportunity related to financing strategies and block grants and how they work within North Carolina systems
Priority Area 1: Identify Service Members, Veterans, and their Families (SMVF) and Screen for Suicide Risk

- Ask the Question (ATQ) Military Status Campaign
- Many collaborative partners, including North Carolina Department of Military and Veterans Affairs, U.S. Department of Veterans Affairs (VA) Mid-Atlantic Health Care Network (or Veterans Integrated Services Networks [VISN] 6), Department of Corrections (DOC), North Carolina Governor’s Working Group
- Military/Veterans advocate in DHHS
- Veterans Health Administration’s suicide risk screening model—use of predictive analytics (Recovery Engagement and Coordination for Health—Veterans Enhanced Treatment, or REACH-VET)
- Social determinants of health
- Existing data sources
Priority Area 2: Promote Connectedness and Improve Care Transitions

- NC Serves
- Resource guides
- Peer support specialists (VA, Veteran Support Services (VSS) programs)
- Make the Connection, Real Warriors, Objective Zero (connecting Veterans website)
- www.helpncvets.org (Words to Live By)
- Coaching into Care (connects families, providers, and caregivers)
- Suicide Risk Management Consultation Program (Rocky Mountain Mental Illness Research Education and Clinical Center (RMIRECC))
Priority Area 3: Lethal Means Safety and Safety Planning

- VA outreach—providing gun locks to community
- 1 in 10 North Carolinians are Veterans
- Together with Veterans-Carteret (Veterans Coalition of the Crystal Coast) and Macon County
- Mayor’s Challenge to Prevent Suicide Among Service Members, Veterans, and their Families in Mecklenburg County
- American Foundation for Suicide Prevention (AFSP)—going into gun shops
## Priority 1: Identify Service Members, Veterans, and their Families and Screen for Suicide Risk (Goal 9—U.S. Department of Veterans Affairs’ National Strategy for Preventing Veteran Suicide)

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Resources &amp; Inputs</th>
<th>Best Practices &amp; Action Items</th>
<th>Outcomes &amp; Evaluation Measures</th>
<th>Process (Output) Measures</th>
<th>Responsible Person(s)</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify existing practices and methods across the state for identifying Service members, Veterans, and their families (SMVF)</td>
<td>Data access</td>
<td>Pull datasets from DHHS, VA, NCNG (and reserve), DoD, Schools-GI Bill-DBI, CMS, NSDVH, CRDC, Hospice, National Center</td>
<td>Percent of data received</td>
<td>-Identification of data</td>
<td>RTI</td>
<td>August 2020</td>
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<tr>
<td>Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH-VET) - outside VA</td>
<td></td>
<td></td>
<td></td>
<td>-Percent identified from estimate</td>
<td>Cheri Anthony</td>
<td>December 2020</td>
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<tr>
<td>Identify screening places</td>
<td>Time and data</td>
<td>Universal versus indicated</td>
<td></td>
<td>Number of people screened/people referred/behavioral health contacts/organizational data</td>
<td></td>
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<tr>
<td>Identify person-level community actors and entities engaging with SMVF</td>
<td>Barbers, bartenders, faith-leaders, librarians, YMCA</td>
<td>Identify who touches Veterans</td>
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<tr>
<td>Engage Veterans Service Organizations (VSOs including Goodwill, Red Cross, etc.)</td>
<td>Time and data</td>
<td>NAVSO</td>
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<tr>
<td>Identify a screener/assessment to implement across selected entities</td>
<td>Time and data</td>
<td>Evidence-based screening tools (i.e., Columbia-Suicide Severity Rating Scale (C-SSRS)) validated in target population</td>
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<tr>
<td>Engage caregiver groups (Mental Health First Aid, or MHFA)</td>
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<td>Identification of evidence-based practices</td>
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<tr>
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<tr>
<td>Create real community care network for rural Veterans by solidifying community partnerships to bridge gaps</td>
<td>NC Serves</td>
<td>- Break down “turf wars” between NC Serves providers and VA</td>
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<td></td>
<td></td>
<td>- Market NC Serves to rural Veterans</td>
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<tr>
<td>Veteran coffees</td>
<td></td>
<td>- Make resources available at Veteran coffees, Veterans of Foreign Wars, American Legions, whatever is prevalent in an area</td>
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<td>Mobile Veteran centers (MVCs)</td>
<td></td>
<td>- Targeting MVCs to rural areas</td>
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<td>Local media (radio, newspapers)</td>
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<td>Provide trainings to Ready-made</td>
<td></td>
<td>- Expand into rural</td>
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<tr>
<td>MNHA training</td>
<td>Community Action Integration Boards (CAIBs)</td>
<td>Columbia Lighthouse Project (first responders)</td>
<td>Email Lighthouse Project for materials</td>
<td>Veteran-peers in the community</td>
<td>Chaplains</td>
<td>NC Serves</td>
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<tr>
<td>Close “degrees of separation” to care providers/systems (i.e., law enforcement/first responder warm hand-offs)</td>
<td>Resource guide</td>
<td>- Establish community partnerships with VA - Expand peer support by getting peers into community</td>
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<tr>
<td>Involvement of active National Guard and Reserve unit resources</td>
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<td>Mental Health Summit Expansion</td>
<td>VA</td>
<td>- Organize mental health summits in rural communities</td>
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<tr>
<td>Events—benefits/resources</td>
<td></td>
<td>- Colleges and VSO-posts</td>
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<tr>
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<tr>
<td>Utilize and engage faith-based resources</td>
<td>Engage county veteran officers</td>
<td>Increased participation of governor and government officials</td>
<td>How many people trained</td>
<td></td>
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<tr>
<td></td>
<td>Educate mobile crisis centers and first responders</td>
<td>Increase in calls to hotline</td>
<td>How many people trained</td>
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<td></td>
<td>Engage local food banks</td>
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<tr>
<td>Engage community college resources</td>
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<tr>
<td>Utilize a multipronged Walmart approach</td>
<td>MHFA, Suicide Awareness Voices of Education (S.A.V.E.), Medication storage, Intervention, Talk Saves Life (TSL), Preventing Adverse Childhood Experiences (ACEs)</td>
<td>Inventory and provide educational trainings and materials (digital and printed) to community providers, gun shop owners, motorcycle dealers, peers, librarians, etc.</td>
<td>Positive feedback from education programs</td>
<td>• How many people trained • How many materials distributed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategies</td>
<td>Resources &amp; Inputs</td>
<td>Best Practices &amp; Action Items</td>
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<td></td>
<td></td>
<td>Distribute gun locks and medication box locks</td>
<td>Decrease in family member suicide</td>
<td>Number of locks distributed</td>
<td></td>
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</tr>
</tbody>
</table>

