1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time.

CoC Name and Number (From CoC Registration):	NC-513 - Chapel Hill/Orange County CoC
CoC Lead Organization Name:	Orange County Department of Housing and Community Development

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and providing final approval for the CoC application submission. This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group:	Orange County Partnership to End Homelessness Continuum of Care Committee
Indicate the frequency of group meetings:	Monthly or more
Indicate the legal status of the group:	Not a legally recognized organization
Specify "other" legal status:	
Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)	75%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	
Assigned:	X
Volunteer:	X
Appointed:	
Other:	

Specify "other" process(es):

Briefly describe the selection process including why this process was established and how it works.

Anyone interested in the CoC Committee is encouraged to become a member and can do so by simply volunteering to be a committee member at any regular meeting. This process was established to keep participation open and encourage members, especially among concerned citizens and consumers. The Orange County Partnership to End Homelessness (10 Year Plan) coordinator is assigned as a member to staff the committee.

*** Indicate the selection process of group leaders: (select all that apply):**

Elected:	X
Assigned:	X
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

If HUD could provide administrative funds to the CoC, would the primary decision-making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.

Yes. Because the CoC Committee is under the umbrella of the Orange County Partnership to End Homelessness (10 Year Plan), the group has the capacity to provide these functions. The Partnership has a paid coordinator and its membership includes local units of government, non-profits, chambers of commerce, local university, and concerned citizens/consumers.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Orange County Par...	Monthly or more
Unbiased Review P...	Annually
Ad-Hoc Sub-Commit...	Unknown

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Orange County Partnership to End Homelessness Continuum of Care Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Oversight of the CoC process for Orange County.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Unbiased Review Panel (Sub-Committee)

Indicate the frequency of group meetings: Annually

Describe the role of this group:

Review and rank HUD application projects.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Ad-Hoc Sub-Committee(s)

Indicate the frequency of group meetings: Unknown

Describe the role of this group:

Ad-Hoc Sub-Committee(s) are convened by the CoC Committee Co-Chairs as needed to work on specific, time-limited issues (i.e. Project Homeless Connect).

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Orange County Partnership to End Homelessness	Public Sector	Other	Committee/Sub-committee/Work Group, Lead agency for 10-ye...	NONE
OPC Area Program	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
The Chrysalis Foundation for Mental Health	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Housing for New Hope	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Orange County Housing and Community Development	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Orange County Office of Human Rights and Relations	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Inter-Faith Council on Social Service	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Ab...
NC Department of Health and Human Services - Ho...	Public Sector	State g...	Committee/Sub-committee/Work Group	Seriously Me...
Employment Security Commission	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Job Link	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
Orange County Health Department	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	HIV/AIDS, Youth
Orange County Department of Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans, Do...
Town of Chapel Hill - Planning Department	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Town of Carrboro - Economic Development Department	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Town of Hillsborough - Planning Department	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
University of North Carolina at Chapel Hill	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
University of North Carolina Campus Y	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Chapel Hill Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

Community Resource Court	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months	Substance Abuse
EmPOWERment, Inc.	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Seriously Me...
Orange Congregations in Mission	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	NONE
Neighbor House of Hillsborough, Inc.	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Freedom House Recovery Center	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Seriously Me...
Child Care Servcies Association	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Club Nova	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Seriously Me...
Habitat for Humanity	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
Chapel Hill Downtown Partnership	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Concern of Durham	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
ARC of North Carolina	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
Orange County Literacy Center	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
Orange County Women's Center	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Domestic Vio...
American Red Cross- Orange County Chapter	Private Sector	Non-pro...	None	NONE
Orange County Rape Crisis Center	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Domestic Vio...
Mental Health Association of Orange County	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Seriously Me...
Orange County Disability Awareness Council	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Triangle United Way	Private Sector	Funder ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Chapel Hill-Carrboro Chamber of Commerce	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

