

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-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC

CoC Lead Organization Name: Reinvestment in Communities, 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: Reinvestment in Communities

Indicate the frequency of group meetings: Quarterly

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: 65%
(e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)

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

Elected:	<input 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.

The process was selected to ensure the broadest range of participation that ensures coordination and collaborations among providers, government, faith-based entities, consumers and private industry.

To ensure public sector participation, governmental units assign staff involved in entitlements, health care, funding or other resources to include representatives in the decision-making group or a sub-committee of the decision-making group depending on the assigned staff expertise. Therefore, the decision making group has updates and process changes that help access mainstream benefits, MH/DD/SA, housing and other services that will best assist homeless people.

Local mayors appoint representatives to ensure business or private industry, non-provider government depts with secondary interest to ensure community support and coordination.

Private sector are volunteer agencies, individuals, industry or formerly homeless volunteers who's mission is to primarily serve homeless participants or those who's have an interest in working toward reduction of homelessness and ending chronic homelessness but it may not be their primary agency mission.

The selection process brings the community together to address the issues and solutions of homelessness, in particular chronic homelessness. If the selection process is too limited, the ability to have a diverse and broad community support would be limited as well.

*** Indicate the selection process of group leaders:
(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):

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.

Current lead agency, Reinvestment in Communities, has staff formerly employed in City of Gastonia's Community Development Division. Staff trained in IDIS, financial management of federal entitlements, sub-recipient and CHDO monitoring as well as project/activity oversight. Staff currently provides technical services to City of Gastonia's Community Development by developing and authoring Consolidated Plan including conducting public hearings. Staff has been involved in CoC programs for 14 years (in Gaston, Lincoln, Cleveland and Mecklenburg Counties of N.C.) Staff has administered COC grants, reviews APRs and monitors agency programs.

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
Housing Support G...	Bi-monthly
Services Committee	Bi-monthly
CHIN Committee	Bi-monthly
Ten year Planning...	Bi-monthly
Performance Revie...	Semi-annually
Care Connection	Quarterly

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: Housing Support Group

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

Coordinates housing options available for consumers, works to address and develop additional housing, focuses on supportive housing development for disabled and chronic homeless. This is a regional committee that coordinates with State Dept. of Health & Human Services.

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: Services Committee

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

Plans and implements all special events including Project Homeless Connect, Book Bags for Homeless Children, Community Housing Forum and Community Resource Fairs. Provides updated information on mainstream benefits and monitors/surveys agencies' processes to ensure homeless apply for benefits to which they are entitled.

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: CHIN Committee

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

Monitors local HMIS participation, data quality, addresses system issues, coordinates training with staff at Carolina Homeless Information Network (CHIN), plans and implements Point-In-Time Counts and Agency Bed Inventory Counts and chairperson serves on HMIS Statewide Advisory 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: Ten year Planning Committees

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

There are three planning committees, one for each county in the CoC, because the counties are diverse in homeless needs, community, and governmental support. At least two members of the Decision-Making Group attend the individual planning committee meetings and report back to the full Decision-Making Group. Each of the three committees plan, update, and implement the Ten-Year Plan for their county with involvement of various community interest groups while the Decision-Making Group ensures coordination and collaboration within the CoC. Each committee also compiles statistical and financial information on the cost of homelessness for use by multiple organizations to solicit support of Ten Year Plans.

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: Performance Review Committee

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

Reviews APRs, HMIS statistical reports and various other reporting mechanisms in order to monitor performance of agencies receiving SHP/S+C funds. If necessary, does on-site monitoring of agency program. Reports results to Decision-Making Group.

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: Care Connection

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Main decision-making body of the CoC that makes or approves policy, monitors sub-committees/work groups, sets and/or approves goals, determines and monitors outcomes, determines community and program priorities, nominates leadership and/or appoints some committee members of named sub-committees, sets meetings and reports all activities to members.

