1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): NC-505 - Charlotte/Mecklenburg County CoC

CoC Lead Organization Name: Homeless Services Network

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Homeless Services Network (HSN) Steering Committee

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

N/A

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

N/A

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 90%

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	

Other:	

Specify "other" process(es):

N/A

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

All members of the HSN Steering Committee must meet certain criteria to be eligible for election. Nominations to the Steering Committee come from a nominations committee and from the general membership. All are elected by a majority vote of the full HSN voting membership. This process was established to ensure the broadest representation of all constituents resulting in a 70% increase in membership over the last two years. This membership increase has allowed an increase in private representation in the process.

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

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

Specify "other" process(es):

A slate of officers is proposed to the HSN voting members annually and additional nominations can come from the floor. The bylaws do not specifically stipulate the number of terms members can serve. Officers can be nominated from any of the member organizations, which include private non-profit, faith based and government programs.

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

The current HSN structure includes responsibility for the activities of applying for HUD funding, project review and needed oversight of the application process. HSN does not currently have any staff; it is an all volunteer organization. Administrative funds would be necessary for HSN to expand its capacity to provide comprehensive oversight, program monitoring and to act as the grantor. This structural change would require a shift in the manner that HSN and the member agencies relate to one another. This shift would need to occur over time and with adequate community input to ensure a smooth transition and agreement to collaborate
under a new administrative structure.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

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

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Advocacy Committee	The Advocacy Committee is critical to identifying and coordinating responses to City/County activities which affect affordable housing, homeless awareness, and the need for increased political presence in the efforts to end homelessness. The committee plans and recommends to HSN strategies to inform, educate and mobilize the community to action on the behalf of the homeless. The Advocacy Committee meets monthly to promote the work of the homeless service providers, the needs of the homeless population and educate the community on the homeless condition.	Monthly or more
COC/10 Year Planning	The committee meets monthly and membership is open. Attendance is a diverse cross section of our service community. The meetings provide an active forum to keep the community current on implementation of 10 Year Plan priorities and to share the need to make changes in those priorities. It is co-chaired by the Homeless Services Network Chair and the Administrative Agent for the 10 Year Plan. A subgroup of this committee meets regularly to prepare Charlotte ¿ Mecklenburg¿s application for HUD funding. The committee leadership coordinates the linkage to our community Consolidated Plan.	Monthly or more
HMIS - Data Management & Resources	The Data Review Committee facilitates the seamless delivery of services at multiple sites to persons who are homeless or at risk of becoming homeless. This is supported through the development and implementation of a uniform, accurate, shared database that addresses the needs of clients of the Homeless Services Network service providers. In addition, the HSN DMRC receives community requests for aggregate data to enable optimal service planning and implementation. The committee acts as a liaison between the agencies and the HMIS vendor, who attends all HSN Data committee meetings.	Bi-monthly

HSN Steering and Executive Committee	HSN acts as the decision making body for the Continuum of Care. HSN membership includes representatives from: local government, private organizations, for profit and non-profit agencies, faith-based, community representative, and consumer organizations, service providers, health care, the educational system, and law enforcement. The HSN leads planning for disasters for the homeless such as spear heading plans for a possible flu pandemic in the local shelters or severe weather conditions. The HSN initiated and continues to lead the discussion and collaborations around discharge planning of the homeless from the local hospitals and the jail. HSN, through its membership, coordinates the semi-annual point-in-time count.	Monthly or more
Income/Employment Committee	The committee was revitalized during 2009 in response to the challenges of the economic downturn. Clients of homeless agencies were spending more hours in training with fewer jobs at completion. The committee has brought together our Community College, Department of Social Services, Workforce Development Board, Goodwill Industries and other nonprofit providers of job readiness programs. The goal of the committee is to broaden access, coordinate best practices and to advocate for more job openings. The first strategic objective is to streamline information access to front line case managers to better assist their clients. The committee meets bimonthly with action teams meeting more frequently to develop an on line information resource.	Monthly or more

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

N/A

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
City of Charlotte Attorney's Office	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Interagency Council on Coordinating Homelessnes...	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	NONE
City of Charlotte Neighborhood Development Dept.	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Community Relations Committee	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Mecklenburg County Area Mental Health	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Mecklenburg County Dept. Social Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Youth, Domes...
Mecklenburg County Community Support Services	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Veterans, Do...
Charlotte Housing Authority	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
University North Carolina Charlotte	Public Sector	School ...	Attend 10-year planning meetings during past 12 months, C...	Youth
Charlotte-Mecklenburg School system	Public Sector	School ...	Attend 10-year planning meetings during past 12 months, C...	Youth
Charlotte-Mecklenburg Police Department	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Mecklenburg County Sheriffs Office	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Workforce Development Board	Public Sector	Local w...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Carolinas Healthcare	Private Sector	Hospita...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Community Health Services	Private Sector	Hospita...	Attend Consolidated Plan planning meetings during past 12...	NONE
Presbyterian Hospital	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE

Shelter Health Services, Inc.	Private Sector	Hospita...	None	NONE
A Childs Place	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Youth
A Way Home	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Center for Urban Ministries	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Charlotte Emergency Housing	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Charlotte Apartment Association	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Charlotte Rescue Mission	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	Veterans, Su...
Community Link	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Crisis Assistance Ministry	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Emergency Winter Shelter, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Center for Community Transitions-formerly Ener...	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
Hope Haven	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
House of Grace	Private Sector	Non-pro...	None	Domestic Vio...
Regional HIV/AIDS Consortium	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	HIV/AIDS
Salvation Army	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Self Help Credit Union	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Shelter for Battered Women	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
St. Peters Homes	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...