Hillsborough-Orange County Chamber of Commerce	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
UNC Horizons Program	Private Sector	Hospita...	None	Substance Abuse
UNC Hospitals	Private Sector	Hospita...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Durham VA Medical Center	Public Sector	Other	Attend 10-year planning meetings during past 12 months	Veterans
Pam C	Individual	Homeles...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Abdul L	Individual	Homeles...	Attend 10-year planning meetings during past 12 months	NONE
Concerned Citizen #1	Individual	Homeles...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Concerned Citizen #2	Individual	Homeles...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

1E. Continuum of Care (CoC) Project Review and Selection Process

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

Open Solicitation Methods: (select all that apply)	b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, e. Announcements at CoC Meetings, f. Announcements at Other Meetings
Rating and Performance Assessment Measure(s): (select all that apply)	a. CoC Rating & Review Commitee Exists, e. Review HUD APR for Performance Results, i. Evaluate Project Readiness, k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, o. Review CoC Membership Involvement, p. Review Match, r. Review HMIS participation status
Voting/Decision Method(s): (select all that apply)	a. Unbiased Panel/Review Commitee, b. Consumer Representative Has a Vote, c. All CoC Members Present Can Vote, e. Consensus (general agreement), f. Voting Members Abstain if Conflict of Interest

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: No

Briefly describe the reasons for the change:

Safe Haven Bed: No

Briefly describe the reasons for the change:

Transitional Housing: Yes

Briefly describe the reasons for the change:

Several beds under development last year are now available.

Permanent Housing: Yes

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

Beds previously under development are now available and the CoC has compiled a more comprehensive than previously available.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Housing Inventory...	08/19/2008

Attachment Details

Document Description: Housing Inventory Chart

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)	01/30/2008
Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)	Housing inventory survey
Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply)	Instructions, Updated prior housing inventory information, Follow-up, Confirmation
Must specify other:	
Indicate the type of data or method(s) used to determine unmet need: (select all that apply)	HUD unmet need formula
Specify "other" data types:	

If more than one method was selected, describe how these methods were used.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type:	Regional (multiple CoCs)
Select the CoC(s) covered by the HMIS: (select all that apply)	NC-500 - Winston Salem/Forsyth County CoC, NC-501 - Asheville/Buncombe County CoC, NC-503 - North Carolina Balance of State CoC, NC-504 - Greensboro/High Point CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-508 - Anson, Moore, Montgomery, Richmond Counties CoC, NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-513 - Chapel Hill/Orange County CoC, NC-516 - Northwest North Carolina CoC
Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?	Yes

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization?	No
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	Service Point
What is the name of the HMIS software company?	Bowman Systems, Inc.
Does the CoC plan to change HMIS software within the next 18 months?	No
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	06/01/2006
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Inadequate staffing, Inadequate resources, No or low participation by non-HUD funded providers, Poor data quality

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

Briefly describe the CoC's plans to overcome challenges and barriers:

The Carolina Homeless Information Network is working with the CoC participating agencies and leadership to assist them in improving their data quality, bed coverage, and to move closer to an unduplicated count of homeless individuals served. Standardized and customized reporting, end user certification and refresher training, and focused technical assistance are some of the tools that CHIN staff use to assist continua. CHIN is also developing a Continuous Improvement Plan for all continua to help them monitor their HMIS improvement throughout the year. This plan will include measurable goals.

Beyond standard APR and AHAR reports CHIN has developed a comprehensive monthly data quality report to provide agencies with an overview of their usage. Here are the report categories:% of created records with complete demographic info;% of enrolled records with complete program info;# newly served;# served;Occupancy Rate

CHIN has increased staff in recent months to meet the reporting and technical assistance needs of participating agencies. Still, training of data entry personnel continue to be a challenge with frequent staff turnover and the lack of resources to hire staff dedicated to HMIS data entry.

Continua continue to encourage non-funded agencies to participate in HMIS, often with little leverage.

HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	CoC HMIS Agreement	10/15/2008

Attachment Details

Document Description: CoC HMIS Agreement

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Organization.

