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-507 - Raleigh/Wake County CoC

CoC Lead Organization Name: Wake County Continuum of Care Inc.

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:	Wake CoC
Indicate the frequency of group meetings:	Bi-monthly
Indicate the legal status of the group:	501(c)(3)
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)	84%

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

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

Specify "other" process(es):

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

WCOC voting membership is open to any person (agency or individual) who pays any dues or user fees imposed by the Board Of Directors and who attends at least 75% of the membership meetings in the most recent full fiscal year. Membership for non-voting membership is open to any person(agency or individual) who attends at least one membership meeting, and who notifies the Secretary of their intention to be a member, and who provides contact information to the Secretary.

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

Elected:	X
Assigned:	
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, if our Coc were provided with additional administrative funds from HUD, the Board of Directors would be able to hire an administrative person to be responsible for activities such as applying for HUD funding, assisting with program oversight and other administrative duties.

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
Wake County Conti...	Monthly or more
Member Agencies a...	Bi-monthly
Oversight Team	Monthly or more
Program Evaluatio...	Monthly or more
NOFA Committee	Monthly or more
10 Year Plan Lead...	Monthly or more
Homeless Children...	Monthly or more
More Affordable H...	Monthly or more
Chamber of Comme...	Monthly or more
Faith Based Suppo...	Monthly or more
24/7 Stabilizatio...	Monthly or more

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: Wake County Continuum of Care Board of Directors

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group has the control and management of the affairs and business of the WCoC.

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: Member Agencies and Member Individuals

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

Votes on amendments to bylaws, or to the Articles of Incorporation, and elects the board of directors.

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: Oversight Team

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Consists of the officers of the board of directors as well as leadership from the Ten Year Plan to end homelessness team. Sets the agenda for each monthly board meeting. Plans and facilitates efforts geared toward 10 year plan implementation.

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: Program Evaluation Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Charged with designing and maintaining standard outcomes and submission procedures for programs applying for funding through the WCoC. The Unbiased review panel is made up of some members of the Program evaluation Committee.

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: NOFA Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Ad hoc committee that coordinated the submission of the Exhibit 1 and Exhibit 2 portions of the SuperNOFA. Planning and evaluating efforts designed to strengthen CoC

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: 10 Year Plan Leadership Council

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Volunteers from Business, Government, faith groups, and other volunteers guide the work of the 10 Year Plan to end homelessness in Wake County. Provide direction to the oversight team and advocate for increased resources and awarness for 10 Year Plan efforts.

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: Homeless Children's Initiative

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Convening monthly conversations between family homeless shelters and early childhood mental health professionals to increase collaboration and create pathways for services for the purpose of enhancing the social-emotional health of homeless children, ages 0-5

Conducting focus groups with parents and staff, and observing parent-child interactions at shelters, to document and report on strengths and improvements needed in the shelter environment to enhance quality parent-child relationships in homeless families

Collating developmental screening, day care, and social-emotional health resources and building referral networks for services related to young children age 0-5 that are underutilized by homeless families

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: More Affordable Housing team

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Convening monthly meetings with the team. At the meetings, we generally have a guest speaker who talks about a housing initiative or policy issue that has to do with affordable housing development. We discuss actions that the team is taking and update each other on affordable housing goings-on around the City and County.

Giving input into the Citys Comprehensive planning process. Each time there is an opportunity for public input, members of the group attend or give input to ensure that affordable housing stays at the forefront of the issues associated with the Comprehensive Plan.

2008 Priority Initiatives:
Address regulatory & policy barriers
Increase local funding for affordable housing
Building community support and involvement

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: Chamber of Commerce Job Ready Employment Initiative

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Designing and implementing a job referral process that links a strong social mission to end homelessness with a dedication to providing quality workers to the local labor market.

Securing business partnerships ready and willing to work and consult with our team.

Recruiting business and service provider leaders who are ready to work together toward mutually beneficial results.

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: Faith Based Support Circles

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Recruiting and training local congregations to form Support Circles, teams of 6-10 people from their faith group to help homeless families for up to one year as they sustain employment and move into their own housing.
Working with local human service agencies to evaluate and bring homeless families who are ready into the program.
Constantly expanding partnerships of support, raising needed funds and spreading the word about homeless families who can succeed and contribute to the community with this support.

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: 24/7 Stabilization, Assessment, Referral Center

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The team is evaluating services that are needed and could potentially be located in the facility to provide adequate stabilization / assessment and referrals.
The team is working with local government and service agencies to gain support for moving forward.
The team has explored coordinated employment components within homeless assessment and referral centers in Atlanta, Georgia and St. Louis, Missouri.