United Family Services	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
Uptown Mens Shelter	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Youth Network	Private Sector	Non-pro...	None	Youth
YWCA	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domestic Vio...
Christ Episcopal Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Covenant Presbyterian	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Jeremiah Group	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Mecklenburg Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Providence United Methodist	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Fannie Mae	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Crosland	Private Sector	Businesses	Attend Consolidated Plan planning meetings during past 12...	NONE
Charlotte/Mecklenburg Housing Partnership	Public Sector	Other	Attend 10-year planning meetings during past 12 months, C...	NONE
Habitat for Humanity	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
BellData System	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
United Way of Central Carolinas	Private Sector	Funder ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Charlotte Housing Trust Fund	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Rob Weigle	Individual	Homeles...	Attend Consolidated Plan planning meetings during past 12...	NONE
Lasawn Whiters	Individual	Homeles...	Attend 10-year planning meetings during past 12 months, C...	NONE
The Duke Endowment	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE

Foundation for the Carolinas	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
Council for Children's Rights	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	Youth
Charlotte Apartment Association	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
Caldwell Memorial Presybterian Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
City of Charlotte Community Planning	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Mecklenburg County Social Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	Youth
Mecklenburg County Dept. of Finance	Public Sector	Loca l g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Mecklenburg County Health Dept.	Public Sector	Loca l g...	Attend 10-year planning meetings during past 12 months, C...	Substan ce Ab...
Jacob's Ladder	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Home Aid Charoltte	Private Sector	Non- pro.. .	Attend Consolidated Plan planning meetings during past 12...	NONE
Charlotte Mecklenburg Mental Health Emergency S...	Public Sector	Othe r	None	NONE
Jemsek Project	Private Sector	Non- pro.. .	None	NONE
Mecklenburg AIDS Project	Private Sector	Non- pro.. .	None	HIV/AID S
Total Care	Private Sector	Non- pro.. .	Attend 10-year planning meetings during past 12 months, C...	HIV/AID S
Provider Services Organization	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Successions	Private Sector	Non- pro.. .	Attend 10-year planning meetings during past 12 months	Seriousl y Me...
Person Centered Partnership	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	Seriousl y Me...
Urban Ministry Center- Room in the Inn	Private Sector	Non- pro.. .	Attend Consolidated Plan planning meetings during past 12...	NONE
Family Promise	Private Sector	Faith -b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Community Outreach Church	Private Sector	Faith -b...	None	Substan ce Abuse

Homeless Support Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Time Out Youth	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
CMC ACT Team	Public Sector	Other	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
CMC Crisis Stabilization Unit	Public Sector	Other	None	Seriously Me...
Family Preservation	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Urban Ministries	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Victory Christian Center	Private Sector	Faith-b...	None	NONE
University Park	Private Sector	Faith-b...	None	NONE
Crisis SyS Mecklenburg Mobile Crisis Team	Public Sector	Other	None	Seriously Me...
Samaritan House	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Jackson Park Transitional Housing	Private Sector	Faith-b...	None	NONE
Freedom House Transitional Housing	Private Sector	Non-pro...	None	Substance Abuse
Florence Crittendon	Private Sector	Non-pro...	None	Youth
Rescue Mission- Rebound- Dove's Nest	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
Hoskins Park Transitional Housing	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	Substance Abuse
Community Choice Cascade	Private Sector	Faith-b...	None	Substance Abuse
Gift of Love Recovery in Love	Private Sector	Non-pro...	None	Substance Abuse
Blessings in the Storm-Transitional Housing	Private Sector	Faith-b...	None	NONE
ACCESS	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Friendship CDC	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE

Goodwill of the Southern Piedmont	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Legal Aid of North Carolina, Charlotte	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Legal Services of Southern Piedmont	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Mecklenburg County Parks and Recreation Dept.	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Youth
NABVETS	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Veterans
Veterans Administration Medical Center	Public Sector	Other	Attend Consolidated Plan planning meetings during past 12...	Veterans
Lutheran Family Services	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Veterans, Se...
Mental Health Association of Central Carolinas	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
The Relatives, Inc.	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Youth
The Arc of North Carolina	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE

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

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)	f. Announcements at Other Meetings, a. Newspapers, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups
Rating and Performance Assessment Measure(s): (select all that apply)	b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): (select all that apply)	c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Commitee, e. Consensus (general agreement), d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest
Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

N/A

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

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

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

There was an overall increase of 36 beds. A new program, Angel House opened with 6 beds this year for single women. The Uptown Shelter added 23 beds and there are 4 beds under development by Samaritan House. They have had some trouble raising the necessary funds to open these new beds. The remaining beds were from internal shifts and reassignment of beds.

Safe Haven: No

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

Charlotte Mecklenburg CoC has no Safe Haven programs at this time.

