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-516 - Northwest North Carolina CoC
CoC Lead Organization Name:	OASIS, Inc. (Opposing Abuse with Service, Information and Shelter)

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:	Northwest North Carolina CoC
Indicate the frequency of group meetings:	Monthly or more
If less than bi-monthly, please explain (limit 500 characters):	
Indicate the legal status of the group:	Not a legally recognized organization
Specify "other" legal status:	

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)	100%

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

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

Specify "other" process(es):

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

Basically, we have asked all non-profit providers, homeless advocates, and parties concerned about the issue of homelessness to become members of the Northwest Continuum of Care in order to be representative of all sectors and to be as effective in our mission as possible. All members are either volunteering their time, or are representing the agencies they work for in their service on this board. The chairperson role is the only "elected" position and it rotates annually to ensure members share responsibility and don't suffer burnout.

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

Group leaders are elected on a rotating basis to lead the CoC process. And the past chair provides technical assistance and support to the chair.

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):

Yes, if HUD provided administrative funds to the CoC, we would have the capacity to employ someone to oversee the activities of the group, apply for funding, coordinate annual Point in Time count, recruit new volunteers and members, provide project oversight and monitoring of program outcomes.

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
NWCoC Steering Committee	The NWCoC Steering Committee is the primary coordinating and decision making group.. The groups is comprised of homeless service providers, Supportive Housing program providers, the Housing Authority, homeless advocates and other community agencies serving the seven counties in the NWCoC. The group meets monthly or more to coordinate planning, identify gaps in services, and develop short and long-range goals. In the summer of 2009, the Steering Committee also lead the effort to pursue Homeless Prevention and Rapid Rehousing funding to expand services and support for the homeless and those who would become homeless without help.	Monthly or more
Chronic Homeless and Permanent Supportive Housing Committee	This was established to focus on the hard to serve homeless who are in need of permanent supportive housing and additional mainstream services, particularly mental health and substance abuse services. The dramatic decrease in mental health services has created significant challenges with the closing of the vast majority of emergency mental health beds in the region shelters are struggling to provide safe housing and appropriate services. The members of this committee work closely with New River Behavioral Health Care to develop and provide supports for the chronically homeless in shelters, supportive housing programs and those who are unsheltered.	Quarterly
Point In Time Committee	The PIT Committee works on a quarterly basis to educate mainstream service providers about the annual point in time count conducted to track and identify the shelter and unsheltered homeless in the seven county region. The PIT committee provides information and training about elements tracked and feedback to participants about the results, demographics of the homeless identified and gaps in services. In December participating agencies are contacted and provided the tracking tools for the count. Data is e-mailed to the lead PIT agency for tabulation and then distributed to participants and used for public awareness in the communities.	Quarterly
Review and Evaluation Committee	This committee tracks program outcomes annually and quarterly. Information from the Carolina Homeless Information system is reviewed monthly by committee members. Annual Progress Reports are submitted to the CoC¿s lead agency for tabulation of participant exit information to compare to Strategic Planning Objectives 1-5. Data has been considered when ranking projects annually.	Quarterly

Public Awareness and Homeless Prevention Committee	This committee works to make the local communities aware of the needs of the homeless and ways they can become involved in providing support and solutions. The Hospitality House and OASIS both coordinate Homeless Awareness Month and Domestic Violence Awareness Month campaigns each year. The CoC members and service providers meet with civic organizations and communities of faith to educate the community about needs, gaps and resources as well as to recruit volunteers and raise local financial support. Providers also work with units of local government in the development of consolidated community plans to incorporate the needs of the homeless in local and regional planning.	Monthly or more

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

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
Hospitality House of Boone	Public Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
New River Behavioral Healthcare	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
ALFA	Public Sector	Other	Attend Consolidated Plan focus groups/public forums durin...	HIV/AIDS
NC Housing Finance Agency	Public Sector	Other	Attend 10-year planning meetings during past 12 months	Seriously Me...
Broughton Hospital	Public Sector	State g...	Committee/Sub-committee/Work Group	Veterans, Se...
Employment Security Commission	Public Sector	State g...	Committee/Sub-committee/Work Group	Veterans, Do...
NC Department of Vocational Rehabilitation/ Ind...	Public Sector	State g...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
NC Interagency Council for Coordinating Homeles...	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Yancey County Transportation Authority	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veterans, Su...
Alleghany, Ashe, Avery, Mitchell, Watauga, Wilk...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veterans
NC DHHS Office of Economic Opportunity	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	Veterans, Do...
NC Juvenile Justice	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	Youth
NC Housing Coalition	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
NC Department of Corrections	Public Sector	Law enf...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
NC Representative Cullie Tarlton	Public Sector	Other	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
NC Senator Steve Goss	Public Sector	Other	Attend 10-year planning meetings during past 12 months	Seriously Me...
NC Department of Health and Human Services	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	Youth, Domes...