Organization Name	North Carolina Housing Coalition
Street Address 1	224 S. Dawson Street
Street Address 2	
City	Raleigh
State	North Carolina
Zip Code **Format: xxxxx or xxxxx-xxxx**	27601
Organization Type	Non-Profit
If "Other" please specify	

2C. Homeless Management Information System (HMIS) Contact Person

Prefix:	Mr
First Name	Harold
Middle Name/Initial	E.
Last Name	Thompson
Suffix	Jr
Telephone Number: (Format: 123-456-7890)	919-827-4500
Extension	
Fax Number: (Format: 123-456-7890)	919-881-0350
E-mail Address:	hthompson@nchousing.org
Confirm E-mail Address:	hthompson@nchousing.org

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

*** Emergency Shelter (ES) Beds**	76-85%
*** Safe Haven (SH) Beds**	No beds in CoC
*** Transitional Housing (TH) Beds**	0-50%
*** Permanent Housing (PH) Beds**	86%+

How often does the CoC review or assess its HMIS bed coverage? Quarterly

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

The Chapel Hill/Orange CoC is working with CHIN staff to determine technical and training barriers. CHIN is using comparative reporting to assist the CoC as we improve our bed coverage.
The CoC is also using CHIN Data Quality Reports to review agency participation frequently throughout the reporting year. The CoC is working with providers to identify and address barriers, such as staffing.

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	9%
* Date of Birth	0%	0%
* Ethnicity	2%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	8%	1%
* Disabling Condition	20%	0%
* Residence Prior to Program Entry	11%	8%
* Zip Code of Last Permanent Address	12%	14%
* Name	0%	0%

Did the CoC or subset of the CoC participate in AHAR 3? No

Did the CoC or subset of the CoC participate in AHAR 4? No

How frequently does the CoC review the quality of client level data? Monthly

How frequently does the CoC review the quality of program level data? Monthly

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

CHIN uses comparative reporting to assist agencies as they improve their client and program data. The primary report is the monthly Data Quality Report; however, agencies may request a report at any time during the month. Standardized ServicePoint reports are available continuously including: APR data, clients served, and clients not served. For agencies that need improvement, on-site and on-line data entry technical assistance and training are avaialble at no charge to agencies. In extreme cases, contract data entry assistance is available for agencies to help them catch up on data entry.

Continua use the CoC wide CHIN Data Quality Reports to review agency particiation frequently throughout the reporting year. This is par of a continuous process of improvement which includes all facets of the data collection, data entry, and reporting processes. Each aspect is reviewed by CHIN staff and continua leadership to determine what measures are needed for agency improvement.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

A commitment to accurate data entry, including program entry and exit dates, begins when agencies signed their Agency Participation Agreement. In this contract, agencies agree to adhere to CHIN's Standard Operating Policies which explicitly covered all HUD required data elements. Agencies and end users are reminded again during certification training. Program entry and exit dates are covered specifically in the materials.

In addition to regular Data quality reports, when requested, CHIN staff can generate a report for participapting agencies that lists all cients with their program entry and exit dates and the fields that remain incomplete. This report assists agencies in determining how much data is missing from each client's record. As end users enter data into the network, CHIN staff provides follow-up reports.

The CoC reviews HMIS reports to determine and address barriers to accurate reporting.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC uses each of the following items:

Data integration/data warehousing to generate unduplicated counts:	Annually
Use of HMIS for point-in-time count of sheltered persons:	Semi-annually
Use of HMIS for point-in-time count of unsheltered persons:	Semi-annually
Use of HMIS for performance assessment:	Semi-annually
Use of HMIS for program management:	Annually
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following standards:

*** Unique user name and password**	**Annually**
*** Secure location for equipment**	Annually
*** Locking screen savers**	Annually
*** Virus protection with auto update**	Annually
*** Individual or network firewalls**	Annually
*** Restrictions on access to HMIS via public forums**	Annually
*** Compliance with HMIS Policy and Procedures manual**	Annually
*** Validation of off-site storage of HMIS data**	Annually

How often does the CoC assess compliance with HMIS Data and Technical Standards?	Annually
How often does the CoC aggregate data to a central location (HMIS database or analytical database)?	Never
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	04/01/2008
If 'No' indicate when development of manual will be completed:	

2H. Homeless Management Information System (HMIS) Training

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead offers each of the following training activities:

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Quarterly
Using HMIS data for assessing program performance	Semi-annually
Basic computer skills training	Monthly
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
Households with Dependent Children - Sheltered Transitional
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
Households without Dependent Children - Sheltered Transitional
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the date of the last PIT count: 01/30/2008

For each homeless population category, the number of households must be less than or equal to the number of persons.