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
Wake County Human Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	Seriously Me...
City of Raleigh	Public Sector	Local g...	Committee/Sub-committee/Work Group, Lead agency for 10-ye...	NONE
Town of Cary	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Raleigh Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Triangle Family Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Ab...
Triangle United Way	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Lead agency for 10-ye...	NONE
The Womens Center of Wake County	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Interact	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
The Healing Place of Wake County	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Abuse
CASA	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Haven House	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
The Carying Place	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
YWCA	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Domestic Vio...
Church in the Woods	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
PLM Families Together	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Catholic Charities	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

Interfaith Food Shuttle	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Passage Home	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Ab...
Raleigh Rescue Mission	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Ab...
Urban Ministries of Wake County	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Salvation Army	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
DHIC, Inc	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
WAKE HEALTH SERVICES	Private Sector	Hospita...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Southlight	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Substance Ab...
Step Up Ministries	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Wake Interfaith Hospitality Network	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Social Security Administration	Public Sector	Other	Committee/Sub-committee/Work Group	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, d. Review Independent Audit, 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, q. Review All Leveraging Letters (to ensure that they meet HUD requirements)
Voting/Decision Method(s): (select all that apply)	a. Unbiased Panel/Review Commitee, 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: Yes

Briefly describe the reasons for the change:

146 more beds were counted as Emergency Shelter beds in 2008 that were counted in 2007. PLM reclassified 20 beds from transitional to emergency beds. The Raleigh Rescue Mission added 28 beds. The Healing Place reclassified 98 beds to emergency shelter.

Safe Haven Bed: No

Briefly describe the reasons for the change:

We do not have Safe Haven programs in our CoC

Transitional Housing: Yes

Briefly describe the reasons for the change:

238 fewer beds were counted as TH in 2008 than in 2007. Glory to Glory, The YWCA, Summit House, PLM Families Together and Mission House no longer provide transitional housing or are closed. There were 111 beds at these organizations. Haven House added 14 transitional beds. The Healing Place reported 134 fewer. Passage Home reported one more. The Carying Place reported 25 more beds. The Women Center reported three more. The Raleigh Rescue Mission reported 31 less. Southlight reported three less. Step-up Ministries reported forty seven fewer beds(agency uses a scattered site model and decreased subsidies result in fewer beds)

Permanent Housing: Yes

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

56 Fewer beds were counted as PH is 2008 than in 2007. This adjustment in number of PH beds was due to the specification in the count instruction that asked that only beds designated for people who are homeless be counted. In the past, all supportive housing beds were counted in the county. CASA reported 29 fewer. DHIC reported 22 fewer. Passage Home reported 11 more beds. The Womens Center reported three fewer beds. The Carying Place reported nine fewer beds. And, Glory to Glory closed. Ten additional beds for the chronically homeless were reported.

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	NC507 Housing Inv...	10/07/2008

Attachment Details

Document Description: NC507 Housing Inventory

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)	10/03/2008
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)	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, Unsheltered count, Housing inventory, Provider opinion through discussion or survey forms
Specify "other" data types:	

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

The HUD unmet need formula was the main equation used to compute the unmet need totals. Providers provided feedback to these numbers.

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:	Single CoC
Select the CoC(s) covered by the HMIS: (select all that apply)	NC-507 - Raleigh/Wake County CoC
Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?	No

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?	Yes
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	Case One
What is the name of the HMIS software company?	Softscape
Does the CoC plan to change HMIS software within the next 18 months?	Unknown/Unsure
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)	10/01/2004
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Poor data quality, HMIS unable to generate CoC-wide data or reports, HMIS unable to generate AHAR table shells, HMIS unable to generate data quality reports, HMIS unable to generate APR data, Other

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

Not Applicable

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

Our COC worked diligently to meet the federal mandate of implementing an HMIS system by October 2004. To accomplish this we accepted and began using bed management, registration and case management functions of the system developed by Softscape on October 2004. Softscape did not have other elements of our system, namely all the reporting functions, ready at the time of our launch. We have never been able to validate the accuracy of the reports once we gained access to them, and we believe the data to be unreliable. Softscape has been unwilling to show us how that data is pulled, so that we can verify its accuracy. There have been long protracted contract disputes, and staff turnover at Softscape is so high that there has been little continuity or staff support. Agencies have responsibily been entering data into our HMIS system, but we are not able to get reliable reports. Softscape has been unwilling to make fixes to our system that we believe not to be enhancement requests, but true non-functioning elements of our original system. Our COC met for its annual planning retreat on October 14, 2008 and make a decision to make a change in HMIS vendor. We decided to migrate to the Carolina Homeless Information Network (CHIN), which is the Balance of State vendor for North Carolina. CHIN operates HMIS sytems for 98 of the 100 counties in NC. Its system is a customization of ServicePoint, and we believe it to be reliable. We will begin this migration in this fall.