Alleghany, Ashe, Avery, Mitchell, Watauga, Wilk...	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Watauga County Affordable Housing Task Force	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veterans, Do...
Town of Boone	Public Sector	Local g...	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	Seriously Me...
Region D Council of Governments	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Veterans
Appalcart	Private Sector	Other	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Alleghany, Ashe, Avery, Mitchell, Watauga, Wilk...	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Veterans, Do...
North Wilkesboro Housing Authority	Public Sector	Public ...	Attend 10-year planning meetings during past 12 months, A...	Seriously Me...
Northwest Regional Housing Authority	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	Veterans, Do...
Alleghany, Ashe, Avery,Mitchel, Watauga, Wilkes...	Public Sector	School ...	Attend Consolidated Plan focus groups/public forums durin...	Youth
Caldwell Community College	Public Sector	School ...	Attend Consolidated Plan focus groups/public forums durin...	Veterans, Do...
Appalachian State University	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans, Do...
Watauga County Sheriff Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Domestic Vio...
Boone Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Seriously Me...
Resort Area Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth, Veterans
OASIS, Inc.	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Legal Aid of North Carolina	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Veterans, Do...
Hunger and Health Coalition	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Youth, Subst...
Ashe Partnership for Children	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Domes...
High County United Way	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Domes...
Watauga Crisis Assistance Network	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...

Boone United Methodist Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
First Baptist Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Veterans, Se...
Mount Vernon Baptist Church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	Seriously Me...
First Presbyterian Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Youth, Domes...
Grace Lutheran Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
St. Elizabeth Catholic Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
St Luke and Holy Cross Episcopal Chruch	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
Ashe Congregational Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Youth, Domes...
Ashe Really Cares	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Youth, Domes...
Habitat for Humanity	Private Sector	Non-pro...	Attend Consolidated Plan focus groups/public forums durin...	Veterans, Do...
Shepherd's Staff	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Veterans, Do...
Z. Smith Reynolds	Private Sector	Funder ...	Attend Consolidated Plan planning meetings during past 12...	Youth, Domes...
North Carolina Community Foundation	Private Sector	Funder ...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Catholic Campaign for Human Development	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Holton Managment	Private Sector	Businesses	Committee/Sub-committee/Work Group	Seriously Me...
Hospitality House Board Member	Individual	Homeles...	Committee/Sub-committee/Work Group	Seriously Me...
OASIS, Inc. Board Member	Individual	Homeles...	Committee/Sub-committee/Work Group	Domestic Vio...
NAMI	Individual	Homeles...	Committee/Sub-committee/Work Group	Seriously Me...
Dipper G.	Individual	Homeles...	Committee/Sub-committee/Work Group	Seriously Me...
Phillip P.	Individual	Homeles...	Committee/Sub-committee/Work Group	Seriously Me...

Ashe County Coalition for the Homeless	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...

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, 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)	g. Site Visit(s), b. Review CoC Monitoring Findings, e. Review HUD APR for Performance Results, k. Assess Cost Effectiveness, h. Survey Clients, o. Review CoC Membership Involvement, c. Review HUD Monitoring Findings, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, p. Review Match, l. Assess Provider Organization Experience, i. Evaluate Project Readiness
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):

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: No

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

Safe Haven: No

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

Our Region does not have any Safe Haven Beds.

Transitional Housing: Yes

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

New River Behavioral Healthcare operates with non-HUD funding a halfway house/family reunification program for single mothers with children in substance abuse recovery. The total number of transitional beds is 4 beds for single mothers with children (2 adults, 2 children).

Two years ago, New River Behavioral Healthcare's Serenity Farm program for men in recovery was dismantled due to maintenance issues which the landlord refused to correct. As a result the program closed and 7 HUD-funded beds were lost. To replace this program, New River Behavioral Healthcare opened Evergreen last year as a new transitional housing program for men in recovery. With non-HUD-funding, the program operates 6 new beds for men in substance abuse recovery.

Permanent Housing: Yes

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

Northwestern Regional Housing Authority developed a new permanent housing program for seniors and disabled persons located in Mitchell County. The program created 8 new beds and was funded with non-HUD funding.

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	NWCoC Housing Inv...	11/23/2009

Attachment Details

Document Description: NWCoC Housing Inventory Chart

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)	01/28/2009
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:	
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, National studies or data sources, Stakeholder discussion, Applied statistics, Provider opinion through discussion or survey forms
Specify "other" data types:	

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

Local homeless service providers, mental health and substance abuse service providers, emergency assistance programs and food pantries completed point in time surveys which were submitted to the Hospitality House for compilation. The count was then compared to prior year and evaluated. In addition service providers were interviewed as to changes in the economic environment affecting their populations. Local communities were not as affected as others in the nations with regard to Sub-Prime mortgages, however, due to the declining economies in our rural, tourism based communities, more families and individuals found themselves homeless from 2008 to 2009.

