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-502 - Durham City & County CoC

CoC Lead Organization Name: Durham Affordable Housing Coalition

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:	Durham Ten Year Plan to End Homelessness Executive team
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)	50%

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

Elected:	
Assigned:	X
Volunteer:	X
Appointed:	X
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):

Several members of the Durham Ten Year Plan represent government agencies and departments and are appointed by the government entity or department. Many other members are community volunteers, or are appointed by a homeless service provider or faith community. The Mayor Pro Tem of the City of Durham and the Chairman of the Durham County Commission serve on the Executive Team and two members are formerly homeless persons. The composition of the team is intended to reflect the private-public partnership of the Plan and to include leaders of agencies and institutions that have vital roles to play in helping to end chronic homelessness.

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

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

Specify "other" process(es):

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, the Ten Year Plan has designated Durham Affordable Housing Coalition to be the fiscal agent for the Continuum of Care, and to oversee the application process, when appropriate serve as the grantee, provide project oversight and monitoring. The Durham Affordable Housing Coalition has been a part of the Continuum of Care process since 1994 and has experience in providing these services. The agency was responsible for the management of a housing fund for the Durham Center for many years.

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
Permanent Housing Results Team	Advocate for Permanent supportive housing	Monthly or more
Council To End Homelessness in Durham	Networking for service providers, regular monitoring of HMIS participation.	Monthly or more
Access to Services Results Team	Discharge planning, coordination of System of Care and Care Review processes.	Monthly or more
Executive Team	Oversee the implementation of the Ten Year Plan and the Continuum of Care	Monthly or more
HPRP Advisory Board	HPRP oversight	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
City of Durham	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Durham County	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Durham County Department of Social Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Youth
The Durham Center	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Durham Criminal Justice Resource Center	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Abuse
Durham County Health Department	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Youth, HIV/AIDS
Durham County Emergency Management Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Durham Housing Authority	Public Sector	Public ...	Primary Decision Making Group, Attend Consolidated Plan p...	HIV/AIDS
Duke University	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Youth
Durham Public Schools	Public Sector	School ...	Primary Decision Making Group, Attend 10-year planning me...	Youth
Durham Technical Community College	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
N C Central University	Public Sector	School ...	Primary Decision Making Group, Attend 10-year planning me...	Youth
Durham County Sheriff's Department	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	NONE
Durham Police Department	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	NONE
Durham Chamber of Commerce	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE

Durham Office of Economic and Employment Dev.	Public Sector	Local w...	Primary Decision Making Group, Attend 10-year planning me...	Youth, Veterans
NC DHHS - OFFICE OF THE SECRETARY	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
NC Department of Vocational Rehabilitation	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	Veterans, HI...
North Carolina Courts	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	NONE
AIDS Community Residence Association	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	HIV/AIDS
CAARE Inc	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Veterans, HI...
Durham Regional Financial Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Durham Affordable Housing Coalition	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Durham Crisis Response Center	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
Genesis Home	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Youth, Domes...
Good Work, Inc	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Youth, Domes...
Housing for New Hope	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Durham Interfaith Hospitality Network	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
JRUTH. Inc	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Next Step Housing	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
The ARC of NC	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Builders of Hope, Inc.	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
Salvation Army	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE

TROSA	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Veterans, Su...
Urban Minsitries of Durham	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Veterans, Su...
Women in Action	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
Durham Congregations in Action	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Durham Rescue Mission	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
Immaculate Conception Catholic Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
First Presbyterian Church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Masjid Ibad Ar-Rahman, Inc.	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Nehemiah Christian Center	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
St. Philips Episcopal	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Westminster Presbyterian	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
North Carolina Coaliltion to End Homelessness	Private Sector	Funder...	Attend 10-year planning meetings during past 12 months, A...	NONE
Downtown Durham, Inc	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
El Centro Hispano	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Sun Trust Bank	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Latino Community Credit Union	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Measurement Inc.	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
C. T. Wilson Construction Company	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Community Health Duke Univ. Med. Ctr.	Private Sector	Hospita...	Attend 10-year planning meetings during past 12 months, C...	NONE
Lincoln Community Health Center	Private Sector	Hospita...	Attend 10-year planning meetings during past 12 months, C...	HIV/AIDS