	Households with Dependent Children			
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	1	13	1	15
Number of Persons (adults and children)	3	33	3	39

	Households without Dependent Children			
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	80	61	15	156
Number of Persons (adults and unaccompanied youth)	80	61	15	156

	All Households/ All Persons			
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	81	74	16	171

Total Persons	83	94	18	195

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
*** Chronically Homeless (Federal definition)**	50	8	58
*** Severely Mentally Ill**	79	2	81
*** Chronic Substance Abuse**	73	7	80
*** Veterans**	9	4	13
*** Persons with HIV/AIDS**	1	0	1
*** Victims of Domestic Violence**	10	1	11
*** Unaccompanied Youth (under 18)**	0	0	0

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

Separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Annually

Enter the date in which the CoC plans to conduct its next annual point-in-time count: (mm/dd/yyyy) 01/28/2009

Indicate the percentage of providers supplying population and subpopulation data collected via survey, interview, and/or HMIS.

Emergency Shelter providers 100%

Transitional housing providers: 100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

Survey Providers:
Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

HMIS:
The CoC used HMIS to complete the point-in-time sheltered count.

Extrapolation:
The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count: (Select all that apply):

Survey Providers:	X
HMIS:	
Extrapolation: (Extrapolation attachment is required)	
Other:	

If Other, specify:

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

The CoC works in partnership with the NC Interagency Council on Coordinating Homeless Programs, which provides a common survey instrument used statewide. The CoC provides training and technical assistance to all providers on when and how to conduct the survey. The CoC's Community Assessment sub-committee is responsible for distributing the survey, monitoring the point-in-time count, and producing the final count data. Data from the past two years has remained consistent, with only a slight increase reported, because there are a small number of providers and the CoC is pro-active in working with providers to get quality data.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

HMIS:
Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:
Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:
Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:
Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:
Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:
CoC used a combination of methods.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	
Sample Strategy:	
Provider Expertise:	X
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

Providers are given a prepared survey tool that indicates the subpopulation data needed. Providers then survey clients and/or check HMIS data on the date of the point-in-time count to obtain the information. Non-identifying subpopulation data is aggregated by each provider on the survey tool and then provided to the CoC which produces the final report. The subpopulation data has remained fairly consistent over the past two years, though providers are getting better at accurately reporting the chronically homeless count.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used to ensure the data quality of the sheltered persons count:
(select all that apply)

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	
None:	
Other:	

If Other, specify:

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Public places count:
Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:
Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:
Counted homeless persons using non-shelter services based on interviews.

HMIS:
HMIS used to collect, analyze or report data on unsheltered persons.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	X
Public places count with interviews:	X
Service-based count:	
HMIS:	
Other:	

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Complete coverage:
Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:
Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:
Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the level of coverage of the PIT count of unsheltered homeless people: Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count.
(select all that apply)

Training:	X
HMIS:	
De-duplication techniques:	
Other:	

If Other, specify:

Describe the techniques used to reduce duplication.

The unsheltered persons count is conducted by the PATH outreach team and service providers with a good knowledge of the population. The count is conducted in a set period of time and by covering pre-determined locations. By using professional outreach staff and a methodical plan duplication is minimal.

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

The CoC is a committee within the Ten Year Plan to End Homelessness in Orange County. The Ten Year Plan has been instrumental in helping unsheltered households learn of resources within the community. As importantly, the local emergency shelter provider focuses on providing housing to unsheltered households with dependent children.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

The CoC relies on the PATH outreach team and the local emergency shelter/community kitchen as its primary vehicles to identify and engage unshelterd persons. The PATH program and local shelter work closely together to get unsheltered persons into emergency or transitional housing. The main factor in identifying more unsheltered persons and families this year compared to last year has been the implementation of a PATH outreach program.