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
Employment Security Commission	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, P...	NONE
City of Gastonia-Community Development	Public Sector	Local g...	Authoring agency for Consolidated Plan, Attend Consolidat...	NONE
City of Shelby	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Cleveland County Dept. of Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Gaston County Dept. of Social Services	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Pathways MH/DD/SA LME	Public Sector	Local g...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
N. C. Dept. of Health & Human Services	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Gastonia Housing Authority	Public Sector	Public ...	Primary Decision Making Group	NONE
Gaston County Schools	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Cleveland County Schools	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Lincoln County Schools	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
City of Gastonia Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
City of Shelby Police Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Lincoln County Sheriff's Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Gaston County Sheriff's Dept.	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
U.S. Dept. of Agriculture-Rural Development	Public Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
As One Ministries	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Substance Abuse
Cleveland County Abuse Prevention Council	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

Gastonia/Cleveland, Gaston and Lincoln Co.			COC_REG_v10_000461	
Cleveland County Health Alliance	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Cleveland Vocational Industries	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Gastonia Residential Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Gaston Family Health/Dental Clinic	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Off The Streets	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Substan ce Abuse
Shaaron Funderburk	Individual	Hom eles. ..	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Evita Pierce	Individual	Hom eles. ..	Attend 10-year planning meetings during past 12 months, C...	NONE
Carolyn Smith	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	NONE
Regional HIV/AIDS Consortium	Private Sector	Non-pro..	Primary Decision Making Group	HIV/AID S
Reinvestment in Communities, Inc.	Private Sector	Non-pro..	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	NONE
The Shelter of Gaston County	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Primary Decision Maki...	Domesti c Vio...
Cleveland County United Way	Private Sector	Fun der ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Gaston County United Way	Private Sector	Fun der ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Lincoln County United Way	Private Sector	Fun der ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
With Friends, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Sisters of Mercy-Catherine's House	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Hesed House of Hope	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Shelby Presbyterian Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Central Methodist Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
The Salvation Army	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

Gastonia/Cleveland, Gaston and Lincoln Co.			COC_REG_v10_000461	
Gaston County Community Foundation	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months	NONE
Glenn Foundation	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months	NONE
Saint Vincent de Paul	Private Sector	Faith-b...	Primary Decision Making Group	NONE
Belmont Housing Authority	Public Sector	Public ...	Primary Decision Making Group	NONE
Living Waters CDC	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Insight Human Services-PATH Program	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Mercy Center	Private Sector	Faith-b...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Gaston Interfaith Hospitality Network	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	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, d. Outreach to Faith-Based Groups, 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, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, g. Site Visit(s), 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)

a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, d. One Vote per Organization, e. Consensus (general agreement), f. Voting Members Abstain if Conflict of Interest

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

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

Emergency Shelter: Yes

Briefly describe the reasons for the change:

1. Seasonal shelters implemented in Lincoln & Gaston Counties;
2. To clearly reflect bed utilization emergency family shelter beds were revised because double beds were previously being counted as two beds when often only one person may be in the bed. The previous reporting would often result the under-utilization of beds; therefore, the second half of the double bed is being reported in overflow.
3. Beds in emergency shelters have been separated to show the number of beds for domestic violence only and those for homeless individuals and families in general.
4. Reclassification of Gaston Interfaith from Transitional to Emergency Shelter because, although program provides supportive services, residents sleep in area churches with no individual rooms.

Safe Haven Bed: No

Briefly describe the reasons for the change:

Not Applicable.

Transitional Housing: Yes

Briefly describe the reasons for the change:

1. Gaston Interfaith moved from Transitional to Emergency as explained in emergency shelter;
2. Catherine's House converted one bed from individual to family.
3. Cornerstone Christian Center, a residential facility for men with substance abuse, changed policy and no longer set aside beds specifically for homeless; however homeless have access to the residential program.

Permanent Housing: Yes

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

S+C bed count was modified to reflect the number of beds funded in order to properly report actual bed utilization.

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	2008 Housing Inve...	10/21/2008

Attachment Details

Document Description: 2008 Housing Inventory Chart

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

Instructions:

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

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

Indicate the date on which the housing inventory count was completed: 01/30/2008
(mm/dd/yyyy)

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

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

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: Stakeholder discussion, Other, Unsheltered count
(select all that apply)

Specify "other" data types:

Review of subpopulations and beds not utilized on PIT Count.