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:	Regional (multiple CoCs)
Select the CoC(s) covered by the HMIS: (select all that apply)	NC-507 - Raleigh/Wake County CoC, NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC, NC-504 - Greensboro/High Point CoC, NC-513 - Chapel Hill/Orange County CoC, NC-501 - Asheville/Buncombe County CoC, NC-502 - Durham City & County CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-516 - Northwest North Carolina CoC, NC-503 - North Carolina Balance of State CoC, NC-500 - Winston Salem/Forsyth 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:	ServicePoint
What is the name of the HMIS software company?	Bowman Systems, Inc.
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	05/01/2006
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):	Inadequate staffing, No or low participation by non-HUD funded providers, Inadequate resources

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).

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 continues to look for ways to overcome the issue of inadequate staffing and agency resources when it comes to data entry and retrieval for reporting purposes. CoC members are working with local mainstream resources to provide education about CHIN and the advantages to created a single system to track individual progress and program outcomes. And because program participants may not consent to being entered into the HMIS, agencies must maintain two systems, pull information from both when completing reports, and hand-sort the data to avoid duplication.

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	North Carolina Housing Coalition
Street Address 1	118 St. Mary's Street
Street Address 2	
City	Raleigh
State	North Carolina
Zip Code **Format: xxxxx or xxxxx-xxxx**	27601
Organization Type	Non-Profit
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	Yes

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	Harold
Middle Name/Initial	E
Last Name	Thompson
Suffix	Jr.
Telephone Number: (Format: 123-456-7890)	919-600-4737
Extension	
Fax Number: (Format: 123-456-7890)	919-881-0350
E-mail Address:	hthompson@nchousing.org
Confirm E-mail Address:	hthompson@nchousing.org

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

Instructions:

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**	Housing type does not exist in CoC
*** Transitional Housing (TH) Beds**	86%+
*** Permanent Housing (PH) Beds**	86%+

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

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

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%	10%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	2%
* Disabling Condition	0%	2%
* Residence Prior to Program Entry	0%	2%
* Zip Code of Last Permanent Address	0%	5%
* 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?	No
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):

CHIN uses comparative reporting to assist agencies as they improve their client and program data. The primary report is the monthly Data Quality Report that provides agencies with an overview of their data completeness, utilization rates and inventory; however, agencies may request a report at any time during the month. Standardized ServicePoint reports are available continuously including: APR data, clients served, and clients not served. For agencies that need improvement, on-site and on-line data entry assistance and training are available at no charge. In extreme cases, contract data entry assistance is available for agencies to help them become current with data entry.

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

A commitment to accurate data entry, including program entry and exit dates, begins when agencies signed their Agency participation Agreement. In this contract, agencies agree to adhere to CHIN's Standard Operating Policies which explicitly cover all HUD required data elements. Agencies and end users are reminded again during certification training. Program entry and exit dates are covered specifically in the materials. Program enrollment figures are included as elements on CHIN's monthly Data Quality Reports. When requested, CHIN staff can generate a report for participating agencies that list all clients with their program entry and exit dates and indication of fields that remain incomplete.

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:	Semi-annually
Use of HMIS for point-in-time count of sheltered persons:	Semi-annually
Use of HMIS for point-in-time count of unsheltered persons:	Semi-annually
Use of HMIS for performance assessment:	Semi-annually
Use of HMIS for program management:	Annually
Integration of HMIS data with mainstream system:	Never

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

Instructions:

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

How often does the CoC assess compliance with HMIS Data and Technical Standards?	Annually
How often does the CoC aggregate data to a central location (HMIS database or analytical database)?	Never
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	08/03/2009
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	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Quarterly
Using HMIS data for assessing program performance	Semi-annually
Basic computer skills training	Monthly
HMIS software training	Monthly

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

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. 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): 01/28/2009

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	16	3	59	78
Number of Persons (adults and children)	46	7	159	212

Households without	Dependent Children			
	Sheltered		**Unsheltered**	**Total**
	Emergency	**Transitional**		
Number of Households	36	20	1,041	1,097
Number of Persons (adults and unaccompanied youth)	39	20	1,128	1,187

All Households/	All Persons			
	Sheltered		**Unsheltered**	**Total**
	Emergency	**Transitional**		
Total Households	52	23	1,100	1,175
Total Persons	85	27	1,287	1,399

