

Before Starting the Exhibit 1 Continuum of Care (CoC) Application

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:

- Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps.
- As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions click [here](#).

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. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): (dropdown values will be changed) NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC

Collaborative Applicant Name: Southeastern Center MH/DD/SA

CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure: Tri-County Homeless Interagency Council

How often does the CoC conduct open meetings? Monthly

Are the CoC meetings open to the public? Yes

Is there an open invitation process for new members? Yes

If 'Yes', what is the invitation process? (limit 750 characters)

All Tri-County Homeless Interagency Council meeting are publicized throughout the region. Membership is conferred upon attendance without further requirement. All attendees are members. Meetings are held in easily accessible, public meeting spaces such as the local library. Free parking is provided.

Are homeless or formerly homeless representatives members part of the CoC structure? Yes

If formerly homeless, what is the connection to the community? Agency employee

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	No
ESG monitoring?	Yes

If 'No' to any of the above what processes does the CoC plan to implement in the next year? (limit 1000 characters)

Through our Tri-County Homeless Interagency Council we are planning and implementing a complete centralized assessment for all ESG and SHP homeless programs in our area. We are using the platform developed through the HPRP program funded through the ARRA. Our CoC used a 211 First Call for Help along with a streamlined questionnaire to assess and refer those in need to appropriate services. Building on that work we expect to use 211 First Call for Help, along with other tools to be refined over the coming year, to have a coordinated, centralized assessment system implemented.

Based on the selection made above, specifically describe each of the processes chosen (limit 1000 characters)

Written agenda of meetings are created by the MCO and sent out on a list-serve to all participants. The agenda is briefly reviewed along with the previous meetings' minutes at the current meeting. Hard copies are also available at the meetings. To save on costs-participants are asked to print off their own hard copies or access it via electronic devices. ESG monitoring is done through monthly reports to the State ESG Office providing reports for expenditures and the number of clients served. We have now incorporated ESG into our CoC meetings.

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	Not Applicable
Written process for board selection	Not Applicable
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	Not Applicable

1C. Continuum of Care (CoC) Committees

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, LGBT homeless issues, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meets less than quarterly, please explain.

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
TRI-HIC (Homeless Interagency Co.)	This council oversees and helps to create a comprehensive system of care for homeless individuals and families and those at risk of homelessness.	Monthly or more
Veterans Homeless Stand-down and Homeless Connect (VFW Post 2573)	To assess the needs of homeless veterans and direct to the proper agency to accommodate those needs. To sponsor an annual Stand-down event.	Monthly or more
Affordable Housing Coalition	To identify affordable housing needs and to coordinate individual, community and government efforts toward increasing the supply and opportunity for affordable housing.	Monthly or more
Transitional/Permanent Supportive Housing Coalition	To implement policies and to assess needs i.e: bed availability, employability, local job opportunities for homeless individuals. To provide client case presentation and route client to the appropriate living environment, and assess their needs for additional supportive services.	Monthly or more
COC Grant Committee	A Planning and Action tool to maximize the resources of all segments of the Tri County area in providing needed services to homeless individuals.	Monthly or more

If any group meets less than quarterly, please explain (limit 750 characters)

1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Public Sector
Private Sector
Individual

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector

Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Total Number	2	7	1	3	2	5	10

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	2	7	1	3	2	5	10
Substance abuse	2	7	1	3	2	5	10
Veterans	2	7	1	3	1	5	10

HIV/AIDS	2	7	1	3	2	5	10
Domestic violence	2	7	1	3	1	5	10
Children (under age 18)	2	7	0	3	1	5	10
Unaccompanied youth (ages 18 to 24)	2	7	1	3	2	5	10

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	2	7	1	3	2	5	10
Authoring agency for consolidated plan	0	7	1	3	0	5	10
Attend consolidated plan planning meetings during past 12 months	0	7	1	3	0	5	10
Attend consolidated plan focus groups/public forums during past 12 months	0	7	1	3	0	5	10
Lead agency for 10-year plan	0	0	0	0	0	0	0
Attend 10-year planning meetings during past 12 months	0	7	1	3	0	5	10
Primary decision making group	2	7	1	3	2	5	10

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC’s planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Private Sector
Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	3	7	1	2	17	0

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill	3	7	1	2	17	0
Substance abuse	3	7	1	2	17	0
Veterans	3	7	1	2	17	0
HIV/AIDS	3	7	1	2	17	0
Domestic violence	3	7	1	2	17	0
Children (under age 18)	0	7	0	2	17	0
Unaccompanied youth (ages 18 to 24)	0	7	0	2	17	0

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	3	7	1	2	17	0
Authoring agency for consolidated plan	0	7	0	0	17	0
Attend consolidated plan planning meetings during past 12 months	0	7	0	0	17	0
Attend Consolidated Plan focus groups/ public forums during past 12 months	0	7	0	0	17	0
Lead agency for 10-year plan	0	0	0	0	1	0

Attend 10-year planning meetings during past 12 months	0	7	0	0	17	0
Primary decision making group	3	7	1	2	17	0

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.
 Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.
 Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.
 Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Individual
Click Save after selection to view grids

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	0	2	0

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill	0	2	0
Substance abuse	0	2	0
Veterans	0	0	0

HIV/AIDS	0	0	0
Domestic violence	0	0	0
Children (under age 18)	0	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group	0	2	0
Authoring agency for consolidated plan	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	1	0
Attend consolidated plan focus groups/ public forums during past 12 months	0	1	0
Lead agency for 10-year plan	0	0	0
Attend 10-year planning meetings during past 12 months	0	1	0
Primary decision making group	0	2	0

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

Instructions:

The CoC solicitation of project applications and the project application selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s). Where applicable, describe how the process works.

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods (select all that apply): d. Outreach to Faith-Based Groups, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, f. Announcements at Other Meetings, e. Announcements at CoC Meetings

Rating and Performance Assessment Measure(s) (select all that apply): b. Review CoC Monitoring Findings, a. CoC Rating & Review Committee Exists, f. Review Unexecuted Grants, e. Review HUD APR for Performance Results, d. Review Independent Audit, c. Review HUD Monitoring Findings

Describe how the CoC uses the processes selected above in rating and ranking project applications. (limit 750 characters)

The CoC membership annually rank all projects presented for inclusion in the SHP grant. APR's, Financial Audits, HUD monitoring reports, and CoC attendance and participation materials are reviewed by all membership of the Council. Before the Council agencies present each project in depth and detail its performance, outcomes, and need in our community. Any unexecuted grants are explained to the Council by the CoC Chairperson. Voting forms are drawn from the HEARTH and CoC NOFA priorities. Points are awarded to each project based on their performance and fulfillment of HUD priorities. Members vote on each project and total scores are used to rank projects for the project priority listing.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community? Yes

Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds? Yes

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

Is the CoC open to proposals from entities that have not previously received funds in the CoC process? Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

Notification of CoC grant opportunities is announced in Tri-Council monthly meetings. Invitation is made at EFSP Local Board meetings, ESG grant meetings, and Transitional and Permanent Supportive Housing meetings throughout the year. Interested agencies are invited to send a staff member to CoC Grant subcommittee meetings to learn HUD acronyms, become familiar with the grant structure and requirements, and evaluate the appropriateness of SHP funding for their agency and project. Agency readiness and project suitability are reviewed at CoC grant subcommittee meetings. Feedback is provided by all current grantees, 10YP, and Lead Agency staff. If desired, separate meetings are made with interested agency staff to further review and examine potential use of SHP funds for proposed projects.