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

We began with the PIT unsheltered count, identified unsheltered counts subpopulations by individual, discussed with stakeholders the type of housing needed for each subpopulation, reviewed unsheltered that did not fall into any subpopulation and then we subtracted under-utilized bed space for each housing type.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

Select the HMIS implementation type: Regional (multiple CoCs)

**Select the CoC(s) covered by the HMIS:
(select all that apply)** NC-500 - Winston Salem/Forsyth County CoC, NC-501 - Asheville/Buncombe County CoC, NC-502 - Durham City & 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-507 - Raleigh/Wake County CoC, NC-508 - Anson, Moore, Montgomery, Richmond Counties CoC, NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-513 - Chapel Hill/Orange County CoC, NC-516 - Northwest North Carolina CoC

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? Yes

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

Is the HMIS Lead Organization the same as CoC Lead Organization? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: ServicePoint

What is the name of the HMIS software company? Bowman Systems, Inc.

Does the CoC plan to change HMIS software within the next 18 months? No

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

**Indicate the date on which HMIS data entry started (or will start):
(format mm/dd/yyyy)** 05/01/2006

**Indicate the challenges and barriers impacting the HMIS implementation:
(select all the apply):** Poor data quality

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

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

Everything has been a learning and growing process during the past year especially reporting and data quality. HMIS staff have addressed reporting. With a small amount of local funding, our CoC contracts with an individual to monitor data of local participating agencies. We have seen a significant increase in data quality. Our CoC will continue to use this monitoring method to improve and ensure data quality. Additionally, we will remain active in the HMIS /CHIN statewide advisory and report committees to ensure the needs of the CoCs and quality reporting to HUD are continually refined and improved.

HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	HMIS Participatio...	09/16/2008

Attachment Details

Document Description: HMIS Participation 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	86%+
* 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:

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%	8%
* Date of Birth	3%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	2%	2%
* Residence Prior to Program Entry	1%	0%
* Zip Code of Last Permanent Address	2%	18%
* 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? Yes

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

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

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

HMIS uses comparative reporting to assist agencies to improve their client and program data primarily through monthly Data Quality Reports. Agencies may also request reports at any time. Standardized ServicePoint reports include APR data, clients served, client not served. Lead Organization provides on-site and on-line technical assistance and training free of charge. Additionally, our local CoC provides on-site data quality assistance to member agencies.

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

Participating agencies must sign a contract with the Lead Organization in which they agree to adhere to the HMIS standard operating policies, which explicitly covers all HUD required data elements. Agencies/end users are trained during HMIS certification and specifically covers program entry/exit dates. HMIS Lead Organization can generate entry/exit reports listing all clients. This report is monitored by local CoC, particularly between emergency shelters and transitional or permanent supportive housing programs to ensure clients moving from emergency shelter to other housing programs have correct exit dates.

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:	Annually
Use of HMIS for performance assessment:	Semi-annually
Use of HMIS for program management:	Annually
Integration of HMIS data with mainstream system:	Never

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

Instructions:

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

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

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

How often does the CoC assess compliance with HMIS Data and Technical Standards? Annually

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Never

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 04/01/2008

If 'No' indicate when development of manual will be completed:

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

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

Instructions:

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

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

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

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

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

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

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

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

		Households with Dependent Children			
		Sheltered		Unsheltered	Total
		Emergency	Transitional		
Number of Households		16	5	29	50
Number of Persons (adults and children)		53	12	95	160
		Households without Dependent Children			
		Sheltered		Unsheltered	Total
		Emergency	Transitional		
Number of Households		152	39	495	686
Number of Persons (adults and unaccompanied youth)		153	39	568	760
		All Households/ All Persons			
		Sheltered		Unsheltered	Total
		Emergency	Transitional		
Total Households		168	44	524	736

Gastonia/Cleveland, Gaston and Lincoln Co.			COC_REG_v10_000461	
Total Persons	206	51	663	920

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)	7	98	105
* Severely Mentally Ill	20	138	158
* Chronic Substance Abuse	68	277	345
* Veterans	10	53	63
* Persons with HIV/AIDS	0	7	7
* Victims of Domestic Violence	35	30	65
* Unaccompanied Youth (under 18)	10	2	12

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: 01/28/2009
(mm/dd/yyyy)

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:	<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.

