Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections REQUIRES SUBMISSION:
- CoC Application
- Project Listing

Please Note:

- Review the FY2013 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 application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1A-1 CoC Name and Number: NC-501 - Asheville/Buncombe County CoC

1A-2 Collaborative Applicant Name: City of Asheville

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1B-1 How often does the CoC conduct meetings of the full CoC membership?	Monthly
1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation?	Monthly
IB-3 Does the CoC include membership of a homeless or formerly homeless person?	Yes
1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Select all that apply.	Outreach, Advisor, Volunteer, Community Advocate, Organizational employee

1B-5 Does the CoC's governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Homeless Coalition	Forum for homeless and housing for homeless service providers to network, give service updates, advocate and recommend service needs and necessary actions to Homeless Initiative Advisory Committee	Monthly	homeless service providers, law enforcement, human services, discharge planners, outreach workers, homeless individuals, healthcare providers, mental health case managers, housing case managers, formerly homeless, public school social workers
1C-1.2	Hard to House Task Force	Research best practices for "hardest to house" homeless in our community, the frequent high utilizers of emergency response systems, multiple barriers to housing stability including mental and physical health disabilities, addictive disorders. Make recommendation for identifying housing resources, including new housing development with appropriate support services on site. Works with 10 Year Plan Coordinator and Homeless Initiative Advisory Committee to ensure goals are in line with needed community outcomes.	Monthly	Housing Authority of City of Asheville, Mission Hospital, Homeward Bound of Western North Carolina, Biotat LLC (private developer), Buncombe County Human Services, City of Asheville
1C-1.3	HMIS Subcommittee	Works with CoC Lead to improve access to HMIS, improve data quality and completeness, monitor bed counts for Point in Time and Housing Inventory Count, ensure compliance with CoC, ESG and CDBG and HOME reporting for homeless and housing for homeless services.	Monthly	Homeward Bound of WNC, Public Housing Authority, City of Asheville, The Salvation Army, Asheville-Buncombe Community Christian Ministries, Pisgah Legal Services SOAR program, First at Blue Ridge, Carolina Homeless Information Network
1C-1.4	Funding Subcommittee	Reviews ESG and CoC project applications using HUD guidance with community priorities' criteria, and makes selection recommendations to the Homeless Initiative Advisory Committee; monitors funded agencies through CoC Lead.	Quarterly	Western Carolina Rescue Mission, Buncombe County, Mission Hospital, Veterans Administration, H.L. Carlisle (formerly homeless)

1C-1.5	Coordinated Assessment Subcommittee	Reviews emerging best practices, including SPDAT tool, for creating and implementing Coordinated Assessment. Recommended system plan to begin July 1, 2014. Will monitor progress and outcomes monthly and via HMIS reports through CoC Lead.	Monthly	United Way's 211, Homeward Bound of WNC, City of Asheville, Buncombe County Human Services, Mission Hospital, Consumers of Homeward Bound of WNC

1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommitees, and workgroups.
(limit 750 characters)

Individuals experiencing homelessness and/or formerly homeless individuals are a part of every subcommittee under the CoC, as are housing for homeless providers' case managers, shelter case managers, public school system social workers, healthcare providers, discharge planners and law enforcement. All of these aspects of our community must be represented in order for best practices to be followed and implemented to support and match appropriate housing for those experiencing homelessness. Each individual's opinion is heard and considered, and every organization and/or representative individual has a vote.

1D. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)

A subcommittee of the Homeless Initiative Advisory Committee uses a scorecard to rate the project applications. The scorecard includes the following categories for scoring: HUD priorities, organizational capacity, correctness of application, match and leverage, annual performance data. Each project is scored, and then ranked by score. A public call for projects is made through the City of Asheville's webiste, the Homeless Coalition email listserve, Homeless Coalition meetings.

1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)

The CoC tasks the CoC Lead to run monthly HMIS reports on each CoC project to monitor program progress. The CoC Lead compiles a report on each project for review for renewal projects. In the event of bad data and/or noncompliance to outcome timetable, the project receives a site monitoring to assist in correcting data and trouble-shooting program effectiveness. Annual Performance Reports on each project are also reviewed as they are submitted. Wait time between intake and housing is looked at through the HMIS reports.

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.
(limit 750 characters)

The CoC does a public call for projects, with a follow-up meeting with potential providers to explain eligibility requirements for providers and projects. Additional meetings with the CoC Lead are offered for providers/potential new projects to determine eligibility and focus on community priorities. If eligibility is possible and the project meets a community priority, the new applicant is encouraged to proceed with application.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application.	01/13/2014
1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?	
1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes?	Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number.
(limit 1000 characters)

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months?	No

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved.
(limit 750 characters)

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1E-1 Did the CoC submit the 2013 HIC data in the HDX by April 30, 2013? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices.
(limit 1000 characters)

HMIS is a statewide implementation in North Carolina. The 12 CoCs in NC have established a statewide HMIS Governance Committee that oversees HMIS administration and ensures compliance with the CoC Program interim rule, current data standards, and HUD notices through enactment of policies and procedures. Our CoC actively participates in the HMIS Governance Committee and related sub-committees and working groups, as appropriate.

This year the Governance Committee finalized and signed an MOU between CoCs and the HMIS Lead that outlines roles and responsibilities to be in compliance with the interim rule. Each CoC has a point person at the HMIS Lead agency to address questions and concerns about HMIS implementation. HMIS lead agency staff participate in CoC meetings, as applicable. Our HMIS conforms with the 2010 data standards and all related HUD Notices.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? If yes, a copy must be attached. Yes

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan.
(limit 1000 characters)

The current HMIS standard operating policies and procedures, which govern privacy, security and data quality were approved by the HMIS Governance Committee. The Governance Committee has representatives from each participating CoC, who are empowered to make decisions regarding HMIS on behalf of the CoC. The operating policies and procedures are reviewed at least once a year by HMIS lead agency staff and the HMIS Governance Committee. The HMIS lead agency staff is developing Privacy, Security and Data Quality Plans based on the existing policies as well as the HMIS interim rule. The plans will be revised and updated based on feedback from the CoCs, before being submitted to the HMIS Governance Committee for final approval.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? Applicant will enter the HMIS software name (e.g., ABC Software).	ServicePoint
2A-5 What is the name of the HMIS vendor? Applicant will enter the name of the vendor (e.g., ESG Systems).	Bowman Systems, LLC
2A-6 Does the CoC plan to change the HMIS software within the next 18 months?	No

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

2B-1 Select the HMIS implementation coverage area: Statewide

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply) NC-501 - Asheville/Buncombe County CoC, NC-502 - Durham City & County CoC, NC-503 - North Carolina Balance of State CoC, NC-500 - Winston Salem/Forsyth County CoC, NC-504 - Greensboro/High Point CoC, NC-505 - Charlotte/Mecklenburg County CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-507 - Raleigh/Wake County CoC, NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-513 - Chapel Hill/Orange County CoC, NC-516 - Northwest North Carolina CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$67,500
ESG	$0
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$67,500

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	$0
Department of Health and Human Services	$0
Department of Labor	$0
Department of Agriculture	$0
Department of Veterans Affairs	$0

Other Federal	$0
Other Federal - Total Amount	$0

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	$0
County	$0
State	$0
State and Local - Total Amount	$0

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	$0
Organization	$0
Private - Total Amount	$0

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$0
Other - Total Amount	$0

2B-3.6 Total Budget for Operating Year	$67,500

2B-4 How was the HMIS Lead selected by the CoC? Agency Applied

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2C-1 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**	51-64%
*** Safe Haven (SH) beds**	Housing type does not exist in CoC
*** Transitional Housing (TH) beds**	86%+
*** Rapid Re-Housing (RRH) beds**	86%+
*** Permanent Supportive Housing (PSH) beds**	86%+

2C-2 How often does the CoC review or assess its HMIS bed coverage? Monthly

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

Our largest emergency shelter is a faith-based shelter that is currently entering only one program into HMIS. We plan to add more of their programs into HMIS in the next 12 months, which will increase bed coverage rate significantly.