V.A. Medical Center	Private Sector	Hospita...	Attend 10-year planning meetings during past 12 months, C...	Veterans, Su...
Lynn Holloway	Individual	Homeles...	Attend 10-year planning meetings during past 12 months, C...	NONE
Michael Kelly	Individual	Homeles...	Attend 10-year planning meetings during past 12 months, C...	Substance Abuse
Sam Whitted	Individual	Homeles...	Attend 10-year planning meetings during past 12 months, C...	Substance Abuse
Sam Fisher	Individual	Homeles...	Attend 10-year planning meetings during past 12 months, C...	Substance Abuse
Jaqueline Bostick	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Triangle United Way	Private Sector	Funder ...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Annette Parker	Individual	Formerl...	Primary Decision Making Group, Attend 10-year planning me...	NONE
American Institute of Certified Public Accountants	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Capitol Broadcasting Company, Inc.	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE

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

Instructions:

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

Open Solicitation Methods: (select all that apply)	f. Announcements at Other Meetings, a. Newspapers, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups
Rating and Performance Assessment Measure(s): (select all that apply)	b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): (select all that apply)	c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Commitee, 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: Yes

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

Bed capacity changed only slightly, with a reduction from 289 beds in 2008 to 279 beds in 2009. Two providers increased beds slightly, while another reduced bed capacity.

Safe Haven: No

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

Transitional Housing: Yes

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

TH beds declined by 24%, from 428 beds in 2008 to 325 beds in 2009. Two providers had substantial reductions in TH. TROSA, a therapeutic community for people with addictions, devoted 34 fewer transitional beds to homeless people. The Durham Rescue Mission reduced its TH beds by 69; 81% of this total or a reduction of 56 beds occurred because of operating budget constraints at the Good Samaritan Inn, TH for families.

Permanent Housing: Yes

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

PH beds increased by 47% to 147 beds. The Durham Rescue Mission was able to open a number of homes it owns as permanent supportive housing, adding 19 beds to the inventory. Housing for New Hope expanded its Williams Square development, currently under construction, by 14 beds, from 10 to 24 beds. The Durham Center also started a Shelter Plus Care project that added 7 family beds in 2 units and 7 individual beds to the inventory.

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	2009 eHIC	11/20/2009

Attachment Details

Document Description: 2009 eHIC

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

Instructions:

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

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)	01/28/2009
Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)	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
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, Housing inventory, 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):

An initial determination was made using the HUD formula. This determination relied on the housing inventory in the categories of ES, TH, and PH. Provider opinion was obtained via email discussions; these opinions confirmed that those in the unsheltered count needed PH, since they were not taking advantage ES or TH openings available to them and were chronically homeless. The initial determination was revised in light of provider opinion that larger numbers than originally estimated of those with substance abuse disorders would need PH and that the sub-population of chronically homeless in the CoC has increased. Increases in PH inventory and declines in the overall PIT count contributed to the reduction in PH unmet need since 2008.

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-503 - North Carolina Balance of State CoC, NC-516 - Northwest North Carolina 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)	01/01/2007
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	No or low participation of SHP funded providers, No or low participation by ESG funded providers, Inadequate bed coverage for AHAR participation, No or low participation of S+C funded providers, No or low participation by non-HUD funded providers

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

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

We joined the Carolina Homeless Information Network and are encouraging all providers to provide data to CHIN. We are using a 2008 CoC grant to underwrite the costs of transitioning to CHIN, and this removes funding as an obstacle to HMIS participation. Participation is improving & we expect to be able to participate in AHAR 6. HPRP implementation also is bringing more providers into our HMIS. CHIN is working with us in improving our data quality, bed coverage, and to move closer to an unduplicated count of homeless individuals served. Standardized and customized reporting, end user certification and refresher training, and focused technical assistance are some of the tools that CHIN staff use. CHIN produces a monthly data quality report to provide us with an overview of data completeness, utilization rates, and inventory. In addition CHIN has developed a Healthy Indicators tool to help agencies and stakeholders monitor their HMIS improvement throughout the year.

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**	51-64%
*** Safe Haven (SH) Beds**	Housing type does not exist in CoC
*** Transitional Housing (TH) Beds**	0-50%
*** Permanent Housing (PH) Beds**	0-50%

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:

After reaching a dead end with trying to use Durham County's Community Assistance Database (CADB)as our HMIS in 2007, the Continuum's shelter providers decided to join the Carolina Homeless Information Network (CHIN) in early 2008. Three providers--Genesis Home, Housing for New Hope, and Urban Ministries of Durham (UMD)--began entering data into CHIN earlier in 2009. UMD is the largest emergency shelter provider in the Continuum.