Transitional Housing: Yes

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

There was an overall increase of 187 individual beds and 31 new family beds. A number of new programs began providing transitional housing this year- particularly to special sub populations such as services for people with substance abuse issues. Those programs accounted for 105 of the individual new beds. The Salvation Army added 50 individual beds and 32 beds were reassigned or added to existing programs. The new programs added 40 new family beds and 9 family beds were reassigned to individual beds in existing programs.

Permanent Housing: Yes

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

There was an overall increase of 92 Permanent Supportive Housing Beds in the Charlotte Mecklenburg CoC. The Workforce Initiative for Supportive Housing (WISH) program opened up 77 new beds, 6 of these are for households without children and the rest, 71, are for households with children-an addition of 21 new family units. A new program, Homeless to Homes opened with 7 beds for the chronically homeless and Area Mental Health added 7 beds and McCreesh Place added 1.

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

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

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Charlotte Mecklen...	11/18/2009

Attachment Details

Document Description: Charlotte Mecklenburg NC 505 eHIC

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

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)	01/30/2009
Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)	HMIS plus housing inventory survey
Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply)	Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS

Must specify other:

N/A

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

Specify "other" data types:

N/A

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

The HUD unmet need formula was applied to the PIT count, including data on those who are unsheltered, and Housing Inventory information was used to establish a data base line. Information from HMIS was used to inform the Housing Inventory data and the unmet need discussion. The results of these calculations were then reviewed and discussed by CoC stakeholders. The key stakeholders then came to consensus on any local adjustments that were required to reflect the local need. Information from the 10 Year Plan and past three years of unmet need calculations were incorporated in reviewing and discussing the unmet need.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type:	Single CoC
Select the CoC(s) covered by the HMIS: (select all that apply)	NC-505 - Charlotte/Mecklenburg County CoC
Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?	Yes

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

Is the HMIS Lead Organization the same as CoC Lead Organization?	No
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	Clent Services Network (CSN)
What is the name of the HMIS software company?	Bell Data Systems, Inc.
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	07/01/1999
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	No or low participation by non-HUD funded providers

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

N/A

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

The CoC committee and the Data Committee of the Homeless Services Network (HSN) will continue conducting outreach over the next 12 months to all relevant HSN members who are not participating in HMIS. Agencies will be educated on the benefits of utilizing HMIS to track progress and client service usage. HSN will provide all available encouragement and support to engage non participating agencies in HMIS utilization. It is difficult to gain participation among the smaller programs as the time demands on staff are especially acute in these programs. The smaller programs do not generally have sufficient time or resources to pay for the program or to spend the time needed to enter data into the system. The Data Committee and the CoC Committee will discuss possible solutions to these barriers.

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	Hope Haven, Inc
Street Address 1	3815 N. Tryon
Street Address 2	
City	Charlotte
State	North Carolina
Zip Code **Format: xxxxx or xxxxx-xxxx**	28206
Organization Type	Non-Profit
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	No

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

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:	Mr.
First Name	Rohan
Middle Name/Initial	
Last Name	Gibbs
Suffix	
Telephone Number: (Format: 123-456-7890)	704-372-8809
Extension	
Fax Number: (Format: 123-456-7890)	704-376-0113
E-mail Address:	rgibbs@hopehaveninc.org
Confirm E-mail Address:	rgibbs@hopehaveninc.org

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

Instructions:

HMIS bed coverage measures the level of participation in a CoC¿s HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

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

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

*** Emergency Shelter (ES) Beds**	86%+
*** Safe Haven (SH) Beds**	No beds in CoC
*** Transitional Housing (TH) Beds**	51-64%
*** Permanent Housing (PH) Beds**	86%+

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

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

The Charlotte Mecklenburg CoC transitional bed coverage in HMIS decreased this year from 62.6% last year to 53% this year. This decrease was due to a large number of small, non McKinney-Vento funded transitional housing programs beginning this past year. We expect to bring the percentage of HMIS covered beds back to 60% or higher through increased usage by existing HSN member programs who are not currently entering data into the HMIS system. Emergency Shelter bed coverage is 90%; an increase from 88% last year and Permanent Bed coverage is 100%.

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

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

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

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

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	5%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	2%	0%
* Disabling Condition	32%	28%
* Residence Prior to Program Entry	5%	3%
* Zip Code of Last Permanent Address	15%	35%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories¿i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM)¿to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4?	Yes
Did the CoC or subset of CoC participate in AHAR 5?	Yes
How frequently does the CoC review the quality of client level data?	Monthly
How frequently does the CoC review the quality of program level data?	Monthly

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

Bi-Monthly aggregate data review by agency; semi-annual review prior to PIT; weekly and monthly review of QC reports by agency. Fields are set as required.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

Dates are validated upon entry and dates are required to save record.

