

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-508 - Anson, Moore, Montgomery, Richmond Counties CoC

CoC Lead Organization Name: Sandhills Community Action Program, 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: SCAP Board of Directors

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) 67%

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

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input checked="" type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

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

One-third are elected officials or their designee, one-third are representatives of the poor elected by communities or community service organizations, one-third represent private sector business within the community. This process works because there is representation from the law makers (elected officials), representation of the low-income (those we serve), and business and industry (those who are in a position to help bring low-income people to self-sufficiency). SCAP's Board of Directors also includes one representative who was formerly homeless. (allowing for a different perspective on the plight of the homeless).

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

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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, SCAP's Board of Directors has applied for and administered federal and state grants for more than 40 years. SCAP's Board of Directors is responsible for final program assessments including the Annual Performance Report and Audit reviews and develops policy for necessary improvements to processes. SCAP's Board of Directors approves recommendations for structural changes and outreach efforts, as necessary. And makes decisions in regard to regional needs and expansion of services. SCAP's Board of Directors has had several successes and a proven track record in regard to applying for HUD funding, serving as the grantee, as well as, providing project oversight and monitoring. SCAP has worked continually to develop a full range of housing related programs aimed at moving low-income and homeless persons from crisis and instability to self-sufficiency and even homeownership. Current HUD funded programs administered by SCAP's Board of Directors include: Section 8 Housing Choice Voucher Program, including a homeownership option, Family Self-sufficiency Program, the Supportive Housing Program, Shelter Plus Care, Emergency Shelters Grant Program and Housing Counseling Program. Sandhills Community Action Program has addressed the housing issues that poor people face from the most basic need for emergency shelter to transitional housing with supportive services, to affordable rental housing to homeownership. Programmatic monitoring and financial audits indicate that the organization is strong, well-organized and has an accurate financial management system in place.

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
Coordinating Comm...	Quarterly
Homeless Council	Semi-annually
Gaps Committee	Quarterly
Permanent Housing...	Quarterly
Anson County Supp...	Monthly or more
Montgomery County...	Monthly or more
Moore County Supp...	Monthly or more
Richmond County S...	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: Coordinating Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This committee serves as an oversight committee to the county-level Support Service Teams and all other committees. This committee also serves as the liaison between SCAP's Board of Directors and the county-level Support Service Teams. The Coordinating Committee examines regional needs and homeless issues (primarily housing and services), addresses any issues, accepts recommendations from committees, develops policy based on recommendations and presents final recommendations and proposed policies to SCAP's Board of Directors for final approval by vote. The Coordinating Committee monitors project performance and makes recommendations to SCAP's 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: Homeless Council

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

This committee meets twice per year. The first meeting is in preparation of the annual Point in Time homeless count and again prior to application submission to determine project priorities.

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: Gaps Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This committee meets quarterly to discuss issues identified by county-level support service teams. These issues include the need for additional services to the homeless, the need for additional housing for particular sub-populations, the need for improvement of current services provided to the homeless. The gaps Committee is responsible for devising a means to fill gaps in services. The findings and proposals of this committee are presented to the Coordinating 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: Permanent Housing Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This committee meets to discuss housing development, financing options and issues, homeownership possibilities for low-income persons and services necessary for the chronically homeless.

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: Anson County Support Service Team

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The county-level Support Service Team meets to continually address the needs of the homeless in each particular county and to develop joint strategies to address any issues by collaborating with other service providers, private businesses, churches, interested citizens and homeless or formerly homeless persons. County-level Support Service Teams are also responsible for expanding participation in the Continuum and providing community education. They are also responsible for compiling county-level statistical data. Each county-level Support Service Team reports quarterly to the Coordinating Committee, bringing forth any issues that could not be handled directly.

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: Montgomery County Support Service Team

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The county-level Support Service Team meets to continually address the needs of the homeless in each particular county and to develop joint strategies to address any issues by collaborating with other service providers, private businesses, churches, interested citizens and homeless or formerly homeless persons. County-level Support Service Teams are also responsible for expanding participation in the Continuum and community education. They are responsible for compiling county-level statistical data. Each county-level Support Service Team reports quarterly to the Coordinating Committee, bringing forth any issues that could not be handled directly.

