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-511 - Fayetteville/Cumberland County CoC
CoC Lead Organization Name:	Cumberland County Community Development Department

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:	Continuum of Care Forum
Indicate the frequency of group meetings:	Monthly or more
Indicate the legal status of the group:	Not a legally recognized organization
Specify "other" legal status:	
Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)	43%

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

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

Specify "other" process(es):

Not applicable.

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

It was decided to maintain an open door (volunteer) membership strategy. This allows our CoC to attract members whom we might have overlooked and helps guarantee that all interested in improving our community network of provision of services and the elimination of homelessness in our community have access to participation and decision making authority. An annual review of current members by the Planning Committee allows the CoC to assess membership needs and gaps. The Council will then take names/businesses/service providers etc., submitted by the Planning Committee and additional names from the floor of the General Meeting then forwarding them to the Membership Committee. The Membership Committee is responsible for initial contact, recruitment materials, and follow-up to help assure recruitment and retention of members. Nominations are solicited from the full Continuum of Care Planning Council body to serve as Executive Members of the Council. The nominees are then elected to positions via majority rule vote. The Executive Committee, in turn, may solicit volunteers from the full continuum of care planning council body to serve as volunteers on other committees as needed.

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

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

Specify "other" process(es):

The Chair, Co-Chair, Secretary, & Treasurer are elected annually by the full membership. Standing Committees elect their Committee Chairs.

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. Cumberland County has served as the Grantee and fiscal agent for as many as six continuum of care grants through its Community Development Department from 1995-2008. In that capacity, the County provided grant oversight, financial accountability as well as grant compliance through annual monitoring visits. The Countys Community Development Department has the experience and willingness to take on administrative responsibilities if needed.

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
Executive / Plann...	Monthly or more
Membership: Outre...	Monthly or more
Ranking Committee	Semi-annually
10 Year Plan Stee...	Quarterly
Community Awarene...	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: Executive / Planning Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The Executive / Planning Committee is comprised of membership leadership (Chair, Vice-Chair, Secretary, and Treasurer)Committee Chairs as well as representatives of recipients of McKinney-Vento Act funding. This committee is responsible for the development of annual goals and objectives and assessment of progress; development and update of CoC policies and procedures; training / implement annual goals objectives, develop Ranking Tools, PiT Survey Tools, carry out the Pit Survey, develop a PiT analysis of data collected for presentation to community and CoC planning, respond to emergent issues, represent the CoC on the 10 Year Plan to End Homelessness Steering Committee. This committee is also responsible for developing meeting agendas, leading General meetings and providing support to other committees.

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: Membership: Outreach, Recruitment & Retention

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The Membership Committee is responsible for the recruitment and retention of CoC membership. They develop CoC information packets to help new members navigate through the CoC structure. The Membership Committee designs & creates tools to increase community awareness of the CoC and the importance of membership.

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: Ranking Committee

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

The Ranking Committee meets a minimum of two times each year to review, assess, and rank previously funded programs and current applicants performance, experience, and services. The Ranking Committee reviews project leveraging, required match, CoC involvement, reviews APR performance, HMIS participation and Project presentation. The Committee accesses organizational capacity, provider experience, and program cost effectiveness. The Committee utilizes a graded scale to determine project ranking and submits results to the Executive/Planning 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: 10 Year Plan Steering Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This committee is comprised of community stakeholders from the local government, faith-based organizations, homeless services providers, business and civic leaders whose primary role is to work on a strategy to end homelessness in the community.

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: Community Awareness & Outreach

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Develops and incorporates common community language, incorporating HUD & McKinney Vento definitions concerning homelessness, emergency shelter, transitional housing, permanent housing, and supportive services into outreach materials, media interviews, and community presentations. Dedicated to reduce stereotypical images of homelessness and works diligently to bring institutional barriers which contribute to homelessness to community awareness.

