

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-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC

CoC Lead Organization Name: Southeastern Center for MH/DD/SAS

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: Tri County Homeless Interagency Council

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) 74%

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

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

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

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

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

Specify "other" process(es):

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

Yes, the Tri-County Homeless Interagency Council has the capacity to be responsible for HUD funding and project oversight. The Council has already instituted by-laws with the hopes of establishing a non profit. The Council has also spoken with different entities to gauge their receptiveness of becoming the fiduciary agent for the group. The Council has received at least one accepted request. The Council has begun the process of program monitoring.

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
Tri County Homele...	Monthly or more
CoC Grant Committee	Monthly or more
Veterans Stand-do...	Monthly or more
Affordable Housin...	Monthly or more
Advocacy & Educat...	Monthly or more
Transitional Hous...	Monthly or more
Permanent Support...	Monthly or more
Monitoring Committee	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: Tri County Homeless Interagency Council

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The Tri-County Homeless Interagency Council oversee and help to create a comprehensive system of care for homeless individuals and families and those at risk of homelessness.

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: CoC Grant Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

A Planning and Action tool to maximize the resources of all segments of the Tri County area in providing needed services to homeless individuals.

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: Veterans Stand-down Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

To assess the needs of homeless veterans and direction to the proper agency to accommodate those needs. To sponsor and annual Standdown event.

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: Affordable Housing Coalition

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

To identify affordable housing needs and to coordinate individual, community and government efforts toward increasing the supply and opportunity for affordable housing.

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: Advocacy & Education Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

To assist the CoC through area issues such as zoning in the downtown Wilmington area which ultimately affect the homeless population.

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: Transitional Housing Coalition

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

To implement policies and to assess needs ie: bed availability, employability, local job opportunities for homeless individuals.

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

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

Name of Committee/Sub-Committee/Work Group: Permanent Supportive Housing Coalition

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

To provide client case presentation and route client to the appropriate living environment, and assess their needs for additional supportive 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: Monitoring Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

To develop by laws & other operating procedures. To monitor COC Programs.

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
Veterans Service Office	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, P...	Veterans
NC Division of Vocational Rehabilitation	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
NC Division of MH/DD/SAS	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Dept. of Health & Human Services	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Children's Development Services Agency	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth
City of Wilmington Community Development	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	HIV/AIDS
New Hanover Health Dept.	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Ab...
New Hanover DSS	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Mayor's Office	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Southeastern Center for MH/DD/SAS	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Facility Based Crisis	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Deaf Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Wilmington Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group, Authoring agency for ...	Seriously Me...
New Hanover County Schools	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth
Wilmington Police Department	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	NONE
New Hanover County Sheriff	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	NONE
Brunswick County Sheriff	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	NONE
Southport Police Department	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	NONE
Employment Security Commission	Public Sector	Local w...	Attend Consolidated Plan focus groups/public forums durin...	Veterans

Wilmington/Brunswick, New Hanover, Pender Counties CoC			COC_REG_v10_000014	
Cape Fear Area United Way	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Youth
Out from the Woods	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Veteran s
Brunswick Family Assistance Agency	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domesti c Vio...
Cape Fear Volunteer Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veteran s
New Hanover County Veterans Council	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veteran s
Access III, Cape Fear Health Net	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
The Arc of North Carolina	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriousl y Me...
Coastal Carolina HIV Care Consortium	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	HIV/AIDS, Su...
Domestic Violence Shelter/Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domesti c Vio...
Food Bank of North Carolina	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Leading Into New Communities (LINC)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substan ce Ab...
Leading Into New Communities (LINC)	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Substan ce Ab...
East Coast Solutions	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substan ce Abuse
Coastal Horizons	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substan ce Abuse
Legal AID	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
WHFD	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriousl y Me...
Cape Fear Housing for Independent Living, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriousl y Me...
First in Families	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...