A 2008 Continuum of Care grant of $30K to Urban Ministries of Durham will be used over the next three years to provide additional training and technological support to bring additional providers into CHIN and to support existing CHIN participants. UMD experienced executive leadership transitions during the year and this had delayed progress on preparing the Technical Submission for the 2008 grant, but progress continues to be made.

Triangle Residential Options for Substance Abusers (TROSA), a therapeutic community for people with addictions that has 80-90 homeless people in TH beds of a total inventory of 375 beds, has sent staff to CHIN training and will soon begin to use the CHIN Release of Information form with TROSA's homeless consumers. The technological hurdles to begin downloading TROSA data into CHIN are likely to be overcome in the next 1-3 months.

The Durham Rescue Mission, an agency that receives only private funding, has expressed openness to downloading its data into CHIN, but as yet, no work has actually begun. The Rescue Mission is the largest provider of ES and TH beds in the Continuum, and we are continuing to dialogue with their leadership about this issue.

We continue to encourage other smaller providers to convert their databases to CHIN as well and will continue to work with them and the CHIN staff to accomplish this transition.

CHIN participates in discussions with non-funded agencies in the CoC looking for options to integrate data when signed client consents are in place.

Implementation of HPRP will also increase participation as all HPRP consumers will be entered into CHIN.

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	8%	34%
* Date of Birth	2%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	1%	2%
* Disabling Condition	1%	5%
* Residence Prior to Program Entry	1%	4%
* Zip Code of Last Permanent Address	1%	28%
* 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?	No
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 improve agencies' client & program data. The primary report, the monthly Data Quality Report, provides agencies and the CoC with an overview of data completeness, utilization rates, and inventory; however, agencies may request a report at any time. Standardized ServicePoint reports are available continuously including: APR data, clients served, and client not served. For agencies that need improvement, on-site and on-line data entry technical assistance and training are available at no charge. Contract data entry assistance also is available for agencies to help them catch up on data entry. Improvements in data quality and HMIS participation should enable us to participate in AHAR 6.

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 sign their Agency Participation Agreement with CHIN. In this contract, agencies agree to adhere to CHIN's Standard Operating Policies which explicitly covers 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 lists all clients with their program entry and exit dates and indications 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: 18	16		34
Number of Persons (adults and children): 54	45		99

Households without	Dependent Children		
Sheltered		Unsheltered	Total
Emergency	Transitional		
Number of Households: 221	182	34	437
Number of Persons (adults and unaccompanied youth): 221	182	34	437

All Households/	All Persons		
Sheltered		Unsheltered	Total
Emergency	Transitional		
Total Households: 239	198	34	471
Total Persons: 275	227	34	536

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)**	108	34	142
*** Severely Mentally Ill**	88	5	93
*** Chronic Substance Abuse**	332	9	341
*** Veterans**	86	6	92
*** Persons with HIV/AIDS**	56	0	56
*** Victims of Domestic Violence**	74	0	74
*** 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:	
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 homeless service providers were contacted before the count and on the day following the count to gather data. Instructions and training were provided to the providers. Each agency reported the sheltered homeless population for their agency. In addition, teams went out into the street on the night of January 28, 2009 to located, count, and interview homeless persons in known and probable encampments to obtain the unsheltered homeless count. Overall the number of homeless people counted decreased 9.3% from 2008.

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):

Durham's Point-in-time numbers have fluctuated in the 500-600 range since 2004. The total count reached a zenith of 590 in 2008 and fell back to 536 in 2009, nearly identical to 2007's count of 539. The big change in '09 was the sheltered population count that declined from 554 in '08 to 502 in '09, a 9% decline.

For the first time, the CoC tracked the number of homeless people placed into permanent supportive housing since the last PIT count, and identified 64 individuals that had received housing assistance from the Housing Support Team.

In addition, the community has established an Adult System of Care. A core service of the SOC is Care Review in which consumers meet with a team of service providers to coordinate services. In a recent 12 month reporting period, Care Review had served 135 consumers, 93% of whom needed housing assistance. After 6 months, over 50% of these consumers remained in stable housing. Care Review is serving an average of 15 people monthly.

One would like to believe that these initiatives have reduced the PIT count, but the decline from '08 to '09 may not be sustained in 2010, especially in a period of high unemployment and economic uncertainty. More data is needed.