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
DHHS Vocational Rehabilitation / Indendent Living	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	Seriously Me...
Cumberland County Local Management Entity (Ment...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Cumberland County Community Development	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Cumberland County Public Library	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Care Center Shelter	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	Domestic Vio...
Cumberland County Department of Social Services	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Cumberland County Health Department	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
City of Fayetteville Community Development	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Fayetteville / Cumberland County Human Relation...	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Fayetteville Metropolitian Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Fayetteville Technical Community College	Public Sector	School ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Cumberland County Schools	Public Sector	School ...	Attend 10-year planning meetings during past 12 months	NONE
City of Fayetteville Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Cumberland County Sheriff's Department	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months	NONE
Employment Security Commission / Job Link Caree...	Public Sector	Local w...	Attend 10-year planning meetings during past 12 months	NONE
Veterans Administration	Public Sector	Other	Attend 10-year planning meetings during past 12 months	Veterans, Su...
Covenant Love Family Church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	NONE
Cumberland Community Action Program	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE

City Rescue Mission	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Fayetteville Urban Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Kingdom Community Development Corporation	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
Save the Babies House of Refuge	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Better Health of Cumberland County	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
Cumberland County Partnership for Children	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Youth
Greens Home for Women	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Abuse
Legal Aid of Fayetteville	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
Lisa's House of Care	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	HIV/AIDS, Su...
Hope Harbor	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Substance Abuse
The Salvation Army	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans, Do...
The Women's Center of Fayetteville	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans, Do...
Accent Auto Body & Paint	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Cape Fear Valley Medical System	Private Sector	Hospita...	Attend 10-year planning meetings during past 12 months	NONE
Care Clinic	Private Sector	Hospita...	Attend 10-year planning meetings during past 12 months	NONE
D. Quigley	Individual	Homeles...	Attend 10-year planning meetings during past 12 months	Veterans
D. Giles	Individual	Homeles...	Attend 10-year planning meetings during past 12 months, P...	NONE
Cumberland County Association for Indian People	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
Catholic Social Charities	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE

Employment Source	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
Fayetteville State University	Public Sector	School ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Myover Reese Homes	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Substance Abuse
United Way of Cumberland County	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Lead agency for 10-ye...	Youth, Subst...
Cumberland Interfaith Hospitality Network	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Abuse
City of Fayetteville City Council Representative	Public Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Cumberland County Board of Commissioners Repres...	Public Sector	Other	Attend 10-year planning meetings during past 12 months, C...	NONE
Parks Chapel Representative	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Helen Pierce	Private Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Peace Chapel	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Cumberland County Planning Department	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Clem McConnell	Private Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Lewis Chapel Missionary Baptist Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

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

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

Open Solicitation Methods: (select all that apply)	a. Newspapers, 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 Commitee 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), i. Evaluate Project Readiness, 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 Commitee, b. Consumer Representative Has a Vote, c. All CoC Members Present Can 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:

The CoC had a goal to add 51 emergency shelter year round beds to the CoC. Thirty three were added. Fire damage prevented one agency from meeting their additional bed goals and ultimately resulted in a loss of 10 beds for individuals.

Safe Haven Bed: No

Briefly describe the reasons for the change:

Not applicable.

Transitional Housing: No

Briefly describe the reasons for the change:

Not applicable.

Permanent Housing: Yes

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

The CoC has a committment to increase the number of beds and resources to serve persons experiencing chronic homelessness in the community. Two one bedroom units have been added to the CoC designated for Chronically Homeless.

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

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

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Housing Inventory...	10/10/2008

Attachment Details

Document Description: Housing Inventory Chart

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

Instructions:

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

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

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)	01/30/2008
Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)	HMIS plus housing inventory survey
Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply)	Instructions, Updated prior housing inventory information, Follow-up, Confirmation, HMIS

Must specify other:

Not applicable.

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

Specify "other" data types:

Not applicable.