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: Moore County Support Service Team

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The county-level Support Service Team meets to continually address the needs of the homeless in each particular county and to develop joint strategies to address any issues by collaborating with other service providers, private businesses, churches, interested citizens and homeless or formerly homeless persons. County-level Support Service Teams are also responsible for expanding participation in the Continuum and providing community education. They are responsible for compiling county-level statistical data. Each county-level Support Service Team reports quarterly to the Coordinating Committee, bringing forth any issues that could not be handled directly.

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: Richmond County Support Service Team

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The county-level Support Service Team meets to continually address the needs of the homeless in each particular county and to develop joint strategies to address any issues by collaborating with other service providers, private businesses, churches, interested citizens and homeless or formerly homeless persons. County-level Support Service Teams are also responsible for expanding participation in the Continuum and providing community education. They are responsible for compiling county-level statistical data. Each county-level Support Service Team reports quarterly to the Coordinating Committee, bringing forth any issues that could not be handled directly.

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
Subrina Hough	Individual	Homeles. ...	Primary Decision Making Group	NONE
Mary K. McLean	Individual	Homeles. ...	Committee/Sub-committee/Work Group	NONE
Sandhills Community Action Program, Inc.	Public Sector	Public ...	Primary Decision Making Group	Seriously Me...
North State Legal Services	Public Sector	Other	Attend Consolidated Plan planning meetings during past 12...	NONE
Sandhills Center for Mental Health	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Veterans Service Office	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	Veterans
USDA Rural Development	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Vocational Rehabilitation	Public Sector	State g...	Committee/Sub-committee/Work Group	Veterans
Cooperative Extension Service	Public Sector	Local g...	Committee/Sub-committee/Work Group	Youth
Department of Social Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Health Department	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	HIV/AIDS
Child Support	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Department of Aging	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Moore County Day Reporting Center	Public Sector	Local g...	Committee/Sub-committee/Work Group	Substance Abuse
Richmond County Public Information Office	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Southern Pines Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Troy Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Richmond County Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Wadesboro Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE

Anson, Moore, Montgomery, Richmond Counties CoC				COC_REG_v10_000344
Moore County Schools	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	Youth
Richmond County Public Schools	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	Youth
Montgomery County Public Schools	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Anson County Public Schools	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	Youth
Sandhills Community College	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Montgomery Community College	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Anson Community College	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Central Piedmont Community College	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Richmond Community College	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Anson County Sheriff's Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Moore County Sheriff's Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Montgomery County Sheriff's Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Richmond County Sheriff's Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Moore County ESC Job Links	Public Sector	Local w...	Attend Consolidated Plan planning meetings during past 12...	NONE
Richmond County ESC Job Links	Public Sector	Local w...	Attend Consolidated Plan planning meetings during past 12...	NONE
Anson County ESC Job Links	Public Sector	Local w...	Attend Consolidated Plan planning meetings during past 12...	NONE
Montgomery County ESC Job Links	Public Sector	Local w...	Attend Consolidated Plan planning meetings during past 12...	NONE
The American Red Cross	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
The ARC of Montgomery County	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
The ARC of Moore County	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Bethany House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse

Anson, Moore, Montgomery, Richmond Counties CoC				COC_REG_v10_000344
Child Care Connections	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Christian Mission Center	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Clean Start	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Abuse
Crisis Council	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Even Start Program	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Abuse
First Presbyterian Church Anson	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Habitat for Humanity	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Head Start	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Youth
Kingdom Builders Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Mineral Springs Improvement Council	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Montgomery Baptist Association	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Montgomery County Partnership for Children	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Richmond County Crisis Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Sandhills Food Bank	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Sandhills/Moore Coalition for Human Care	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Self Help Credit Union	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
New Horizons	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domesti c Vio...
Mt. Olive A.M.E. Zion Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Trinity AME Zion Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Branch Banking and Trust	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Montgomery County Economic Development	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE

Anson, Moore, Montgomery, Richmond Counties CoC			COC_REG_v10_000344	
RBC Centura Bank	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Pinebluff Realty	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Sandhills Area Chamber of Commerce	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
First Health of the Carolinas	Private Sector	Hospitals	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 Committee Exists, b. Review CoC Monitoring Findings, c. Review HUD Monitoring Findings, d. Review Independent Audit, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, g. Site Visit(s), h. Survey Clients, i. Evaluate Project Readiness, j. Assess Spending (fast or slow), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, p. Review Match, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status