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)

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

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters)

Jesus Ministries family shelter closed, which resulted in a loss of 5 family beds. Providence Home Teen Program, with 6 beds, does not serve exclusively homeless teens, therefore it will be removed from the inventory. Therefore, Emergency Shelter beds reduced by 11 beds.

HPRP Beds: Yes

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters)

The HPRP program for the Tri-County area came to a close on 9/30/12. The CoC has been funded through ESG for ongoing Rapid Re-Housing efforts through 2013, and so similar activities will continue to take place. Two entities within the CoC will collaborate to apply for SSVF funds to provide Rapid Re-Housing for Veterans and their families.

Safe Haven: Not Applicable

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters)

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters)

The number of transitional beds dropped by 44, as the East Coast Solutions programs are now run by Port Human Services and no longer serve exclusively homeless individuals and families.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing? No

If yes, how many transitional housing units in the CoC are considered "transition in place":

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters)

Three additional beds were added with the start of the Kathryn Leigh II program for chronically homeless individuals with disabilities.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24 hour period during the last ten days of January 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)

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

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply): Follow-up, Updated prior housing inventory information, Training, Instructions, HMIS, Confirmation

Must specify other:

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

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters)

Prior to unmet need data being submitted in HDX, the point in time data is entered into the unmet need worksheet to determine how many individuals did not have shelter and how many beds were available. Stakeholder discussion is held to discuss trends in the needs of homeless adults and families and what percentages of the people they serve require either shelter, transitional housing, or permanent supportive housing. This information is entered into the unmet need worksheet to make a final determination as to where the CoC's efforts should be focused in developing new inventory. This information is shared with stakeholders for final review. Short and long term shelter and housing initiatives are factored into the calculation of unmet need.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

Select the HMIS implementation coverage area: Statewide

Select the CoC(s) covered by the HMIS (select all that apply): NC-507 - Raleigh/Wake County CoC, NC-500 - Winston Salem/Forsyth County CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-516 - Northwest North Carolina CoC, NC-501 - Asheville/Buncombe County CoC, NC-504 - Greensboro/High Point CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-502 - Durham City & County CoC, NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC, NC-513 - Chapel Hill/Orange County CoC, NC-505 - Charlotte/Mecklenburg County CoC, NC-503 - North Carolina Balance of State CoC

Is there a governance agreement in place with the CoC? Yes

If yes, does the governance agreement include the most current HMIS requirements? Yes

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

n/a

Does the HMIS Lead Agency have the following plans in place? Data Quality Plan, Privacy Plan, Security Plan

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

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

Indicate the challenges and barriers impacting the HMIS implementation (select all the apply): No or low participation by non-HUD funded providers, Inability to integrate data from providers with legacy data systems, Other, Inadequate resources, Inadequate bed coverage for AHAR participation, Inadequate staffing

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters)

n/a

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters)

We are working to improve data quality & bed coverage. We are improving data quality through standardized & customized reporting, end user certification & refresher training, and focused technical assistance. The Carolina Homeless Information Network (CHIN) monthly data quality reports show the quality of data at program and agency level. We struggle with coverage in our non-HUD funded programs. Most who do not receive McKinney-Vento funding are small, volunteer-run organizations that do not have the resources or staff to enter data into HMIS. CHIN's fees were drastically restructured this year. We are searching for new sources of funding for CHIN participation. The HMIS Lead Agency is also purchasing an import tool to allow us to import data from legacy systems so that we can increase our participation.

Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured? Yes

2B. Homeless Management Information System (HMIS): Funding Sources

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

Operating Start Month/Year	July	2012
Operating End Month/Year	June	2013

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	
ESG	\$12,500
CDGB	
HOPWA	
HPRP	\$4,138
Federal - HUD - Total Amount	\$16,638

Funding Type: Other Federal

Funding Source	Funding Amount
Department of Education	
Department of Health and Human Services	
Department of Labor	
Department of Agriculture	
Department of Veterans Affairs	
Other Federal	
Other Federal - Total Amount	

Funding Type: State and Local

Funding Source	Funding Amount
City	
County	
State	
State and Local - Total Amount	

Funding Type: Private

Funding Source	Funding Amount
Individual	
Organization	
Private - Total Amount	

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	\$5,092

Total Budget for Operating Year	\$21,730
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Is the funding listed above adequate to fully fund HMIS? No

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

CHIN will have a new fee structure in July 2013 which will increase the cost of HMIS by 500% to our Continuum. HMIS costs originally designed to be paid for with HUD SHP funds from the Balance of State Continuum, incorporated for that purpose, have now been passed to each of the other CoCs. Balance of State CoC has chosen to redirect its funding. As a result of changes in funding formulas our CoC has lost considerable ESG funding this fiscal year. Our CoC is looking at ESG grantees diverting ESG resources to cover the greatly increased cost of HMIS services going forward. This will leave each agency to find its own resources to cover its portion of the remaining CoC cost of HMIS.

How was the HMIS Lead Agency selected by the CoC? Agency Applied

If Other, explain (limit 750 characters)

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

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.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency Shelter (ES) beds	65-75%
* HPRP beds	86%+
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	51-64%
* Rapid Re-Housing (RRH) beds	Housing type does not exist in CoC
* Permanent Housing (PH) beds	0-50%

How often does the CoC review or assess its HMIS bed coverage? At least Quarterly

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

Our HMIS Data Quality Committee reviews HMIS data quality, identifies agencies in need of technical assistance, and engages agencies that are not currently using HMIS. Our transitional housing and permanent housing bed coverage is low largely due to the number of programs in our region that do not receive McKinney-Vento funding. Many are volunteer-run and do not have staff or other necessary resources or capacity to participate in HMIS. Without the requirement to participate in HMIS for funding, these agencies are resistant to entering financial, volunteer, and other information that they do not track in the course of their regular program implementation. We plan to continue to educate these facilities about the regional and statewide benefits of HMIS and how HMIS data can positively impact the households they are assisting. We will also explore strategies such as regional staff who can assist with data entry for these agencies in order to effectively overcome their copacity challeges.

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? Yes

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	0%
Rapid Re-Housing	100%
Supportive Services	100%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	3
Transitional Housing	10
Safe Haven	0

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	0%	2%
Date of birth	0%	0%
Ethnicity	0%	1%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	0%	1%
Gender	0%	0%
Veteran status	0%	0%
Disabling condition	1%	4%
Residence prior to program entry	0%	2%
Zip Code of last permanent address	0%	4%
Housing status	2%	0%
Destination	1%	40%
Head of household	0%	0%

How frequently does the CoC review the quality of project level data, including ESG? At least Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters)

CHIN uses comparative reporting to assist agencies as they improve their client and program data. The primary report is the monthly Data Quality Report that provides agencies and our CoC with an overview of data completeness, utilization rates, and inventory. Additionally, 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.