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

We took steps toward increasing bed coverage rate for emergency shelter with one program from our large faith-based shelter coming into HMIS in the last 12 months. This has improved bed coverage rate somewhat. More coverage is still needed for emergency shelter.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	56
Transitional Housing	7
Safe Haven	0
Permanent Supportive Housing	26
Rapid Re-housing	1

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	0%
Date of birth	0%
Ethnicity	0%
Race	0%
Gender	0%
Veteran status	0%
Disabling condition	0%
Residence prior to program entry	0%
Zip Code of last permanent address	0%
Housing status	0%
Head of household	1%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

The HMIS software can generate all HUD required reports, including the APR, CAPER and AHAR. Our CoC uses the HMIS to generate data for submission of the AHAR and NOFA application and requires that information provided in APRs matches the data found in HMIS. The HMIS lead agency created a report to assist the CoC with improving data quality for the AHAR submission. We encourage programs to use HMIS-generated reports in preparing their APRs and sheltered Point-in-Time counts.
APRs generated from the HMIS are compared to APRs submitted to HUD and then reconciled to ensure data accuracy in HMIS. Reports generated from the HMIS are used in the ranking of projects for the CoC Competition applications. We use HUD reports generated from the HMIS (e.g. APR) for program performance reporting to stakeholders and public officials, as well as for strategic allocation of other resources such as CDBG and HOME funds and additional local funds.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Monthly

2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)

Data quality (DQ) is monitored through reports that are available to individual agencies and our CoC. Agencies are encouraged to review these reports and make corrections on a monthly basis and contact the HMIS lead agency for assistance. All users are encouraged to attend a monthly training on DQ monitoring. Our CoC has a point person at the HMIS lead agency who works with us to monitor overall HMIS implementation throughout the year, including data quality. The HMIS lead agency provides our CoC a monthly report on all issues handled in the prior month, including data quality. When a significant DQ issue is identified, the lead agency works with our CoC and agency staff to put in place an improvement plan, with specific steps and timelines designed to address the issue. The plan may include ensuring the appropriate intake process is used, training on data entry and DQ monitoring, lead agency assistance in correcting data, and assistance from our CoC with capacity issues.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Monthly

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

*** Measuring the performance of participating housing and service providers**	Monthly
*** Using data for program management**	Monthly
*** Integration of HMIS data with data from mainstream resources**	Quarterly
*** Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)**	Monthly

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

Page 35,PUB C-4:program entry and exit dates should be recorded upon any program entry or exit … client level data should be as accurate and as complete as allowed by the client. Page 31, C2: Executive Director assumes responsibility for integrity of data entered into HMIS.

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/30/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/29/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

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

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

There was an increase from 2012-2013 in Emergency Shelter count of 35; there was a decrease from 2012-13 in Transitional Housing count of 7. The increase in Emergency Shelter was due to the overflow system put in place on "Code Purple" nights - emergency shelters to go overflow when temperatures are unsafe for sleeping outside. The 2013 count was conducted on a Code Purple night. The 2012 count was not. The TH count decrease due to a change in a transitional housing program.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	X
HMIS:	X
Extrapolation:	
Other:	

2H-2 If other, provide a detailed description.
(limit 750 characters)

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)

Our CoC uses a survey with HUD-mandated questions that match the reporting forms developed by the North Carolina Coalition to End Homelessness to ensure compliance with HUD reporting requirements. Trained volunteers from the Homeless Coalition fill out with or for each participant. The survey is anonymous and voluntary. If the provider has records that can answer PIT questions, the provider can complete the survey and indicate that they have done so on the survey. In order to complete the survey instrument accurately, providers use personal interviews, their case management, and /or HMIS records. Survey results are compiled by staff and presented to the Homeless Initiative Advisory Committee (HIAC) for review. The North Carolina Coalition to End Homelessness also offers feedback. Results are then evaluated by the HIAC.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	X
Interviews:	X
Non-HMIS client level information:	
Other:	

2I-2 If other, provide a detailed description. (limit 750 characters)

2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

The same method is used as for broad population. Our CoC uses a survey with HUD-mandated questions to ensure compliance with HUD requirements. The survey is anonymous and voluntary. If the provider has records that can answer PIT questions, the provider can complete the survey and indicate that they have done so on the survey. In order to complete the survey instrument accurately, providers use personal interviews, their case management, and /or HMIS records. Survey results are compiled by staff and presented to the Homeless Initiative Advisory Committee (HIAC) for review. The North Carolina Coalition to End Homelessness also offers feedback. Results are then evaluated by the HIAC.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

Training:	X
Follow-up	X
HMIS:	X
Non-HMIS de-duplication :	X
Other:	

2J-2 If other, provide a detailed description. (limit 750 characters)

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

In addition to the methods already described in previous sections, the CoC distributes its survey instruments annually to all homeless providers prior to the PIT date. Trainings include review of survey, collection methods, and role-playing to help providers new to the count learn to best collect the information. A timeline provides a clear description of the process, and reminders are sent out to providers via email, social media and in-person meetings. Homeless providers use personal interviews, their case management expertise and/or HMIS records to complete the survey accurately and ensure non-duplication. Providers participate in feedback and have opportunities to explain or update the count if specific data collection problems are identified.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/30/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD?

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/29/2013

2K-4 Comparing the 2013 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 specific reason(s) for the increase, decrease, or no change.
(limit 750 characters)

There was a decrease from the 2012 unsheltered PIT count to the 2013 unsheltered PIT count. 2012 count was 82, 2013 count was 57. These are individuals, we did not have unsheltered families in either 2012 or 2013. The majority of our unsheltered homeless are chronically homeless. We have seen an 82% reduction in chronically homeless due to successful housing placements since 2006. This is the reason for the decrease of 25 from 2012 to 2013, those individuals are now in permanent supportive housing for formerly chronically homeless individuals.

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	X
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	X
HMIS:	X
Other:	

2L-2 If other, provide a detailed description. (limit 750 characters)

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

People experiencing homelessness are notified that a count will be occurring ahead of time by outreach workers. Outreach workers plot the area to be covered by the count, and use their personal knowledge, reports from unsheltered people, interview with police and emergency services responders, and reports from other City/County departments like Parks&Recreation. Outreach workers then train volunteers and carry out the unsheltered count at a specified time in order to reduce duplication. On the day following the count, outreach workers and staff at the day shelter ask people where they stayed the night before and if they have been interviewed. If they stayed outside and were not counted, they are interviewed at that time. HMIS is used to help evaluate the coverage of the unsheltered count.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	X
"Blitz" count:	X
Unique identifier:	X
Survey question:	X
Enumerator observation:	
Other:	

2N-2 If other, provide a detailed description. (limit 750 characters)

2N-3 For each method selected, including other, describe how the method was used to reduce the occurance of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to recieve credit for any selection, it must be described here. (limit 750 characters)

Surveys, which include a screening question to verify homeless status, include a space for people to provide self-identified initials to minimize duplication. Outreach workers are trained and train volunteers to include initials on all surveys. Surveys are then cross-checked for duplication by trained staff, and duplicates eliminated. This information is then further cross-checked through HMIS.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		0	10	0
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	35	24	38	38
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		3	10	5
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		10%	10%	10%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		14	0	5

3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(limit 1000 characters)

Permanent supportive housing beds will be made available in 2014 through Shelter Plus Care priority slots for chronically homeless. Attached to this application is the chronically homeless prioritization policy that will be used by homeless housing providers. This was implemented in January, 2014. Using this priority policy, the turnover in Shelter Plus Care beds, a new PSH project that began in January, 2014 with 14 dedicated beds for chronically homeless, we will achieve the FY14 goal. In FY15, a housing development with 30 1-bedroom units dedicated to chronically homeless individuals will be completed for occupancy to meet the FY15 goal.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.
(limit 1000 characters)

The Homeless Initiative Advisory Committee, in partnership with Homeward Bound of Western North Carolina (lead PSH housing agency), the Homeless Coalition, Chronic Homeless Housing Project, Housing Authority of the City of Asheville and the Asheville-Buncombe Homeless Initiative staff will be responsible for increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.