Attachment Details

Document Description:

Attachment Details

Document Description:

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Expand OPC's Shelter plus care program for the chronically homeless by proposing funding for at least one additional unit in 2008 and implementing the 2007 CoC chronic project	Vanessa Neustrom, OPC Community Planner
Action Step 2	Ensure that at least 15% of the existing Shelter plus Care programs and existing Supportive Housign Programs are occupied by the chronically homeless	Vanessa Neustrom, OPC Community Planner
Action Step 3	Continue to work with Orange County Housing Authority and Chapel Hill Department of Housing to dedicate a percentage of vouchers/units to house the chronically homeless	Vanessa Neustrom, OPC Community Planner

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	10
Numeric Achievement in 12 months	12
Numeric Achievement in 5 years	15
Numeric Achievement in 10 years	30

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Coordinate with local housing providers (public and private) continued eviction prevention training and technical assistance to help maintain homeless persons in permanent housing	Vanessa Neustrom, OPC Community Planner
Action Step 2	Enroll 80% of identified permanent housing participants in evidence-based supportive services, including Community Support, Community Support Team, Assertive Community Treatment Team (ACTT), or other available supportive services	Julie Leon, Housing Support Team, Housing for New Hope
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	94
Numeric Achievement in 12 months	95
Numeric Achievement in 5 years	96
Numeric Achievement in 10 years	98

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Identify and address specific barriers to transition from transitional housing to permanent housing and create strategies to address in the local 10 Year Plan to End Homelessness	Coordinator, Orange County Partnership to End Homelessness
Action Step 2	100% of transitional housing participants will receive community support services or case management to increase self-sufficiency	Laurie Tucker, IFC Housing Director
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	42
Numeric Achievement in 12 months	50
Numeric Achievement in 5 years	64
Numeric Achievement in 10 years	70

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	30% of participants in HUD-funded housing programs will be enrolled in supportive services that address vocational rehabilitation	Vanessa Neustrom, OPC Community Planner
Action Step 2	Create an Employment Initiatives Work Group as a 10 Year Plan subcommittee to develop recommendations for a comprehensive employment plan to address the needs of all homeless persons in the community	Meg McGurk, Assistant Director, Chapel Hill Downtown Partnership
Action Step 3	Implement 25% of Employment Initiative Work Group recommendations	Meg McGurk, Assistant Director, Chapel Hill Downtown Partnership

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	51
Numeric Achievement in 12 months	53
Numeric Achievement in 5 years	60
Numeric Achievement in 10 years	70

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person

Action Step 1	Implement a Housing Support Team to identify and house unshelterd homeless households with children	Julie Leon, Housing Support Team, Housing for New Hope
Action Step 2	Increase dissemination of information regarding supportive housing opportunities to inform homeless households of available assistance	Coordinator, Orange County Partnership to End Homelessness
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	0
Numeric Achievement in 12 months	3
Numeric Achievement in 5 years	10
Numeric Achievement in 10 years	20

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons dicharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge Protocol:	Formal Protocol Implemented
Health Care Discharge Protocol:	Protocol in Development
Mental Health Discharge Protocol:	Formal Protocol Implemented
Corrections Discharge Protocol:	Protocol in Development

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For addtional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge
For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The NC Children's Policy Review Committee, within the Department of Health and Human Services' Division of Social Services has developed protocols for Transitional Living Plans for youth being discharged from the foster care system. Social workers are charged with intentionally creating and/or allowing opportunities for youth to experience growth-enhancing interactions within the community. Components of these protocols include the requirement that each youth will have a stable place to live upon discharge other than HUD McKinney-Vento funded beds, with a primary and backup discharge plan to minimize the liklihood of homelessness resulting from a disrupted plan. Services should also ensure that youth have sufficient economic resources to meet daily living needs, have obtained academic or vocational/educational goals, have a positive personal support system, are avoiding high risk behaviors, postponing parenthood until financially and emotionally prepared, and have access to physical, dental, and mental health services.At the local level, the CoC has an established MOA with the local Department of Social Services confirming that no one will be discharged from foster care into homelessness.