Homeless clients can opt out of having their information entered into HMIS so it is important to survey providers to ensure a 100% sheltered count. All agencies were provided with count sheets for clients without consent for entry into HMIS. When count sheets were retrieved from agencies a follow-up telephone survey was conducted with each agency to ensure accuracy. In the PIT count, the number of sheltered homeless increased because of the increase in the number of emergency seasonal beds available. Refer to HIC.

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 type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	<input type="checkbox"/>
Sample Strategy:	<input type="checkbox"/>
Provider Expertise:	<input 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.

Data collection for sheltered subpopulations was gathered from individual client files at each agency housing homeless. Because HMIS data quality was in question, we felt it important to do a manual count; however, as HMIS data quality has improved since January, our CoC plans to use HMIS for all future sub-population counts plus manual counts for those without consent to be entered into HMIS. Among the sheltered sub-populations, because of bed availability, there was relatively no change in the number of domestic violence victims or unaccompanied youth. The number of veterans decreased due to a new transitional living facility for female vets in the area. Increases were shown in seriously mentally ill and substance use disorder because: 1. More seasonal emergency shelter beds were available and 2. the regional MH/DD/SA concentrated staff to work in emergency shelters to identify and then connect MH/DD/SA subpopulations to services.

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 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:	<input type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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

If Other, specify:

Describe the techniques used to reduce duplication.

With the service-based count and known locations we used de-duplication factors, which are: person's full initials, age, race, gender, familial status, grade completed in school and location where they stated they slept on the night of the count. Our CoC has been able to capture at least 80% of unsheltered homeless data in HMIS through their use of the local day center in Gastonia; therefore, we compared HMIS data with unsheltered counts.

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

Outreach is through the day center for homeless, the local hospitals, local emergency shelters, local homeless prevention programs and the local school system social workers and counselors. Through the City of Gastonia, HOME funds are administered by Reinvestment in Communities to provide rental security deposits for homeless families that have income to support rent. Reinvestment in Communities also administers a comprehensive TBRA program that has been used to quickly re-house families who have the potential to become self-sufficient quickly. The Gastonia Housing Authority gives preference to families with children. In Cleveland County, the local housing authority works with the local shelter to re-house families quickly. In Lincoln County, the Dept. of Social Services has a program to quickly re-house homeless families with children. Unsheltered homeless households with children are only 5.5% of unsheltered homeless households in the annual PIT.

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).

Through the regional MH/DD/SA Area Authority (LME), street outreach has been a high priority to meet, identify and connect homeless individuals with services. Additionally, the Gastonia day shelter is a low demand program that provides the opportunity to identify homeless, their disabilities and connect them with services. In comparing prior year PIT with current year, chronic homeless individuals have decreased 35% because of a concentrated effort to identify street homeless with disability income, refer them to services, identify housing units targeted for persons with disabilities and work toward housing placement. Additionally through the City of Gastonia, HOME TBRA is used to place chronically homeless in housing until Section 8 vouchers or site-based Section 8 units becomes available. In the general unsheltered homeless population the number has increased. Identifying factors include higher rates of job loss or underemployment, persons with physical disabilities awaiting for SSA disability determination, foreclosure/housing loss and family break-ups/spouse abandoning family. The CoC lead organization has recently begun to undertake spot surveys of unsheltered homeless, who self-report they are homeless, in order to determine their actual housing situation. These spot surveys so far indicate about 30% of self-reporting homeless that are unsheltered have sporadic housing situations with relatives and friends while awaiting SSA disability determination.