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

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? No

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	127	141	158
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	120	129	145
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	91%	92%	92%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

Increased case management is part of the funds dedicated to the additional 14 FY14 beds, beds designated for chronically homeless individuals. Improved case management ratio will assist these individuals in need of a high level of support improve their housing stability. The increase of 17 beds in FY15 will come from Shelter Plus Care subsidy as focused assessments are done in FY14 to move eligible, stable individuals from Shelter Plus Care to Housing Choice Vouchers in partnership with the public housing authority.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

The Homeless Initiative Advisory Committee, in partnership with Homeward Bound of Western North Carolina (lead PSH housing agency), the Homeless Coalition, and the Asheville-Buncombe Homeless Initiative staff will be responsible for increasing the rate of housing stability in CoC-funded projects.

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

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	3185

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	1%	1%	1%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	1%	30%	60%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	402	12.62	**%**
Unemployment Insurance	50	1.57	**%**
SSI	474	14.88	**%**

SSDI	413	12.97	**%**
Veteran's disability	40	1.26	**%**
Private disability insurance	3	0.09	**%**
Worker's compensation	0		**%**
TANF or equivalent	10	0.31	**%**
General Assistance	5	0.16	**%**
Retirement (Social Security)	37	1.16	**%**
Veteran's pension	37	1.16	**%**
Pension from former job	11	0.35	**%**
Child support	21	0.66	**%**
Alimony (Spousal support)	2	0.06	**%**
Other Source	26	0.82	**%**
No sources	0		**%**

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above.
(limit 1000 characters)

Homeward Bound of WNC contracts with Smoky Mountain Center (Local Managed Care Organization) to implement SAMHSA's PATH program in our CoC. That program now has a full-time SOAR case worker, increasing our community's SOAR capacity for FY14 and FY15. This additional SOAR worker will be able to increase the number of successful SSI and SSDI awards for eligible individuals in CoC-funded projects.

3A-3.5 Describe the CoC’s two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)

Smoky Mountain Center(local Managed Care Organization) is currently in the process of contracting with 2 service providers to provide Supported Employment and Long Term Vocation Supports to serve mental health and/or substance abuse consumers with individual vocational services to help secure competitive employment. This service utilizes the Employment First model, assisting the consumer with finding employment without excessive assessments and readiness training. This service also provides Long Term Vocational Supports for consumers who have successfully gained employment through this program, or through Vocational Rehabilitation's Supported Employment Program. These supports include ongoing monitoring of success, as well as the ability to phase back into Supported Employment services as necessary (if a job placement is not successful). Case managers in all CoC-funded projects are being trained on accessing this service, and working with the service provider for direct referrals. Additionally, Green Opportunities, a local job training non-profit, has a renewed focus on individuals released from prison to homelessness.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

The Homeless Initiative Advisory Committee, in partnership with the Pisgah Legal Services SOAR program, Homeward Bound of WNC PATH program, Smoky Mountain Center, Green Opportunities and Asheville Buncombe Homeless Initiative staff will be responsible for increasing the rate of project participants in all CoC-funded projects. These agencies/organizations make up a new subcommittee of the Homeless Initiative Advisory Committee focused on increasing income among formerly homeless individuals and families.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.	3185

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	92%	92%	92%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	1821	57.17 %
MEDICAID health insurance	563	17.68 %
MEDICARE health insurance	268	8.41 %
State children's health insurance	0	%
WIC	27	0.85 %

VA medical services	119	3.74	%
TANF child care services	0		%
TANF transportation services	0		%
Other TANF-funded services	0		%
Temporary rental assistance	1	0.03	%
Section 8, public housing, rental assistance	117	3.67	%
Other Source	14	0.44	%
No sources	0		%

**3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)**

The goal is to maintain the current successful percentage in accessing mainstream benefits. North Carolina has not expanded Medicaid, and has had significant delays in processing supplemental nutritional assistance program applications. Being able to maintain our current level of access has taken, and will continue to take a strong collaboration of service providers ensuring consumers receive eligible benefits.

**3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit.
(limit 1000 characters)**

The Homeless Initiative Advisory Committee, in partnership with Buncombe County Health and Human Services, Housing Authority of the City of Asheville, the Veterans' Administration, Homeward Bound of WNC and Homeless Initiative staff will be responsible for maintaining access to non-cash mainstream benefits.

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

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	0
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	54	65	65
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	61	70	70

**3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g.., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)**

The CoC's emerging focus is on reducing and ending homelessness among families and children. The steps we will take to do that include using HOME Tenant Based Rental Assistance dollars for programs focused on families, as well as using ESG Rapid Re-housing dollars for family programs. In FY14 and FY15, both HOME and ESG dollars are part of the CoC's plan for increasing capacity to house homeless families with children. The Family & Youth subcommittee is doing a needs and gaps analysis, in collaboration with the affordable housing analysis being conducted in FY14 in preparation for beginning a new Consolidated Plan. That subcommittee includes community stakeholders, homeless housing providers, emergency shelter case managers, Head Start case managers, and school Homeless Liaisons to ensure we are getting as accurate as possible data to identify number of units needed and percentage of HOME and ESG funds needed to increase the CoC's Rapid Re-Housing capacity for families.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

The Homeless Initiative Advisory Committee (HIAC), in partnership with Asheville-Buncombe Community Christian Ministries, Homeward Bound of WNC, Housing Authority of the City of Asheville, the Family and Youth Homelessness subcommittee of the HIAC, and Homeless Initiative staff will be responsible for increasing the number of households with children that assisted through rapid re-housing in the CoC geographic area.

**3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable.
(limit 1000 characters)**

The rapid rehousing projects currently use a common wait list to determine priority. Beginning in July, 2014, the Service Prioritization Decision Assistance Tool for Families will be used by all RRH providers to assess acuity, in order to determine whether households are a match for RRH or if another housing match is required. Percentage of rent paid by program participants is based on current HUD guidelines, using the HUD Income Calculator.

**3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs?
(limit 1000 characters)**

A minimum of weekly case management visits are included for all households receiving support through CoC and ESG programs. Additional support is provided when necessary, particularly in the first 30 days of housing to help ensure housing stability.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (limit 1000 characters)

Yes. Follow-up during the first 3 months happens bi-weekly after RRH assistance ends. During the 3-6 months period, monthly follow-up occurs. Bi-monthly follow-up begins at 6 months. At 12 months, with no return to homelessness, official follow-up ends.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-1.1 Is the discharge policy in place mandated by the State, the CoC, or other? Other

3B-1.1a If other, please explain. (limit 750 characters)

There is not a State mandated policy regarding discharge planning from the foster care system. However, the NC Division of Social Services offers the NC Links program. The program provides services and resources to all youth in foster care age 16-18 and to those young adults between the ages of 18-21 who have Contractual Agreements for Residential Care (CARS). Counties are strongly encouraged to provide services to youth ages 13-15 and to youth and young adults who were discharged from their custody as teens.