Health Care Discharge
For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

Protocols are being developed and confirmed between the CoC and the hospital that serves our community. Since hospitals are independent, and do not fall under a state office the same way that the mental health hospitals, prisons, and foster care programs do, it has been more challenging to develop procedures. Protocols are under development with hospital administrators and CoC leaders, and hospital social workers are encouraged to participate in regional CoC meetings. Hospital administrators participate on the Executive Team of the Ten Year Plan to End Homelessness, of which the CoC is a subcommittee. Also, the primary hospital in our CoC participated in the SOAR trainings and are working with CoC members to improve access to disability income for homeless people who are frequently accessing hospital services. In addition, the hospital is encouraged to to work with CoC members and other housing advocates to identify appropriate permanent housing placements for persons being discharged from the hospital.

Mental Health Discharge
For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Requirements for discharging planning for individuals in state psychiatric hospitals, and alcohol and drug abuse treatment centers have been codified in an administrative code (10 NCAC 28F .0209). Each facility and area program must develop a process for coordination and continuity of care for patients, particularly around treatment issues and issues related to discharge planning and community care that involves placements other than HUD McKinney-Vento funded programs. The facility, area program, and individual must collaborate on the development of a discharge plan for each individual leaving a facility. Additional policies related to individuals with long-term hospitalizations (30+ day hospitalization) prohibit placement in shelters or other homeless conditions. At the local level, the CoC has an MOA with the regional State Mental Health Hospital and Developmental Center that outlines protocols related to discharging homeless individuals from state mental health and substance abuse facilities. The MOA ensures the facilities and the CoC members are implementing strategies to identify appropriate housing for persons being discharged. The MOA has been signed and will go into effect by 12-1-08.

Correction Discharge
For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

Under the guidance of the Secretary of Corrections, there is a shared responsibility between the NC Department of Correction (DoC), other state-level agencies, and the community for the incarcerated community member. Discharge placements in appropriate housing options other than McKinney-Vento funded programs are always sought.The Division of Prisons has a computerized system of tracking aftercare planning in health services which will guarantee that staff has universal access to plans in progress and will allow management to review those plans for quality and future planning of services. For offenders with mental illness, developmental disabilities, and other persons with disabilities, DoC uses a multi-disciplinary approach to aftercare, in which the case manager, mental health social worker, and probation/parole officer assure that the released inmate has a viable, appropriate, sustainable home plan. Prisons across NC are not allowed to sign MOAs with local Continua's, instead, all MOAs must be coordinated with the DOC itself. Final protocols between the CoC and DOC are under final review by DOC attorneys. We anticipate the protocols will be implemented by winter 2009.In addition,the CoC is working to develop an MOA with the local county jail, confirming that jails will not discharge anyone into a McKinney Vento facility who is not eligible. Jail staff are invited to participate in local CoC meetings.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	CoC Foster Care D...	10/23/2008
Mental Health Discharge Protocol	No	CoC Mental Health...	10/23/2008
Corrections Discharge Protocol	No	Corrections Disch...	08/15/2008
Health Care Discharge Protocol	No	Medical Hospital ...	08/15/2008

Attachment Details

Document Description: CoC Foster Care Discharge MOA

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: CoC Mental Health Hospital Discharge MOA

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Corrections Discharge Protocol

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Medical Hospital Discharge Protocol

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness?	Yes
If yes, briefly list a few of the goals included in the Consolidated Plan:	1. Expanded affordable permanent housing capacity. 2. Placement of chronically homeless individuals and families. 3. Increased availability of and access to best-practice mental health, substance abuse, medical treatment and non-clinical supports, such as life management skills and informal support networks
Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)?	No
Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness?	Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