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)**	4	126	130
*** Severely Mentally Ill**	26	186	212
*** Chronic Substance Abuse**	23	192	215
*** Veterans**	0	24	24
*** Persons with HIV/AIDS**	0	0	0
*** Victims of Domestic Violence**	44	150	194
*** Unaccompanied Youth (under 18)**	0	0	0

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?	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:	100%

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:

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

All domestic violence shelters, mental health and substance abuse service providers, emergency assistance programs, and food pantries, as well as the only homeless shelter provided both emergency and transitional housing data and participated in the Point in Time count. Two weeks prior to the annual Point In Time, agencies are contacted (100% of domestic violence shelters, mental health service providers in the 7 counties, food pantries, homeless advocates and others providing any form of housing) to discuss the collection of data, the process and tools to submit the PIT count. A data form for each individual staying in a shelter, transitional and permanent was completed and then tallied to produce the total shelter count. The week after the PIT is completed all participating agencies submitted raw data with identifying initial and gender to reduce duplication. Extrapolation methods are then applied to the raw data to define subpopulation numbers and then reviewed by the Point In Time committee comparing data from prior years

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 Point In Time count from 2008 to 2009 demonstrated relatively flat data for the sheltered populations. As many of the shelters in the region are at capacity most Januarys, the numbers did reflected an 11% increase in the number of homeless households in emergency shelters and transitional program from the prior year. The total number of homeless individuals without children decreased by 10% in January 2009; therefore the total number of homeless households from 2008 to 2009 remained essential level in our region. However there was a fairly sizeable increase in the number of unsheltered individuals and families.

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:	X
Sample strategy:	
Provider expertise:	X
Non-HMIS client level information:	X
None:	
Other:	X

If Other, specify:

Actual count and intake forms used to gather subpopulation data from individuals in HUD funded emergency and transitional housing programs.

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

All domestic violence shelters, county mental health/substance abuse providers, as well as the only homeless service provider, which provides both emergency and transitional housing, participated in the Point in Time count. A data form for each individual staying in HUD funded program: New River Behavioral Health Care, WAMY Community Action, OASIS and the Hospitality House shelter was completed by the respective agency utilizing data from the intake forms and HMIS and then tallied to calculate the subpopulation data. Agencies who provide data for the count but who are not currently receiving HUD funding, often are only willing to provide raw data with identifying information to reduce duplication. Extrapolation methods are then used to apply subpopulation information known from current HUD programs to the raw data submitted by other community partners.

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):

The NWCoC partners have reviewed the PIT data and believe the lack of subpopulation input has skewed some of subpopulation data as in most categories we experienced a decrease in subpopulations while experiencing an increase in the total number of homeless households. While in the case of the chronically homeless, we believe that agencies contributing data are more aware of this category and these homeless persons (hard to serve and making up perhaps 10% of the total homeless population- count revealed 1267 homeless adults and 130 chronically homeless). And therefore we believe adjustment in the extrapolation process for this category has more accurately counted in 2009. But for Seriously Mentally Ill and those Diagnosed with Substance Abuse disorders, these number decreased by 50+% which we do not feel is valid as mental health services continue to decline in our region as North Carolina continues to struggle with the failure that is Mental Health Reform. The count for victims of domestic violence only decreased by 10% so across the region, some of the agencies experienced an increase, some experienced a decrease on that one night in January. And with unaccompanied youth, North Carolina Department of Social Services is responsible for any unaccompanied youth below the age of 18, are are not placed in homeless shelters. And the HIV, apparently rare in our region is extremely low or very underreported so there has been no change PIT from zero to zero.

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

If Other, specify:

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

Grantees and/or providers maintain a separate database that includes a section for the names of HMIS clients and then a separate section for non-HMIS with the ability to cross-reference names to avoid duplication of persons served.

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:	X
Other:	X

If Other, specify:

The only provider of homeless services completes a data form for each unsheltered individual. In addition, we contact community service providers including food banks, social service agencies and mental health agencies and ask that they complete a survey on homeless individuals and families that they are aware of with measures used to avoid duplication (i.e. initials and gender). We use data on all known unsheltered homeless individuals and then extrapolate based on the total population for the NWCOC 7 county service area. In addition, the NWCoC covers 7 rural counties in the Mountains of North Carolina which covers over 2700 square miles and there is no public transportation in most counties much less cross county lines. So those without resources are not traveling from one county to the other (particularly on one day in January) to receive services from multiple providers and the identifiers are in place just as a precautionary measure.