Attachment Details

Document Description:

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

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

Organization Name	Wake County Continuum of Care, Inc.
Street Address 1	706 Hillsborough St
Street Address 2	Suite 200
City	Raleigh
State	North Carolina
Zip Code **Format: xxxxx or xxxxx-xxxx**	27603
Organization Type	Non-Profit
If "Other" please specify	Not Applicable

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

Prefix:	Mr
First Name	David
Middle Name/Initial	E.
Last Name	Harris
Suffix	
Telephone Number: (Format: 123-456-7890)	919-212-7723
Extension	
Fax Number: (Format: 123-456-7890)	919-508-0725
E-mail Address:	dharris@co.wake.nc.us
Confirm E-mail Address:	dharris@co.wake.nc.us

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**	65-75%
*** Permanent Housing (PH) Beds**	86%+

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

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

Not Applicable

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	11%	
* Date of Birth	2%	
* Ethnicity	3%	
* Race	1%	
* Gender	0%	
* Veteran Status	5%	
* Disabling Condition	100%	
* Residence Prior to Program Entry	80%	
* Zip Code of Last Permanent Address	74%	
* Name	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? Annually

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

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

Many of the business practices associated with polices and procedures that govern our HMIS, have been more diffcult to carry out during our conflict with our vendor, Softscape. We have not actively sought to add new users since we have not had access to the data and believe the reports to be unreliable. The HMIS committee worked to train lead users at each of the agencies who work directly with thier staff. We developed a HMIS Confidentiality and Consent Quiz to use as new and refresher training with staff, and we have developed a comprehensive user manual that is provided to every user. Participating agencies have access to two part-time system administrators that can answer questions and assist with problems. **Please note that our vendor has not been cooperative in helping get data to complete the Universal Data Element Chart above. Last year our local system administrators had access to raw data and they were able to program a report to get this data. They were not allowed access to this data this year. We completed the chart above using the information we had last year, recognizing--- that the old data is still present, we have not signed on new users, and fully expect that our data gathering has improved. Since our COC has made a decision to change vendors, we expect our data to be released from our current vendor, and are working with our new vendor to upload historical data.

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

The Wake County / Raleigh Continuum of Care has mandatory training requirement for all HMIS users that include Minimum Information Collection and Maintenance Requirements. For every new client, users must complete three tasks: enter minimum client data, complete a general intake and obtain a signed consent form. Users are trained to enroll clients into programs. The system forces clients to be enrolled in programs before users can associate them with their caseloads and further utilize HMIS system features.

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:	Never
Use of HMIS for point-in-time count of sheltered persons:	Annually
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Never
Use of HMIS for program management:	Never
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**	Never

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:	10/18/2005
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	Never
Data Security training	Semi-annually
Data Quality training	Never
Using HMIS data locally	Never
Using HMIS data for assessing program performance	Never
Basic computer skills training	Semi-annually
HMIS software training	Semi-annually

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	50	72	0	122
Number of Persons (adults and children)	168	150	0	318

	Households without Dependent Children			
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	80	102	0	182
Number of Persons (adults and unaccompanied youth)	513	240	73	826

	All Households/ All Persons			
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	130	174	0	304

Total Persons	681	390	73	1,144

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)**	91	18	109
*** Severely Mentally Ill**	141	0	141
*** Chronic Substance Abuse**	357	0	357
*** Veterans**	108	14	122
*** Persons with HIV/AIDS**	15	0	15
*** Victims of Domestic Violence**	82	0	82
*** Unaccompanied Youth (under 18)**	4	0	4

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.

Emergency shelter and transitional housing providers documented how many individuals they provided housing to on the night of the point-in-time count and submitted their documentation to coordinators of this year's count who then collated all the sheltered population data with the unsheltered population data to produce a final count. There was an increase (101 individuals)in this year's point-in-time count compared to the 2007's count. This increase could be due to the tendancy of this population to reflect the overall increase in Wake County's annual census population estimates. Community providers have also identified an increase in the number of illegal immigrants who may be street homeless or living in campsites due to concerns regarding utilizing shelter facilities where they may be required to provide personal information.