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	Apply/Increase number of S+C Beds for CH singles annually	Barry Lineberger, Hsg. Coord, Gaston Residential
Action Step 2	Increase number of beds for disabled/hmls annually	Mary McCreight, Exec. Dir. Reinvestment in Communities
Action Step 3	Apply/Increase the number of Housing First units for chronically homeless	Cathy Robertson, Exec. Dir. CC Abuse Prevention Council

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	15
Numeric Achievement in 12 months	30
Numeric Achievement in 5 years	70
Numeric Achievement in 10 years	120

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	Maintain current levels of community support for consumers in S+C programs	Barry Lineberger, Housing Coordinator, Gaston Residential
Action Step 2	Maintain wrap around housing services for CH persons in SHP-PH programs	Mary McCreight, Exec Dir., Reinvestment in Communities
Action Step 3	Maintain intensive case management for CH persons in Housing First Programs	Marilyn Price, Program Manager, CC Abuse Prevention Council

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	97
Numeric Achievement in 12 months	97
Numeric Achievement in 5 years	97
Numeric Achievement in 10 years	97

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	Continue thorough screenings for applicants to SHP-TH program	Pat Krikorian, Exec. Dir., With Friends
Action Step 2	Continue intensive case management for consumers residing in SHP-TH program	Pat Krikorian, Exec. Dir., With Friends
Action Step 3	Provide supportive services to ensure movement to PH	Pat Krikorian, Exec. Dir., With Friends

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	91
Numeric Achievement in 12 months	91
Numeric Achievement in 5 years	91
Numeric Achievement in 10 years	91

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 referrals to N.C. Voc. Rehab. for employment opportunities as appropriate	Kim Maguire, Consumer Affairs Coordinator, Pathways LME
Action Step 2	Work with various employment programs to refer consumers for employment opportunities	Marilyn Price, Programs Manager, CC Abuse Prevention Council
Action Step 3	Continue CoC-wide referrals to ESC and employment programs	Mary McCreight, Exec. Dir, Reinvestment in Communities

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	41
Numeric Achievement in 12 months	42
Numeric Achievement in 5 years	46
Numeric Achievement in 10 years	50

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	Continue PHA preference of families with children	Gary Foster, Exec. Dir., Gastonia Housing Authority

Gastonia/Cleveland, Gaston and Lincoln Co.		COC_REG_v10_000461
Action Step 2	Continue HOME TBRA program to move families quickly to PH	Mary McCreight, Exec. Dir, Reinvestment in Communities
Action Step 3	Apply for funding opportunities to assist homeless families to move quickly to PH	Mary McCreight, Exec. Dir., Reinvestment in Communities

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	7
Numeric Achievement in 12 months	6
Numeric Achievement in 5 years	4
Numeric Achievement in 10 years	2

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: Formal Protocol Implemented
Health Care Discharge Protocol: Formal Protocol Implemented
Mental Health Discharge Protocol: Formal Protocol Implemented
Corrections Discharge Protocol: Formal Protocol Implemented

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 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 CoC recognizes that foster children who are aging out of service often need housing supports from the local community. The State of North Carolina mandates that the local governmental units administering the foster care program begin preparing foster care children to become self-sufficient prior to age 18. 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. Components of these protocols include the requirement that each youth will have a stable place to live upon discharge, with a primary and backup discharge plan to minimize the likelihood of homelessness resulting from a disrupted plan. Therefore, it is the policy of CoC member agencies that all due diligence should be exercised by the local foster care programs to ensure that persons aging out of the foster care system are not rendered homeless. Member agencies of the CoC agree not to accept applicants into their federally-funded housing programs for homeless consumers who have become homeless as a direct result of local governmental unit releases from foster care.

Health 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 CoC recognizes that people who are homeless may be admitted into the hospital for medical related care. The local hospital with member representation in the local CoC has established protocols to address the need for continuing care, treatment and services after discharge to ensure patients are not discharged to homelessness. Through the combined resources of the hospital emergency social work staff and the non-profit providers appropriate housing is located. The CoC members agree that emergency prevention measures shall be taken for appropriate placement so that no person is discharged into a federally-funded homeless program. Additionally, through hospital emergency social work staff, persons receiving emergency room care who are identified as homeless shall be provided with a list of housing and service resources to address their need for permanent housing.