3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

Foster care programs are administered on the state level through the Division of Social Services. DSS staff regularly attend Homeless Coalition meetings. Other member agencies of the Homeless Initiative Adivsory Committee and Homeless Coalition coordinate with DSS to ensure that children are not discharged into homelessness and have access to NC Links. NC Links provides funding for up to 3 years of housing and vocational supports. Furthermore, students who age out of NC foster care are eligible for scholarship assistance to pay the cost of attendance for in-state universities or any NC community college. In 2007, the State legislature approved funding to provide Medicaid coverage for youth who aged out of foster care at age 18, until the month of their 21st birthday, without regard to assets or income, to ensure access to services. Local school liaisons and DSS staff are represented at HIAC and Homeless Coalition meetings to coordinate necessary services. For youth discharged from foster care that do not go directly to their own housing, the CoC includes a transitional housing program for women targeted at this population and a permanent supportive housing program.

**3B-1.3 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 Division of Social Services on the state level delegates responsibility for discharge planning in the foster care system with implementation of programming done through local county Departments of Social Services. Other key stakeholders involved on the local level are the Homeless Initiative Advisory Committee, the Homeless Coalition, which includes local homeless school liaisons, local Department of Social Services staff, homeless shelter and service providers,
youth services agencies, local mental health agencies, and the juvenile justice system.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-2.1 Is the discharge policy in place mandated by the State, the CoC, or other? Other

3B-2.1a If other, please explain. (limit 750 characters)

Representatives from our local hospital are engaged and active members on the Homeless Initiative Advisory Board. There are also discharge social workers active in the Homeless Coalition in order to be a part of the collaborative process of discharging individuals to appropriate follow-up care.

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The discharge social workers engage the homeless services shelter system to the best of their ability through both the Homeless Coalition, as well as through individual discharge planning. Persons exiting the health care system may be discharged to treatment and recovery programs, such as Oxford Houses or other transitional housing. Individuals who also need mental health services can be referred to Targeted Units, a state program that provides units in affordable apartment complexes specifically for persons who are disabled. Persons are referred to Targeted Units by service providers who agree to provide services to support the person in maintaining housing. Persons may also enter market rate housing by renting
an apartment, some may qualify for a housing subsidy, or others may rent a room in a boarding house.

3B-2.3 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 Homeless Initiative Advisory Committee, the Homeless Coalition and Mission Hospital hold the primary roles in addressing health care discharges. Other key stakeholders include local health care providers, Buncombe County health department, Western Highlands (LME), mental health provider agencies, substance use treatment agencies, community SOAR caseworkers, and Community Care of Western North Carolina (CCWNC). CCWNC provides care coordination and linkage to primary care for individuals with Medicaid.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-3.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-3.1a If other, please explain. (limit 750 characters)

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The Division of Facility Services requested that all hospitals sign agreements that patients will not be discharged to homeless shelters and monitored the process. The State contracts with the NC Coalition to End Homelessness to provide SOAR training for staff at state hospitals and mental health agencies. The CoC has 3 full-time SOAR workers targeting individuals with mental illness. The State created a TBRA program for persons who have serious and persistent mental illness with 3,000 housing slots that include rental assistance and services. Some slots are available to individuals who are homeless in State hospitals and those seeking admission to Adult Care Homes. 3.3% of individuals discharged from State hospitals in 2013 went to homeless shelters. While 76.07% of those discharged returned to permanent housing: family, a Targeted Unit (a state program that provides affordable housing for people with disabilities), permanent supportive housing programs, their own rental housing, and licensed settings such as adult care homes and family care homes.

3B-3.3 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 Division of Mental Health is responsible for discharge planning in the mental health system. Other key stakeholders include the Division of State Operated Facilities, the Office of Housing and Homelessness in the Division of Aging and Adult Services, local Mental Health Managed Care Organizations, State hospital staff, mental health provider agencies, CoC leadership, local shelter and homeless service providers and housing program providers.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-4.1 Is the discharge policy in place mandated by the State, the CoC, or other? Other

3B-4.1a If other, please explain. (limit 750 characters)

There is no discharge policy in place for corrections. Prisons across NC are not allowed to sign MOAs with local CoCs; instead all MOAs must be coordinated with the Department of Public Safety itself.

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The NC Interagency Council on Coordinating Homeless Programs (ICCHP) includes representatives from the Department of Public Safety (DPS) who have been participating in the Discharge Planning Workgroup for over 6 years. Prison staff use NCHousingSearch.org, a service for landlords that makes housing more accessible for persons with criminal histories extensively to plan discharges. The CoC has 3 full-time SOAR caseworkers who may work with individuals after they are discharged from corrections. The Homeless Coalition subcommittee in our CoC invites jail staff to participate in regular meetings & have created programs to educate offenders about housing before they are discharged from jail. Jails liaisons assist those discharged with housing. Persons exiting the corrections system are discharged to halfway houses & recovery programs. Individuals who also need mental health services can be referred to Targeted Units, a state program that provides affordable housing for people with disabilities and other PSH programs. Persons may enter market rate housing by renting an apartment or room in a boarding house.

3B-4.3 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 Department Public Safety (DPS) is responsible for discharge planning in the corrections system. DPS has sought State funding for step-down programs, or Corrections Transitional Housing, but those funds have not been appropriated. Other key stakeholders include ICCHP, Office of Housing and Homelessness within the Division of Aging and Adult Services, CoC leadership, local shelter and homeless service providers, housing providers, local jail staff, and local law enforcement officials.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

HMIS will be implemented to: a. Link all services; c. Screen for program eligibility; e. Gather data needed to monitor progress. 2. Prevention a. Coordinate and expand short-term financial, counseling, and legal assistance to avoid homelessness; b. Assess the eligibility of assisted households for mainstream programs and provide effective links; c. Improve discharge planning for people leaving public institutions such as hospitals, prisons, jail, foster care, transitional programs, recovery programs, and half-way houses; d. Establish zero-tolerance for discharge to homelessness; e. Utilize the United Way 211 system for referrals;f. Educate landlords on homelessness and services available. 3. Permanent housing for all homeless: a. Create new permanent supportive housing units with project-based housing subsidies for persons with serious and persistent disabilities.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients.
(limit 1000 characters)

The CoC Lead became the fiscal agent for the CoC's ESG funds in FY2012 funding. A subcommittee of the Homeless Initiative Advisory Committee (HIAC), working with the CoC Lead, evaluated HUD's ESG funding recommendations and prioritized rapid re-housing, HMIS, and shelter operations in that order for funding to match with community priorities of increasing permanent housing subsidy for homeless persons and families. Former and current ESG recipients were included in the discussions. The HIAC monitors and evaluates ESG program performance through the CoC Lead's utilization of HMIS reports and site monitoring visits. For FY13 funding, it was determined that HMIS was not a priority for ESG funds because FY12 CoC reallocation included a new HMIS project that was granted to cover the CoC's HMIS budget. Therefore, FY13 funds, in coordination with previous and potential grantees, were prioritized first for Rapid Re-housing and second for shelter operations including domestic violence shelter program.