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:

Due to the rural nature of our CoC (2700 square miles), we complete a data form on all known unsheltered homeless individuals and then extrapolate based on the total population for the 7 counties in our service area. Because communities in the region are small (some counties have a total population of less than 12,000) the service providers involved in the PIT have a comprehensive understanding of their communities, need, and are typically the agencies contacted when there is a housing crisis for an individual or family (even if they are not a housing provider). This experience in each community enhances the ability of the CoC to gather relevant data on level of the unsheltered need.

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:	

If Other, specify:

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

Counting the unsheltered on the same day serves as the initial screening to reduce duplication. In addition, since the NWCoC region covers 2700 square miles, the homeless generally do not access services across county lines. There is no public transportation system in most communities much less a system that would cross county lines. Also, information submitted records identifying information such as gender and initials to reduce the possibility of counting an individual or household more than once.

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 participants assist identified individuals at risk for homelessness and work to access mainstream resources to prevent homelessness or facilitate access to transitional housing or permanent housing programs in the CoC region. The CoC partner agencies have also been awarded a 3 year HPRP grant to prevent and reduce homelessness in the 7 county service area and will use these funds to serve both families and individuals. The HPRP coordinators, who are staff members of NWCoC agencies, will also learn more about other stimulus program that offer job training and other life skill building programs to help reduce the incidence of homeless. A brochure will be created to briefly outline the program and eligibility. Since only 1 in 10 will be serviced by this program (based on HUD research) the outreach efforts will train agencies, communities of faith, and other points of entry as to eligibility criteria for the program. Unfortunately the condition of the overall economy and specifically the rural mountain region which is tourism driven, minimum wage jobs coupled with 30% higher than average housing costs (due to rental housing competition from Appalachian State University Students and the ever increasing number of seasonal, second home owners) continue to define and exacerbate the homeless in the region.

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):

Due to our large geographical area (2700 square miles) of the NWCoC which constitutes seven rural counties in the northwestern mountains of North Carolina, reaching and identifying people residing in the woods, barns, and storage units is extremely challenging. Often agencies are unaware of unsheltered homeless individuals until a crisis occurs. The homeless service providers in the NWCoC region provides outreach programs in the community to educate residents and train other service providers who to refer and support the homeless in accessing housing support. In addition the only general homeless service provider (the Hospitality House) offers assistance to a large number of individuals with supportive services including meals, showers, laundry, and mail services who currently do not access shelter. And with the new HPRP grant, CoC partner agencies will engage in additional outreach to homeless and those at risk.

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):

Based on a comparison of the 2008 and 2009 Point In Time Count data for the unsheltered, the NWCoC region experienced: a 69% increase in homeless children; 20% increase in the number of homeless households with children; a 30% increase in the number of homeless adults; and a 50% increase in the number of homeless women. The CoC attributes the increase in the number of homeless households to the increasing unemployment and underemployment and the higher than average cost of housing in the rural mountains of North Carolina.

In addition the CoC was not able to expand services due to the rejection of the Rapid Rehousing proposal submitted in the 2008 competition. More and more individuals and families find themselves homeless and are in need shelter for a greater period of time to become stabilized in housing. One domestic violence shelter saw their client's average length of stay triple in two years.

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)?

The NWCoC will increase the number of permanent housing beds available by 9 in 2010, through the addition of 4 units with 9 beds in the new Hospitality House facility. The expected completion date is August 2010. Though these new beds are not restricted to be exclusively use by the chronically homeless, these beds will be targeted to homeless and disabled individuals and families and the chronically homeless.

The NWCoC is also the recipient of an HPRP grant and will use the Rapid Rehousing component to assist the chronically homeless all 7 counties that we serve. In addition, in August 2009, the Northwestern Regional Housing Authority opened 8 new permanent supportive housing beds in a new facility located in Mitchell County, one of the 7 counties in our CoC.

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

The NWCoC will increase permanent housing beds available by 9 in 2010, through the addition of 4 units with 9 beds in the new Hospitality House facility. Though these new beds are not restricted exclusively for the chronically homeless, these beds will be targeted to the chronically homeless as well as other hard to serve homeless including individuals, couples and families that do not meet the definition of chronically homeless, but have a disabling condition and a history of cycling in and out of homeless shelters.

The NWCoC is also the recipient of an HPRP grant and will use the Rapid Rehousing component to assist the chronically homeless. In addition, in August 2009, the Northwestern Regional Housing Authority opened 8 new permanent supportive housing beds for seniors and disabled.

** The majority of the NWCoC SHP projects were in place prior to the chronically homeless designation, but all of our permanent SHPs are available to the chronically homeless.