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

Utilizing the unsheltered count gave a snapshot of the system of care and documented needs which were not being met on that day. Comparing the unsheltered count with the current housing inventory along with unduplicated HMIS Data provides the data we use to develop our gaps analysis. Our final data comes directly from service providers and persons/families currently experiencing homelessness. Discussion throughout the year and surveys during the Point and Time Count are balanced with the count data.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

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

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

Is the HMIS Lead Organization the same as CoC Lead Organization?	No
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	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)	09/01/2007
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Inadequate staffing, Inadequate resources, No or low participation by non-HUD funded providers

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

N/A

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

The Carolina Homeless Information Network (CHIN) is working with local continuum of care participating agencies and leadership to assist them in improving their data quality, bed coverage, and to move closer to an unduplicated count of homeless individuals served. Standardized and customized reporting, end user certification, refresher training, and focused technical assistance are some of the tools that CHIN staff use to assist continua. CHIN is also developing a Continuous Improvement Plan for the local CoC to help monitor HMIS improvement throughout the year. This plan will include measurable goals. At present, there is not a strategy to work with domestic violence agencies because of the HMIS prohibition.

Beyond standard APR and AHAR reports CHIN has developed a comprehensive monthly data quality report to provide agencies with an overview of their usage. 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. The local continuum continues to encourage non-funded agencies to participate in HMIS, often with little leverage. The County's Community Development department is exploring offering scholarships for eligible non-profit agencies to purchase HMIS subscriptions as a means of mitigating low participation.

HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	HMIS CHIN Partici...	10/07/2008

Attachment Details

Document Description: HMIS CHIN 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 **Format: xxxxx or xxxxx-xxxx**	27601
Organization Type	Non-Profit
If "Other" please specify	Not applicable.

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

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

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

Instructions:

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

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

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

How often does the CoC review or assess its HMIS bed coverage? Semi-annually

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

Not applicable.

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

Instructions:

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

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

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	18%
* Date of Birth	1%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	55%	0%
* Residence Prior to Program Entry	52%	0%
* Zip Code of Last Permanent Address	23%	23%
* 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? Annually

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

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

Our HMIS provider, 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 at no charge to agencies. In extreme cases, contract data entry assistance is available for agencies to help them catch up on data entry.

The local CoC uses 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 our local continuum Executive Committee to determine what measures are needed for agency improvement.

This is our first year of full SHP Funded project participation. With the HMIS Data Quality percentages, the local CoC will begin developing procedures for review of the quarterly agency reports to determine progress and/or deficiencies in data quality. Organizations struggling with data quality will be offered support through the CoC as well as our HMIS provider.

Training is readily available and we have an HMIS Support Person assigned to our CoC by our HMIS provider.

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 each agency signs its Agency Participation Agreement with the HMIS provider, CHIN. In this contract, agencies agree to adhere to CHINs Standard Operating Policies which explicitly cover all HUD required data elements. CHIN also provides training to educate subscribers regarding the following: Entry dates should record the first day of service or program entry with a new program entry date for each period/episode of service. Exit dates should record the last day of residence in a programs housing before the client leaves the shelter the last day a service was provided.

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 clients record. As end users enter data into the network, CHIN staff provides follow-up reports.

Our local COC is in the process of finalizing additional policies and procedures within our CoC to support improvement of data quality.

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?	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: 01/31/2008

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	9	29	79	117
Number of Persons (adults and children)	25	147	296	468

	Households without Dependent Children			
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	79	15	512	606
Number of Persons (adults and unaccompanied youth)	79	15	512	606

	All Households/ All Persons			
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	88	44	591	723

Total Persons	104	162	808	1,074

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)**	14	101	115
*** Severely Mentally Ill**	16	33	49
*** Chronic Substance Abuse**	27	284	311
*** Veterans**	2	92	94
*** Persons with HIV/AIDS**	0	0	0
*** Victims of Domestic Violence**	8	41	49
*** Unaccompanied Youth (under 18)**	0	6	6

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

Instructions:

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

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

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

How often will the CoC conduct a PIT count? Annually

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

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

Emergency Shelter providers 95%

Transitional housing providers: 100%

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

Instructions:

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

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

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

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

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

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

If Other, specify:

Not applicable.