**3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities.
(limit 1000 characters)**

60% of ESG funds were designated for rapid rehousing in FY12 and in FY13. The CoC also uses HOME and CDBG funds for rapid rehousing activities through the City of Asheville CDBG and HOME programs. A percentage of CDBG and HOME funds are granted to the two ESG-funded agencies who implement rapid rehousing programs in our community in order to increase capacity for rapid rehousing beds. 0% of ESG funds are designated for homelessness prevention.

**3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area.
(limit 1000 characters)**

The second highest priority of our jurisdiction's Consolidated Plan is to "provide financial rental assistance and housing stabilization services to households that are homeless, or at risk of homelessness on a short, medium and long-term basis depending on need." A stated goal of that plan is to "provide community-based services and supports that prevent homelessness before it happens and diminish opportunities for homelessness to occur." We have continued effective practices of Rapid Re-housing and focused Prevention learned from HPRP by funding those efforts through HOME and CDBG projects in two agencies who had effective HPRP programs in FY2009-2012. Additionally, a subcommittee of the Homeless Initiative Advisory Committee focused on families and youth includes efforts to create additional child care options for low and no income families and increased opportunities for job training through a local non-profit.

**3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects.
(limit 1000 characters)**

HOPWA case managers are regular participants in the Homeless Coalition,a subcommittee within our CoC and work regularly with other homeless outreach providers to focus efforts and referrals for individuals who could utilize HOPWA subsidy and case management services. TANF is implemented through the County Health and Human Services (HHS). Homeless services' providers refer eligible consumers to TANF case managers at HHS. RHY funds are not currently available in our CoC. Head Start case managers are part of our CoC through the Homeless Coalition, and through the Family and Youth Subcommittee of the Homeless Initiative Advisory Committee. Referrals are made directly to and from Head Start for eligible consumers. Philanthropic organizations and foundations are an essential part of our CoC, and engage with every provider for program funding and advocacy to end and reduce homelessness in our community. As mentioned in previous questions, the CoC also utilizes ESG, HOME and CDBG funds to serve the homeless and those at risk of being homeless in the planning and operation of projects.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

The deputy director of the Housing Authority of the City of Asheville (HACA) is Chair of the Homeless Initiative Advisory Committee (HIAC). In 2010, HACA approved a preference for chronically homeless individuals receiving case management as part of the Chronic Homeless Housing Project, a collaboration of the HIAC, HACA, Homeward Bound of WNC, Buncombe County, Mission Hospital, and Smoky Mountain Center (MCO). Approximately 150 chronically homeless persons have been housed through public housing units and the Housing Choice Voucher program through that project. Additionally, HACA offers a preference to homeless individuals and families with case management for non-chronic available units and vouchers.

3C-7 Describe the CoC’s plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

The agencies operating CoC-funded projects as well as ESG funded projects do not place more stringent requirements for entry than what HUD requires. The agencies within our CoC that operate these projects are committed to a Housing First model, and network with private landlords, as well as use the appeal process for public housing in order to remove as many barriers as possible to housing in order to house those individuals who could be hard to serve if such restrictions were in place.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

All the permanent supportive housing recipients within our CoC have used the Housing First model since 2006. Permanent supportive housing in the CoC has been highly successful, with the current result being an 82% reduction in chronic homelessness since 2006.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

The CoC's coordinated assessment system began with using a common wait list for Rapid Re-housing providers in 2013, to ensure non-duplication of services and appropriate match for consumers. Beginning in July, 2014, housing providers will all be using the Vulnerability Index-Service Prioritization Decision Assistance Tool (SPDAT), the SPDAT for Families, and the SPDAT for Individuals to measure acuity to determine appropriate housing match and appropriate services. Intake will happen at a centralized location, located in the lead housing agency's building. Emergency shelters and street outreach programs will refer individuals and families experiencing homelessness to this intake center. The highest score of acuity would lead to a permanent supportive housing referral, mid-range to Rapid Rehousing, and a low score would indicate individual and/or family capacity to obtain stable housing without assistance.

3C-10 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)

The CoC's Projects for Assistance in Transition from Homelessness (PATH) team is the primary outreach team, consisting of 3 full-time Qualified Mental Health Professionals and 1 full-time SOAR worker. This teams seeks out those who are homeless and in need of other support services to offer assistance on a daily basis, outreaching to all in need of housing regardless of race, color, national origin, religion, sex, age, familial status or disability. The PATH team works out of the local Housing First agency, so the individuals and families outreached can be quickly connected to supportive housing opportunities. The team goes to campsites, shelters and other known sites for those without stable housing. A local non-profit does fair housing training on a regular basis for outreach workers and case managers. The local Shelter Plus Care Selection Review Committee ensures non-discriminatory practices. It was determined that families with children staying in a faith-based shelter were being under-served by housing providers. Those families are now outreached through regular contact between case managers at the shelter and the housing providers.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

Each agency that works with children within the CoC has a policy that requires children to be enrolled in school. If children are younger than school-age, but eligible for Head Start, families are required to enroll in Head Start. To facilitate that process, Head Start workers are in consistent contact with shelter and outreach case managers. Head Start case managers and school Homeless Liaison social workers are active members of the Homeless Coalition, and provide regular training and education to the whole CoC for appropriate referral processes for families and children.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking 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 1000 characters)

The two public school systems in our CoC employ Homeless Liaison social workers focused on outreaching, identifying and connecting with children and families who become homeless. These social workers are members of the Homeless Coalition, and work closely with emergency shelters and county health and human services to ensure that these children and families are informed of their eligibility for McKinney-Vento education services. Education programs are conducted by the school social workers at the shelters and at after-school programs that serve low and no income families who may be at risk of homelessness. Also, if homeless families call our community information line - the United Way's 211 - or are identified by law enforcement, they are directly linked to both shelter and the appropriate school system social worker. For unaccompanied youth, plans are made to access educational services beyond public high school, often linking them to the local technical college's homeless student liaison.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

The CoC works with all shelters, transitional housing programs and permanent housing programs through the Homeless Coalition network for service providers.Each month, the Coalition meets to assess community services' capacity for addressing needs, including families seeking shelter and housing. Additionally, the Family and Youth subcommittee meets monthly following the Coalition meeting for increased focus on this population. School liaisons work with charity organizations to provide motel vouchers when family shelter rooms are at capacity. There are emergency shelter, transitional housing and permanent housing open to families with children in our community including single parents with children. Renovation is being done on our largest night shelter, with its completion will come additional family rooms.

**3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness.
(limit 1000 characters)**

The CoC monitors programs through case managers' utilization of HMIS. At intake for housing programs, HMIS is used to determine whether this is a new episode of homelessness or if the individual or family had previously used services. Rapid Re-housing providers do follow-ups for a minimum of 12 months to monitor returns to homelessness. HUD has not yet given a clear definition of returns to homelessness. We are ready to utilize that guidance as soon as it has been given. In the meantime, we are working with our HMIS Lead Agency, with help from Focus Strategies consultants, to improve our HMIS reporting to include a returns report. The CoC will use this report on a regular basis to identify returns, as well as focus on alternate interventions to those individuals and families.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

**3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.
(limit 1000 characters)**

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition? Yes

**3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.
(limit 1500 characters)**

Buncombe County was declared under Title IV in FY 12. Our CoC's ability to address homelessness and provide the necessary reporting to HUD, however, was not affected in any way. Each project proceeded without interruption.