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

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS? Yes

Indicate which reports the CoC submitted usable data (Select all that apply): 2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR

Indicate which reports the CoC plans to submit usable data (Select all that apply): 2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

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

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

- Integrating or warehousing data to generate unduplicated counts:** Never
- Point-in-time count of sheltered persons:** At least Semi-annually
- Point-in-time count of unsheltered persons:** Never
- Measuring the performance of participating housing and service providers:** At least Quarterly
- Using data for program management:** At least Annually
- Integration of HMIS data with data from mainstream resources:** Never

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

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

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices? At least Annually

How often does the CoC Lead Agency 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', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency	<input checked="" type="checkbox"/>
Contributory HMIS Organizations (CHOs)	<input type="checkbox"/>

**If 'Yes', indicate date of last review
or update by CoC:** 09/05/2012

**If 'Yes', does the manual include a glossary of
terms?** No

**If 'No', indicate when development of manual
will be completed (mm/dd/yyyy):** 02/28/2013

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

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

* Privacy/Ethics training	At least Monthly
* Data security training	At least Monthly
* Data quality training	At least Monthly
* Using data locally	At least Quarterly
* Using HMIS data for assessing program performance	At least Semi-annually
* Basic computer skills training	Never
* HMIS software training	At least Monthly
* Policy and procedures	At least Annually
* Training	At least Monthly
* HMIS data collection requirements	At least Monthly

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count: annually (every year)

Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/25/2012

If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012? Not Applicable

Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

Indicate the percentage of homeless service providers supplying sheltered population and subpopulation data for the point-in-time count that was collected via survey, interview and HMIS:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	100%	100%	40%
Transitional Housing	0%	100%	100%	50%
Safe Havens	0%	0%	0%	0%

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

Sheltered households with dependent children dropped 76%. The number of chronically homeless individuals accessing shelter dropped 37%. Veterans seeking shelter dropped 43%. Discharges from Behavioral Health Facilities to shelter dropped 82%. Homeless adults identified with substance abuse dropped 45% and there was a 14% increase in those identified with a SPMI. Factors contributing to these changes were the continued impact of HPRP funds; effective SOAR program; continued effort to educate discharge planners on housing and other resources; increase of at least 36 targeted units for individuals with disabilities and fixed income; opening of the Section 8 and public housing waiting lists in New Hanover County and public housing in Pender County; ongoing partnerships among community providers creating more linkages to resources and housing placement, and the LME establishing a fund to provide those with a mental health diagnosis access to first month's rent payment.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
* Housing	Our CoC identified the need for an additional 28 permanent supportive housing beds and 45 transitional housing beds. Affordable housing for those with low or fixed income is an ongoing need for our community. Rehabilitation and development projects currently underway through the Housing Authority and Targeted Unit programs do not meet the demand in our community, as they are consistently working from a waiting list of eligible individuals/families.
* Services	Our CoC has identified the need for additional community mental health and substance abuse treatment. This includes crisis services, ongoing mental health care for those who are uninsured, detoxification and rehabilitation services for those who are uninsured. Local treatment options are limited and constantly full.
* Mainstream Resources	Our CoC has identified transportation and access to benefits/entitlements as a gap in resources for our area. Public transportation is limited and the cost of vehicle ownership and maintenance is untenable for most sheltered individuals who have low or fixed income. Although the work of the SOAR Caseworker has significantly reduced the amount of time homeless individuals are connected to benefits, limited access to SSA and VA benefits offices/administrators causes a gap in services and income. This increases the length of time in shelter and visits to emergency services.

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in the sheltered point-in-time count is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)

All sheltered adults and unaccompanied youth were interviewed using a survey to gather data. The PIT process was advertised and explained in advance to encourage the most participation among sheltered adults and youth. The CoC used survey data, HMIS and individual client records to gather subpopulation information on sheltered homeless persons. Providers calculated the percentage of clients belonging to each subpopulation based on survey results and their knowledge of their client population as a whole.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons. Sheltered chronically homeless persons are those living in emergency shelters only.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

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

	HMIS	<input checked="" type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:		<input type="checkbox"/>
	Sample strategy:	
	Provider expertise:	<input checked="" type="checkbox"/>
	Interviews:	<input checked="" type="checkbox"/>
	Non-HMIS client level information:	<input checked="" type="checkbox"/>
	None:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)

All willing sheltered adults and unaccompanied youth were interviewed by program staff and/or trained volunteers using a survey to gather general demographic and subpopulation information. Providers used individual client records to provide (where missing) or verify subpopulation data for each adult and unaccompanied youth. Providers calculated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole. CoC also used HMIS data to gather subpopulation information on sheltered homeless persons.

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

Indicate the method(s) used to verify the data quality of sheltered homeless persons (select all that apply):

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

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters)

Individual shelter staff and the CoC Committee check records of clients who were served at day soup kitchens and services centers with numbers collected by night-only shelters to avoid duplication. Also, programs operating nighttime services such as overnight shelters ask incoming clients if they have been counted earlier in the day when receiving a meal or medical attention at another shelter location. Surveys are printed on colored paper so that they are easily identified by participants, which prevents individuals being surveyed twice.

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)

Shelter staff and volunteers attend point in time training prior to administering the survey. Instructions on administering the survey and avoiding duplication are based on review of previous point in time experiences and best practices issued by HUD and North Carolina Coalition to End Homelessness. Shelter staff review surveys completed and compare with their guest roster to confirm data and participation is accurate and complete. PIT committee members tallying the data review any inconsistent data in comparison with HMIS, and follow up with shelter staff to correct any discrepancies.

2L. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

How frequently does the CoC conduct an unsheltered point-in-time count? annually (every year)

Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy): 01/25/2012

If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012? Not Applicable

Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)

Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

Though the overall numbers of homeless population declined from 2011 to 2012, the number of those counted who were unsheltered rose substantially from 91 in 2011 to 153 in 2012. The primary reason for the change was the greater participation in the count by Brunswick and Pender Counties, which have few shelters and an unsheltered homeless population that had previously been under-counted.

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

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>
None:	<input type="checkbox"/>

If Other, specify:

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)

The level of coverage of the unsheltered homeless population is a combination of simple public places count, public places count with interviews (where practical), and a service-based count. Through on-going agency relationships within the COC, the reliability of identifying and locating places where the unsheltered homeless congregate is significant. During the PIT count, volunteers make strong efforts to visit all known areas where the unsheltered homeless are known to congregate. The homeless server provider community shares information within the COC about our homeless populations that includes: new homeless encampments, shifting congregations of the homeless, or new service providers targeting specific homeless subpopulations. Unsheltered homeless counted in encampments are interviewed whenever practical.

In addition to the public places count, the CoC conducts counts and interviews at point-of-service locations, such as food pantries and "soup kitchens" where food is collected and/or consumed by the unsheltered homeless (along with other populations). This count/interview takes place during the day following the night time count of public places. Those counted/interviewed at service sites are only counted after determining that they were not included in the previous night's count in public places and that they were not in a shelter that would have counted them.

2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count (select all that apply):

Training:	X
HMIS:	X
De-duplication techniques:	X
"Blitz" count:	X
Unique identifier:	
Survey question:	X
Enumerator observation:	
Other:	

If Other, specify:

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters)

Volunteers taking part in the PIT count of unsheltered individuals receive training in how to avoid duplication. The main methods used are: 1)the use of a "blitz" count, where volunteers are assigned different areas of the city and conduct the survey at the same time; 2)asking individuals if they have been counted previously that night; 3)interviewing individuals counted at service points (pantries, kitchens, etc.) before adding them to the count to ascertain whether they were already included in sheltered or unsheltered counts the previous night. The answers to survey questions also provide information that can be used to ensure that there is no duplication in the count.

Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters)

The 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, directing clients to appropriate living environments, and assessing their needs for additional supportive services. The PATH program outreach workers interact with unsheltered homeless individuals and families on a daily basis and connect them with shelters and other mainstream resources. Shelter managers also communicate vacancies in times of high occupancy, ensuring that those who seek shelter at a full facility are assisted in getting into another facility with space available. In addition, the CoC maintains a list of all shelters and other service providers that specifies those who assist families. this list, the "Street Sheet," is update regularly and distributed to all agencies that might come into contact with homeless families, including: churches, school social workers, the Department of Social Services, police, city and county agencies, local businesses and other private organizations. This list, and additional information is provided to the 211 service, which is promoted to the public in a variety of means.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters)

CoC participating agencies, as well as others, identify and engage persons in need through various methods, including but not limited to: outreach, walk-ins, referrals, agency-sponsored events, establishing contact points, and community involvement. Multiple agencies with street outreach programs coordinate information and services to identify homeless camps and lone individuals in need of care. When unsheltered individuals or families are identified, agency staff inform PATH workers to ensure that effective outreach occurs. As described above, PATH workers seek out the unsheltered on a daily basis and connect them to needed resources.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

How many permanent housing beds are currently in place for chronically homeless persons?	56
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	59
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	64
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	69

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)

Consistent with the new regulations for CoC, we will address the needs in our community and work together to establish our future goals for the development of permanent housing. As the council including emergency shelters, housing authority, and transitional housing, we will better be able to identify the needs and make referrals from through out the tri-county area.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)

The CoC and Tri-HIC, in conjunction with the 10YP's strategic director, executive board board and objectives, will continue to pursue any and all additional funding to support the creation of permanent housing solutions. We have held lunch and learn sessions for landlords and will continue to collaborate with them to ensure affordable and accessible permanent housing as well as provide education to potential landlords on the benefits or providing affordable housing.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015 (limit 1000 characters)

Our plan includes the Tri-HIC, CoC, and the 10 Year Plan Council to work collaboratively with in our area to identify chronically homeless individuals and secure housing for them. This will include pursuing monies for permanent housing as one committee, continuing to work with supportive services such as SOAR to attain benefits for participants, and networking with providers in the area to stabilize participants.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each CoC-funded permanent housing project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 80%

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 80%

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 83%

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 85%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

All CoC permanent housing applicants; ARC, Horizon Housing, Kathryn Leigh, Hopewood and Driftwood will continue to provide supportive services to their participants who struggle with housing stabilization. To augment the ability of caseworkers to provide services, the 10 Year Plan will continue to operate the Circles of Support Mentor Program, which currently utilizes 60 volunteer mentors in a project that helps caseworkers stabilize approximately 20 recently-housed clients. Each applicant will continue to refer participants to substance abuse counseling, mental health services, crisis intervention and prevention. In addition, applicants will utilize community resources to assist applicants with disability applications through SOAR, information to access heating and electricity assistance funds through the local Department of Social Services, and food stamps. We will utilize our newly formed unified Tri-HIC/CoC to identify resources and make connections through our monthly meetings.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

Building on the efforts of the 10 Year Plan staff, our unified CoC will continue to develop and support Circles of Support and Peer Support Training programs in an effort to support dually-diagnosed individuals who were homeless but have been housed to improve the desired outcome of maintaining permanent housing.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 87%

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 90%

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 93%

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 96%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

Our CoC percentage of persons transitioning in PH continues to exceed the stated objective of 65%. We will continue to utilize VASH vouchers for veterans.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

The community will continue to collaborate to develop new permanent housing. The CoC, 10 Year Plan, and Affordable Housing Coalition are integrated and in alignment with the goals of Opening Doors. The 10 Year Plan continues to seat board members from The Veteran Service Office, The McKinney Vento Coordinator, and Affordable Housing Coalition. We continue to access and utilize community and mainstream resources through SOAR and the Benefits Bank to connect residents with the resources needed to secure and maintain permanent housing.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Cash Income.

In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 29%

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 30%

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 31%

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 32%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters)

All CoC project applicants continue to use the Employment Security Commission, Vocational Rehabilitation, and Phoenix Employment Ministries to assist our consumers with gaining employment. This year, an additional agency, Leading Into New Communities (LINC) is assisting our ex-offender consumers with supportive employment services as well as developing relationships with employers in the community to develop job opportunities.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit 1000 characters)

In addition to the agencies listed above, we plan to continue utilizing the community college and adult education programs and certificate programs. We will also continue to utilize Coastal Care's new position of information specialist who is dedicated to the development of MOA with workforce collaboratives.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

- What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?** 77%
- in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 77%
- in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 78%
- in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 79%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

Our CoC; Horizon's Housing, Kathryn Leigh, The ARC, First Fruits Ministries, Ashley House, Haven, and WIHN, has exceeded the standard set by HUD to have it's participants receiving mainstream benefits by program exit. Our service providers have worked diligently with SOAR and the benefits bank as well as other resources in and through our Tri-HIC to assist our participants in receiving benefits to improve their outcomes for remaining stable in housing.

Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

We will continue to work diligently within our Tri-HIC CoC Cape Fear collaboration to connect participants to the needed mainstream resources available to them. The cornerstone of this effort the past 2 years has been the dedicated SOAR caseworker position, which has mined \$2 million in mainstream resources for chronically homeless clients and has established an ongoing income stream of approximately \$80,000 monthly shared by approximately 115 clients. We will utilize any and all services to identify and establish a connection from participant to resource. SOAR has also reduced costs to the regional medical center through Medicaid reimbursement and allowed clients to establish medical homes- leading to both an increased likelihood of client housing stability and better health outcomes.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 6: Decrease the number of homeless individuals and families:

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

- What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 105%
- In 12 months, what will be the total number of homeless households with children?** 100%
- In 5 years, what will be the total number of homeless households with children?** 95%
- In 10 years, what will be the total number of homeless households with children?** 90%

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters)

Our CoC utilized the HPRP funds in collaboration with the 10 year plan to stabilize low income rental and homeless households in permanent housing with a variety of services such as rental units, utility deposits, credit repair, and hotel vouchers. Based on our performance, ESG funds were given as a bonus to continue HPRP activities and extend the program to the end of August 2012. This enabled us to extend support to existing HPRP participants. 10 Year Plan staff will participate in the NAEH annual conference on youth and family homelessness with an eye toward replicating best practices locally.