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.

Shelter providers attend training prior to the count to help insure understanding of when the shelter count should occur to reduce duplication. Shelter surveys and PIT counts are provided directly to the providers and picked up by CoC members the day after the count. Our CoC has an agency that has committed to complete the PIT Count Data Form, Analysis the Data, and provide a written Summary to the CoC, local government, and the public. 2008 PIT Count showed a 30% rise in the numbers of homeless in our community. However we experienced a reduction in the number of persons in shelter. We lost emergency shelter beds due to a fire that totally destroyed one of our shelters. We also experienced a milder winter than normal which may have contributed to many remaining on the street rather than enter shelter. We have had an expansion in the number of Transitional and Permanent Housing Beds which may also be a contributing factor.

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

Instructions:

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

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

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

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

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

Other:
CoC used a combination of methods.

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

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

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

If Other, specify:

None.

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.

Shelter providers receive training regarding subpopulations and the Point in Time count through the CoC. Trained volunteers are available to assist with interviewing sheltered persons/families utilizing a standardized survey which has been used four years in our CoC. This allows more accurate subpopulation data and allows for longitudal comparison of increases/decreases in subpopulations. We have seen a rise in persons/families with mental health disorders, but a decrease in reported chronic substance abuse. Our Chronically homeless numbers have not significantly changed. However, most of the homeless interviewed had not been on the street long enough or experience the number of homeless episodes qualifying them for the definition of Chronic Homeless, but did have significant Mental Health Diagnosis. We anticipate that in our current Mental Health System, it is not likely that they will receive supports necessary to move them into housing and will qualify for the Chronic Homeless definition by the end of next year.

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

Instructions:

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

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

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

If Other, specify:

Not applicable.

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

Not applicable.

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

Instructions:

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

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

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

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

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

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

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

If Other, specify:

Not applicable.

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:

Not applicable.

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

Instructions:

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

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

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

If Other, specify:

Not applicable.

Describe the techniques used to reduce duplication.

We mobilize CoC Teams which canvas assigned geographic regions to gather data from service providers and to count known homeless areas across the county. We host a Homeless Stand-Down during the count (very similar to Project Homeless Connect) and count attendees who are unsheltered. We interview individuals concerning sub population info and their experiences related to becoming homeless and remaining homeless. They also provide information concerning new sites where homeless gather and sleep enabling CoC members to include those areas and persons in the count. We utilize a 24hr period and make every effort to assure that duplication is reduced by having CoC members become familiar with HUD's strategies to reduce duplication.

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

The CoC has worked together to expand the number of affordable Permanent Housing options and has initiated a Housing First program through the Genesis Project which is dedicated to homeless families moving directly into housing from the street. The CoC is in the process of identifying potential private landlords to partner with local non profits to create additional housing opportunities and funding to provide temporary rental and utility subsidies. The CoC has several agencies who provide shelter and housing to homeless households with children and they make regular presentations to the community regarding the services they provide and the needs to expand those services.

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

The CoC coordinates with its members and encourages quarterly community outreach events which engage the homeless. The Fayetteville City Police Department Homeless Officer coordinates a quarterly outreach event, the VFW (veteran's group) hosts an annual event, and the Faith Community hosts an annual event. Each of these events provide basic needs directly to the homeless, gathers numbers of those attending, surveys persons experiencing homelessness (we use the same survey at each event and the PiT Count). ID's are made available and shelter extended (based on space availablity). These events are very well attended by service providers and persons experiencing homelessness. Our 2008 PiT count verified a 30% increase in the number of homeless in our CoC. Families with children and single men made up 94% of the increase. Due to a lack of homeless services in 4 surrounding counties we are seeing an increase of migration. Our CoC area is experiencing the highest unemployment rate in over 7 years. A significant number of older homes are being torn down and many boarded up have resulted in a diminished affordable housing market for low to very low income persons/families. The quality and accessablity of mental health treatment appears to be impacting a significant number of low/no income persons with chronic substance abuse and mental health issues. This often results in the person leaving programs/housing/etc. due to the behavioral condition impacting their ability to make decisions.