Wilmington/Brunswick, New Hanover, Pender Counties CoC			COC_REG_v10_000014	
Mental Health Association	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Triangle Coastal Disability Advocate	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Veteran s
Volunteers of America/Carolinas	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domesti c Vio...
Good Shepherd Center	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substan ce Ab...
First Fruit Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
First Baptist Church	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Substan ce Abuse
Interfaith Hospitality Network	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Salvation Army	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Building Hope Ministries	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Youth, Subst...
Union Missionary Baptist Church	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Substan ce Abuse
Phoenix Employment Ministries	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	Substan ce Ab...
St. Peter the Fisherman	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	Veteran s, Su...
Early Bread	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Jesus Ministries	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Veteran s, Su...
Habitat For Humanity	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Veteran s
Wrightsville United Methodist Church	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Substan ce Ab...
First Presbyterian Church	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Veteran s
National Alliance for the Mentally ILL Wilmingt...	Private Sector	Funder...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Cape Fear Memorial Foundation	Private Sector	Funder...	Attend Consolidated Plan focus groups/public forums durin...	Veteran s, Se...
Community Foundation of Southeastern NC	Private Sector	Funder...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Wilmington Star News	Private Sector	Busines es	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Coldwell Banker SeaCoast Realty	Private Sector	Busines es	Attend Consolidated Plan focus groups/public forums durin...	Veteran s

Wilmington/Brunswick, New Hanover, Pender Counties CoC			COC_REG_v10_000014	
Mid-Ocean Construction	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	Substance Abuse
Century 21	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	Veterans
Reach Recovery	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
United Recovery House	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	Substance Abuse
Saving Grace Home	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	Substance Abuse
New Life Launch Pad	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	Substance Ab...
Trinity Wellness Center	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Community Support Professionals, LLC	Private Sector	Businesses	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Evergreen Behavioral Health Services	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Youth Enhancement Alternatives	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Community Support Specialists	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Community Support Specialists	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
RHA	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
VA Medical Center: Fayetteville	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	Veterans
New Hanover Community Homeless Clinic	Private Sector	Hospitals	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Cherry Hospital	Private Sector	Hospitals	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Tileston Clinic	Private Sector	Hospitals	Attend Consolidated Plan focus groups/public forums durin...	Veterans, Su...
Duke Medical Center	Private Sector	Hospitals	Attend Consolidated Plan focus groups/public forums durin...	Substance Ab...

Wilmington/Brunswick, New Hanover, Pender Counties CoC			COC_REG_v10_000014	
New Hanover Health Network	Private Sector	Hos pita.. .	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
Brian Richardson	Individual	Hom eles.. ..	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
UNCW	Public Sector	Sch ool ...	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)** 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 Committee Exists, b. Review CoC Monitoring Findings, c. Review HUD Monitoring Findings, d. Review Independent Audit, e. Review HUD APR for Performance Results, g. Site Visit(s), h. Survey Clients, i. Evaluate Project Readiness, j. Assess Spending (fast or slow), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, p. Review Match, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status

**Voting/Decision Method(s):
(select all that apply)** a. Unbiased Panel/Review Committee, c. All CoC Members Present Can Vote, d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest

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

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

Emergency Shelter: No

Briefly describe the reasons for the change:

Safe Haven Bed: No

Briefly describe the reasons for the change:

Transitional Housing: Yes

Briefly describe the reasons for the change:

Brunswick Family Assistance Agency's and Wilmington Interfaith Hospitality Network's beds have increased our inventory.

Permanent Housing: No

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

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

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

Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	2008 Housing Inve...	10/08/2008

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: 01/20/2008
(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, HUD unmet need formula, Unsheltered count, Housing inventory, HMIS data
(select all that apply)

Specify "other" data types:

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

Stakeholder discussions were used to create a delphi estimate of the percentages of appropriate levels of placement used in the HUD unmet need formulas. The point in time unsheltered need count and housing inventory was used to supply the base census numbers used in the unmet need calculations. This base census was verified using HMIS data where available.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

Select the HMIS implementation type: Regional (multiple CoCs)

Select the CoC(s) covered by the HMIS: NC-506 - Wilmington/Brunswick, New Hanover,
(select all that apply) Pender Counties CoC

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

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

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

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: Service Point

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

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

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

Indicate the date on which HMIS data entry started (or will start): 05/17/2005
(format mm/dd/yyyy)

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

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

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

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

HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	HMIS Agreement wi...	09/30/2008

Attachment Details

Document Description: HMIS Agreement with NC 506 CoC

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 24 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 Hunter
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	65-75%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	0-50%
* Permanent Housing (PH) Beds	76-85%

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

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

Continua are working with CHIN staff to determine technical and training barriers. CHIN using comparative reporting to assist agencies as they improve their bed coverage. Continua are also using CHIN Data Quality Reports to review agency participation frequently throughout the reporting year.