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:	
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.

Emergency shelter and transitional housing providers documented how many individuals they provided housing to on the night of the point-in-time count and submitted their documentation to coordinators of this year's count who then collated all the sheltered population data with the unsheltered population data to produce a final count. There was an increase from 124 in 2007 to 141 in 2008 in the seriously mentally ill subpopulation. Aspects of our state's mental health reform have likely factored in to this increase. There was an increase from 79 in 2007 to 109 in 2008 in the chronically homeless count. An overall increase in community awareness of chronic homelessness joined with an increase in education to our area service providers and partners in identifying and tracking individuals who are chronically homeless has impacted the increase in 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:	
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: Complete Coverage and 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:	X
Other:	

If Other, specify:

Describe the techniques used to reduce duplication.

We planned the unsheltered count geographically during a fixed window of time. We had volunteers who participated in the count go to each geographic region simultaneously so that unsheltered persons would not be counted more than once.

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

Our CoCs family shelter agencies are collaborating to create and utilize a common form of assessment to determine the most expedient means to house and therefore reduce the number of unshelterd homeless 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).

Our CoC utilizes the staff of a PATH team who do outreach to individuals who are street homeless or living in other places not meant for human habitation. The PATH team works to engage these individuals in services that will meet their basic needs (food, clothing, housing, medical care, transportation, etc.) as well as any services that will address any unmet psychiatric and/or substance abuse services needs. Our unsheltered population increased from 70 in 2007 to 73 in 2008. There was no change in the unsheltered count of families with children (counts were zero each year). This count may have remained the same as homeless families, particularly those with children or youth may be doubled up living with other families. Also, the point-in-time count is a "snapshot" and may not capture all those who are cycling in and out of homelessness over a specific time frame and is is difficult to determine where all unsheltered people may reside on a given night.

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	Utilize a housing first model to provide permanent housing for chronically homeless individuals	Thea Craft
Action Step 2	Develop permanent supportive housing for chronically homeless individuals	Mary Jean Seyda
Action Step 3	Increase capacity of service providers to support chronically homeless individuals placed in permanent housing	Carlyle Johnson

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	43
Numeric Achievement in 12 months	24
Numeric Achievement in 5 years	44
Numeric Achievement in 10 years	69

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	Another 6 households will be matched with a support circle for additional support	Roberta McCauley
Action Step 2	Increase supportive services for individuals receiving shelter plus care vouchers	Mike Mescall
Action Step 3	Increase collaboration and support with Local Mental Health system for improved supports for clients to maintain good mental health leading to increased likelihood for remaining in PH	Carlyle Johnson

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	82
Numeric Achievement in 12 months	83
Numeric Achievement in 5 years	84
Numeric Achievement in 10 years	85

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	Support Circles will provide 3 additional rental subsidies	Roberta McCauley
Action Step 2	Passage Home will lease an additional 5 units for families or individual	Lisa Crosslin
Action Step 3	Haven House will lease an additonal 5 units for households that are homeless	Matt Schnars

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	60
Numeric Achievement in 12 months	64
Numeric Achievement in 5 years	65
Numeric Achievement in 10 years	66

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	Increase capacity and support for Chronically Homeless Employment Initiative	Frank Lawrence
Action Step 2	Increase awarness and support of the Let's Get to Work Program to improve employment opportunities for clients at exit	Richard Fitzgerald
Action Step 3	Establish 10 job placements through the Chamber of Commerce Employment Initiative	Laura Martin

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	41
Numeric Achievement in 12 months	42
Numeric Achievement in 5 years	43
Numeric Achievement in 10 years	44

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	Increase collaborative efforts on the 10 year plan homeless childrens initiative to increase financial suport and community awareness of the issue of homeless children in the community	Laura Benson

Action Step 2	Develop assessment tool and increase community capacity with regard to rapid re-housing initiatives to provide families with children decreased likelihood for becoming homeless and opportunities for rapid re-housing when the become homeless	Rick Miller Haraway
Action Step 3	Increase coordination with outreach efforts targeting homeless families with children as well as those families at risk for losing housing.	Alice McGhee

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	194
Numeric Achievement in 12 months	184
Numeric Achievement in 5 years	174
Numeric Achievement in 10 years	164

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: Protocol in Development

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 N.C. Childrens 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 systems. Social workers are charged with intentionally creating and/or allowing opportunities for youth to experience growth-enhancing interactions with 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 likelihood of homelessness resulting from a disrupted plan. A provision in the North Carolina plan provides youth with the opportunity to re-enter foster care up to age 21 if they are not able to maintain housing after discharge. Members of the Wake CoC have provided input on the state five year plan and work closely with members of the county LINKS staff to ensure the needs of youth leaving care are met and homelessness is avoided.