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

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

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

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

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

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

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

How often does the CoC assess compliance with HMIS Data and Technical Standards?	Annually
How often does the CoC aggregate data to a central location (HMIS database or analytical database)?	Monthly
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	06/01/2009
If 'No' indicate when development of manual will be completed (mm/dd/yyyy):	

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:
- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

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

Privacy/Ethics training	Never
Data Security training	Never
Data Quality training	Semi-annually
Using HMIS data locally	Never
Using HMIS data for assessing program performance	Never
Basic computer skills training	Never
HMIS software training	Semi-annually

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

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/23/2009

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

Households with	Dependent Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	104	71	1	176
Number of Persons (adults and children)	326	335	3	664

Households without	Dependent Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	727	533	547	1,807
Number of Persons (adults and unaccompanied youth)	802	581	547	1,930

All Households/	All Persons

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	831	604	548	1,983
Total Persons	1,128	916	550	2,594

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
*** Chronically Homeless (Federal definition)**	343	31	374
*** Severely Mentally Ill**	343	31	374
*** Chronic Substance Abuse**	824	110	934
*** Veterans**	161	13	174
*** Persons with HIV/AIDS**	54	5	59
*** Victims of Domestic Violence**	146	6	152
*** Unaccompanied Youth (under 18)**	14	2	16

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

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

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

How frequently does the CoC conduct a point-in-time count?	Semi-annually
Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)	01/27/2010

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

Emergency shelter providers:	100%
Transitional housing providers:	95%

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

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
- Survey Providers¿Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS¿The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation¿The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

N/A

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

We held trainings for those conducting and reporting data for the PIT. We held multiple meetings going over the data collectively to ensure accuracy and eliminate duplication. Instructions to ensure data quality were distributed prior to and during data collection. We then combined the numbers eliminating any reports from shelters that were included in HMIS reports. Compared to last year there was a dramatic increase in the number of homeless people sheltered. There was a concerted effort to outreach to those who are homeless, particularly families. Mecklenburg County Homeless Support Services (HSS) has social workers co-located through out the community, including those who serve persons sleeping in places not meant for human habitation. Specifically, the HSS staff at the Men's Shelter of Charlotte reaches out to the homeless camps nearby to engage those persons and connect them to services. The HSS social worker at the Urban Ministry Center (UMC) works closely with this drop in center/soup kitchen to engage street homeless in not only meeting their basic needs (shower, laundry, mail, I.D.), but also to provide substance abuse/mental health services and to bring them into shelter and/or positive recreational activities that the UMC offers such as homeless soccer, art, and gardening.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

The number of unsheltered families decreased by 80%, indicating that more families are moving into emergency shelter and off of the streets. There was a substantial increase in the number of homeless families who are being sheltered in emergency shelter- the number nearly doubled. We believe this was due to two factors - 1: increased outreach and coordination with school systems and school counselors and 2: the downturn in the economy has hit vulnerable families especially hard. There was a 30% decrease in the number of families and persons in families in transitional housing. This was due to families who were sheltered remaining in emergency shelter because they were not eligible for transitional housing programs at that point in time. Additionally, some transitional housing programs did not have sufficient funds to accommodate their wait lists.
We saw a 16%-24% increase in the number of individual homeless persons and households without children. This is consistent with the experience of programs across the country this past year due to the change in the economic climate. The overall increase of homeless persons and households with children was about 20%; we believe this was due overall to increased and improved outreach and coordination with the school system and to the change in the economic climate across the country.

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

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.
- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD¿s Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: ¿A Guide for Counting Sheltered Homeless People¿ at http://www.hudhre.info/documents/counting_sheltered.pdf.

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

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	X
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

N/A

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

We held trainings for those conducting and reporting data for the PIT. We held multiple meetings to review data collectively to ensure accuracy and eliminate duplication. Instructions to ensure data quality were distributed prior to and during data collection. Multiple followup contacts were initiated by CoC Committee members to ensure that data from providers was submitted. We combined the numbers eliminating any reports from shelters that were included in HMIS reports.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

For the 2009 point in time survey, the Charlotte Mecklenburg Continuum of Care increased outreach to smaller programs who do not traditionally participate in Homeless Services Network meetings and activities. Many of the smaller programs focus on specific subpopulations- particularly those with maternity and/or substance abuse issues. This led to an increase in those numbers.

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

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:
- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

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

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

If Other, specify:

N/A

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

Entries from non HMIS providers (ie Domestic Violence shelters or those agencies not participating in HMIS) were reviewed by hand to ensure that there was no duplication.

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

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:
- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see ¿A Guide to Counting Unsheltered Homeless People¿ at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

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

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

If Other, specify:

N/A

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.
¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.
¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Other

If Other, specify:

We use a combined approach--known locations and city wide--with help of Charlotte Mecklenburg Police Department. We also interview persons in soup kitchen line to gauge where they slept the night before.

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

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at: www.hudhre.info/documents/counting_unsheltered.pdf.

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

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

If Other, specify:

Charlotte/Mecklenburg CoC members participated in a HUD training and in NC state wide follow up training on utilizing the HMIS system in conducting an unduplicated count of unsheltered persons.

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

Organizers assigned enumeration teams to specific geographic areas and ensured that the boundaries for each team were clear with maps and verbal or written instructions.

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

The CoC increased collaboration with the Charlotte/Mecklenburg school system to identify and serve homeless households with children. The participation of the McKinney Vento School Liaison in the CoC has been a critical link. The Salvation Army prioritizes homeless households with children when the shelter is full. Family Promise, a network of 13 churches who provide shelter and support to homeless families has successfully completed their first year of operation and is seeking to expand their network. Homeless Support Services outreach worker is a critical liaison between homeless families and service providers working to help families access services and permanent housing. United Way's 211 maintains a current database of housing and services for homeless households with children. There have been several successful collaborations begun to reduce the number of unsheltered homeless households with dependent children. One of the most recent efforts has been the Hall House Project: A collaborative project to stabilize homeless families with children. Sixty-eight families received temporary transitional housing services and supports from January to July 2009. 51 of the 68 families (75%) moved from Hall House into stabilized housing at the end of the project. This project was a direct result of collaborative efforts of the Continuum of Care agencies and the community coming together to address a critical need in the community.