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

If Other, specify:

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

Homeless services providers were asked to gather this information from their consumers and to use their best judgment when the consumer refused to identify with a sub-population. Instruction and training was provided. Sub-population data re. HIV/AIDS and domestic violence was not collected for the unsheltered population.

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 CoC is concerned that the number of chronically homeless people (142) increased 35% over 2008's count (105) and 49% over 2007's number (95). This represents 26% of the total. It may be that larger numbers of homeless people are homeless for longer periods of time because of the recession. The local unemployment rate has doubled to approximately 8% in the last couple of years.

Urban Ministries of Durham, a large ES provider, noted recently that 51% of a sample of 500 consumers were from locations outside Durham. Chronically homeless people from rural areas of NC may be migrating to Durham in greater numbers than previously estimated because of the economic crisis.

The number of persons with a history of domestic violence increased 42% to 74 people. This likely also reflects increased stress in households due to the current recession.

The count of homeless veterans increased 13% to 93.

Gratefully, other sub-populations decreased significantly. The number of persons with a severe mental illness declined by 11%, to 93 people. A decline of 12%, to 341, was noted for persons with a substance abuse disorder. The number of people with AIDS/HIV declined 21%, to 56 persons. These declines may be random fluctuations, but we hope that efforts to expand the supply of permanent supportive and other affordable housing and to reduce the number of people being discharged into homelessness from public institutions are having a positive impact on the point-in-time data.

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

Instructions:

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

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

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

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

If Other, specify:

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

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:	
HMIS:	
Other:	

If Other, specify:

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: Known Locations

If Other, specify:

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:	
De-duplication techniques:	
Other:	

If Other, specify:

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

Coordinated teams went out at the same time to various known locations throughout the city and county. Homeless people approached were also asked if they had talked to someone else that day about their homelessness.

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):

One participating member of the CoC has three outreach Teams that focus on the unsheltered and chronically homeless. Housing Support Team, PATH Team and the Community Support do outreach, engagement, and housing placement and support for mentally ill and chronic homeless individuals including those with dependent children. For those who do not meet the special needs definition, which is extremely rare, the families are referred to local homeless programs that provide shelter and transitional housing services to families. All three teams go out into homeless camps and the streets on a daily basis to engage the unsheltered homeless.

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):

One participating member of the CoC has three outreach Teams that focus on the unsheltered and chronically homeless. Housing Support Team, PATH Team and the Community Support Team do outreach, engagement, and housing placement and support for mentally ill and chronic homeless individuals including those with dependent children. For those who do not meet the special needs definition, which is extremely rare, individuals are referred to local homeless programs that provide shelter and transitional housing services to individuals. All three teams go out into homeless camps and the streets on a daily basis to engage the unsheltered homeless.

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):

The point-in-time count of the unsheltered population has remained relatively stable, with 30-40 adults counted annually in the 2004-2009 PIT Counts. The outreach teams noted above reported placing 64 homeless people into permanent housing during the year, but the unsheltered count only decreased by 4, from 38 to 34, between the 2008 and 2009 Point-In-Time counts. More data is needed to show a downward trend in the unsheltered count, but we are hopeful that the outreach work with unsheltered homeless people and the implementation of Housing First/Housing Plus models are positively impacting this population.

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)?

1. In February, 2010, Housing for New Hope will open the Williams Square Apartments for 24 single homeless people with a disabling condition. 14 of those units are for the chronically homeless.
2. In this round of SHP funding, the Durham Center is applying for 15 units of leased permanent supportive housing, 5 of which will target the chronically homeless.
3. 70 affordable housing advocates in Durham attended a Housing Summit Meeting in October, 2009 and targeted the passage of the "Penny for Housing", which sets aside 1% of property taxes for affordable housing in Durham,as a priority advocacy in 2010. The program could provide land acquisition and construction funding toward the creation of 10-15 units of housing for the chronically homeless.

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

1. Continue to target available portions of Pro-rata share to target the creation of new supportive housing units, especially those for the chronically homeless.
2. Continue to support and challenge nonprofits to include units targeting the chronically homeless in their developments. Facilitate conversation of experienced developers with new agencies on effective use of the resources available through
SHP, the NC Housing Finance Agency, the Federal Home Loan Bank, and other lenders
with favorable financing terms.
3. Recruit members of the Home Builders Association and other for-profit builders to participate in affordable creation by encouraging the use of density bonuses,
streamlined approval processes, and other incentives.