**Voting/Decision Method(s):
(select all that apply)** b. Consumer Representative Has a Vote, c. All CoC Members Present Can Vote, 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: No

Briefly describe the reasons for the change:

Permanent Housing: No

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

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	NC508 Housing Inv...	10/23/2008

Attachment Details

Document Description: NC508 Housing Inventory Chart 2008

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: 01/29/2008
(mm/dd/yyyy)

Indicate the type of data or methods used to complete the housing inventory count: Housing inventory survey
(select all that apply)

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Instructions, Updated prior housing inventory information, Confirmation, HMIS
(select all that apply)

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: HUD unmet need formula, Other, Unsheltered count, Housing inventory, Provider opinion through discussion or survey forms
(select all that apply)

Specify "other" data types:

Sheltered Count

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

The HUD unmet need formula was the only method used for the emergency shelter, transitional housing, and permanent housing calculations. However, the CoC used all of the other selected methods to obtain the necessary data that is part of the HUD unmet need formula. The CoC used provider opinion through discussion to determine that there was no seasonal, overflow or Safe Haven unmet need.

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: 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
(select all that apply)

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): 01/01/2007
(format mm/dd/yyyy)

Indicate the challenges and barriers impacting the HMIS implementation: No or low participation by ESG funded providers, No or low participation by non-HUD funded providers, Poor data quality, No CoC formal data quality plan, Inadequate bed coverage for AHAR participation, HMIS unable to generate AHAR table shells
(select all the apply):

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 CoC agencies 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 tht CHIN staff will use to assist continua. CHIN is also developing a Continuous Improvement Plan for all continua to help them monitor their HMIS improvement throughtout 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: Percent of created records with complete demographic information, percent of enrolled records with complete program information, number of newly enrolled participants, number served and occupany 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. At present, there is not a strategy to work with domestic violence agencies because of the HMIS prohibition.

HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	NC508 HMIS Agreement	10/22/2008

Attachment Details

Document Description: NC508 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 South Dawson Street
Street Address 2
City Raleigh
State North Carolina
Zip Code 27601
Format: xxxxx or xxxxx-xxxx
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: 919-827-4500
(Format: 123-456-7890)
Extension
Fax Number: 919-881-0350
(Format: 123-456-7890)
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	0-50%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	86%+
* 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:

Other than the DV Shelters, the Emergency Shelter Beds available within the CoC are operated by very small church groups, community organizations or caring individuals. Funds are not readily available for them to purchase membership in the HMIS and staffing is not such that would allow for input into an HMIS.

The CoC will continue to work with these Emergency Shelters in order to come to an agreement relating the entry of their data into the HMIS.

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%	10%
* Date of Birth	0%	0%
* Ethnicity	10%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	4%	0%
* Disabling Condition	4%	4%
* Residence Prior to Program Entry	4%	4%
* Zip Code of Last Permanent Address	4%	7%
* 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? Quarterly

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

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 available for agencies to help them catch up on data entry.

Continua use the CoC wide CHIN Data Quality Reports to review agency participation frequently throughout the reporting year. This is part 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.

Sandhills Community Action Program has included the timely and accurate data entry of client level data into HMIS as an indicator during employee performance assessments.

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 participating agencies that lists all clients 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.

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:	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? Semi-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: 01/29/2008

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	14	13	50	77	
Number of Persons (adults and children)	33	29	80	142	

		Households without Dependent Children			
		Sheltered	Unsheltered		Total
		Emergency	Transitional		
Number of Households	36	0	25	61	
Number of Persons (adults and unaccompanied youth)	36	0	25	61	

		All Households/ All Persons			
		Sheltered	Unsheltered		Total
		Emergency	Transitional		

Anson, Moore, Montgomery, Richmond Counties CoC			COC_REG_v10_000344	
Total Households	50	13	75	138
Total Persons	69	29	105	203

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)	18	36	54
* Severely Mentally Ill	25		25
* Chronic Substance Abuse	26		26
* Veterans	5		5
* Persons with HIV/AIDS	5		5
* Victims of Domestic Violence	21		21
* Unaccompanied Youth (under 18)	13		13

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? Semi-annually

Enter the date in which the CoC plans to conduct its next annual point-in-time count: 01/29/2009
(mm/dd/yyyy)

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

Emergency Shelter providers 75%

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:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation: (Extrapolation attachment is required)	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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 sheltered population data was collected by first mailing out notices of the point in time count to all Emergency Shelters and Transitional Housing Facilities within our Continuum. Providers were then surveyed in regard to those sheltered on January 29th and the number of beds available at the shelter. The information was submitted in paper form, compared with information entered into HMIS and tallied by members of the Homeless Council Committee. All sheltered numbers have increased from 2007 to 2008. The main factor causing the numbers to increase is a faltering economy. Our service area has experienced several plant shut-downs and massive lay-offs during the year. Home foreclosures and evictions have increased also.