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

This community has a Program to Assist in Transition from Homelessness (PATH), funded by SAMHSA, that has a position dedicated to street outreach to engage individuals with severe mental illness and link them with appropriate mainstream community resources. The Homeless Support Services staff stationed at the Uptown Shelter do periodic outreach to the camps and soup kitchens. A Stand Down for Vets was held in March 2009. It served a total of 187 people; 143 were veterans. Private, non-profits, and county agencies served on a planning committee that ensured sub-categories were met. Committees were formed to handle Facilities/Security, fundraising, Public/Media relations, Volunteer Services, VA Collaboration, Transportation, Healthcare, Corporate Sponsorship, Food, employment Services, Veteran benefits.
A total of 43 vendors provided services highlighted by Employment Security Commission, Social Security Administration, Charlotte Outpatient Clinic, C.W. Williams Community Health, Regional HIV AIDS Consortium, Salvation Army, IRS, HUD, Community Link, Red Cross, mental health and substance abuse support, and Mecklenburg County Veteran Services. Participants were offered breakfast and lunch, an opportunity to use shower facilities for personal hygiene needs, free haircuts, and clean clothing was distributed. We will continue to build on past events in 2010. The date for the next Stand Down event is March 12th 2010.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

There was an overall increase in the number of unsheltered homeless persons from 472 in 2008 to 550 in 2009, and increase of approximately 15%. This fluctuation is attributable to the economic downturn and the resulting homelessness that was experienced across the country. The Charlotte Mecklenburg Police Dept. worked very closely this year with the CoC and increased their outreach, and counting, efforts to assist in the point in time coverage. It is notable that the number of homeless families with children decreased dramatically from 30 unsheltered households to 1 unsheltered household with children. We attribute this decrease to increased outreach and improved coordination with the school and other mainstream service systems.

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

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

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

Included in this application is an application, utilizing the Housing Bonus dollars, to create 6 new Shelter Plus Care beds to exclusively serve those who are chronically homeless. Additionally, as any beds become vacant within the current Shelter Plus Care inventory those who are chronically homeless will be prioritized. We expect that to increase the housing available for at least an additional 4 persons.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

Moore Place is an 85 unit facility scheduled to start construction in 2010. All units will exclusively serve those who are chronically homeless. This program will be based on the Housing First model of providing housing first and then pairing it with non mandatory services. Moore Place will provide permanent housing and case management with linkages to other necessary supportive services including helping residents access critical mainstream benefits. Moore Place has received broad community support, largely due to educational efforts of the CoC. Architectural Plans provide for a number of amenities to enhance resident support and safety. Significant outreach has occurred to the neighborhood to address any concerns, although there is still some opposition. Our 10 Year Plan calls for 250 permanent supportive housing units for the chronically homeless. McCreesh Place is planning on adding beds for the chronically homeless as well as beds added to the Shelter Plus Care projects.

How many permanent housing beds do you currently have in place for chronically homeless persons?	127
How many permanent housing beds do you plan to create in the next 12-months?	137
How many permanent housing beds do you plan to create in the next 5-years?	222
How many permanent housing beds do you plan to create in the next 10-years?	252

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

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The Charlotte Mecklenburg CoC has consistently met and exceeded the HUD goal in this area. While the CoC continues to project that we will exceed the goal in the coming year we do expect that there will be fewer supports available due to cuts in state funding for mental health supports. The current mental health system reformation has already reduced available services and the current and expected future cuts to state funding will result in cuts to other support services. The impact of those cuts has not yet been defined. We expect that a decrease in services will mean that program residents who are borderline may not have the support to remain in housing. The Charlotte Mecklenburg Department of Social Services, through actions of the new director and under direction from the County Manager, has begun to take steps to be a more proactive partner in bringing services to the community.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC is currently working diligently to ensure that adequate safeguards are in place to address the impact of those state cuts mentioned above. Additional sources for the delivery of services is being actively sought.

What percentage of homeless persons in permanent housing have remained for at least six months?	91
In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?	88
In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	90

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	92

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

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The Homeless Services Network will continue growing partnerships and collaborations with Charlotte Housing Authority, Dept. of Social Services, City of Charlotte, Mecklenburg County and NC DHHS, to increase permanent housing solutions. The very successful Hall House project will increase the number of participants who are served with holistic services increasing their ability to attain and maintain permanent housing. Hall House worked with 68 families between the very end of January and July 2009 providing housing, meals, case management, an onsite GED Program, childcare services, onsite Boys and Girls Club and other out-of-school activities and job skills training. The project utilized the core competencies of existing agencies working together for a common goal. A similar partnership is evolving between CHA, Salvation Army and Mercy Housing to provide 60 new units for homeless women and children. Our community response to the HPRP opportunity will also enhance these efforts.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

In addition to increasing the number of permanent housing beds and units available for those who are in transitional housing in the Charlotte Mecklenburg area, the CoC plans to work with its member agencies to increase training for case managers to ensure that more accurate reporting on housing status at departure and six month follow up is maintained and reported. The CoC will also create a formal committee to develop processes and procedures to move individuals and families from shelter and transitional housing into permanent housing.