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters)

There is a collaborative application with the United Way/10 Year Plan to End Chronic homelessness, the Veteran' Strategic Council, Coastal Horizons Center, Tri-HIC/CoC for the Supportive Services for Veterans and Families Grant (SSVF). The objectives of this project are to identify veterans in a 5-county area (Pender, Brunswick, New Hanover, Onslow, and Carteret) that are at risk of losing their housing. Once identified, funding will be made available utilizing the HPRP model to prevent veteran's and their family from becoming homeless. As part of the project, case managers will work with the participants to identify and head off future problems that can result in homelessness. The Wilmington Housing Authority accessed a technical assistance planning grant from HUD and continues to pursue Choice Neighborhoods grant collaboration that, if funded, would increase family housing by approximately 250 units.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year's competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocate it should enter '0' in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

- Indicate the current number of projects submitted on the current application for reallocation:** 0
- Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013):** 1
- Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition):** 0
- Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition):** 1

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

NA

If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project (limit 750 characters)

Good Shepherd's Ashley Center project will continue to serve homeless veterans but reallocate 6 beds from transitional to permanent supportive housing in the 2013 grant submission. The majority of residents in those beds have obtained employment or other income, as well as become connected with multiple mainstream resources, and will be assisted in identifying and securing affordable rental housing. When possible, VASH vouchers will be secured through the Wilmington Housing Authority to subsidize the rental. Should a resident need additional support prior to moving to an independent setting, they will be assisted in applying for and moving to another transitional housing program.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

NA

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The CoC has done extensive outreach to foster care staff and Departments of Social Services to inform them of available housing resources and involve them in the Tri-County Homeless Inter-agency Council meetings to address any barriers in discharge planning. Coastal Care's Care Coordinators and Housing Specialist play a crucial role in tracking those who are aging out of the foster care system and identifying housing options for them.

If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

NA

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Coastal Care has a Care Coordinator for youth services that works collaboratively with other community agencies (DSS, Level III Group Homes and advocates for children) to ensure that prior to a child's discharge date that resources are in place to ensure that they are not discharged to the streets. One source of funding designated for foster children aging out of care is the LINK program. The New Hanover County Department of Social Services provides assistance for security deposits and the first month's rent.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Coastal Care's Care Coordinator for youth services, working closely with DSS Link program, ensures that youth are assisted with obtaining market rate rental units.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

NA

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The CoC, primarily with the efforts of Coastal Care and the 10 Year Plan, has conducted outreach and provided education for hospital social work staff on housing and rehabilitative care options within the community to avoid discharge to homelessness from the health care system. The CoC's Education and Advocacy committee generated a discharge planning guide that serves as a resource and has been distributed to discharge planning staff. State Hospitals signed agreements that patients will not be discharged to homeless shelters, referencing McKinney-Vento prohibitions. The Division of Facility Services requested that Hospitals sign the agreement and monitored the process.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The CoC has implemented the plan described below.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The 10 Year Plan's SOAR Project addresses medical discharge planning through identification of SOAR benefits-probable clients by hospital admissions and service providers, establishment of SSI/SSDI benefit entitlement and Medicaid/Medicare eligibility. The coupling of a client to a caseworker through Medicaid benefits increases the likelihood of proper discharge planning. In addition, the CoC, through the 10 Year Plan, is developing a plan for operating a voucher-based respite care program. That respite care program, when operational, will further increase the likelihood that homeless clients receive appropriate discharges. One initiative of the Education and Advocacy Committee was to create a housing resource guide, distributed to hospital social workers to help build awareness of housing resources and facilitate appropriate discharges. CoC partner agencies provide patients with affordable housing resources located through the Cape Fear Housing and SEC Housing website (transitional housing, market rate housing or boarding homes) to avoid discharge into the streets.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Social Work staff at local hospitals and inpatient facilities utilize local market rate, and tax-credit housing resources outside of HUD McKinney-Vento programs to place individuals coming from health care settings into affordable housing. Where appropriate, some individuals are placed into local adult care homes or skilled nursing facilities for further rehabilitation.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

NA

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

CoC partner agencies and sub-committees have created a housing guide for discharge planners and outreach to MH social workers to assist individuals in obtaining SSI/SSDI and Medicaid benefits. Coastal Care's Housing Specialist provides guidance to social work staff in making appropriate placement and avoiding discharge to homelessness.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The CoC has implemented a discharge plan for mental health.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Stakeholders/agencies involved in the mental health discharge planning process are: Coastal Care - care coordinators, housing specialist, rent deposit assistance; DHHS - Targeting Program and referral agencies; UW 10YP - SOAR program, Circles of Support; Physicians Alliance for MH - ACT services; RHA Behavioral Health Services - ACT services,PATH outreach,rent deposit assistance; WHFD - Hopewood and Driftwood PSH; Coastal Horizons - HARRTS program and Horizons PSH;VAMC - Fayetteville, Wilmington.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Individuals being discharged from MH facilities find or share with family/friends market rate housing, secure a bed at one of the 20 half-way houses in the Wilmington area, are placed in a targeted unit for persons with low income and disabilities, or obtain a unit at non-HUD funded PSH such as Sherwood Village.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

NA

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

CoastalCare's Crim. Justice Spec. screens booking logs for the catchment area for consumers and jail medical staff refer inmates with MH diagnoses. The CJ Specialist follows up with inmates and, if sentenced to county jail, will assess and connect them to appropriate placement for housing needs prior to discharge. The Re-Entry Taskforce is a coalition of agencies that provide services to former inmates. The Taskforce focuses on resources to facilitate successful community reintegration and serves as a forum for problem-solving challenges to housing and recidivism. LINC's transitional program for ex-offenders moved to a renovated facility that now accommodates 40 men and women transitioning from incarceration for up to 18 months. LINC also runs the New Workforce Center, a walk-in program for ex-offenders providing on site and referral assistance with services necessary to prevent recidivism.

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The CoC's discharge plan is described above.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Organizations involved in discharge planning from correctional facilities include NHC Drug/DWI Court programs, the NHC Sheriff's Department, NC Corrections, Coastal Care, United Way (10YP), LINC Inc., Youth Build, the Wilmington Housing Authority, and Cape Fear Community College.

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Individuals not placed in HUD McKinney Vento funded programs routinely are discharged to live with family or friends, in a halfway house, or to the LINC transitional housing program for ex-offenders.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan:

- Promote Affordable Rental Housing;
- Preserve Affordable Housing Stock;
- Sustain Emergency Shelter Programs and Services to Transition Homeless Population to Permanent Housing;
- Prevent homelessness for those people most at-risk of becoming homeless;
- Grow Permanent Supportive Housing initiatives for Chronically Homeless, Frail Elderly, Disabled and Other Special Populations

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s) (limit 1000 characters)

The CoC continues to address the population served by the HPRP programs mainly through rapid rehousing and prevention programs funded through the Emergency Solutions Grant program and coordinated by the 10YP/United Way. When the CoC met to discuss changing priorities within the ESG program, service providers agreed to move funds from the more traditional area of shelter and transitional housing operations support to rapid re-housing. Agencies agreed to increase the rapid rehousing element of their own emergency and transitional programs as well as participate in a CoC-wide rapid rehousing program modeled on the HPRP and coordinated by the 10YP/UW.

Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG? (limit 2500 characters)

The CoC and its members provide referrals and advocate for HUD-VASH eligible clients with the Wilmington Housing Authority and VA representatives. The CoC coordinates efforts with the City of Wilmington in regard to CDBG, and the City's Community Development Department representative is an active participant in the CoC. The CoC coordinates the Emergency Solutions Grant program for the region, receiving and evaluating applications from individual members of the CoC and then submitting a consolidated application to the State of NC that integrates the emergency, rapid rehousing, and homeless prevention needs for the region.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If 'Yes', describe the established policies that are in currently in place: The policy of the CoC is to adhere to McKinney-Vento requirements. The McKinney-Vento Liaison for New Hanover County Schools is a member of the Tri- County Homeless Interagency Council. The coordinator provides ongoing updates at the monthly meetings, coordinates with partnering agencies to best meet the needs of homeless students and provides written and verbal information about the law, the numbers of students and families served in New Hanover County Schools, and how families are identified and served. Each CoC agency serving children and families has participated in appropriate training provided by the New Hanover County School District's McKinney-Vento Coordinator. Posters are provided to the various agency members for display throughout the county in vital locations where potential families may be found. All CoC agencies providing services to homeless children are committed to ensuring a stable and productive educational environment.

Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)

The CoC, in an attempt to align itself more closely with Opening Doors, has added the McKinney-Vento/HEARTH Act Coordinator from the area's largest school district to the 10 Year Plan Executive Board. That addition provides a direct mechanism for two-way communication between the area's school district homelessness social workers/advocates and the 10 YP's policy makers. All children and their parents/guardians staying in shelters and transitional housing are connected with the McKinney-Vento coordinator to learn what resources are available through both the school district and providers. In the daily processes of identifying, determining eligibility, and serving McKinney-Vento homeless students and families, the NHCS Liaison as well as the school social workers in the schools collaborate extensively with local agencies to arrange for intakes, transportation and immediate enrollment of students. Continued advocacy and problem solving takes place between the professionals of the partnering agencies assisting the families.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

The CoC, through its regular monthly committee and sub-committee meetings, collaborates with the operators of shelters and other housing to ensure that families remain intact when they secure shelter/housing and that children under 18 are never denied admission. Targeted and family units are available through DHHS and WHA. CoC participating agencies help to coordinate client referral to WHA for Family Reunification vouchers that help to rejoin homeless families that have been separated due to an active case with Child Protective Services.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future (limit 1500 characters)

The Veterans Services Officer for NHC is a 10 Year Plan executive board member. The Homeless Veterans Strategy Team meets quarterly to address veterans issues. CoC and TYP leadership continue to participate in DVA training and informational events held locally and at the Fayetteville, NC VAMC. The VA has initiated a system to remind primary care providers to inquire with veterans about homelessness so that homeless veterans are quickly identified and linked with Health Care for Homeless Veterans staff. The CoC fully participates in the local veterans stand down annually. The Veterans Administration HCHV program added an Outreach Social Worker in Wilmington, and a Veterans Justice Outreach Coordinator and Substance Abuse Disorder Specialist to assist homeless veterans in housing placement and provide support around barriers to housing stability. The VA has scheduled the opening of a super-clinic on the grounds of ILM, Wilmington's international airport for early 2013. The HUD-VASH Social Worker is an active member of the Point In Time committee and collaborates with the SOAR case worker to link homeless veterans with disability income. The Housing Authority, in addition to managing the VASH vouchers, is a regular referral source for connecting homeless veterans to HCHV staff and services. The PATH outreach team also identifies homeless veterans and coordinates with the VA Outreach Social Worker to help connect veterans to necessary services and housing.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters)

CoC partner Coastal Horizons operates a shelter for homeless and at-risk youth. Shelter objectives range from eventual reunification with parents and/or family to placement in foster care, depending on differing circumstances. In addition, children who are aging out of foster care can enlist resources from the Link Program at the New Hanover County Department of Social Services to assist with security deposits and first month's rent.

Assisting the youth homeless population is an integral part of the CoC's strategic plan. Future plans call for continued coordination with Coastal Horizons to ensure that sufficient emergency beds are available for homeless youth and that effective programs to transitioning them to independence remain in place.

Has the CoC established a centralized or coordinated assessment system? No

If 'Yes', describe based on ESG rule 576.400 (limit 1000 characters)

Describe how the CoC consults with the ESG jurisdiction(s) to determine how ESG funds are allocated each program year (limit 1000 characters)

The CoC and ESG jurisdiction is one and the same, and ESG funding is allocated through the CoC. This process replaced the previous one (in which individual agencies applied to the State of NC) in July 2012, and many of the mechanisms are still be established. For future allocations, the CoC intends to advertise the availability of funds and eligibility requirements through a variety of print and electronic media to ensure that all eligible agencies are aware of the funding and have the opportunity to apply for it. Applications will be evaluated by the CoC and then incorporated into a single application from the CoC to the State of NC. At this time, it is anticipated that there will be a single lead agency for the ESG program, Coastal Care, and a single fiscal agent, the United Way of the Cape Fear Area.

Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach (limit 1000 characters)

A "Street Sheet" is published annually (in English and Spanish), which lists the housing and supportive services available in the area. This document is distributed widely through schools, churches, the Department of Social Services and other city/county agencies, the Wilmington Housing Authority, and all private agencies that serve the homeless or come into contact with them. Additional outreach to the hardest to reach populations is undertaken by the PATH program, whose outreach workers interact with unsheltered homeless individuals and families on a daily basis and connect them with shelters and other mainstream resources. Both PATH outreach workers and VA outreach workers attend the Transitional and Permanent Supportive Housing meetings to stay abreast of housing options and vacancies. All information and outreach is distributed/undertaken without regard to race, color, national origin, religion, sex, age, familial status, or disability.

3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, "Opening Doors," and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan? Yes

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

The CoC, through a wide array of service providers and utilizing grants from CDBG, HOME funds, SAMSA, DOJ, VA, ESG, HUD, foundation, and private donors has developed a housing and service system that provides emergency and long term housing solutions and connection to supportive services to help individuals and families to sustain housing. Providers meet monthly, with sub-committee meetings monthly or bi-monthly to develop new resources, build community awareness and connections, and address unique or developing issues around homelessness.

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

The CoC gathers information on numbers of homeless individuals and families served within the continuum, including specific sub-population characteristics, through HMIS data, during the Point In Time survey, and from First Call for Help (211) service requests. This data is collected and used to develop a gaps analysis that establishes our unmet needs and guides housing and service initiatives CoC-wide.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)

The 10 Year Plan is a staffed, multi-jurisdictional initiative launched in May 2008 and managed by United Way. Staff includes a full-time strategic director and part-time projects manager. Both are fully-integrated members of the CoC. The 10 Year Plan is managed by an Executive Board comprised of top-level elected officials from a number of political jurisdictions and representatives of the banking industry, the regional medical center, the state university and local community colleges, United Way, the NH County Schools McKinney-Vento office, the Veterans Services Office, the CoC Chair, key shelter providers, etc. It is chaired presently by the executive director of the area's primary housing authority. The board meets quarterly to manage and update progress on the 10 Year Plan. At its November 2010 meeting it voted to align the 10 Year Plan timeframes and objectives with those of Opening Doors. 10 Year Plan staff leads the CoC's SOAR, ESG, Homeless Medical Respite Care, Circles of Support Mentor initiative and the Make-A-Change Anti-Panhandling Donation Meter program. The 10 YP also managed the CoC's HPRP program.

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)

The goals outlined in Opening Doors have been incorporated into the CoC's 10-Year Plan and participating agencies are encouraged to align their programs and initiatives with those goals as closely as possible. The UWCFA 10-Year Plan staff regularly attend conferences, training and workshops on how to successfully implement best practices that have developed as a result of Opening Doors and present that information to local leaders and CoC participating agencies. As participating agencies implement best practices that are in line with Opening Doors, they are encouraged to share their efforts and outcomes at monthly CoC meetings.