Mental Health Discharge

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

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

N.C. Administrative Code (10A NCAC 28F .0209) required housing discharge planning for individuals in state psychiatric hospital and alcohol and drug abuse treatment centers for anyone remaining in treatment 31 days or more. Local mental health liaisons are notified by the state psychiatric hospitals prior to release with the individuals discharge plan, which includes a permanent housing plan. The local mental health system also maintains a transitional program facility to ensure no one is discharged to homelessness. The transitional program has protocols in place that ensure permanent supportive housing for persons discharged from the program. This program is funded through local, state and other federal resources apart from the U.S. Dept. of HUD. Therefore, homeless housing programs within the CoC agree they will not accept persons coming directly from a state mental institution or the local mental health transitional program into federally-funded homeless housing programs.

Corrections Discharge

For Formal 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

Under the guidance and support of the Secretary of Corrections there is shared responsibility between the three branches of N.C. Department of Correction (DOC), other state level agencies, and the community for the incarcerated community member. The Div. of Prisons has a computerized system of tracking aftercare plans. These plans should include a viable, appropriate, sustainable home plan as well as a focus towards acquisition of sustainable employment providing a livable, working wage. It is the policy and agreement of the CoC member agencies not to accept applicants into their federally-funded housing programs who have become homeless as a direct result of prison release. For local jail systems, if someone that has been incarcerated in the local jail system for 31 days or more and who was not homeless prior to being incarcerated, the local jail system will work with the local CoC for permanent housing placement in order to prevent a person being released into homelessness or into a federally-funded homeless program. Member agencies agree to work in collaboration with the local jail system to help ensure permanent housing placement using emergency prevention measures. However, if the person were homeless prior to being incarcerated, the local jail personnel in collaboration with Pathways MH/DD/SA homeless liaison, will work toward a plan to address the cause(s) of homelessness prior to release and the most appropriate housing.

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

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Foster Care Disch...	10/23/2008
Mental Health Discharge Protocol	No	Mental Health Dis...	10/23/2008
Corrections Discharge Protocol	No	Corrections Disch...	10/23/2008
Health Care Discharge Protocol	No	Health Care Disch...	10/23/2008

Attachment Details

Document Description: Foster Care Discharge Protocol

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: Mental Health Discharge Protocol

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: Corrections Discharge Protocol

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: Health Care Discharge Protocol

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:

City of Gastonia/Gastonia Consortium: 1. Reduce the number of chronically homeless living on the streets; 2. Increase the percentage of homeless persons retaining permanent housing; and 3. Increase the availability of services for homeless persons. STATE OF NORTH CAROLINA Objectives: 1. Utilize ESG to support homeless prevention and emergency shelters; 2. Develop 400 units of supportive housing for homeless persons with disabilities utilizing \$4 million in HOME and \$4 million from the Housing Trust Fund through the NCHFA Supportive Housing Development.

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)? Yes

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):

City of Gastonia 2010 Plan: Assisted housing is likely to continue its shift toward community-based efforts such as neighborhood stabilization and home ownership programs, and away from construction of public housing projects. This trend will require further resourcefulness and creativity on the local level. In 2020 Plan City has requested CoC input on homeless goals. City of Shelby: Neighborhood Action Plan Goal 1-23: Support implementation of the Ten-Year Plan to break the cycle of 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.