How many permanent housing beds do you currently have in place for chronically homeless persons?	2

How many permanent housing beds do you plan to create in the next 12-months?	12
How many permanent housing beds do you plan to create in the next 5-years?	8
How many permanent housing beds do you plan to create in the next 10-years?	24

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 NWCoC will work with community agencies to increase the percentage of homeless persons remaining in permanent housing for at least six months by continuing to extend supportive services to residents in permanent supportive housing that will help them remain in their housing. Currently the NWCoC keeps 83 percent of homeless persons in permanent supportive housing. Over the next 12 months, the NWCoC plans to increase that percentage to 85 percent. Greater care will be taken in selecting for the permanent supportive housing programs so that applicants and new residents understand what is involved with permanent supportive housing.

One success story in the NWCoC shows a homeless individual graduating permanent supportive housing for more independent permanent housing after only 6 months in the program. The individual utilized the supportive services offered to program participants and no longer needed permanent supportive housing at the end of 6 months in the program.

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 NWCoC will work with community agencies to increase the percentage of homeless persons remaining in permanent housing for at least six months by continuing to extend supportive services to residents in permanent supportive housing that will help them remain in their housing. Currently the NWCoC keeps 83 percent of homeless persons in permanent supportive housing. In five years, the NWCoC plans to increase that percentage to 87 percent. In ten years, the NWCoC plans to increase the percentage of homeless persons staying longer than 6 months to 90%. Greater care will be taken in selecting for the permanent supportive housing programs so that applicants and new residents understand what is involved with permanent supportive housing. Evaluation of supportive housing programs will be done to make any needed changes to assist participants in keeping them in permanent housing.

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)?

NWCOC agencies demonstrated an 80% success rate in moving homeless individuals and families from transitional housing into permanent housing. And with limited Permanent Supportive Housing beds in the region, many families were successfully housed through the Section VIII voucher program. Agencies also attribute the 80% success rate to the comprehensive case management provided to participants.

Case managers work with individuals and families in emergency shelters to determine eligibility for transitional housing and assist in the development of individual goal plans. Participants meet with case managers on a regular basis and track progress toward goals. Goals can include enrollment in the Section VIII voucher program or secure employment to save funds while in subsidized transitional housing. And as stated previously the system is working with transitional housing participants where 80% secured permanent housing once graduating from transitional programs in 2008.

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).

The Northwestern Continuum of Care agencies will continue to incorporate best practices in their work with homeless individuals and families to support their journey from homelessness, through transitional housing programs with the final outcome of stable and safe permanent housing.

For the next three years this effort will be expanded thanks to the Federal recovery help through the new Homeless Prevention and Rapid Rehousing program which has awarded $1.3 million dollars in assistance to NWCoC agencies to prevent homelessness and move homeless individuals and families into housing quickly. Partner agencies will offer flexible financial assistance as well as case management support for more than 65 households each year in the seven county region of the NWCoC.

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 NWCoC will take the following steps to maintain or exceed our current employment rate at exit (25%): 1) partner with area employment and training programs such as Vocational Rehab, Workforce Development, the Community College System, and Employment Security Commission to develop workforce opportunities and training for this population; 2) work with area agencies currently providing necessary soft skills to enhance employability; 3)provide case management and mentoring as needed to help and encourage clients to make first step toward employee contact; 4) work with local Urban League Representatives on placing clients on job sites through the Senior Community Service Employment Program.

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 NWCoC will continue working at the local level carrying out the short-term steps to maintaining or exceeding employment for the target population. The CoC is also committed to working with legislators to keep the issue of jobs for the difficult to place and unskilled workforce in the forefront. This will ensure that opportunities are created at the Federal and State levels to train and provide useful and purposeful work for this population.

What percentage of persons are employed at program exit?	25
In 12-months, what percentage of persons will be employed at program exit?	25
In 5-years, what percentage of persons will be employed at program exit?	30
In 10-years, what percentage of persons will be employed at program exit?	40

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)?

Starting October 2009 the Northwestern Regional Housing Authority signed a contract with the State of North Carolina to bring the Homeless Prevention and Rapid Rehousing program to the seven counties in the NWCoC region. Sub-contracting with the Housing Authority are Project Team Partner (PTP) agencies: Hospitality House, OASIS, New River Behavioral Healthcare, and WAMY Community Action, also CoC agencies currently providing shelter and other support services for the homelessness. The $1.3 million dollar HPRP grant will go a long way in moving families quickly into housing.

Each PTP agency will be responsible for implementing the outreach, engagement, and referral strategies in the counties or populations they serve. For those determined to be eligible for the program, the PTP will assist clients through the intake and assessment process to identify the specific need(s) as well as individual strengths, resources, and supports in order to develop a housing intervention.

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

The Applicant Organization (AO) Northwestern Regional Housing Authority would reapply for any additional funding beyond the year 2012 to continue HPRP activities. In addition the CoC partner agencies would continue to develop our Continuum bringing in others who are concerned about homelessness in our region. Currently the CoC partners have 1) experience working with the targeted population, 2) experience working with federal and state grants, 3) strong partnerships with community agencies in their respective communities and 4) willingness and ability to meet all HPRP program requirements.