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%	6%
* Date of Birth	0%	0%
* Ethnicity	1%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	1%	0%
* Disabling Condition	15%	2%
* Residence Prior to Program Entry	2%	5%
* Zip Code of Last Permanent Address	5%	6%
* Name	0%	0%

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

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

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

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

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

CHIN uses comparative reporting to assist agencies as they improve their client and program data. The primary report is monthly Data Quality Report; however, agencies may request a report during the month. Standardized Service Point report that need improvement, on-site and on-line data entry technical assistance and training are available at no charge to the agencies. In extreme cases, contract data assistance is available for agencies to help them catch up on the data entry. Continua use the COC wide CHIN Data Quality Reports to review agency participation frequently throughout the reporting year. This is part of a continuous process of improvement which includes all facets of the data collection, data entry, and reporting processes. Each aspect is reviewed by CHIN staff and continua leadership to determine what measures are needed for agency improvement.

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

A commitment of accurate data entry, including program entry and exit dates, begins when agencies signed their Agency Participation Agreement. In this contract, agencies agree to adhere to CHIN's Standard Operating Policies which explicitly covered all HUD required Data elements. Agencies and end users are reminded again during certification training. Program entry and exit dates are covered specifically in the materials. Program entry and exit dates are included as elements on CHIN's monthly and quarterly Data Quality Reports. When requested, CHIN staff can generate a report for participating agencies that lists all of the fields that remain incomplete. This report assists agencies in determining how much data is missing from each client's record. As end users enter data into the network, CHIN staff provides follow-up reports.

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

Instructions:

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

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

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

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

Instructions:

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

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

* Unique user name and password	Quarterly
* 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	Monthly

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

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	Transitional	Unsheltered	Total
		Emergency			
Number of Households		20	23	1	44
Number of Persons (adults and children)		60	115	2	177
		Households without Dependent Children			
		Sheltered	Transitional	Unsheltered	Total
		Emergency			
Number of Households		168	81	67	316
Number of Persons (adults and unaccompanied youth)		169	83	67	319
		All Households/ All Persons			
		Sheltered	Transitional	Unsheltered	Total
		Emergency			
Total Households		188	104	68	360

Wilmington/Brunswick, New Hanover, Pender Counties CoC			COC_REG_v10_000014	
Total Persons	229	198	69	496

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)	77	29	106
* Severely Mentally Ill	68	24	92
* Chronic Substance Abuse	106	31	137
* Veterans	32	4	36
* Persons with HIV/AIDS	3	0	3
* Victims of Domestic Violence	37	0	37
* Unaccompanied Youth (under 18)	8	0	8

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: 01/29/2009
(mm/dd/yyyy)

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

Emergency Shelter providers 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 checked="" type="checkbox"/>

If Other, specify:

Continuum of Care Grant Committee reviewed all collected data and created an unduplicated count.

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.

All sheltered adults and unaccompanied youth were interviewed to gather data. A sample of sheltered adults and unaccompanied youth were interviewed to gather subpopulation information, and extrapolation techniques were applied to produce the total sheltered homeless population. Providers used individual client records to provide subpopulation data for each adult and unaccompanied youth. Providers estimated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole. CoC used HMIS to gather subpopulation information on sheltered homeless persons. This year's data is different from last years' and it continues to indicate a significant homeless population.

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

Instructions:

HMIS:

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

HMIS plus extrapolation:

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

Sample of PIT interviews plus extrapolation:

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

Interviews:

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

Non-HMIS client level information:

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

Other:

CoC used a combination of methods.

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

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

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

If Other, specify:

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

All willing sheltered adults and unaccompanied youth were interviewed to gather subpopulation information. Providers used individual client records to provide subpopulation data for each adult and unaccompanied youth. Providers estimated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole. CoC used HMIS to gather subpopulation information on sheltered homeless persons. This year's data is different from last years' and it continues to indicate a significant homeless population.