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	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	<input type="checkbox"/>
Sample Strategy:	
Provider Expertise:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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.

The sheltered subpopulation data was collected by first mailing out notices of the point in time count to all Emergency Shelters and Transitional Housing Facilities within our Continuum. Providers were then surveyed in regard to those sheltered on January 29th. The information was submitted in paper form, compared to data entered into HMIS, and tallied by members of the Homeless Council Committee. All sheltered counts increased from 2007 to 2008. The main factor causing the numbers to increase is a faltering economy. Our service area has experienced several plant shut-downs and massive lay-offs during the year. Home foreclosures and evictions have increased also.

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:	<input checked="" type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

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

20. 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:

Public places count with interviews:

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:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

If Other, specify:

Letters were mailed to organizations or providers that generally come in contact with the unsheltered homeless population (eg: Sheriff and police departments, health departments, departments of social services, soup kitchens, etc.) informing them of the point in time count and asking them to interview any homeless persons that they came in contact with on January 29th. Members of the Homeless Council Committee went out to public places to take a count and interview as many of the homeless population that would agree. All interviews were compiled in paper form and tallied by members of the Homeless Council Committee.

Describe the techniques used to reduce duplication.

As a part of the interview process, individuals were asked if they had been previously interviewed on that day. If the name was not known, a brief description indicating race, sex, hair color, contact location and clothing summary if possible was, completed on those who did not agree to the interview process. All information was submitted in paper form and compared and/or compiled by members of the Homeless Council Committee.

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

The CoC is working with the public school system to identify children who can be identified as homeless or at risk of becoming homeless. In order to increase our presence in the community, information related to the services provided by the CoC are disseminated to counselors at the public schools, in addition of other facilities that serve children (eg: public library, the boys & girls club, local daycare providers, churches, 4H programs).

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 local Sheriff and/or police departments are kept informed of the services available through the CoC and provide this information by word of mouth and/or pamphlets during interaction with persons routinely sleeping on the streets and/or in other places not meant for human habitation.

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

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 S+C TRA units for CH	Sandhills Community Action
Action Step 2	Annual Solicitation for new PH units	Section 8 Housin Choice Vouc
Action Step 3	Research & Propose PH options	Sandhills Community Action

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	1
Numeric Achievement in 12 months	1
Numeric Achievement in 5 years	3
Numeric Achievement in 10 years	5

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	Case Management aimed at obtaining PH	Case Manager
Action Step 2	Provide Incentives to move to and maintain PH	Case Manager
Action Step 3	Pursue new resources for Supportive Services	Case Manager

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	72
Numeric Achievement in 12 months	72
Numeric Achievement in 5 years	73
Numeric Achievement in 10 years	74

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	Skill development, education asst and job prep	Employment Security Comm
Action Step 2	Budgeting & Money Management, life skills	Cooperative Extension
Action Step 3	Refer clients with special needs	Vocational Rehabilitaiton

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	24
Numeric Achievement in 12 months	26
Numeric Achievement in 5 years	28
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: 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.

Anson, Moore, Montgomery, Richmond Counties CoC		COC_REG_v10_000344
		Lead Person
Action Step 1	Increase presence of CoC with school system	Supportive Housing Coordinator
Action Step 2	Information to child service providers	Supportive Housing Coordinator
Action Step 3	Target health depts and local pediatricians	Supportive Housing Coordinator

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	21
Numeric Achievement in 12 months	20
Numeric Achievement in 5 years	17
Numeric Achievement in 10 years	13

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	Case Management & Safety Net Services	Case Manager
Action Step 2	Pre and Post Housing Counseling Services	Housing Counselor
Action Step 3	Track achievement by HMIS and APR	SHP Coordinator