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.

Almost every hospital in North Carolina is accredited by the Joint Commission on Accreditation of Healthcare Organizations. The Accreditation process requires that hospitals establish procedures to address the needs for continuing care, treatment and services after discharge or transfer from the hospital. Appropriate placements do not include HUD McKinney-Vento funded programs. When patients are transferred or discharged, appropriate information related to the care, treatment, and services provided is exchanged with the other service providers. To facilitate discharge or transfer, the hospital assesses the patients needs, plans for discharge or transfer, facilitates the discharge or transfer, and helps to ensure the continuity of care, treatment and services is maintained. In addition, hospitals that receive Medicare reimbursements must comply with discharge planning requirements that include a written discharge planning process that reveals a thorough, clear, comprehensive process that is understood by hospital staff. The hospital must also identify at an early stage of hospitalization all patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning.

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

Requirements for discharge planning for individuals in state psychiatric hospitals and alcohol and drug abuse treatment centers (ADATCs) have been codified in administrative code (10A 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. All individuals discharged have, at a minimum, intake appointments scheduled for community services prior to discharge. The local area program's success at engaging individuals following discharge is monitored by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services on a quarterly basis. Additional policies related to individuals with long term hospitalizations (30+ day hospitalization or discharge from a long term unit) prohibit placement in shelters or other homeless conditions.

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 and support of the Secretary of Corrections, there is now shared responsibility between the 3 branches of N.C. Department of Correction (DOC), other state level agencies, and the community for the incarcerated community member. Discharge placements in appropriate housing options other than HUD 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 the appropriate staff has universal access to plans in progress at all times and will afford management the opportunity to review for quality of those plans as well as gather data for future planning of service provision. For offenders with mental illness, developmental disabilities and persons covered by the Americans with Disabilities Act, DOC uses a multi-staff multi-disciplinary team 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 as well as a focus towards acquisition of sustainable employment providing a livable, working wage.

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

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	NC LINKS 2004-2009	10/20/2008
Mental Health Discharge Protocol	No	--	No Attachment
Corrections Discharge Protocol	No	--	No Attachment
Health Care Discharge Protocol	No	--	No Attachment

Attachment Details

Document Description: NC LINKS 2004-2009

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:

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:

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Attachment Details

Document Description:

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:	Outcomes: &; Additional Wake County households earning at or below 40% MFI will have safe, decent, stable, affordable housing &; Five hundred new units will have long-term (20 -30 year) affordability 37 & Additional affordable housing will prevent individuals and families earning at or below 40% MFI from becoming homeless &; One hundred homeless families and individuals earning at or below 40% MFI will have rental assistance &; The units created will support the actions outlined in the Wake County and City of Raleigh 10-Year Plan to End Homelessness Indicators: &; Five hundred additional families in Wake County will live in safe, decent, stable, affordable housing &; There will be a minimum of 20 years of guaranteed affordability on 500 units of new housing &; One hundred persons will move from homelessness to permanent housing for at least 24 months
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):

Objective 1: PREVENTION Prevent individuals and families from becoming homeless through comprehensive discharge planning and targeted resources. Objective 2: ENGAGEMENT Expand and coordinate outreach and engagement efforts and create short-term housing capability to engage or re-engage people who are homeless into permanent housing and mainstream health, behavioral health, and social service systems. Objective 3: HOUSING Expand the availability and choices of permanent housing that are affordable to individuals and families with extremely low incomes. Objective 4: EMPLOYMENT/EDUCATION Create education, job training, and competitive employment opportunities specific to the needs of individuals and families who are homeless, recently homeless, or at risk of homelessness, including those with mental illnesses and/or substance use disorders and youth ages 16-21.

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.

3G. Hold Harmless Need (HHN) Reallocation - SHP Grant Eliminated Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be eliminated and made available for new projects through elimination of expring renewal grants. Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each SHP grant being eliminated during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by the HUD to help complete the information. If no SHP grants are being eliminated, enter "0" in all fields and select "PH" from component type drop-down menu.