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

Instructions:

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

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

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

If Other, specify:

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

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

Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

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

HMIS:

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

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

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

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

If Other, specify:

Describe the techniques used to reduce duplication.

Continuum of Care Grant Committee reviewed all collected data and created an unduplicated count by conducting training(s) for PIT enumerators and used HMIS to check for duplicate information.

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

COC aids in creating a comprehensive system of care to reduce the number of unsheltered homeless households with dependent children by maximizing the resources that provide needed services and directing clients to appropriate living environments and assesss their needs for additional supportive 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).

COCs participating agencies identifies and engages persons in need through various methods, including but not limited to; outreach, walk-ins, referrals, agency-sponsored events, establishing contact points, and community involvement. Fluctuations in point-in-time data can be attributed to various factors that may include but are not limited to; change in population, changes in entities serving homeless populations, economic environments, and mitigating circumstances.

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	Create 3 new beds for individuals	Brunswick Family Assistance
Action Step 2		
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	90
Numeric Achievement in 12 months	93
Numeric Achievement in 5 years	105
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	Percentage of people experiencing homelessness staying in permanent housing for longer than 6 months currently 80.4%	Horizons Housing, ARC of North Carolina, Brunswick Family Assistance
Action Step 2		
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	80
Numeric Achievement in 12 months	82
Numeric Achievement in 5 years	86
Numeric Achievement in 10 years	90

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	Raise funds for provision of security deposit and/or first month's rent for those moving from TH to PH	Good Shepherd Center
Action Step 2	Increase landlords', housing authority's, and clients' use of searchable database for affordable housing in identifying available rental units	Good Shepherd Center
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	60
Numeric Achievement in 12 months	64
Numeric Achievement in 5 years	65
Numeric Achievement in 10 years	70

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

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

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

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

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

2008 Local Action Steps

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

		Lead Person
Action Step 1	Percentage of people experiencing homelessness who are employed at time of exit currently at 44%	All members of CoC

Wilmington/Brunswick, New Hanover, Pender Counties CoC		COC_REG_v10_000014
Action Step 2		
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	44
Numeric Achievement in 12 months	45
Numeric Achievement in 5 years	50
Numeric Achievement in 10 years	55

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

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

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

Select Objective: Decrease the number of homeless households with children

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

2008 Local Action Steps

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

		Lead Person
Action Step 1	Increase number of permanent supportive housing beds for households with dependent children	BFA, Horizons Housing, ARC, CFHIL
Action Step 2		
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	44
Numeric Achievement in 12 months	40

Wilmington/Brunswick, New Hanover, Pender Counties CoC		COC_REG_v10_000014
Numeric Achievement in 5 years		35
Numeric Achievement in 10 years		30

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

Instructions:

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

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

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

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

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

Foster Discharge

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

Southeastern Center Childrens Specialist has a committee for people aging out of group homes. There is an individual plan developed for each and they are not put in to the street. Assistance is provided upon request.

Health Care Discharge

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

Many local hospitals such as; Cherry, New Hanover, and Cape Fear, participate in creating individual discharge plans so that individuals are not placed on the streets.

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

In order to coordinate discharge planning locally, Southeastern Center for Mental Health employs a Client Advocate to assist with Olmstead cases at the regional state psychiatric facilities and regional State Mental Retardation Centers. The Client Advocate is a liaison in the discharge planning process.

For patient stays in facilities less than 60 days, a facility will call the Access Line to schedule a visit with a Community Support Service within five working days of being discharged from the facility. During this meeting, the Community Support staff identifies any homelessness and begins to coordinate adequate housing and related services.

Southeastern Center has also received Community Capacity funds from The States Division of MH/DD/SAS specifically targeted toward consumers being released from State institutions. With these funds, Southeastern Center has developed Facility Based Crisis beds that can be utilized by homeless consumers in lieu of entering a State Hospital or Facility or when being discharged from a State Facility. The individuals are not discharged to the street.

Correction Discharge

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

Corrections: Beginning in 2008 Southeastern Center for Mental Health hired a client advocate that is a liaison with local county jails. She is working with the jails to improve services to mentally ill and homeless persons that are incarcerated. In that capacity she is working on facilitating discharges and linking ex-offenders with housing and mental health services. In addition Department of Corrections facilities in the area work with the Southeastern Center Housing Coordinator on housing issues for inmates being discharged to this area. The Housing Coordinator also receives calls from Department of Corrections facilities throughout the state that are discharging inmates to the region covered by this continuum of care. The individuals are not discharged to the street.