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 expiring 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: 0

Expiring Grant Number: 0

Component Type: PH

Annual Renewal Amount: \$0

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: 0

Expiring Grant Name: 0

Expiring Grant Number: 0

Annual Renewal Amount: \$0

Retained Amount for Expiring Grant: \$0

Amount available for new grant: \$0
(select "Save" to auto-calculate this total)

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: 3

Project Name: Pathways/Gaston Residential S+C

Program Type: S+C

Component Type:

Request Transfer Amount: \$120,060

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: 4

Project Name: CCAPC-New Start

Program Type: SHP

Component Type:

Request Transfer Amount: \$9,286

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	13	Beds	15	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	76	%	97	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	62	%	91	%
Increase percentage of homeless persons employed at exit to at least 18%	27	%	41	%
Ensure that the CoC has a functional HMIS system	100	%	100	%

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	258	5
2007	155	5
2008	105	15

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

10

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	\$90,450	\$132,550			
Operations	\$59,919	\$24,000		\$2,400	\$4,096
Total	\$150,369	\$156,550	\$0	\$2,400	\$4,096

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)	6
b. Number of participants who did not leave the project(s)	56
c. Number of participants who exited after staying 6 months or longer	6
d. Number of participants who did not exit after staying 6 months or longer	54
e. Number of participants who did not leave and were enrolled for 5 months or less	2
TOTAL PH (%)	97
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	23
b. Number of participants who moved to PH	21
TOTAL TH (%)	91

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: 172

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	13	8 %
SSDI	17	10 %
Social Security	3	2 %
General Public Assistance	1	1 %
TANF	2	1 %
SCHIP	0	0 %
Veterans Benefits	3	2 %
Employment Income	71	41 %
Unemployment Benefits	1	1 %
Veterans Health Care	0	0 %
Medicaid	48	28 %
Food Stamps	54	31 %
Other (Please specify below)	9	5 %
Medicare, Pension, Child Support		
No Financial Resources	73	42 %

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.

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.

Services Committee, which monitors mainstream programs participation, meets six times yearly. Committee sends annual survey to all service agencies within CoC to assess each agency's process to ensure consumers enroll in mainstream programs. To follow-up, all surveys are reviewed at the following meeting. Then agencies are assigned to committee members to do a telephone follow-up with recommendations as necessary. Meeting dates: 10/18/2007, 11/15/2007, 1/24/2008, 3/28/2008, 5/22/2008, 8/21/2008.

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. Semi-annually

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. 1a. Describe how service is generally provided:	100%
Application completed on site or at DSS with assistance of provider staff	
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: 3.a Indicate for which mainstream programs the form applies:	0%
Dept. of Social Services is very compartmentalized and does not allow one application process	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Casemanager reviews with consumer at follow-up appt, if denied assists consumer with appeal and attends appeal with consumer	

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]

<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>	No
<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>	No

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
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated 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>	No
<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>	No
<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>	No
<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>	No
<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>	No
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	No
<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>	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
Fresh Start	2008-10-21 17:31:...	1 Year	Cleveland County ...	37,158	Renewal Project	SHP	SSO	F9
New Beginnings	2008-10-21 17:33:...	1 Year	Cleveland County ...	26,507	Renewal Project	SHP	PH	F5
S+C Gaston Sam	2008-10-17 15:18:...	5 Years	Gaston, Lincoln, Cl...	40,020	New Project	S+C	TRA	S1
S+C-Gaston	2008-10-17 15:19:...	5 Years	Gaston, Lincoln, Cl...	120,060	New Project	S+C	TRA	F3
S+C Renewals	2008-10-17 15:21:...	1 Year	Gaston, Lincoln, Cl...	311,544	Renewal Project	S+C	TRA	U10
As One Ministries..	2008-10-17 15:25:...	1 Year	As One Ministries..	63,840	Renewal Project	SHP	PH	F6
Supportive Housin...	2008-10-17 15:01:...	1 Year	Gaston County Int...	38,850	Renewal Project	SHP	SSO	F8
Supportive Housin...	2008-10-17 14:59:...	1 Year	With Friends, Inc.	66,458	Renewal Project	SHP	TH	F7
Fresh Dawn	2008-10-17 15:03:...	1 Year	Cleveland County ...	9,286	New Project	SHP	PH	F4
New Dawn	2008-10-17 15:07:...	2 Years	Cleveland County ...	14,304	New Project	SHP	PH	S2

Budget Summary

FPRN	\$362,159
Rapid Re-Housing	\$0
Samaritan Housing	\$54,324
SPC Renewal	\$311,544
Rejected	\$0