What percentage of homeless persons in transitional housing have moved to permanent housing?	61

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?	64
In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	66
In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	70

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

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The HSN recognizes the challenges to its clients in this economy. As job seekers with higher training levels have moved into entry level positions our clients have struggled even more. Mecklenburg County Department of Social Services will work with HSN agencies, the Workforce Development Board, our Community College System and program participants to enhance collaboration for HSN clients. They will work to ensure that all training opportunities are utilized, advocate for increased job opportunities and that available employment vouchers, from American Recovery and Reinvestment Act funds allocated to Mecklenburg County, are being directed to program participants so that employers increase employment for TANF and TANF eligible families.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The HSN Income and Employment Committee will spear head increasing collaboration among employment services and skills training programs to develop a continuum of employment services for homeless individuals. The Homeless Services Network will grow linkages between Jacob's Ladder, Goodwill Industries, DSS, Workforce Development and the Community Colleges to increase efficiencies in developing needed skills and finding employment for target participants.

What percentage of persons are employed at program exit?	26
In 12-months, what percentage of persons will be employed at program exit?	30
In 5-years, what percentage of persons will be employed at program exit?	35
In 10-years, what percentage of persons will be employed at program exit?	45

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

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

Within the next 12 months the WISH program will expand to provide housing and wrap around services and volunteer engagement for an additional 20 homeless families. Project Hope, supported by HPRP funds, will initiate a program that will provide housing for 30 homeless households with children.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

The Salvation Army will continue to work with the Charlotte Housing Authority to expand opportunities to provide additional housing units for homeless households with children. Project Hope will explore additional permanent housing options for homeless families with children utilizing HPRP funds and other resources. The Salvation Army, in partnership with Charlotte Housing Authority and Mercy Housing, will pilot a 60 unit project to address the permanent housing needs of homeless households with children with wrap around services.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2l)?	176
In 12-months, what will be the total number of homeless households with children?	136
In 5-years, what will be the total number of homeless households with children?	79
In 10-years, what will be the total number of homeless households with children?	29

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

¿ What? Describe the policies that have been developed or are in the process of being developed.
¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

The CoC is working with DSS and local non-profit agencies who serve the aging out foster care population, about 50-55 foster youth each year turning 18 and at risk of homelessness. The issue has been studied locally and around the country and we are seeking to develop policies and practices to ensure the continuity of service and well being for this vulnerable population and to track status and outcomes regularly. The plan is to finalize details of these practices in the coming year and continue to seek additional resources to support the youth during this transition in their lives.
The Foster Care program acknowledges the CoC criteria that no person be discharged from foster care into McKinney-Vento housing programs for the homeless that does not meet HUD's definition of eligible homeless persons. Foster Care confirms that the Foster Care program begins working with their charges long before anticipated discharge, and the discharge planning includes identification of housing and employment. In addition, some youth participate in the LINKS program which provides additional housing, education and employment supports.
The collaborating agencies involved in addressing placement for youth aging out of foster care include MeckCares of Mecklenburg County, DSS, Alexander Youth Network and members of the faith based community.

Health Care:

A protocol was signed that identified appropriate services and options for permanent housing for persons. The MOU ensures that the facility and the CoC are implementing strategies to identify permanent housing for persons being discharged. The Hospital acknowledges the CoC criteria that no person be discharged from the hospital into McKinney-Vento housing programs for the homeless that does not meet HUD's definition of eligible homeless persons. Hospital discharge planning staff will communicate with CoC members prior to discharge in order to identify appropriate housing and service options. Hospital social workers are encouraged to participate in regional CoC meetings and SOAR trainings. Hospital discharge staff will work with CoC members to improve access to disability income for homeless people who are frequently accessing hospital services. The Charlotte Mecklenburg NC 505 CoC has a signed MOUs with Presbyterian Hospital. We are in contact with Carolinas Health Care officials to invite them to join the discharge planning team in the coming year. They have extensive discharge planning but are not yet officially linked to the CoC. They do participate in the Point in Time homeless count as well. Samaritan House is a respite facility for homeless persons being discharged from the hospital. This facility decreases the number of persons discharged from the hospital to the streets. The stakeholders are Samaritan House, the hospitals and the Homeless Support Services.

Mental Health:

The Charlotte Mecklenburg- NC 505 Continuum of Care, NC Interagency Council for Coordinating Homeless Programs (ICCHP), members from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (The Divisions) have all worked together to refine and implement protocols related to discharge of homeless people from state mental health hospitals and substance abuse treatment facilities. The Division's Office of State Operated Services and the ICCHP co-sponsored three regional trainings on appropriate discharge practices, and these trainings prepared both the Continua and the state's hospitals and treatment centers refine their discharge practices. These protocols have been finalized in MOUs that are signed by each hospital, treatment program, and the CoC. The Charlotte Mecklenburg NC 505 CoC has signed MOUs with Broughton Hospital, J. Iverson Riddle Developmental Center and Black Mountain Neuro-Medical Treatment Center. The MOUs ensure that the facilities and the CoC members are implementing strategies to identify appropriate permanent housing for persons being discharged. Mecklenburg County Open Door has instituted a program named Friendship Flight. Friendship Flight is a transitional housing program for persons who are being discharged from state mental health facilities.
Collaborating agencies and stakeholders include Mecklenburg County Area Mental Health, Mecklenburg Open Door and state mental health facilities.