Through outreach efforts as a part of the new HPRP grant, PTP will continue to advocate for the homeless and recruit new partners to help in this effort. CoC agencies will continue to create awareness about the cost savings as a direct result of keeping children and households in safe and stable housing, in the hope of generating local financial support to continue HPRP activities.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2l)? 78

In 12-months, what will be the total number of homeless households with children?	30
In 5-years, what will be the total number of homeless households with children?	30
In 10-years, what will be the total number of homeless households with children?	25

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 Northwest CoC covers 7 counties, and therefore works with 7 different locally-implemented foster care programs. Presently, our CoC is working to implement protocols in each county's Division of Social Services. These protocols confirm 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. To date, MOUs have been signed by the local NWCoC representative and two county DSS agencies, confirming that no one will be discharged from foster care into homelessness.
DSS staff will participate in monthly CoC meetings to talk about how the CoC and DSS can partner to expand permanent housing opportunities for persons discharged from Foster Care.

Health Care:

Discharge protocols with local hospitals are being developed in the counties served by NWCoC. Since the hospitals are independent, and do not fall under a state office the same way that the MH hospitals, prisons, and foster care programs do, it has been more difficult and time-consuming to implement statewide procedures with hospitals in our region. Protocols are under development, and hospital social workers are encouraged to participate in regional CoC meetings, as well as participate in SOAR trainings to improve access to disability income for homeless people who frequently access hospital services. In addition, hospitals are encouraged to work with CoC members and other housing advocates to identify appropriate permanent housing placements for persons being discharged from the hospital.

Mental Health:

The Northwest Continuum of Care has worked with NC Interagency Council for Coordinating Homeless Programs (ICCHP) members from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (The Divisions) 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 MOU ensures that the facilities and the CoC members are implementing strategies to identify appropriate permanent housing for persons being discharged. The MOUs have been signed and went into effect 12/01/2008.

Corrections:

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. Prisons across NC are not allowed to sign MOUs with local Continua's; instead, all MOUs must be coordinated with the DOC itself. Final protocols between the CoC and DOC are under final review by DOC attorneys. Implementation of protocols began in winter 2009. In addition, the CoC is developing MOUs with local county jails. These MOUs will confirm that the jails will not discharge anyone into a McKinney Vento funded facility that does not meet HUD's definition of eligible homeless persons. In addition, jail staff will be invited to participate in local CoC meetings.

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:	Our goals to address homelessness include securing funding for additional beds for chronically homeless persons as well as the hard-to-serve homeless persons, increasing the percentage of persons moving from transitional housing to permanent housing, and increasing the number of communities within the CoC who are developing 10-year plans.

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 HPRP Applicant Organization (AO) is Northwestern Regional Housing Authority, and each of the 7 counties and all domestic violence programs in the Northwest COC will have a designated Project Team Partner (PTP) participating in the HPRP as follows: New River Behavioral Healthcare will serve Alleghany, Ashe, and Wilkes Counties; Hospitality House will serve Watauga County; WAMY will serve Avery, Mitchell, and Yancey Counties; and OASIS will serve all domestic violence programs in all 7 counties. Due to the rural nature of this COC, the PTPs have been carefully selected based on their 1) experience working with the targeted population, 2) experience working with federal and state grants, 3) strong partnerships with community agencies in their respective communities and 4) willingness and ability to meet all HPRP program requirements.
Each PTP will be responsible for implementing the outreach, engagement and referral strategy and will have HPRP case managers complete a comprehensive HPRP Eligibility Determination for all households that meet the screening criteria. The intake and assessment will be used to identify the specific need(s) as well as individual strengths, resources and supports in order to develop a HPRP plan to reduce homelessness.

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 NWCoC is coordinating a ARRA program funded program with the award of the Homeless Prevention and Rapid Reshousing grant of $1.3 million dollars for three years to cover Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, and Yancey counties.

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.	8	**Beds**	8	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	72	**%**	83	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	62	**%**	80	**%**
Increase percentage of homeless persons employed at exit to at least 19%	40	**%**	25	**%**
Decrease the number of homeless households with children.	4	**Households**	0	**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:

While the NWCoC partner agencies demonstrated a 25% of homeless persons employed at their exit (6% higher than the goal established by HUD) we did not achieve our targeted goal of 40% and we believe this is due to the increase in unemployment in general in our region. And in the HUD 2008 funding cycle, the Hospitality House applied for a Rapid Re-housing bonus (formerly Samaritan Bonus) to be used to reduce the number of homeless households with children. However, the request was not funded therefore, this goal to decrease was not achieved (particularly with the dramatic changes in the economy) where more and more families are finding themselves homeless due to loss of employment).