**SUICIDE PREVENTION**

**FIREARM SAFETY MATTERS**

[Image of firearm safety device]

[Logos for VA and U.S. Department of Veterans Affairs]
NC Governor’s Challenge to Prevent Suicide Among Service Members, Veterans, and their Families (SMVF) POLICY ACADEMY

Washington, DC 24 February 2020 – 27 February 2020
From the Blue Ridge Mountains to the Crystal Coast, we will Stick by Them! The Crystal Coast lighthouse is the beacon of hope for our Veterans as noted by our partners in the Veterans Coalition of the Crystal Coast. These partners are implementing a rural suicide prevention model in Carteret County, known as the Together With Veterans (TWV) pilot program. Jim Nelson represented the group and added much needed information to the plan.
Action plans are in the works and will be updated during our Web Based RAND session in April 2020 and our Post-Academy site visit in May 2020.
Process
Where are we now?

State Preparation
- Phase 1
  - VA/SAMHSA Welcome Packet Received December 2020
  - Orientation Conference Call January 8, 2020
  - Pre-Academy Site Visit January 29-30, 2020

State Planning
- Phase 2
  - Web Based Session with: RAND 21 April 2020
  - Follow-up Site Visit

Community Engagement
- Phase 3
  - Mayor’s Challenge Community Site Visit
In the End...

The goal is to increase our ability to serve veterans and in doing so, offering the right resources for a better quality of life, creating positive outcomes in education, employment, housing, mental health, and social enrichment.

It is what we do!
Remembering Janene Stewart McGee

Advocate

passionate

DRIVEN

Courage

genuine

amazing

Love

Selfless
delightful

Gentle

Brave

PROFESSIONAL
Please take a moment to be thankful today for what we have, for life.

Crystal Miller, Field Operations Manager, Division of Veterans Affairs
Crystal.Miller@milvets.nc.gov
March 26th, 2020
North Carolina Governor’s Working Group
NCSERVES STATEWIDE SNAPSHOT
LAUNCHED 1ST NETWORK 2015 | SERVING 83 COUNTIES | TOP NEED: HOUSING & SHELTER

4 NCServes Networks
12,781 Unique Clients All-Time
31,540 Service Requests All-Time
358* Participating Organizations

82% Resolved Outcomes

Typical Time to Match:
Average Time To Match - 14 Days
Median Time to Match - 3 Days

Typical Service Duration:
Median Duration - 11 Days

Client Military Affiliation

Service Members/Veterans 82%
Spouse/Caregiver 10%
Undisclosed 8%

Data Window: March 1st, 2019 through February 29th, 2020, unless otherwise stated

*This number represents the sum of the number of active providers in each NCServes network. Some providers may serve in multiple networks.
WHAT DO OUR CLIENTS NEED?