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	Develop committee to research funding resources for permanent housing for chronically homeless persons / families	Chair, COC Planning Committee
Action Step 2		
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	2
Numeric Achievement in 12 months	0
Numeric Achievement in 5 years	10
Numeric Achievement in 10 years	10

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	Continue to develop MOAs with local mental health providers, DSS, and local drug court to assures communication between agencies, quality of services to assist residents in remaining in PH.	Executive Director, Cumberland Interfaith Hospitality Network
Action Step 2	Continue case management training for PH providers in the community to mainain quality of services to PH residents	Executive Director, Cumberland Interfaith Hospitality Network
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	83
Numeric Achievement in 12 months	75
Numeric Achievement in 5 years	75
Numeric Achievement in 10 years	75

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 to encourage PH provider membership in the local CoC	Chair, CoC Membeship Committee
Action Step 2	Encourage use of HMIS for reporting PH vacancies	Eastern Coordinator, CHIN (HMIS provider)
Action Step 3	Develop clear policies and procedures concerning referral of TH residents to PH programs.	Chair, CoC Planning Committee

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	59
Numeric Achievement in 12 months	64
Numeric Achievement in 5 years	75
Numeric Achievement in 10 years	75

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	Continue development of employment eligibility criteria to distribute to CoC membeship	Chair, CoC Planning Committee
Action Step 2	Continue to encourage representation from Employment Security Commision, Work First Employment Iniative (CCDSS) and Workforce Development Center	Chair, CoC Membership Committee
Action Step 3	Establish resident employment incentive plans for TH and PH providers to utilize in their internal programs	Chair, CoC Planning Committee

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	50
Numeric Achievement in 12 months	50
Numeric Achievement in 5 years	50
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	Research and determine local infrastructure needs in order to submit application for Rapid Re-Housing Initiative	Chair, CoC Planning Committee
Action Step 2	Develop 5 additional beds for homeless famiies to move into PH	Executive Director, CIHN
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households

Baseline (Current Level)	15
Numeric Achievement in 12 months	5
Numeric Achievement in 5 years	5
Numeric Achievement in 10 years	5

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

Instructions:

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

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

Foster Care Discharge Protocol: Formal Protocol Finalized

Health Care Discharge Protocol: Formal Protocol Finalized

Mental Health Discharge Protocol: Formal Protocol Finalized

Corrections Discharge Protocol: Initial Discussion

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

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

Foster Care Discharge
For 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

The Childrens Services Division of Cumberland Countys Department of Social Services is responsible for the foster care program within the local CoC. The Department has developed protocols for transitional living plans for youth being discharged from the foster care systems. Social workers are charged with intentionally creating and/or allowing opportunities for youth to experience growth-enhancing interactions with the community. Components of these protocols include the requirement that each youth will have a stable place to live upon discharge other than HUD McKinney-Vento funded beds, as attested by the Memorandum of Agreement executed with the local CoC. Protocols include utilizing primary and backup discharge plans to minimize the likelihood of homelessness resulting from a disrupted plan.

Health Care 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

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

Mental Health Discharge
For 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

Requirements for discharge planning for individuals in state psychiatric hospitals and alcohol and drug abuse treatment centers (ADATCs) have been codified in administrative code (10A NCAC 28F .0209). Each facility and area program must develop a process for coordination and continuity of care for patients, particularly around treatment issues and issues related to discharge planning and community care that involves placements other than HUD McKinney-Vento funded programs. The facility, area program, and individual must collaborate on the development of a discharge plan for each individual leaving a facility. All individuals discharged have, at a minimum, intake appointments scheduled for community services prior to discharge. The area program's success at engaging individuals following discharge is monitored by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services on a quarterly basis. Additional policies related to individuals with long term hospitalizations (30+ day hospitalization or discharge from a long term unit) prohibit placement in shelters or other homeless conditions.