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

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	--	No Attachment
Mental Health Discharge Protocol	No	Mental Health Dis...	09/08/2008
Corrections Discharge Protocol	No	--	No Attachment
Health Care Discharge Protocol	No	--	No Attachment

Attachment Details

Document Description:

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

Attachment Details

Document Description: Mental Health Discharge Plan

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

Attachment Details

Document Description:

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

Attachment Details

Document Description:

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

3E. Continuum of Care (CoC) Coordination

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

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the Consolidated Plan:

- Continue to support the efforts of agencies such as the Tri-County Home-less Interagency Council and include the councils recommendations in the decision-making process for expending CDBG and HOME funds on homeless-related programs
- Create 60 transitional or permanent housing units
- Create 40 additional emergency shelter beds with supportive services.
- Support the efforts of private developers who are building affordable housing and encourage them to create partnerships with agencies that provide supportive housing services to the homeless population.

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):

GOAL 1:

Provide prevention services and supportive services to prevent persons from becoming homeless and enable those who are homeless to move to and remain in a stable housing situation and maximize their self-sufficiency.

Goal 2: At least 200 households of individuals who are most at risk of becoming homeless will be able to secure and maintain decent housing: of these, 80 percent of those households will maintain stable housing for at least one year.

Goal 3: Develop a centralized resource center for people who are homeless to help homeless individuals become self-sufficient.

Goal 4: Increase the appropriate use of supportive services to 70 percent.

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

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

Refer to the NOFA for additional guidance on reallocating projects.

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

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

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

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

Objective	Proposed 12-Month Achievement (number of beds or percentage)	Actual 12-Month Achievement (number of beds or percentage)
Create new PH beds for CH	5 Beds	0 Beds
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	80 %	80 %
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	75 %	60 %
Increase percentage of homeless persons employed at exit to at least 18%	33 %	44 %
Ensure that the CoC has a functional HMIS system	70 %	54 %

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	342	38
2007	211	52
2008	106	55

Indicate the number of new PH beds in place 0 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)	15
b. Number of participants who did not leave the project(s)	67
c. Number of participants who exited after staying 6 months or longer	12
d. Number of participants who did not exit after staying 6 months or longer	48
e. Number of participants who did not leave and were enrolled for 5 months or less	0
TOTAL PH (%)	73
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	128
b. Number of participants who moved to PH	77
TOTAL TH (%)	60

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: 206

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	24	12 %
SSDI	17	8 %
Social Security	0	0 %
General Public Assistance	4	2 %
TANF	3	1 %
SCHIP	2	1 %
Veterans Benefits	5	2 %
Employment Income	62	30 %
Unemployment Benefits	1	0 %
Veterans Health Care	1	0 %
Medicaid	16	8 %
Food Stamps	30	15 %
Other (Please specify below)	35	17 %
No Financial Resources	6	3 %

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.

Prior to submission, a projects APR is reviewed and discussed at the COC meeting. Projects must receive approval from the COC so that future success within the COC and the Community is guaranteed.

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.

9/2/08; 8/5/08; 7/1/08; 6/3/08; 5/5/08; 4/1/08; 3/4/08; 2/5/08; 1/8/08; 12/4/07; 11/6/07; 10/2/07; 9/2/07

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 Both

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

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

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

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

Has the CoC participated in SOAR training? Yes

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

2/19/07; 2/20/07; 8/4/08; 8/28/08

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%
Case Managers meet with the applicants. Goals and a person centered plan are created to document progress and success. In some cases the Case Managers present the individuals information to the Permanent Supportive Housing Coalition.	
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%
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Through the Case Management Service, the Homeless Assistance Providers meet with the individuals to confirm that mainstream benefits are being received. If not, assistance is provided as well as follow up until the goal is met.	