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	77	0
2008	240	2
2009	130	2

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. 0

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					
Operations					
Total	$0	$0	$0	$0	$0

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):

NWCoC agencies have created new permanent supportive housing beds but not exclusively targeted to the Chronically Homeless (CH). In our rural area, we do not experience the high numbers of CH as urban areas, yet have a high demand for permanent housing. Therefore permanent housing beds are available to help those with disabling conditions as well as CH individuals.

In 2009 we believe the decrease in CH numbers is due to a more effective extrapolation process. In reviewing the 2008 data, we think the CH subpopulation was over stated with 24% being CH. As a result we have adjusted extrapolation methods to more accurately reflect the CH count in our region (this year the count was 10% of our total homeless population).

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? No

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	9
b. Number of participants who did not leave the project(s)	21
c. Number of participants who exited after staying 6 months or longer	7
d. Number of participants who did not exit after staying 6 months or longer	13
e. Number of participants who did not exit and were enrolled for less than 6 months	2
TOTAL PH (%)	67

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? No

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	28
b. Number of participants who moved to PH	26
TOTAL TH (%)	233

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: 258

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	19	7	%
SSDI	12	5	%
Social Security	0	0	%
General Public Assistance	1	0	%
TANF	2	1	%
SCHIP		0	%
Veterans Benefits	2	1	%
Employment Income	80	31	%
Unemployment Benefits	1	0	%
Veterans Health Care	1	0	%
Medicaid	20	8	%
Food Stamps	29	11	%
Other (Please specify below)	7	3	%
Appalachian Healthcare Project			
No Financial Resources	125	48	%

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? No

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.

All projects have in place procedures to systematically refer homeless individuals to mainstream programs. In addition, each project has developed and maintains a strong working relationship with the providers of mainstream programs and seeks new and innovative ways to improve accessing mainstream programs to eligible participants.

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.

October 20, 2008 - DSS and Domestic Violence Shelter and Service
April 8, 2009- Housing Authority training with regional landlords
May 28 & 29, 2009- HUD Training for CoC member agencies
June 18, 2009 - Ashe County Coalition- Homelessness Forum
September 8 & 10, 2009- Homeless training with local Sheriff and Police Departments
September 24 and October 2, 2009- Rural Communities Dialogue Group through the NC Coalition to End Homelessness
September 15, 2009- Meeting with State HPRP Staff
October 29 & 30, 2009- HPRP training for sub-contractors

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. Semi-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).

December 2-3, 2008- SOAR training for case managers
March 17, 2009- SOAR Essentials training

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	100%
Service providers meet with individuals to evaluate eligibility for programs and facilitate access to mainstream resources (transportation and help complete documents).	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	0%
Mainstream resources are provided by State and Federal agencies that use their agency's specific forms and documentation.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Case Managers meet weekly with clients to follow up on progress toward securing mainstream resources and help to reduce barriers (if any) to access.	

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

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

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

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

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

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

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

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?**	No
***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?**	No

Part A - Page 3

***14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?** **(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)**	No
***15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?** **Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?**	No
***16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?**	No
***17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?**	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
SSO Homeless Outr...	2009-11-19 13:40:...	1 Year	Hospitality House...	29,179	Renewal Project	SHP	SSO	F
Wintergreen Perma...	2009-11-15 17:11:...	1 Year	Northwestern Hous...	33,018	Renewal Project	SHP	PH	F
Oasis Now (Edgecl...	2009-11-15 17:01:...	1 Year	New River Service...	69,517	Renewal Project	SHP	PH	F
Hospitality House...	2009-11-20 09:51:...	2 Years	Hospitality House...	35,192	New Project	SHP	PH	P1
WAMY Supportive H...	2009-11-23 12:59:...	1 Year	WAMY Community Ac...	35,567	Renewal Project	SHP	PH	F
Sleeping Place Tr...	2009-11-19 13:34:...	1 Year	Hospitality House...	31,181	Renewal Project	SHP	TH	F
OASIS Transitiona...	2009-11-16 12:08:...	1 Year	OASIS, Inc. (Oppo...	29,294	Renewal Project	SHP	TH	F
Rock Haven Perman...	2009-11-19 13:25:...	1 Year	Hospitality House...	31,928	Renewal Project	SHP	PH	F

Budget Summary

FPRN	$259,684
Permanent Housing Bonus	$35,192
SPC Renewal	$0
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Consistency with ...	11/13/2009

Attachment Details

Document Description: Consistency with Consolidated Plan and CoC Project Spreadsheet