At the local level Cumberland Countys Mental Department, as the Local Management Entity (LME) handles administration of mental health services in the community. The LME is aware that individuals are not to be released onto the street or into McKinney-Vento programs, as evidenced by the Memorandum of Agreement it has executed with the local CoC.

Corrections Discharge
For initial discussion, indicate the collaborating agencies/partners that have been involved in discussions as well as an estimated timeline of protocol development.

Under the guidance and support of the Secretary of Corrections, there is now shared responsibility between the 3 branches of N.C. Department of Correction (DOC), other state level agencies, and the community for the incarcerated community member. Discharge placements in appropriate housing options other than HUD McKinney Vento funded programs are always sought. The Division of Prisons has a computerized system of tracking aftercare planning in health services which will guarantee the appropriate staff has universal access to plans in progress at all times and will afford management the opportunity to review for quality those plans as well as gather data for future planning of service provision.

At the local level, the Sheriff's Department is the responsible entity for the local jail system. Initial discussions have begun with jail officials, County Legal, and the CoC to explore viable options for implementing a formalized dicharged planning in this area that does not conflict with each individuals court mandated order of release.

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

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	DSS Memorandum of...	10/21/2008
Mental Health Discharge Protocol	No	Mental Health Mem...	10/10/2008
Corrections Discharge Protocol	No	Sheriff's Office ...	10/21/2008
Health Care Discharge Protocol	No	Cape Fear Valley ...	10/16/2008

Attachment Details

Document Description: DSS Memorandum of Agreement

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

Attachment Details

Document Description: Mental Health Memorandum of Agreement

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

Attachment Details

Document Description: Sheriff's Office Memorandum of Agreement

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

Attachment Details

Document Description: Cape Fear Valley Hospital System - Memorandum of Agreement

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

3E. Continuum of Care (CoC) Coordination

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

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness?	Yes
If yes, briefly list a few of the goals included in the Consolidated Plan:	The goal of the Continuum of Care is to address the needs of the homeless with a direct plan of action to increase housing and services available in the community. The Cumberland County Consoliated Plan lists the 3 core goals of the local continuum of care related to addressing homelessness in the community as follows: Goal 1: Increase and maintain the availability of housing and supportive services for the homeless. Goal 2: Continue working with the Continuum of Care Planning Council through the City/County Liaison Committee to develop a 10-Year Plan to End Homelessness. This plan will be designed to address the needs of both the chronically homeless population as well as families who are struggling with the issue of homelessness. Goal 3: Continue collaboration with housing and service providers throughout the County to establish and maintain a data management system to facilitate the assessment for housing needs and 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):

The Fayetteville/ Cumberland County 10 Year Plan to Homelessness address 10 priority areas. Priority 9 (Development of Additional Affordable Housing Options) is aligned with the local CoC's overall goal to address homelessness and chronic homelessness as follows:

Goal 1: Provide housing options by creating new permanent housing beds for the homeless (chronic and/or families)

Goal 2: Increase the percentage of homless persons remaining in permanent housing over 6 months

Goal 3: Increase the percentage of homeless persons moving from transitional housing to permanent housing

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

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

Refer to the NOFA for addtional guidance on reallocating projects.

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

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

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

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

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	3	**Beds**	3	**Beds**
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	75	**%**	83	**%**
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	62	**%**	59	**%**
Increase percentage of homeless persons employed at exit to at least 18%	70	**%**	50	**%**
Ensure that the CoC has a functional HMIS system	70	**%**	72	**%**

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		0
2007		0
2008	115	0

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	$0	$0	$0	$0	$0
Operations	$0	$0	$0	$0	$0
Total	$0	$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)	1
b. Number of participants who did not leave the project(s)	5
c. Number of participants who exited after staying 6 months or longer	1
d. Number of participants who did not exit after staying 6 months or longer	4
e. Number of participants who did not leave and were enrolled for 5 months or less	1
TOTAL PH (%)	83