1. Reduce chronic homelessness. 2. Increase employment. 3. Increase access to services

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for addtional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)?	No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevent national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	10	**Beds**	10	**Beds**
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	94	**%**	94	**%**
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	50	**%**	42	**%**
Increase percentage of homeless persons employed at exit to at least 18%	44	**%**	51	**%**
Ensure that the CoC has a functional HMIS system	75	**%**	63	**%**

4B. Continuum of Care (CoC) Chronic Homeless Progress

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	39	6
2007	46	7
2008	58	10

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008 3

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development				$80,760	$25,500
Operations	$106,000				
Total	$106,000	$0	$0	$80,760	$25,500

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	5
b. Number of participants who did not leave the project(s)	43
c. Number of participants who exited after staying 6 months or longer	4
d. Number of participants who did not exit after staying 6 months or longer	41
e. Number of participants who did not leave and were enrolled for 5 months or less	2
TOTAL PH (%)	94

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	24
b. Number of participants who moved to PH	10
TOTAL TH (%)	42

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 5

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	1	20	**%**
SSDI	0	0	**%**
Social Security	0	0	**%**
General Public Assistance	0	0	**%**
TANF	0	0	**%**
SCHIP	1	20	**%**
Veterans Benefits	0	0	**%**
Employment Income	3	60	**%**
Unemployment Benefits	0	0	**%**
Veterans Health Care	0	0	**%**
Medicaid	1	20	**%**
Food Stamps	3	60	**%**
Other (Please specify below)		0	**%**
No Financial Resources	1	20	**%**

The percentage values are automatically calculated by the system when you click the "save" button.

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: http://www.energystar.gov

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative?	Yes
Are any projects within the CoC requesting funds for housing rehabilitation or new construction?	No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

In the past year, the CoC began reviewing CoC-wide APR's on an annual basis. The Continuum of Care Steering Committee reviews the funded agencies APR during a regularly-scheduled CoC Steering Committee meeting.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? No

If "Yes", indicate all meeting dates in the past 12 months.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. No

If "Yes", specify the frequency of the training. Monthly or more

Does the CoC uses HMIS to screen for benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

June 2007

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits.	100%
1a. Describe how service is generally provided:	
Case managers working with homeless persons through transitional housing, PATH, Housing Support Coordination, and mental heath providers report that during the intake process a needs assessment is taken to determine the types of benefits a person needs.A treatment plan is developed in which the case manager and client decide which benefits to priortize and pursue. The case manager provides information, referral and transportation when needed. A large part of our CoC has free public transportation, so this resource is frequently used to attend appointments. Case managers transport when necessary.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	75%
3. Homeless assistance providers use a single application form for four or more mainstream programs:	0%
3.a Indicate for which mainstream programs the form applies:	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Providers report that during weekly or monthly meetings with clients, a progress review is conducted to determine whether benefits have been accessed and they work together to address barriers to obtaining the benefits.	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

***1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?** **A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.**	Yes
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	Yes
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a)sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? **(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.**	No
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?	No
***5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?** **If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.**	Yes
6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?	Yes

Part A - Page 2

***7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?**	Yes
***8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?** **Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)**	No
***9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.** **In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?**	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
***10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?**	Yes
***11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?**	Yes
***12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)**	No
***13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?**	No

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***14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?** **(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)**	Yes
***15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?** **Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?**	Yes
***16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?**	Yes
***17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?**	No
***18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?**	Yes
***19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?**	No
***20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?**	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Chrysalis Support...	2008-10-23 09:20:...	1 Year	The Chrysalis Fou...	115,195	Renewal Project	SHP	SH	F2
SPC-C4	2008-10-23 09:28:...	5 Years	OPC Mental Health...	42,600	New Project	S+C	TRA	S1
SPC-A	2008-10-23 09:26:...	1 Year	OPC Mental Health...	121,128	Renewal Project	S+C	TRA	U3
SPC-B	2008-10-23 09:28:...	1 Year	OPC Mental Health...	135,288	Renewal Project	S+C	TRA	U4

Budget Summary

FPRN	$115,195
Rapid Re-Housing	$0
Samaritan Housing	$42,600
SPC Renewal	$256,416
Rejected	$0