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 B

Part B - Page 1

State Agencies and Departments or Other Applicants for Projects Located in Unincorporated Areas or Areas Otherwise Not Covered in Part A

1. Does your state, either in its planning and zoning enabling legislation or in any other legislation, require localities regulating development have a comprehensive plan with a "housing element?" If you select No, skip to question 4.	Yes
2. Does your state require that a local jurisdiction's comprehensive plan estimate current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate, and middle income families, for at least the next five years?	Yes
3. Does your state's zoning enabling legislation require that a local jurisdiction's zoning ordinance have a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped in these categories, that can permit the building of affordable housing that addresses the needs identified in the comprehensive plan?	Yes
4. Does your state have an agency or office that includes a specific mission to determine whether local governments have policies or procedures that are raising costs or otherwise discouraging affordable housing?	Yes
5. Does your state have a legal or administrative requirement that local governments undertake periodic self-evaluation of regulations and processes to assess their impact upon housing affordability address these barriers to affordability?	Yes
6. Does your state have a technical assistance or education program for local jurisdictions that includes assisting them in identifying regulatory barriers and in recommending strategies to local governments for their removal?	Yes
7. Does your state have specific enabling legislation for local impact fees? If No, skip to question 9.	No
8. If you responded Yes to question 7, does the state 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?	
9. Does your state provide significant financial assistance to local governments for housing, community development and/or transportation that includes funding prioritization or linking funding on the basis of local regulatory barrier removal activities?	Yes

Part B - Page 2

<p>10. Does your state have a mandatory state-wide building code that a) does not permit local technical amendments and b) uses a recent version (i.e. published within the last five 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? Alternatively, if the state has made significant technical amendment to the model code, can the state supply supporting data that the amendments do not negatively impact affordability?</p>	Yes
<p>11. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graded regulatory requirements applicable as different levels of work are performed in existing buildings? 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" at http://www.huduser.org/publications/destech/smartcodes.html.</p>	
<p>12. Within the past five years has your state made any changes to its own processes or requirements to streamline or consolidate the state's own approval processes involving permits for water or wastewater, environmental review, or other State-administered permits or programs involving housing development. If yes, briefly describe.</p>	Yes
<p>13. Within the past five years, has your state (i.e., Governor, legislature, planning department) directly or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or panels to review state or local rules, regulations, development standards, and processes to assess their impact on the supply of affordable housing?</p>	Yes
<p>14. Within the past five years, has the state 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 states Consolidated Plan submitted to HUD? If yes, briefly describe.</p>	
<p>15. Has the state undertaken any other actions regarding local jurisdiction's regulation of housing development including permitting, land use, building or subdivision regulations, or other related administrative procedures? If yes, briefly list these actions.</p>	

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
VOA-Willow Pond ...	2008-10-14 15:27:...	1 Year	Volunteers of Ame...	86,997	Renewal Project	SHP	TH	F1
Driftwood Apartments	2008-10-02 10:27:...	1 Year	Wilmington Housin...	62,333	Renewal Project	SHP	PH	F2
Kathryn Leigh	2008-10-06 12:48:...	1 Year	Cape Fear Housing...	95,381	Renewal Project	SHP	PH	F9
Fourth Quarter Ap...	2008-10-02 11:28:...	1 Year	Good Shepherd Min...	56,073	Renewal Project	SHP	TH	F4
Hopewood Apartments	2008-10-02 10:25:...	1 Year	Housing Authority...	106,848	Renewal Project	S+C	PRAR	U10
Bridgecare	2008-10-21 09:45:...	2 Years	Community Support...	43,492	New Project	SHP	PH	S7
Haven I Permanent ...	2008-10-08 15:10:...	1 Year	Brunswick Family ...	21,040	Renewal Project	SHP	PH	F5
New Beginnings	2008-10-20 11:26:...	3 Years	Community Support...	86,985	New Project	SHP	TH	R8
Horizons Housing	2008-10-15 09:14:...	1 Year	Coastal Horizons ...	79,411	Renewal Project	SHP	PH	F3
Wilmington Dream ...	2008-10-02 10:58:...	1 Year	First Fruit Minis...	120,716	Renewal Project	SHP	TH	F6

Budget Summary

FPRN	\$521,951
Rapid Re-Housing	\$86,985
Samaritan Housing	\$43,492
SPC Renewal	\$106,848
Rejected	\$0