How many permanent housing beds do you currently have in place for chronically homeless persons?	56
How many permanent housing beds do you plan to create in the next 12-months?	24

How many permanent housing beds do you plan to create in the next 5-years?	105
How many permanent housing beds do you plan to create in the next 10-years?	150

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 CoC is currently averaging 79% of homeless persons remaining in permanent housing.
1. The CoC member agencies will continue to provide follow-up case management services for their clients post-graduation for at least 1 year.
2. Through the HPRP planning, the CoC has developed a "Care Review" workgroup that strategizes to assist the homeless clients in remaining in housing.
3. The 10 Year Plan will be implementing a pilot program of "Circles of Support" a natural supports initiative in partnership with the Faith Community. The Faith Community volunteers working with the homeless clients will provide a stabilizing structure and assist the clients with on-going problem solving and encouragement while integrating toward independence.

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).

1. Continue to advocate/secure additional affordable housing rental units at 30% below AMI.
2. Continue to provide effective case management resources to program participants for at least year after completion from a program.
3. Continue to improve service connections between community-wide service agencies and support programs that result in improved homeless prevention service delivery.

What percentage of homeless persons in permanent housing have remained for at least six months?	79
In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?	79

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)?

1. One program has recently obtained funding to hire an employment specialist for their transitional housing programs, and staff is expected online by December 1, 2009.
2. The income results team of the 10 Year Plan to End Homelessness has held and will continue to sponsor community workshops with Joblink, Workforce Development, and Vocational Rehabilitation to provide better linkage between their services and homeless people living in transitional housing.
3. Another transitional housing provider has been researching and expects to implement in 2010 a "Seeking Safety" model in their transitional housing programs. The model is a SAMSHA best practice that is geared toward homeless people with substance abuse disorders who have suffered trauma experiences that impacts their functioning. It is expected that the program will enhance housing stability and employment performance as residents transition into permanent housing.

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).

1. Encourage the City to expand the "Penny for Housing" program that provides significant funding for the development of affordable housing for the homeless. As homeless individuals move from transitional facilities, they need access to housing they can afford.
2. Support the expansion of an existing network of formerly homeless persons who received transitional housing and services. The group now provides peer support to those currently homeless and conducts outreach and engagement activities. Increase training opportunities so more formerly homeless persons can be employed to provide services for those still homeless as well as serving on boards and committees providing governance and guidance to homeless programs.

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 percentage of persons employed at program exit is currently 53%. The CoC will seek to exceed that percentage by:

Continuing to implement the Career Readiness Credential, a national recognized and accepted job credential, by Durham Technical Community College (DTCC).

Continuing to develop and participate in Job fairs hosted by the local Joblink.

One partner agency has hired a job development coach to assist with securing additional positions for homeless persons.

Continuing to include employment related services and employers in Project Homeless Connect events.

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 CoC will continue to work through the Income Team of the 10 Yr Plan. The CoC will continue to develop relationships with employers/businesses to hire homeless persons in Durham.

The CoC has obtained $2000 from a member organization, Durham Congregations in Action, to sponsor registration fees for 60 homeless persons for the Career Readiness Certificate offered by DTCC.

The CoC will work to develop to job training opportunities the City of Durham Office of Economic and Workforce Development.

What percentage of persons are employed at program exit? 53

In 12-months, what percentage of persons will be employed at program exit?	55
In 5-years, what percentage of persons will be employed at program exit?	60
In 10-years, what percentage of persons will be employed at program exit?	65

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)?

The CoC will continue to improve service networking and delivery for clients through CHIN, the CoC's HMIS.

The CoC will work to implement a confidential referral plan to provide the social workers of Durham Public Schools information about children and families experiencing homelessness or at risk of homelessness. These social workers can assist families and challenge myths that often scare families away from seeking preventive services through the 10 Yr Plan Community Education Team.

The 10 Yr Plan staff will train religious congregations through "Circles of Support" to provide community based interventions designed to prevent homelessness. Homeless families will be a priority population for this pilot program.

HPRP implementation will take place at Urban Ministries of Durham, enabling households with children to more easily access the prevention and rapid-rehousing assistance available through HPRP.

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

A vital member organization, Durham County's Department of Social Services, will be initiating the use of a central service point to assist families in gaining access to prevention services.