Expiring Grant Name:	Scattered Sites
Expiring Grant Number:	NC19B607008
Component Type:	SSO
Annual Renewal Amount:	$32,704

3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.

2008 Priority Number:	
Expiring Grant Name:	Familes at Home
Expiring Grant Number:	NC19B307002
Annual Renewal Amount:	$249344
Retained Amount for Expiring Grant:	$171150
Amount available for new grant: (select "Save" to auto-calculate this total)	$78194

3I.Hold Harmless Need (HHN) Reallocation - Proposed New Project Detail

Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be transferred from reduced and eliminated grants to new permanent housing projects through the reallocation process. The total amount requested for new projects can not exceed the amount being reduced or eliminated from expiring grants.

Refer to the NOFA for additional guidance on reallocating projects.

Complete the following information for the each new project being proposed in the 2008 reallocation process. The total amount requested for new projects must not exceed the total amount reallocated from reduced and eliminated grants.

2008 Priority Number:	
Project Name:	2008 Shelter Plus Care
Program Type:	S+C
Component Type:	
Request Transfer Amount:	$327,319

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	34	**Beds**	10	**Beds**
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	85	**%**	63	**%**
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	89	**%**	53	**%**
Increase percentage of homeless persons employed at exit to at least 18%	69	**%**	41	**%**
Ensure that the CoC has a functional HMIS system	80	**%**	60	**%**

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	125	18
2007	79	18
2008	109	33

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 15

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	$126,000	$63,000	$63,000		
Operations					
Total	$126,000	$63,000	$63,000	$0	$0

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)	27
b. Number of participants who did not leave the project(s)	174
c. Number of participants who exited after staying 6 months or longer	9
d. Number of participants who did not exit after staying 6 months or longer	43
e. Number of participants who did not leave and were enrolled for 5 months or less	86
TOTAL PH (%)	26

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	57
b. Number of participants who moved to PH	24
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: 254

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	48	19	**%**
SSDI	20	8	**%**
Social Security	1	0	**%**
General Public Assistance	0	0	**%**
TANF	0	0	**%**
SCHIP	0	0	**%**
Veterans Benefits	7	3	**%**
Employment Income	103	41	**%**
Unemployment Benefits	1	0	**%**
Veterans Health Care	0	0	**%**
Medicaid	36	14	**%**
Food Stamps	29	11	**%**
Other (Please specify below)	15	6	**%**
Child Support			
No Financial Resources	82	32	**%**

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?	No
If 'Yes', describe the process and the frequency that it occurs.	
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.	Unknown
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).	

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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 assess clients at intake and determine needs. Case managers assist clients with applying for mainsteam benefits and provide follow up support to clients for to maintain benefits. Case managers link clients to Triangle Disability Advocates who provide systematic screening for SSI/SSDI.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
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:	
Provider case managers meet with clients to assist in ensuring benefits are received and maintained. If clients are deemed ineligible for benefits, case managers seek explanation for ineligibility and help clients understand why application was denied.	

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.**	No
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?	
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.**	
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?**	No
***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

Part A - Page 3

***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?**	No
***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
Pregnant & Parenting	2008-10-10 11:54:...	2 Years	Haven House Inc.	104,660	Renewal Project	SHP	TH	F7
Hopes & Dreams	2008-10-12 09:42:...	2 Years	Passage Home, Inc.	190,890	Renewal Project	SHP	TH	F6
Ruth's House II - ...	2008-10-12 16:28:...	2 Years	Passage Home, Inc.	312,649	Renewal Project	SHP	PH	F8
Familes at Home	2008-10-13 15:08:...	2 Years	Communit y Alterna...	171,149	Renewal Project	SHP	PH	F3
Aurora	2008-10-13 15:07:...	2 Years	Communit y Alterna...	100,353	Renewal Project	SHP	TH	F1
Homeless Veterans...	2008-10-15 19:34:...	2 Years	Wake County Human...	47,809	Renewal Project	SHP	SSO	F5
2008 Shelter Plus...	2008-10-13 12:29:...	5 Years	Wake County Human...	325,260	New Project	S+C	TRA	F4
Shelter Plus Care...	2008-10-13 12:33:...	1 Year	Wake County Human...	860,436	Renewal Project	S+C	TRA	U9
Homeless Psychiat...	2008-10-13 12:17:...	2 Years	Wake County Human...	110,250	Renewal Project	SHP	SSO	F2

Budget Summary

FPRN	$1,363,020
Rapid Re-Housing	$0
Samaritan Housing	$0
SPC Renewal	$860,436
Rejected	$0