Since launch, Housing Assistance & Utilities have been among the top service needs in the NCServes networks.

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Service Requests Made for Housing</td>
<td>146</td>
<td>617</td>
<td>1,408</td>
<td>2,112</td>
<td>2,721</td>
</tr>
<tr>
<td>Percentage of Service Requests Made for Housing</td>
<td>16%</td>
<td>17%</td>
<td>23%</td>
<td>24%</td>
<td>27%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Service Requests Made for Utilities</td>
<td>N/A</td>
<td>11</td>
<td>232</td>
<td>490</td>
<td>455</td>
</tr>
<tr>
<td>Percentage of Service Requests Made for Utilities</td>
<td>-</td>
<td>0.31%</td>
<td>4%</td>
<td>6%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Percentage of Service Requests Made for Housing Services: 27%
Percentage of Clients Requesting Housing Services: 32%
Percentage of Service Requests Made for Utilities Services: 4%
Percentage of Clients Requesting Utilities Services: 4%

Clients expressing a need for these services often have multiple needs. Common service requests co-occurring with utilities are:

- Housing & Shelter
- Food Assistance
- Employment
- Income Support
- Benefits Navigation
- Money Management
NCSERVES COVID-19 RESPONSE

- All four NCServes Networks remain open and active
- Coordination Centers equipped to work remotely
- Frequent communication between Networks and Providers
- Adding enhanced features and screening tools to the platform
  - COVID-19 related request callout on the “Get Assistance Request” form
  - Social Needs Assessment (at discretion of the Network)
  - Exposure Risk Screening (at discretion of the Network)

*** NCServes IS NOT a medical crisis service, nor do we provide medical advice. If you believe that you have been exposed to the COVID-19 virus or exhibit symptoms, please contact your healthcare provider for guidance.***
Housing Grants & Veteran Services of the Carolinas

Brandon Wilson
Where Faith and Works Meet

NC Governors Working Group - March 2020
Who We Are

Veterans Services of the Carolinas is a division of Asheville Buncombe Community Christian Ministry (ABCCM) that provides services for veterans in 49 North Carolina counties. Services include rapid rehousing, homeless prevention through the Supportive Services for Veteran Families (SSVF) program; employment and training support through the Homeless Veterans Reintegration Program (HVRP); intensive outreach services through Healing Outreach Partnerships for Empowerment (HOPE); and service coordination through NCServes-Western, part of the America Serves network.

- **60%** Staff are Veterans/Spouses
- **108** Combined Years of Serving Veterans Experience
- **224** Combined Years of Military Service

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[Images and logos related to veteran services and certifications]
Where We Serve

Veterans Services of the Carolinas is based in Asheville, North Carolina with program offices in Asheville, Statesville and Morehead City. VSC also operates satellite offices in Bryson City, Hickory, Fayetteville, and Jacksonville. The administrative office is located at 20 Twentieth Street in Asheville. Our office hours are Monday thru Friday from 8:30 am until 5:00 pm.
Housing

Supportive Services for Veteran Families (SSVF) is a rapid rehousing and homeless prevention program designed to help Veterans and their families maintain their current housing, or helping find them new and affordable, sustainable housing. VSC’s goal is to improve housing stability for low-income veteran families through the SSVF Program, and is a 28-county regional effort to bring an end to homelessness among veterans.

Services may include:

- Case Management Services
- Housing search assistance
- Temporary financial assistance

90%

Successful Housing Rate at discharge

240 Families Housed

*data from SSVF grant year cycle*
Employment

The HVRP program serves homeless veterans who need assistance in order to enter, re-enter, remain, or advance in the workforce. Through short-term training programs, focusing on industry recognized certifications and licenses, HVRP is committed to ensuring veterans receive the training and support needed to secure career level jobs that pay living wages. As the goal of the HVRP program is to place homeless Veterans into meaningful employment, ABCCM recognizes that by supplementing other services creates a better recipe for success. Services may include:

- Case Management Services
- Vocational Counseling
- Job Search Assistance
- Job-driven Training
- Assistance with tools, clothing, fees and transportation

75% Placement Rate

103 Job Placements

*data from HVRP grant year cycle*
Service Coordination

VSC is the local coordination center for NC Serves-Western, the region’s first coordinated network of public, private and non-profit organizations working together to serve Veterans, service members and their families.