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

The CoC has reduced chronic homelessness by 82%, and is on track to end chronic homelessness by 2015 through the collaborative work of the Chronic Homeless Housing Project. Reallocated funds in FY12 to additional PSH beds and a targeted 30-unit housing development now in process for chronically homeless individuals will effectively end chronic homelessness in the CoC. A new Veterans Advisory Committee is being co-chaired by the CoC Lead and the Veterans Administration Homeless Programs Coordinator to address the gaps in housing for veterans in the CoC. Guidance from local providers, as well as regional VA leadership are assisting in that strategic planning to get to zero by the end of 2015. Additional VASH vouchers and SSVF program funds have accelerated housing opportunities for homeless veterans. Family and Youth subcommittee is creating a strategic plan for ending family homelessness by 2020. CoC's initial 10 Year Plan and local Consolidated Plan end in 2015. A subgroup is evaluating progress, and working in collaboration with strategic planning for Consolidated Plan to set a framework for setting a path to end all types of homelessness.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

The Family and Youth subcommittee of the CoC includes school Homeless Liaisons, emergency shelter case managers, rapid re-housing providers, local dept of health and human services, PSH providers, public housing authority. This collaboration meets monthly to address needs and gaps for homeless families with children. This subcommittee is also engaging in strategic planning for community and consumer education for supportive services, including childcare and job training. Coordinated intake begins in July, 2014, and includes specific outreach to families to access that process through family case managers.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population.
(limit 1000 characters)

Helpmate, the local domestic violence service provider, offers emergency shelter to victims of domestic violence and their children, serving approximately 160 people in their shelter annually. In addition, Helpmate case managers meet monthly with the Asheville Housing Authority to assist in helping victims access the Domestic Violence preference on the wait list for housing and to offer follow-up care once housed. Helpmate refers victims to other housing support agencies and transitional housing programs in the community as appropriate, including Steadfast House and Homeward Bound for additional case management once stably housed. ESG funds do help support these programs, and reporting is done through Helpmate's secure system to protect privacy and safety of victims.

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24.
(limit 1000 characters)

The Family and Youth subcommittee meets monthly. In April 2013, a pilot project was started to use permanent supportive housing for youth aging out of foster care. 3 youth have been successfully housed through this program, and effort is underway to expand this project. It is open to all eligible youth. A transitional housing program for girls 16-21 has 8 beds each year, with outcomes focused on permanent housing and education. School Homeless Liaisons, Dept of Health and Human Services, staff from the unaccompanied youth shelter, and housing case managers meet monthly to evaluate progress and are beginning strategic planning for targeted housing for 18-24 year olds using state targeted units and other affordable housing options as well as supportive services for educational access and job training.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.
(limit 750 characters)

The CoC has refined outreach programs including collaborations with the county jail, hospital and mental health agencies to reach out to people who are expected to sleep on the streets, preventing street homelessness whenever possible. Dept of Health and Human Services asks every person they serve where they slept last night in order to identify those that are sleeping outside or other places not meant for human habitation. The local PATH team routinely tour areas throughout the CoC known to have people sleeping outside in order to engage consumers. Law enforcement officers work closely with outreach workers, when individuals are found outside, to connect them to appropriate services.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans.
(limit 1000 characters)

The Health Care for Homeless Veterans, (HCHV) program at the Charles George VA Medical Center is an active participant in the COC. There are three Social Workers within the HCHV program that are involved in outreach at the local shelters, soup kitchens and jails. As they encounter Veterans in the community, they assess for eligibility and as appropriate refer the individual to the appropriate agency or program for assistance.

The Veteran Homeless Workgroup is comprised of VA and Community Stakeholders. The workgroup meets monthly and targets Veterans who are utilizing services within the community. The goal of the workgroup is to house the remaining unsheltered Veterans within the COC. Since this group includes Veterans that are not eligible for VA Health Care Services, the workgroup will complete a vulnerability index and refer the individual to the appropriate service within the community. Open communication is essential to assure that Veterans are being identified in the community and referred to the appropriate agency for assistance.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons?	No
3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families?	No

3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified?	Not Applicable

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

All recipients are required to use the HMIS for project data collection and reporting. Data entry must be completed by the last Wednesday of each month for every CoC, ESG, HOME Tenant Based Rental Assistance, and CDBG housing services. Monthly data report cards are used by Homeless Initiative staff to monitor project progress. Agency updates on projects are also given at monthly Homeless Coalition meetings. Quarterly updates are required at Homeless Initiative Advisory Committee meetings, to ensure outcomes are being met. On-site visits are made quarterly by Homeless Initiative staff for monitoring purposes.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

Regular training opportunities are advertised to the CoC, including project recipients, to improve skills and enhance knowledge of steps to performance goals. The Homeless Initiative collaborates with project recipients to improve access to fair market housing in order to meet housing goals through private landlord outreach and education; the local Managed Care Organization provides training for utilizing disability services and part-time employment as part of increasing income for project participants; SOAR caseworkers meet monthly to track case progress; at monthly Homeless Coalition meetings needs and gaps are assessed as needed for projects, and targeted collaborations formed to ensure gaps are being addressed; housing stability is tracked through the HMIS as well as project reports to the CoC.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

The CoC evaluates the capacity of project recipients in managing their grants by tracking the timeliness of draws for funds and accompanying reporting. Monthly draws with complete and accurate reports are expected in order to be at adequate capacity to manage grants. When this does not occur, on-site technical assistance is provided by trained Homeless Initiative staff to assist recipients in increasing capacity. Additionally, peer support is given by high performing programs to underperforming programs in order to increase support and availability of technical assistance.

**4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)**

Individuals and families have an average of 12 months remaining homeless. CoC's goal is less than 30 days through: increasing private landlord outreach and education to increase capacity in the private sector of fair market rent availability, as well as willingness to work with HUD-subsidy; a member of the CoC was appointed to the Affordable Housing Advisory Committee to promote focused affordable housing that does not present the barriers of criminal record and credit checks in order to increase capacity of units available to homeless persons and families with those barriers; Coordinated Assessment for housing for individuals and families who are homeless will begin July, 2014, using the VI-SPDAT, SPDAT for Individuals and the SPDAT for Families to match consumers with appropriate housing matches more quickly. HMIS data from CoC and ESG funded projects is used to determine which programs are performing most effectively. Priority will be given to projects that show evidence of contributing to reducing the length of time individuals and families remain homeless by using the required assessment tools and direct referrals to available, appropriate housing match.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)**

Rapid re-housing case managers in the CoC track returns to homeless through consistent follow-up with consumers, at minimum to 12 months following exit from the program. Our HMIS allows us to see previous episodes of homelessness in the CoC, providers check for this at each intake in order to provide an alternate housing match and/or additional/alternate supportive services to work toward no return to homelessness. The Coordinated Assessment entry, beginning July, 2014, will be able to do this as well. Through Homeless Initiative staff, the CoC looks at project performance for exit destinations with APR data and encourages programs to have 0 exits to homelessness, offering training and assistance when this is not occurring. We are currently working to improve HMIS which includes a returns report. However, this work will need a clear definition from HUD for returns to do this work to the best of our abilities.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

Our main outreach team in the CoC is the Projects for Assistance in Transition from Homelessness (PATH) team. The 4-person team regularly engages all homeless service providers, including community and faith-based groups who serve meals and offer basic services to individuals and families. All of these groups make regular referrals to the PATH team, and they in turn are connected to the lead housing agency for homeless persons in the CoC. This team reports at the monthly Homeless Coalition meeting. There is also a specific collaboration among law enforcement, the City of Asheville and the state Dept of Transportation (DOT) for campsite/street outreach. Law enforcement and the DOT notify Homeless Initiative staff when a campsite or street site is located. Homeless Initiative staff contact outreach workers to accompany law enforcement to the site in order to engage the individuals/family in appropriate supportive services and assist in connecting to permanent housing opportunities. Both law enforcement and the outreach team have persons who speak Spanish, the dominant second language in our region.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting $200,000 or more in funding?	No

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions?	No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

*** Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.**	100%
*** Homeless assistance providers use a single application form for four or more mainstream programs.**	75%
*** Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.**	100%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 12/03/2013

**4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options.
(limit 1000 characters)**

A local non-profit has a state-funded Health Insurance Navigator Project designed to outreach and assist individuals and families for education and enrollment in the ACA. The health insurance navigators are now part of the CoC, and meet regularly with the Homeless Coalition, doing outreach onsite at homeless service providers to assist individuals and families to: understand what the obligations are to purchase health insurance under the federal health care law; evaluate the health insurance options available through the marketplace in North Carolina and select one that will work for the individual/family; understand what tax credits or other resources may be available to help pay the health insurance premiums; and assist in filling out an application to enroll in a health insurance plan.