Corrections:

On a statewide level the NC Interagency Council for Coordinating Homeless Programs (ICCHP) members include representatives from the Department of Correction (DOC). DOC representatives have been participating on the ICCHP's Discharge Planning Work Group for over 4 years. In addition, representatives from DOC participated in this year's ICCHP co-sponsored trainings on homelessness and discharge planning. Within the Charlotte Mecklenburg CoC- NC 505 a collaborative Memorandum of Understanding confirms that the Mecklenburg County Sheriff¿s Office (MCSO) acknowledges the HUD requirement that no homeless person be discharged from jail into a McKinney Vento funded facility that does not meet HUD's definition of eligible homeless persons. The MCSO agrees to work with the CoC representative for assistance in meeting this requirement.
The Jail will endeavor to ensure that all those who are discharged from the Jail who need housing or homeless services will be provided with appropriate contact information and that Jail personnel will encourage such individuals to use these services. In addition, jail staff are invited to participate in local CoC meetings. The Jail in collaboration with the Center for Community Transitions have recently been awarded a Governor¿s Crime Commission grant to address reentry.
The collaborating partners and stakeholders are the Jail, MCSO, Mecklenburg County Area Mental Health, Center for Community Transitions and Mecklenburg Open Door.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?	Yes
If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:	The Charlotte/Mecklenburg Consolidated Plan is the basis for the community driven 10 Year Plan. The Consolidated Plan specifically sets as a goal: Increase the supply of and access to decent affordable housing for the community's lowest income households, including households with special needs. The Plan targets: Extremely low- and low-income renter households, including elderly households, Small households and large households with cost burdens, severe cost burdens and substandard conditions. The Plan calls for the use of CDBG, HOME and other public funds between 2006 and 2010 to address these priorities. Some of the action steps under the Plan are to: Build a new SRO and plan others; Explore Housing First model and build demonstration project; Expand # of S+C Units; Set aside additional public housing units for special needs population; and Explore new supportive housing options.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

The CoC has played a significant role in the development and implementation of the HPRP initiative. The CoC, in conjunction with the City of Charlotte (the HPRP grantee) organized planning meetings with area stakeholders including homeless service providers, members from the homeless community, local government and community members to develop strategies to identify how the funds would be distributed to promote the ongoing efforts of diverting people from homelessness. Through the CoC coordination, a lead agency was identified and work groups were established to ensure that: notification to the public of the available resources is made; appropriate outreach to potential applicants occurs, and that appropriate process are in place for referral and service delivery for eligible applicants. The work groups meet frequently to ensure eligible applicants are referred to the appropriate provider and that applicants have access to other mainstream services, as needed.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

The CoC has identified a number of special needs housing developers that can assist in the acquisition and rehabilitation of scattered site housing locations utilizing NSP funds. In addition the CoC stakeholders are communicating with the Charlotte Housing Authority (CHA) and Builders of Hope to coordinate referrals for multi-family sites acquired through the Neighborhood Stabilization Program. Three sites have been identified: 1) a 104-unit development that was recently approved for funding and will primarily house seniors and provide rental subsidies from CHA; 2) a 23 unit development which will offer opportunities to house applicants assisted through the HPRP program, and, 3) a 239 unit development that the Charlotte Housing Authority is developing in collaboration with the Sisters of Mercy who will coordinate supportive services. The CoC will continue to work with the City of Charlotte to explore development opportunities using the NSP funding and hopefully the NSP2 funds that the City of Charlotte has applied for with the State of North Carolina. Charlotte is also the recipient of approximately 30 VASH vouchers. The VA is working with the local Veterans Services office, the Charlotte Housing Authority and the CoC to coordinate referrals and supports for eligible applicants.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	135	**Beds**	127	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	88	**%**	91	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	64	**%**	61	**%**
Increase percentage of homeless persons employed at exit to at least 19%	53	**%**	26	**%**
Decrease the number of homeless households with children.	145	**Households**	176	**Households**

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

The economic downturn in 2008 and 2009 severely impacted the Charlotte/Mecklenburg County community. This change was experienced especially by those who were homeless and in particular families were hit hard. The demand for services and the number of people out of work and becoming homeless increased dramatically. The number of jobs available decreased in line with historically high unemployment, well above the nation's average (10.8% in Mecklenburg County). Despite the increase in demands for assistance, it is remarkable to note the high percentage of those leaving programs that attained employment, amongst a group of traditionally difficult to employ persons. Record number of people entering and staying in employment training programs and an unprecedented number of people going downmarket to find employment resulting in a large number of over qualified people applying for and securing entry level employment. This change is most felt by those who are homeless and seeking employment. The number of homeless families did increase rather than decrease as hoped for. We believe this was due to 2 reasons; the first being the economic environment. The second reason was increased outreach and liaison with the educational system. This resulted in an increased number of families who are homeless being identified and brought into the services system. The number of proposed permanent housing beds for the chronically homeless was not met due to the late award of HUD funding in 2008/2009.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year¿s Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	400	51
2008	222	81
2009	374	127

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 7 new beds in the Homeless to Homes project

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					$40,740
Operations					$34,643
Total	$0	$0	$0	$0	$75,383