The CoC, through the Youth in Transition Taskforce, will work to develop an MOA with Durham Public Schools to provide referral information to school social workers.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2l)?	34
In 12-months, what will be the total number of homeless households with children?	32

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:

A Foster Care Discharge Policy Memorandum of Agreement has been developed and signed to partner the Durham Continuum of Care and Durham County Department of Social Services (DSS). The agreement states that the partners "understand that, . . . no person discharged from the Foster Care system is to be placed in any HUD McKinney-Vento funded program for the homeless or discharged to the streets."

This policy outlines preferred referral resources for youth aging out of foster care. Foster Care social workers will continue to help identify safe and appropriate housing options, as well as encourage participants to access behavioral health services through the Community-wide Adult System of Care. The Foster Care Division will also actively participate in a Youth Transitional Taskforce to expand services and options for youth in transition. Collaborating Agencies include: Durham County DSS, Youth Council of Durham, Durham County Cooperative Extension- JCPC, Durham City Parks and Recreation Department, Durham County Health Department, Durham County Sheriffs Department, Durham County Youth Home, Durham County Community Collaborative, Durham Center. These partners are all participants in the Access to Services Team and will continue to identify resources and develop initiatives needed to reduce the number of youth in homelessness.

Health Care:

The Homeless Policy Specialist from NC Department of Health and Human Services, NC Coalition to End Homelessness, and all the major Health Care Institutions are actively working to incorporate procedures to address the needs for continuing care, treatment and services after discharge or transfer from the hospital. Local CoCs have been asked to assist in the State-wide discharge planning process by identifying local stakeholders, convening meetings, and creating local guidelines and procedures for homeless shelters and other HUD McKinney-Vento funded programs.
Almost every hospital in North Carolina is accredited by the Joint Commission on Accreditation of Healthcare Organizations. The Accreditation process requires that hospitals establish appropriate placements that do not include HUD McKinney-Vento funded programs.

Locally, Duke University hospital has appointed a Complex Care Coordinator who serves on the Access to Services and Prevention Teams of the Durham 10 Year Plan to End Homelessness. The Durham CoC is working to create an agreement between Duke University Health Care System to assist patients with complex conditions and barriers to access needed services and resources. The agreement would require assessment of patient needs, clear planning for discharge or transfer, facilitation of the discharge or transfer, and continuity of care, treatment and services.

Mental Health:

A Memorandum of Agreement has been developed and signed to partner the Durham Continuum of Care and Central Regional Hospital, the area's public mental health hospital. The agreements states that the partners "understand that, . . . to the maximum extent practicable, no person discharged from the hospital is to be placed into any HUD McKinney-Vento funded program for the homeless."

The agreement states the hospital's goal for discharge planning "is to ensure that patients in the hospital are able to transition from the hospital into appropriate housing or treatment programs" and calls upon the hospital to contact The Durham Center, the Local Management Entity for publicly funded mental health and addiction services, for ongoing behavioral health services after hospital discharge and for assistance in identifying appropriate housing options.

Corrections:

A Memorandum of Agreement has been developed and signed to partner the Durham CoC and the Sheriff of Durham County "to prevent homelessness and end homelessness whenever possible.

The agreement states that the partners "understand that HUD prefers that as few people as possible being discharged from the jail system are placed in any HUD McKinney-Vento funded program for the homeless." Furthermore, the Sheriff agrees to name a representative "to participate in discharge planning meetings associated with the Durham CoC."

Also, with the support of the Secretary of Corrections, there is shared responsibility between the N.C. Department of Correction (DOC), other state level agencies, and the community for the incarcerated person. Local CoCs are assisting in the State-wide discharge planning process by identifying local stakeholders, convening meetings, and creating local guidelines and procedures for homeless shelters and other HUD McKinney-Vento funded programs. For offenders with mental illness, developmental disabilities and persons covered by the Americans with Disabilities Act, DOC uses a multi-staff multi-disciplinary team approach to aftercare, in which the case manager, mental health social worker, and probation/parole officer assure that the released inmate has a viable, appropriate, sustainable home plan as well as a focus towards acquisition of sustainable employment providing a livable, working wage.

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:	Increase available affordable housing. End Chronic Homelessness in 10 years. Improve Access to Services for homeless individuals. Reduce fragmentation of emergency assistance services in county. Create a job readiness credential for the homeless.