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	27
b. Number of participants who moved to PH	16
TOTAL TH (%)	59

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: 28

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	4	14	**%**
SSDI	0	0	**%**
Social Security	0	0	**%**
General Public Assistance	0	0	**%**
TANF	3	11	**%**
SCHIP	0	0	**%**
Veterans Benefits	0	0	**%**
Employment Income	14	50	**%**
Unemployment Benefits	0	0	**%**
Veterans Health Care	0	0	**%**
Medicaid	13	46	**%**
Food Stamps	12	43	**%**
Other (Please specify below)	5	18	**%**
child support			
No Financial Resources	3	11	**%**

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.

The CoC Ranking Committee reviews the progress of each applicant submitting an application during the SuperNOFA process at least on an annual basis. During this review, particular attention is paid to the percentage of residents that transitioned to and/or maintained permanent housing as well as the number and percentage of residents that have accessed mainstream resources at program exit. Points are assessed to each applicant based on the percentages reported in the APR; with the highest percentages receiving the highest points. The results of this review are used to assess those areas in which providers are encountering difficulty in assisting its clients in accessing; and are reported to the CoC Planning Committee for follow-up.

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

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

Although the CoC Planning Committee meets monthly, currently assessing acess to mainstream resources is addressed annually, based on results derived from the Ranking Committee. The Planning Committee will review updating its current practices to include review in this area at least quartly.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?	No
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.	Annually
Does the CoC uses HMIS to screen for benefit eligibility?	No

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

Not applicable.

Has the CoC participated in SOAR training? Yes

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

Several member organizations have attended SOAR training on the following dates:

Cumberland Interfaith Hospitality Network August 28-29 2007
Salvation Army August 4-5 2008
Cumberland County Community Development June 25-26, 2008

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits.	100%
1a. Describe how service is generally provided:	
Case Managers interview and determine what mainstream benefits clients are receiving and those which they may qualify for. Referrals/Appointments are made by the Case Manager with the client present. In cases where the client may have difficulty due to comprehension, literacy, or transportation the Case Manager advocates and in many cases attends with the client. Case Managers follow-up with the mainstream provider and tracks progress in the qualification process.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs:	0%
3.a Indicate for which mainstream programs the form applies:	
Not applicable.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Case Managers verify the outcomes of the mainstream applications, if qualified they verify type, amount, and length of benefits. Then the Case Manager confirms with clients receipt of services etc. If client is denied, Case Manager confirms reason for ineligibility.	

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

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

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

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

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

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

***1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?** **A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.**	Yes
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	No
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a)sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? **(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.**	Yes
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?	No
***5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?** **If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.**	Yes
6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?	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?**	
***8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?** **Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)**	Yes
***9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.** **In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?**	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
***10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?**	No
***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?**	No
***12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)**	No
***13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?**	No

Part A - Page 3

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

Continuum of Care (CoC) Project Listing

Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
The Bonanza Perma...	2008-09-25 11:07:...	1 Year	The Salvation Arm...	82,340	Renewal Project	SHP	PH	F6
The Care Center T...	2008-09-26 14:03:...	1 Year	The Salvation Arm...	147,788	Renewal Project	SHP	TH	F3
Robin's Meadow Tr...	2008-10-07 11:34:...	1 Year	Cumberland County...	84,134	Renewal Project	SHP	TH	F5
The Step-Up Semi-...	2008-09-26 08:27:...	1 Year	The Salvation Arm...	35,470	Renewal Project	SHP	TH	F4
Leath Commons	2008-10-06 23:56:...	1 Year	Cumberland IHN	120,588	Renewal Project	SHP	PH	F2
Ashton Woods	2008-09-29 23:39:...	1 Year	Cumberland IHN	257,628	Renewal Project	SHP	TH	F1

Budget Summary

FPRN	$727,948
Rapid Re-Housing	$0
Samaritan Housing	$0
SPC Renewal	$0
Rejected	$0