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

The number of beds for those who are chronically homeless increased by 7. The number of people who are chronically homeless in Charlotte/Mecklenburg increased from 261 in 2008 to 374 in 2009.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	51
b. Number of participants who did not leave the project(s)	247
c. Number of participants who exited after staying 6 months or longer	44
d. Number of participants who did not exit after staying 6 months or longer	226
e. Number of participants who did not exit and were enrolled for less than 6 months	21
TOTAL PH (%)	91

Instructions:

HUD will be assessing the percentage of all transitonal housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	367
b. Number of participants who moved to PH	224
TOTAL TH (%)	61

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 1,397

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	163	12	%
SSDI	135	10	%
Social Security	13	1	%
General Public Assistance	0	0	%
TANF	43	3	%
SCHIP	6	0	%
Veterans Benefits	6	0	%
Employment Income	359	26	%
Unemployment Benefits	12	1	%
Veterans Health Care	5	0	%
Medicaid	258	18	%
Food Stamps	423	30	%
Other (Please specify below)	38	3	%
Medicare, pension, panhandling, Child Support, widow's pension, I unknown			
No Financial Resources	517	37	%

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

Does CoC have projects for which an APR should have been submitted? Yes

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: http://www.energystar.gov

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative?	Yes
Are any projects within the CoC requesting funds for housing rehabilitation or new construction?	No

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

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

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

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

The CoC Working Group reviews APRs annually and regularly discusses recommended strategies to improve access to mainstream programs.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?	Yes

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

Regularly exchange information, mainstream program modifications and availability at CoC meetings which meet monthly on the second Wednesday of every month from 2PM to 4PM. These meetings often include representatives from mainstream programs who present to CoC members on participation in mainstream services. This method ensures that the largest number of programs receive accurate and up to date information.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?	Yes
Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?	Yes
If yes, identify these staff members	Provider Staff
Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.	Yes
If "Yes", specify the frequency of the training.	Annually
Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?	No

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

Has the CoC participated in SOAR training? Yes

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

April 26 and 27, 2007

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits.	100%
1a. Describe how service is generally provided:	
Information is captured at intake to assess client eligibility for mainstream benefits and reassessed at all meetings with case workers.	

2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	85%

3. Homeless assistance providers use a single application form for four or more mainstream programs:	0%
3.a Indicate for which mainstream programs the form applies:	

4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Routine evaluation of progress towards goals for self sufficiency and periodic verification of income and benefits received. Data entered into HMIS, including benefit renewal dates.	

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

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

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

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

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

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

***1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?** **A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.**	Yes
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	Yes
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a)sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? **(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.**	Yes
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?	No
***5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?** **If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.**	No
6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?	

Part A - Page 2

***7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?**	
***8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?** **Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)**	No
***9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.** **In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?**	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
***10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?**	No
***11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?**	Yes
***12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)**	No
***13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?**	Yes

Part A - Page 3

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

Continuum of Care (CoC) Project Listing

Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Homeless Support ...	2009-11-18 16:28:...	1 Year	Mecklenburg County	152,047	Renewal Project	SHP	SSO	F
Assessment and Su...	2009-11-13 15:44:...	1 Year	Community Link, P...	224,682	Renewal Project	SHP	TH	F
SATH	2009-11-18 17:09:...	1 Year	Salvation Army	226,646	Renewal Project	SHP	TH	F
Phase IV Permanen...	2009-11-17 11:51:...	1 Year	Hope Haven Inc	52,867	Renewal Project	SHP	PH	F
STRETCH	2009-11-18 17:15:...	1 Year	Salvation Army	87,499	Renewal Project	SHP	TH	F
Family Jump Start	2009-11-13 15:50:...	1 Year	Community Link, P...	234,983	Renewal Project	SHP	TH	F
ACCESS Dual Diagn...	2009-11-16 12:03:...	1 Year	Mecklenburg Count...	46,581	Renewal Project	SHP	SSO	F
SPC Renewal A-09	2009-11-17 14:24:...	1 Year	Mecklenburg Count...	1,317,192	Renewal Project	S+C	TRA	U
Transitional Hous...	2009-11-17 14:10:...	1 Year	Hope Haven Inc	383,500	Renewal Project	SHP	TH	F
ACCESS Support Se...	2009-11-16 12:05:...	1 Year	Mecklenburg Count...	332,602	Renewal Project	SHP	SSO	F
New SPC Permanent ...	2009-11-17 14:12:...	5 Years	Mecklenburg Count...	235,980	New Project	S+C	TRA	P1
SPC Renewal B - 09	2009-11-17 15:31:...	1 Year	Mecklenburg Count...	272,016	Renewal Project	S+C	TRA	U
McCreesh Place 2009	2009-11-18 17:23:...	1 Year	St. Peter's Homes...	33,333	Renewal Project	SHP	PH	F

Vocational Traini...	2009-11-17 12:08:...	1 Year	Hope Haven Inc	53,980	Renewal Project	SHP	SSO	F
THREADS HMIS FY2009	2009-11-17 14:18:...	1 Year	Hope Haven Inc	63,000	Renewal Project	SHP	HMIS	F

Budget Summary

FPRN	$1,891,720
Permanent Housing Bonus	$235,980
SPC Renewal	$1,589,208
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Consolidated Plan	11/16/2009

Attachment Details

Document Description: Consolidated Plan