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG):

Determines how to allocate ESG grant for eligible activities, Develop standards for evaluating the outcomes of activities assisted by ESG funds, Develop funding policies and procedures for the operation and administration of HMIS for ESG funded projects

Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)

Agencies receiving funding through ESG are regular participants in the CoC. CoC members are informed of the ESG funding process and encouraged to apply for funds based on their eligible activities. CoC participants are informed during monthly meetings of ESG funding awards, the agencies receiving those awards and the services provided by those agencies under the ESG grant.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?

**If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless
(limit 1500 characters)**

**If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living
(limit 1500 characters)**

3E. Reallocation

Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system? No

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	56	Beds	56	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	77	%	79	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	86	%	87	%
Increase the percentage of homeless persons employed at exit to at least 20%	27	%	29	%
Decrease the number of homeless households with children	79	Households	105	Households

Did the CoC submit an Exhibit 1 application in FY2011? Yes

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

Our CoC was successful in increasing employment, percentage of participants moving from transitional to permanent housing, and participants remaining in permanent housing for at least 6 months. Unfortunately we saw an increase in homeless households with children. Our area is a magnet for people seeking employment, particularly in the tourism market. Due to continued economic downturn, the numbers of homeless families unemployed and underemployed are increasing, causing them to seek shelter.

How does the CoC monitor recipients' performance? (limit 750 characters)

Each recipient shares its APR upon completion with the CoC membership. We review financials and results of HUD monitoring visits on an annual basis, at a minimum. On a monthly basis, we review our CHIN data quality and work to repair any missing or erroneous data. The CoC also meets monthly (weekly during the preparation of the NOFA application) to discuss challenges and opportunities each recipient faces in carrying out its grants.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)

With the efforts listed above to monitor performance, we work in a team approach that improves our overall performance. This also provides an avenue of consistent support and information that enables the individual recipient to meet the established goals. Recipients with staff members who have longer experience in implementing CoC projects mentor those with less experience, both within and across agencies.

How does the CoC assist poor performers to increase capacity? (limit 750 characters)

In general, the CoC tries to identify agencies with performance issues and help them address performance and capacity issues as quickly as possible. In the event that staff or organizational changes cause an agency to fall behind in meeting its goals; the CoC chair, 10YP strategic director, and the HUD representative work together with the agency to correct issues that are adversely affecting the program's performance. This enables the program to receive needed support and information to correct the performance problems.

Does the CoC have any unexecuted grants awarded prior to FY2011? No

If 'Yes', list the grants with awarded amount:

Project Awarded	Competitio n Year the Grant was Awarded	Awarded Amount
NA	NA	\$0
	Total	\$0

**What steps has the CoC taken to track the length of time individuals and families remain homeless?
(limit 1000 characters)**

During the Point In Time, persons counted are asked about their history of homelessness. We also utilize CHIN data community-wide. There are programs who participate through our Tri-HIC network that are not part of the CoC and these agencies contribute valuable data about homelessness in those programs. In addition, individual agencies maintain records of client stay and destination (both within HMIS and in non-CoC agencies' similar databases).

**What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)**

CoC members all use HMIS to track additional spells of homelessness in the community. Other agencies who do not participate in the CoC or HMIS also track this information and share it through their participation at Tri-HIC monthly meetings and through other community organizations that address issues of homelessness (EFSP Board meetings, for example).

**What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1500 characters)**

There is intense coordination of grantees to service providers of all funding sources through our inter-agency council. In addition, a contract was signed between the MCO and RHA Health Services in 2012 that instituted a PATH Caseworker and peer support project. In addition, the CoC coordinates and sponsors the annual Project Homeless Connect and Veterans Stand Down event which reaches out to all the homeless in the tri-county area.

**What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans?
(limit 1500 characters)**

The 10 Year Plan staff led a collaboration in 2009 to secure a \$1.3 million HPRP grant. From October 1, 2009 through September 30, 2012, the HPRP program prevented homelessness or rapidly re-housed 724 people in 270 low-income Cape Fear area renta households. In addition, the coming online of the new ME Roberts Center in 2012 created 40 new options for housing for re-entry men and women at-risk of homelessness. The 10 Year Plan-led Homeless Medical Respite Project will help prevent recurring homelessness among medically frail homeless people being discharged from the local medical center. In addition to prevention funds accessed through HPRP and ESG, the Salvation Army uses EFSP and other private funds to prevent homelessness through rent/mortgage/utility assistance.

Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

NA

If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living (limit 1500 characters)

NA

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	333	23
2011	247	53
2012	417	56

What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

All partnering agencies utilize the area's HMIS/CHIN data reporting system. Qualifying individual data is collected and maintained at the time of intake with standards matching HUD definitions. Client files are updated via the CHIN system as goals and services are identified or met; and all information is reviewed and updated monthly through notification via the CHIN monthly Data & Quality reports. In addition, other non-HMIS agencies use similar forms and questionnaires during intake and exit to help identify chronically homeless individuals and families throughout the community.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012:

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters)

The number of chronically homeless individuals and families increased, but only due to a change in the HUD definition. The Kathryn Leigh II program increased the bed count by 3 for chronically homeless on February 1, 2012.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2011 and January 31, 2012:

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

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	29
b. Number of participants who did not leave the project(s)	65
c. Number of participants who exited after staying 6 months or longer	22
d. Number of participants who did not exit after staying 6 months or longer	58
e. Number of participants who did not exit and were enrolled for less than 6 months	12
TOTAL PH (%)	85

Instructions:

HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any transitional housing projects for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	51
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	42
TOTAL TH (%)	82

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 5

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	3	60%
Unemployment insurance	1	20%
SSI	0	0%
SSDI	0	0%
Veteran's disability	0	0%
Private disability insurance	0	0%
Worker's compensation	0	0%
TANF or equivalent	0	0%
General assistance	0	0%
Retirement (Social Security)	0	0%
Veteran's pension	0	0%
Pension from former job	0	0%
Child support	1	20%
Alimony (Spousal support)	0	0%
Other source	0	0%
No sources (from Q25a2.)	0	0%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 5

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	5	100%
MEDICAID health insurance	5	100%
MEDICARE health insurance	0	0%
State children's health insurance	0	0%
WIC	0	0%
VA medical services	1	20%
TANF child care services	3	60%
TANF transportation services	0	0%
Other TANF-funded services	0	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	1	20%
Other source	0	0%
No sources (from Q26a2.)	0	0%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4F. 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 the Energy Star Initiative go to: 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 services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; 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

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting \$200,000 or more? No

4G. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs:

APR review is a systemic process in which all of the Tri-Hic's HUD grant recipients participate. As a consolidated effort our agencies are engaged in looking at our data on an annual basis. On a less formal basis, our monthly Tri-Hic meetings are a forum which allow agencies to share information about homeless persons so as to best engage them in the receiving of applicable benefits.

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:

Yes, the planning committee meets on the 1st Tuesday every month throughout the entire year.

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: No

If 'Yes', specify the frequency of the training: Not Applicable

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

If 'Yes', indicate for which mainstream programs HMIS completes screening:

Food stamps, veteran benefits, unemployment benefits.

Has the CoC participated in SOAR training? Yes

If 'Yes', indicate training date(s):

We would like HUD to note that the CoC has a dedicated and funded full-time SOAR worker who attends and participates in all of our regular meetings and works in conjunction with the United Way/10 Year Plan in order to achieve maximum results for eligible benefits procurement. The SOAR worker was trained in 2009 and continues to receive follow-up training on best practices and changes in SSA application procedures.