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	77
Numeric Achievement in 12 months	77

Anson, Moore, Montgomery, Richmond Counties CoC		COC_REG_v10_000344
Numeric Achievement in 5 years	78	
Numeric Achievement in 10 years	80	

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

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged 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: Protocol in Development

Health Care Discharge Protocol: Protocol in Development

Mental Health Discharge Protocol: Formal Protocol Finalized

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

Foster Discharge

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

Sandhills Community Action Program (SCAP), the CoC lead organization, and the Department of Social Services (DSS) are developing a protocol based on the understanding that per the U.S. Department of Housing and Urban Development (HUD), no person discharged from the Foster Care system is to be placed in any HUD McKinney-Vento funded program for the homeless or discharged to the streets. A list of the HUD McKinney-Vento funded programs is on file with DSS. Foster Care social workers provide services and help with housing placement within a reasonable amount of time before a participant is discharged. A goal of discharge preparation, including participation in the LINKS program, is to ensure that participants in the Foster Care system are able to transition from Foster Care into permanent housing. Furthermore, for any youth who may be in need of ongoing behavioral health services, the DSS should contact the Local Management Entity regarding the provision of behavioral health services. CoC members, especially SCAP, will assist with housing placement in the form of public housing, housing vouchers and affordable housing produced through the low income housing tax credit program -- non-McKinney-Vento funded permanent housing opportunities. As a result of these efforts, the CoC will work to ensure appropriate foster care discharge plans, so individuals are not discharged to 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.

Sandhills Community Action Program (SCAP), the CoC lead organization, and the area hospitals are developing a protocol based on the understanding that per the U.S. Department of Housing and Urban Development (HUD), no person discharged from the hospital is to be placed in any HUD McKinney-Vento funded program for the homeless. A list of these programs will be kept on file with the hospital. Hospital social workers provide services and help with housing placement before a patient is discharged. A goal of discharge preparation is to ensure that patients in the hospital are able to transition from the hospital into appropriate housing or treatment programs. Furthermore, for any person leaving the Hospital who may be in need of ongoing behavioral health services, the Hospital should contact the Local Management Entity regarding the provision of behavioral health services, and with assistance in identifying appropriate housing options. CoC members, especially SCAP, will assist with housing placement in the form of public housing, housing vouchers and affordable housing produced through the low income housing tax credit program -- non-McKinney-Vento funded permanent housing opportunities. As a result of these efforts, the CoC will work to ensure appropriate health care discharge plans, so individuals are not discharged to homelessness.

Mental Health Discharge

For Formal Protocol Finalized, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon and provide a date for implementation.

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

Sandhills Community Action Program (SCAP), the CoC lead organization, and mental health care facilities, Broughton Hospital and the Murdoch Developmental Center, understand that per the U.S. Department of Housing and Urban Development (HUD), no person discharged from the residential programs of the Broughton Hospital and the Murdoch Developmental Center is to be placed in any HUD McKinney-Vento funded program for the homeless. CoC members, especially SCAP, assist with housing placement in the form of public housing, housing vouchers and affordable housing produced through the low income housing tax credit program. These non-McKinney-Vento funded permanent housing opportunities are appropriate permanent housing options for participants who are leaving residential services of the mental health care facilities. As part of local efforts, the CoC will review and update this protocol as needed, will work to ensure appropriate mental health care discharge plans, so individuals are not discharged to homelessness.

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.

Sandhills Community Action Program (SCAP), the CoC lead organization, and the Anson, Montgomery, Moore and Richmond County Sheriffs Offices, which operate area jails, are developing a protocol based on the understanding that per the U.S. Department of Housing and Urban Development (HUD), no person discharged from the jail system is to be placed in any HUD McKinney-Vento funded program for the homeless. A list of the HUD McKinney-Vento funded programs is on file with the Guilford County Sheriffs Office. Furthermore, for any person leaving the jail who may be in need of ongoing behavioral health services, the jail should contact Guilford Countys Local Management Entity (LME) regarding the provision of behavioral health services, and with assistance in identifying appropriate housing options. CoC members, especially SCAP, will assist with housing placement in the form of public housing, housing vouchers and affordable housing produced through the low income housing tax credit program -- non-McKinney-Vento funded permanent housing opportunities. As a result of these efforts, the CoC will work to ensure appropriate corrections discharge plans, so individuals are not discharged to homelessness.