4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)

The CoC started a systematic process of seeking funding for supportive services from others sources during the FY12 CoC Competition reallocation process. At that time, we set a timeline for reallocating all CoC funds to permanent housing and an HMIS project. The final reallocation will happen in FY14 by reallocating the remaining SSO project to permanent housing. A task force has been formed to network, explore and obtain alternate funding sources for supportive services through private investors, non-HUD City, County and State funds, public foundations, and private philanthropy. This task force meets monthly. Alternate funding has so far been obtained through the local hospital foundation, the United Way, the regional Managed Care Organization and private donations.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification Con...	01/30/2014
CoC Governance Agreement	No	NC-501 Governance	01/30/2014
CoC-HMIS Governance Agreement	No	CoC-HMIS Governan...	01/29/2014
CoC Rating and Review Document	No		
CoCs Process for Making Cuts	No		
FY2013 Chronic Homeless Project Prioritization List	No	Chronically Homel...	01/30/2014
FY2013 HUD-approved Grant Inventory Worksheet	Yes	NC-501 Grant Inve...	01/29/2014
FY2013 Rank (from Project Listing)	No		
Other	No		
Other	No		
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No		

Attachment Details

Document Description: Certification Consolidated Plan

Attachment Details

Document Description: NC-501 Governance

Attachment Details

Document Description: CoC-HMIS Governance Agreement

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Chronically Homeless Prioritization for PSH

Attachment Details

Document Description: NC-501 Grant Inventory Worksheet

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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1C. Committees	01/22/2014
1D. Project Review	02/01/2014
1E. Housing Inventory	01/22/2014
2A. HMIS Implementation	01/22/2014
2B. HMIS Funding Sources	02/01/2014
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2D. HMIS Data Quality	01/31/2014
2E. HMIS Data Usage	01/22/2014
2F. HMIS Policies and Procedures	01/22/2014
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2J. Sheltered Data - Quality	01/31/2014
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2M. Unsheltered Data - Coverage	01/22/2014
2N. Unsheltered Data - Quality	01/22/2014
Objective 1	02/01/2014
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3B. CoC Discharge Planning: Foster Care	01/22/2014
3B. CoC Discharge Planning: Health Care	01/22/2014

3B. CoC Discharge Planning: Mental Health	01/22/2014
3B. CoC Discharge Planning: Corrections	01/22/2014
3C. CoC Coordination	01/28/2014
3D. Strategic Plan Goals	01/28/2014
3E. Reallocation	01/28/2014
4A. Project Performance	02/01/2014
4B. Employment Policy	01/22/2014
4C. Resources	01/29/2014
Attachments	01/30/2014
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 Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: NC-501 - Asheville/Buncombe County CoC/ City of Asheville

Project Name: Continuum of Care Registration and Application FY2013

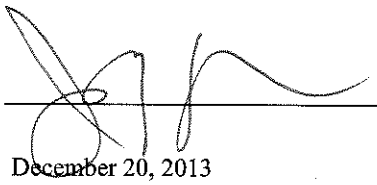
Location of the Project: City of Asheville and Buncombe County, North Carolina

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

Name of Certifying Jurisdiction: City of Asheville

Certifying Official of the Jurisdiction Name: Jeff Staudinger

Title: Director, Community Development Division

Signature: 

Date: December 20, 2013

Memorandum of Understanding between North Carolina's Continua of Care and the North Carolina Housing Coalition

This Memorandum of Understanding ("Memorandum") made and entered into this _first_ day of _January__, 2014 by and between the **North Carolina Housing Coalition** ("NCHC"), and **The Asheville-Buncombe Homeless Initiative**, the Lead Continuum of Care entity. The purpose of this Memorandum is to set out the membership and responsibilities of the Carolina Homeless Information Network (CHIN) Governance Committee, the responsibilities of the contributing Continua of Care (CoC), and the responsibilities of the HMIS Lead or HMIS Administrator Agency.

Background

The Carolina Homeless Information Network (CHIN) was created in 2004 through an agreement between the State of North Carolina, the North Carolina Housing Coalition, and the North Carolina Coalition to End Homelessness for the purposes of meeting the Department of Housing and Urban Development's (HUD) requirement that all federally-funded homeless programs participate in a Homeless Management Information System (HMIS);

The North Carolina Housing Coalition (NCHC) agreed at the creation of the CHIN project to serve as the administrative home for the collaborative project;

Whereas the parties to this agreement have agreed to support one statewide HMIS program to meet the HUD requirements for a data collection system for all HUD-funded homeless programs; and

Whereas NCHC has operated the CHIN program since 2004, and all North Carolina CoCs are currently participating in this program; and

Whereas the HUD regulations require, that, the Continuum of Care must:

> (5) In consultation with the collaborative applicant and the HMIS Lead or HMIS Administrator, develop, follow, and update annually a governance charter, which will include all procedures and policies needed to comply with subpart B of this part and with HMIS requirements as prescribed by HUD

> (b) Designating and operating an HMIS. The Continuum of Care must:
>
> (1) Designate a single Homeless Management Information System (HMIS) for the geographic area;
>
> (2) Designate an eligible applicant to manage the Continuum's HMIS, which will be known as the HMIS Lead or HMIS Administrator;
>
> (3) Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS;
>
> (4) Ensure consistent participation of recipients and sub-recipients in the HMIS; and
>
> (5) Ensure the HMIS is administered in compliance with requirements prescribed by HUD.

Federal Register / Vol. 77, No. 147 / Tuesday, July 31, 2012 / Rules and Regulations Subpart B—Establishing and Operating a Continuum of Care § 578.7 Responsibilities of the Continuum of Care

Therefore, the parties to this Memorandum agree to the following:

The CHIN Governance Committee shall be responsible for representing the North Carolina's CoCs in their responsibilities for oversight of the state-wide HMIS system.

Memorandum of Understanding between North Carolina's Continua of Care and the North Carolina Housing Coalition

Membership in the CHIN Governance Committee

Membership of the CHIN Governance Committee shall comprise no more than 22 members, including:

- One Representative from each CoC to include Balance of State CoC (12)
- Representatives from Balance of State CoC (3)
- Representative from Interagency Council for Coordinating Homeless Programs (1)
- Representative from North Carolina Housing Coalition (1)
- Representative from North Carolina Coalition to End Homelessness (1)
- Up to 4 "at large" representatives (4)

Qualifications

The qualifications of Governance Committee membership are:

- CoC participant
- HMIS user or knowledgeable about HMIS
- Familiarity with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, CoC Rule, Annual Homeless Assessment Report (AHAR), and other federal regulations that govern homeless programs
- Willingness to think about CHIN and HMIS from CoC, CHIN, and statewide perspectives
- Ability and means to communicate key information back to the CoC
- CoC representatives must be empowered to make decisions on behalf of the CoC
- Able to attend monthly/bi-monthly meetings

Selection criteria and term lengths

Governance Committee members representing CoCs are chosen by their Continua of Care. CoC minutes should be submitted to the Governance Committee as proof of selection by their CoC. At-large seats are nominated and voted on by the Governance Committee members on an annual basis. NCHC, NCCEH and ICCHP representatives are designated by their respective agencies. The term lengths are one year, from July 1 through June 30.