4H. 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:	98%
Through the Continuum of Care agencies communicate with each other in order to provide linkage to applicable benefits for clients.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	0%
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%
Although there is no common form in use by all the agencies in uniform sense, there are some agencies that do use similar forms. The CoC participants recognize the importance of continuity within our community. However, since many agencies dealing with homelessness in varying capacities there is no 'one size fits all' form at this time.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	80%
4a. Describe the follow-up process:	
Some agencies within the CoC have the capacity to follow-up with clients discharged from their respective programs. However, it is at the entry point to most of the agencies where clients are screened to profile appropriate benefits. Follow-up for benefits received by the client is found in the lifecycle of the clients' participation in that respective agencies' mission.	

4I. Unified Funding Agency

Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area? No

Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area? No

**What experience does the CoC have with managing federal funding, excluding HMIS experience?
(limit 1500 characters)**

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

**What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?
(limit 1500 characters)**

**Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.
(limit 1500 characters)**

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	2013 Certifications	01/11/2013
CoC-HMIS Governance Agreement	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: 2013 Certifications

Attachment Details

Document Description:

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Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/11/2013
1C. Committees	12/12/2012
1D. Member Organizations	12/12/2012
1E. Project Review and Selection	01/11/2013
1F. e-HIC Change in Beds	01/11/2013
1G. e-HIC Sources and Methods	01/11/2013
2A. HMIS Implementation	01/11/2013
2B. HMIS Funding Sources	01/15/2013
2C. HMIS Bed Coverage	01/11/2013
2D. HMIS Data Quality	01/11/2013
2E. HMIS Data Usage	01/10/2013
2F. HMIS Data and Technical Standards	01/11/2013
2G. HMIS Training	01/10/2013
2H. Sheltered PIT	01/11/2013
2I. Sheltered Data - Methods	01/11/2013
2J. Sheltered Data - Collections	01/09/2013
2K. Sheltered Data - Quality	01/11/2013
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2M. Unsheltered Data - Methods	12/11/2012
2N. Unsheltered Data - Coverage	12/11/2012
2O. Unsheltered Data - Quality	01/11/2013
Objective 1	01/11/2013
Objective 2	01/08/2013
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Objective 5	01/08/2013
Objective 6	01/11/2013
Objective 7	01/11/2013
3B. Discharge Planning: Foster Care	01/11/2013
3B. CoC Discharge Planning: Health Care	01/11/2013
3B. CoC Discharge Planning: Mental Health	01/11/2013
3B. CoC Discharge Planning: Corrections	01/11/2013
3C. CoC Coordination	01/11/2013
3D. CoC Strategic Planning Coordination	01/11/2013
3E. Reallocation	12/18/2012
4A. FY2011 CoC Achievements	01/11/2013
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4E. CoC Non-Cash Benefits	01/11/2013
4F. Section 3 Employment Policy Detail	12/12/2012
4G. CoC Enrollment and Participation in Mainstream Programs	01/11/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	12/13/2012
4I. Unified Funding Agency	No Input Required
Attachments	01/11/2013
Submission Summary	No Input Required

**Certification of Consistency
with the Consolidated Plan**U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: The Arc of North Carolina

Project Name: Cottonwood Permanent Supportive Housing


Location of the Project: 5041 New Centre Drive
Wilmington, NC 28403

Name of the Federal Program to which the applicant is applying: Continuum of Care Supportive Housing Program

Name of Certifying Jurisdiction: Wilmington, NC

Certifying Official of the Jurisdiction Name: Sterling B. Cheatham

Title: City Manager

Signature: 

Date: 1-11-13

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Wilmington Housing Finance and Development, Inc.

Project Name: Driftwood Apartments

Location of the Project: 3820 Princess Place Drive,
Wilmington, North Carolina 28403

Name of the Federal
Program to which the
applicant is applying: HUD Permanent Supportive Housing Program

Name of
Certifying Jurisdiction: Wilmington, NC

Certifying Official
of the Jurisdiction
Name: _____

Title: _____

Signature: *Stanley B. Chubb*

Date: 1-11-13

**Certification of Consistency
with the Consolidated Plan**U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Housing Authority of the City of WilmingtonProject Name: Hopewood ApartmentsLocation of the Project: 1302-1318 Martin Street
Wilmington, North Carolina 28403Name of the Federal
Program to which the
applicant is applying: HUD Shelter Plus Care-Permanent HousingName of
Certifying Jurisdiction: Wilmington, NCCertifying Official
of the Jurisdiction
Name: _____

Title: _____

Signature: Stacy B. ChentleDate: 1-11-13

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Good Shepherd Ministries of Wilmington, Inc.

Project Name: Sgt. Eugeno Ashley Center


Location of the Project: 2002 Colwell Ave.
Wilmington, NC 28403

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Supportive Housing Program

Name of Certifying Jurisdiction: City of Wilmington

Certifying Official of the Jurisdiction Name: _____

Title: _____

Signature: 

Date: 1-11-13

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Wilmington Interfaith Hospitality Network

Project Name: Willow Pond Transitional Housing Program

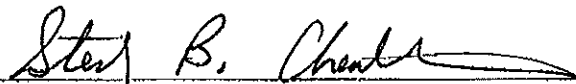
Location of the Project: 3511 - 3515 Frog Pond Place
Wilmington, NC 28403
City of Wilmington

Name of the Federal Program to which the applicant is applying: HUD COC Supportive Housing Program

Name of Certifying Jurisdiction: City of Wilmington

Certifying Official of the Jurisdiction Name: Sterling B. Cheatham

Title: City Manager

Signature: 

Date: 1-11-13

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Cape Fear Housing for Independent Living, Inc.

Project Name: Kathryn Leigh

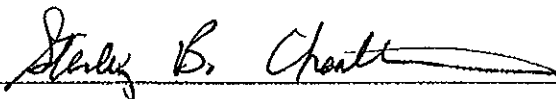
Location of the Project: Scattered Sites

Name of the Federal
Program to which the
applicant is applying: CoC-SHP

Name of
Certifying Jurisdiction: Wilmington, North Carolina

Certifying Official
of the Jurisdiction
Name: Sterling B. Cheatham

Title: City Manager

Signature: 

Date: 1-11-13

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Coastal Horizons Center, Inc

Project Name: Horizons Housing

Location of the Project: 25D, 25B, 25F, 25H, 31B Cypress Grove Drive Wilmington, NC 28401

Name of the Federal Program to which the applicant is applying: CoC-SHP

Name of Certifying Jurisdiction: Wilmington, NC

Certifying Official of the Jurisdiction Name: Sterling Cheatham

Title: City Manager

Signature: 

Date: 1-11-13

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Brunswick Family Assistance Agency, Inc

Project Name: Haven Housing I Permanent Supportive Housing Program

Location of the Project: Birch Pond Apartments
5 Birch Pond Dr
Shallotte, NC 28470

Name of the Federal Program to which the applicant is applying: HUD-Homeless Continuum of Care- Permanent Supportive Housing

Name of Certifying Jurisdiction: Brunswick County, NC

Certifying Official of the Jurisdiction Name: Steve Stone

Title: Assistant County Manager

Signature: 

Date: 1/9/13