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

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	--	No Attachment
Mental Health Discharge Protocol	No	Discharge MOAs	10/23/2008
Corrections Discharge Protocol	No	--	No Attachment
Health Care Discharge Protocol	No	--	No Attachment

Attachment Details

Document Description:

Please Note: Any CoC that selected "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: Discharge MOAs

Please Note: Any CoC that selected "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 selected "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 selected "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: Create units needed for permanent supportive housing for chronically homeless individuals. Continous improvement of the "no wrong door" policy that ensures that homeless people seeking assistance from any source will be properly linked to resources.

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) Increase state level commitment and leadership to ensure sustained political will for development and implementation of the N.C. Plan to End Homelessness: Meeting this goal will involve maximizing the support of key leadership in all arenas, at the state and local level.
- 2) Implement aggressive prevention strategies: Meeting this goal will involve discharge planning from publicly funded institutions as well as targeted assistance to households with housing cost to income ratios which put them at immediate risk of homelessness.
- 3) Develop more Permanent Supported Housing
- 4) Local communities across N.C. will develop local 10 Year Plans to End Homelessness: Meeting this goal requires that at least 20 communities across the state will develop 10 Year Plans to End Homelessness that are compatible with and build upon the N.C. 10 Year Plan to End Homelessness.

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 additional 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 relevant 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	1	Beds	1	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	100	%	100	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	75	%	72	%
Increase percentage of homeless persons employed at exit to at least 18%	24	%	24	%
Ensure that the CoC has a functional HMIS system	75	%	30	%

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	13	0
2007	10	1
2008	54	1

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

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					
Operations	\$27,660				
Total	\$27,660	\$0	\$0	\$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)	0
b. Number of participants who did not leave the project(s)	1
c. Number of participants who exited after staying 6 months or longer	0
d. Number of participants who did not exit after staying 6 months or longer	1
e. Number of participants who did not leave and were enrolled for 5 months or less	0
TOTAL PH (%)	100

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	25
b. Number of participants who moved to PH	18
TOTAL TH (%)	72

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: 25

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	5	20	%
SSDI	0	0	%
Social Security	0	0	%
General Public Assistance	0	0	%
TANF	2	8	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	6	24	%
Unemployment Benefits	0	0	%
Veterans Health Care	0	0	%
Medicaid	0	0	%
Food Stamps	18	72	%
Other (Please specify below)	3	12	%
Work First Bonus			
No Financial Resources	7	28	%

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.

Each Transitional Facility compiles APR data for its individual facility. This data is submitted to the Supportive Housing Coordinator, who compiles the data into one APR form. The Coordinating Committee is able to review both versions of the data to assess what resources are not being tapped in each county separately. This results of the assessment are shared with SCAP's Board of Directors as well as the county-level support service teams. The support service teams are able to identify which mainstream programs it needs to target for increased participation and coordination.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

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

Support Service Team Meetings

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. Yes

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? No

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

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. 1a. Describe how service is generally provided:	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	99%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 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.	
4a. Describe the follow-up process:	

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]

<p>*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"?</p> <p>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.</p>	Yes
<p>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?</p>	Yes
<p>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?</p> <p>(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.</p>	Yes
<p>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?</p>	Yes
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	Yes
<p>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?</p>	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
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graded regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>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)</p>	Yes
<p>*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.</p> <p>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?</p>	Yes
<p>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.</p>	
<p>*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?</p>	Yes
<p>*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?</p>	No
<p>*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.)</p>	No
<p>*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?</p>	Yes

Part A - Page 3

<p>*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?</p> <p>(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.)</p>	Yes
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	Yes
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	Yes
<p>*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?</p>	Yes
<p>*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?</p>	Yes
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	Yes
<p>*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?</p>	Yes

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
Supportive Housin...	2008-10-22 22:27:...	1 Year	Sandhills Communi..	240,792	Renewal Project	SHP	TH	F2
Project Homeward ...	2008-10-22 22:25:...	5 Years	Sandhills Communi..	31,020	New Project	S+C	TRA	S1

Budget Summary

FPRN \$240,792
Rapid Re-Housing \$0
Samaritan Housing \$31,020
SPC Renewal \$0
Rejected \$0