Governance Committee Responsibilities*

- ~~Determine the guiding principles and vision for CHIN HMIS project implementation, including~~ scope of work for staff and strategic planning
- Make decisions on: planning, participation, coordination of resources, coordination of data integration, determination of long-term policies and procedures, and project budget priorities
- Review, advise, and approve project budget priorities
- Select HMIS Lead or HMIS Administrator Agency
- Review, revise, and approve all policies and plans
- Review, revise, and approve the cost structure
- Evaluate, propose, and approve modifications to project priorities
- Evaluate, propose, and approve modifications to scope of work
- Select minimum data requirements; define criteria, standards, and parameters for the release of aggregate data
- Ensure adequate privacy protection provisions in project implementation and administration
- Advise on and review HMIS trainings
- Select software
- Set and evaluate performance standards for HMIS Lead or HMIS Administrator Agency
- Elect Executive Committee, whose responsibilities include:
    - Meets every other month on the off-months for the full committee and as needed. Meets in person at least twice per year.
    - Creates agendas for the full Governance Committee meetings.

- Makes recommendations on HMIS procedures, policies, and membership to the full Governance Committee.
- Considers appeals and propose responses to the Governance Committee.

*https://www.onecpd.info/resources/documents/HMISGrantAdmin_GovernanceModels_Handout.pdf

CoC Responsibilities*

- Ensure active representation on the CHIN Governance Committee by chosen representative or alternate
- Support HMIS participation standards set by CHIN Governance Committee through funding considerations when deciding funding for CoC and ESG programs (e.g. scorecard)
- Ensure that the CoC's share of CHIN's cost is paid
- Secure, in partnership with other participating CoCs, adequate funding for the CHIN project
- Regularly review data quality and other reporting from CHIN
- Regularly review data quality and other reporting from CHIN with member agencies and end users to ensure that local agencies are maintaining both complete and accurate data in the system
- Regularly monitor HMIS Lead or HMIS Administrator Agency and participating agencies for compliance
- Ensure CoC's CHIN participating agencies are collecting all necessary data to produce required reporting and that agencies meet minimum data quality standards
- Ensure CoC CHIN participating agencies participation and investment in HMIS
- Ensure CoC CHIN participating agencies work with CHIN staff to ensure the accuracy of all data in the CHIN system, to include, but not limited to the data which populates both the of CoC NOFA and AHAR reporting

*https://www.onecpd.info/resources/documents/HMISGrantAdmin_GovernanceModels_Handout.pdf

HMIS Lead or HMIS Administrator Agency Responsibilities*

- Respond to CHIN Governance Committee directives and concerns
- Oversee the day-to-day administration of the CHIN project
- Provide staffing for operation of HMIS
- Develop project budget for CHIN to be approved by both the Governance committee and the NCHC Board of Directors
- Secure and manage contracts with the software vendor; responsible for ongoing communications with software vendor
- Ensure system integrity and availability
- Provide effective training on software and related issues, and including ethics and client confidentiality
- Provide technical support to participating agencies and CoCs
- Regularly review data quality and provide reports to CoCs and CHIN Governance Committee
- Ensure HMIS software is capable of producing required reporting
- Ensure accurate reporting from the HMIS
- Provide support to CoC Leadership to enhance their participation in the CHIN project
- Ensure compliance and maintain and increase knowledge on all HUD requirements for HMIS standards, and ensure system compatibility with said standards with HUD requirements, including data standards

- Maintain knowledge about program components and data usage in order to guide end users on program design to ensure the most efficient accurate data is collected
- Staff the CHIN Governance Committee

*https://www.onecpd.info/resources/documents/HMISGrantAdmin_GovernanceModels_Handout.pdf

Termination
This Memorandum is effective from the date it is signed by NCHC and each individual CoC until December 31, 2014 The termination of this Memorandum between NCHC and an individual CoC does not alter the validity or terms of this Memorandum between the remaining parties of this agreement.

Definitions
For the purposes of this Memorandum of Understanding, the following definitions apply:

Balance of State Continuum of Care (BoS CoC) – was developed in recognition that many of North Carolina's rural areas did not have the capacity to submit local-only applications, and that by combining resources all of the communities had a better chance at receiving significant funding. NC Department of Health and Human Services is the Lead Agency and Collaborative Applicant for the BoS CoC and contracts with NCCEH to staff the CoC.

Carolina Homeless Information Management Network (CHIN) – The HMIS system designated by CoCs in NC to administer a statewide HMIS database

Carolina Homeless Information Network (CHIN) Governance Committee is the body responsible for providing guidance to the Homeless Management Information System (HMIS) Lead Agency on general administration as it relates to federal and state government guidelines and the preferences of the Continua of Care of North Carolina.

Continuum of Care (CoC)- A "Continuum of Care" is an organization made up of homeless service providers and other community stakeholders which is responsible for planning and coordination of homeless services in a geographically defined area. The responsibilities of the Continuum of Care program, are set out in the CoC Program Interim Rule under the U.S. Department of Housing and Urban Development's HEARTH Act, and include but are not limited to selection and oversight over the HMIS system

The following comprise the NC Continua of Care as designated by HUD as of the date of this Memorandum:

- Asheville/Buncombe County
- Chapel Hill/Orange County
- Charlotte/Mecklenburg County
- Durham/Durham County
- Fayetteville/Cumberland County
- Gastonia/Cleveland/Gaston/Lincoln Counties
- Greensboro/High Point/Guilford County
- Northwest NC CoC
- Raleigh/Wake County
- Wilmington/Brunswick/New Hanover/Pender Counties
- Winston-Salem/Forsyth County
- North Carolina Balance of State

Homeless Management Information System (HMIS)- a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless assistance service agencies, and stores that data in a centralized database for analysis.

Interagency Council for Coordinating Homeless Programs (ICCHP), its successors or assignees (ICCHP) –is a State committee which advises the governor and the secretary of the North Carolina Department of Health and Human Services on issues affecting people who are homeless or at risk of becoming homeless. Members of the Committee are appointed by the Governor of North Carolina. The committee is staffed by DHHS employees.

North Carolina Coalition to End Homelessness (NCCEH) – a North Carolina 501(c)(3) non-profit corporation, its successors or assignees. NCCEH is a statewide advocacy organization focused on ending homelessness in North Carolina's one-hundred counties. This agency provides training, support and advocacy on Federal, State, and local issues pertaining to homelessness.

North Carolina Housing Coalition (NCHC) – a North Carolina 501(c)(3) non-profit corporation, its successors or assignees. NCHC operates CHIN. Through this agreement NCHC is designated as the HMIS Lead or HMIS Administrator Agency for this project.

IN WITNESS WHEREOF, the parties hereto have caused this Memorandum to be executed as of the date first referenced above.

Signature Page

For the Asheville-Buncombe Continuum of Care

Signature:_____

Printed Name: Jeff Staudinger

Title: Director, Community Development Division

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Phone: 828-259-5723

North Carolina Housing Coalition:_____

Title: EXECUTIVE DIRECTOR

Address: 118 N. ST. MARY'S ST RALEIGH NC 27712

Phone: 919-881-0707