Our coordination center is one of three NC Serves markets in NC and uses the Unite Us platform to guide our clients to the most appropriate services and resources available in their specific county and across North Carolina.

1,261 Clients Served
2,584 Unique Services
77% Positive Outcomes

*Data from January-December 2019*
Outreach Services

Healing Outreach Partnerships for Empowerment (HOPE) is a program designed to provide intensive outreach to individuals with severe mental illness who are living outside and are deemed most vulnerable. The HOPE program serves individuals who have been historically perceived as unreachable. Veterans will be located through extensive outreach efforts extended by the HOPE team. Case Management and peer support services will be offered to Veterans who meet criteria and are enrolled in the HOPE program.

Services may include:

- Intensive Outreach
- Peer Support Services

300 Referrals Made
238 Veterans Identified

*data from March-June 2019*
Best Practices

- Person Centered Approach
- Dual Role Case Management
- 18 Month Rule
- Innovation
  - NCServes Radio
  - Kiosk Project
- True Community Collaboration
- Culture Driven
Transformation Village

Transformation Village is ABCCM's vision of taking every single woman, mom with children and intact family off the street or out of a car.

We have purchased a 24-acre site near the Asheville Outlets that in Phase One of the plan will more than triple the number of beds we currently have at our Steadfast House. Plans for Phase One also include a community center with housing units, a kitchen and dining facilities, job training center, children's educational center, a playground and a medical clinic. We are building on our successful programs that move homeless women and children into stability, training programs and career-level jobs that give residents health, safety and education. Subsequent building phases will include housing for intact families, single men with children, female veterans, survivors of domestic violence, and many others.
Housing Assistance and Shelter Programs

Jess Brandes
CASA
The solution to homelessness is housing.

www.casanc.org
CASA’s mission is to provide access to stable, affordable housing for people who are homeless or at risk by developing and managing rental communities.
Jess Brandes
Sr. Director of Real Estate Development

jbrandes@casanc.org
Homelessness is a complex problem with a simple solution: affordable housing.
If you earn disability income:
affordable rent & utilities: $307

If you earn minimum wage: $377

If you earn $12/hour = $624

Fair market rent & utilities for 1 bedroom apartment = $1,022
$19.65/hour
develops, owns, & manages affordable housing
Orange County
44 apartments

Durham County
135 apartments

Wake County
301 apartments
Our Developments

- Built to a market-rate standard
- Financing is affordable (no debt or low-debt)
- Often subsidy still needed to operate (project-based or tenant-based)
- Affordability is guaranteed through deed restrictions long term (15-30+ years)
- Skills, experience, partnerships and mission to serve those with greatest challenges
Our Housing

- Permanent – tenant can renew year after year
- Housing First – low barriers to entry and retention of housing
- Standard lease
- Tenant pays 30% of income for rent + utilities

Resident Retention
- Connecting to services
- Problem-solving and flexibility
- Coaching, supporting, listening, building trust
CASE STUDY:
Hull’s Landing, Raleigh
20 apartments for veterans
20 1-bedroom units for veterans who are homeless with disabilities
Completed in 2 phases: 2013 and 2015
Total cost about $2.4 million. Funders:
- City of Raleigh local and federal funds
- Wake County local and federal funds
- HUD Continuum of Care funds for new construction (McKinney Vento)
Most tenants have HUD-VASH vouchers, 10 are project-based through partnership with Housing Authority of Wake County
Already seeing tenants aging in place
No common community space
CASE STUDY:

Denson Apartments, Durham

23 apartments for veterans
23 1-bedroom units for veterans who are homeless with disabilities
Completed in 2 phases: 2014 and 2016
Total cost about $3 million. Funders:
- City of Durham local and federal funds
- NC Housing Finance Agency federal funds
- HUD Continuum of Care funds for new construction (McKinney Vento)
- Home Depot Foundation
- Community Fundraising
Phase 1 originally had operating funding and supportive service funding through HUD Continuum of Care funds
Community room
Key Lessons and Recommendations

- Location
- Political considerations/NIMBYism
- Low maintenance, highly durable building materials and interiors
- Intentionally develop community
- Maintain flexibility
  - Preferences are better than requirements
  - Standard units, amenities, buildings
  - Adapt to meet changing needs
- Harness the opportunity – fundraising and publicity
The solution to homelessness is housing.

Thanks for being part of the solution!
Next Meeting:
April 23, 2020

Joint Force Headquarters
Raleigh, NC
Register for our email updates: ncfgwg.org

Join us by live stream at www.facebook.com/govinst

Meeting agenda and minutes: ncfgwg.org/minutes-and-group-updates