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

The CoC has taken a very active role in the coordination of the HPRP initiative. The Durham Community hosted a series of meetings combining public, non-profit, churches, and CoC member organizations to strategize the best and most advantageous implementation guidelines for the program. Four CoC member organizations partnered along with a public agency to apply for the HPRP funding available for the Durham Community and a State Application as well.

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

The CoC has strong relationships with the NSP program here in Durham. The Durham Affordable Housing Coalition, the CoC lead agency, participated in pre-application meetings for NSP 1 and NSP 2, passing along information on how to apply for the local funding. Two CoC member agencies applied for funding for a combined implementation strategy. The Durham Affordable Housing Coalition will be providing housing counseling services for NSP program households purchasing rehabbed homes.

The Durham Community fortunately received 35 HUD VASH program vouchers in 2008 and an additional 35 in 2009. The CoC continues to provide referrals and housing options for the program. VA representatives have presented information to CoC agencies, and homeless services providers have worked closely with the VA and the Durham Housing Authority to utilize the available vouchers. The CoC also will troubleshoot any barriers to implementing the program.

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.	15	**Beds**	9	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	72	**%**	79	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	79	**%**	79	**%**
Increase percentage of homeless persons employed at exit to at least 19%	60	**%**	54	**%**
Decrease the number of homeless households with children.	34	**Households**	34	**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:

This past year has been a challenge for all homeless programs, as the economy is contributing to an increase in homelessness and the high unemployment rate and many local companies laying off workers making it difficult to increase income for homeless people and families. We hoped to create more new chronic homeless beds than we achieved, but will most probably increse the number for the upcoming year. We barely missed our goals for increasing employment and far exceeded the national goals for all items.

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	95	21
2008	105	33
2009	142	56

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.

9

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			$63,000	$19,000	
Total	$0	$0	$63,000	$19,000	$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):

The number of chronically homeless increased in 2009 due to a strategic improvement of system access and delivery. Identification of chronically homeless was improved. In September 2008, Durham's System of Care and Urban Ministries of Durham began identifying shelter clients who were in residence for more than 45 days annually and who also were high utilizers of multiple services. These individuals were then selected for an interdisciplinary care review which provides access to a variety of needed services.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

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

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	43
b. Number of participants who did not leave the project(s)	46
c. Number of participants who exited after staying 6 months or longer	21
d. Number of participants who did not exit after staying 6 months or longer	49
e. Number of participants who did not exit and were enrolled for less than 6 months	13
TOTAL PH (%)	79

Instructions:

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

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

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	38
b. Number of participants who moved to PH	30
TOTAL TH (%)	79

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: 79

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	5	6	**%**
SSDI	12	15	**%**
Social Security	0	0	**%**
General Public Assistance	0	0	**%**
TANF	0	0	**%**
SCHIP	0	0	**%**
Veterans Benefits	1	1	**%**
Employment Income	42	53	**%**
Unemployment Benefits	0	0	**%**
Veterans Health Care	0	0	**%**
Medicaid	13	16	**%**
Food Stamps	17	22	**%**
Other (Please specify below)	5	6	**%**
Child support/inheritance/ TANF			
No Financial Resources	34	43	**%**

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

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

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

Instructions:

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

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

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

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

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

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

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

The CoC analyzes APRs annually to assess and improve access to mainstream progams. Staff from the lead agency as well as a team of unbiased volunteers recruited by the United Way review the APRs.

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.

Meeting dates were 10/16/08,11/20/08,12/28/08,1/15/09,2/19/09,3/19/09,4/16/09, 5/21/09,6/18/09,7/16/09, 9/17/09, 10/15/2009.

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.	Quarterly
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).

The North Carolina Coalition to End Homelessness (NCCEH) currently offers SOAR trainings regularly throughout North Carolina. Since trainings began in 2007, 18 local provider staff members have participated in SOAR training. In the current CoC year, staff members in the CoC participated in NCCEH-sponsored SOAR trainings on May 5, 2009 and June 15, 2009.

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%
agency staff provide assistance in completing and submitting applications for mainstream benefits.	

2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%

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

4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Agency staff interview clients in person or by phone to ask if benefits are being received.	

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

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

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

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

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

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

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

Part A - Page 2

***7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?**	Yes
***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.)**	Yes
***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?**	Yes
***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.)**	Yes
***15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?** **Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?**	Yes
***16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?**	No
***17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?**	No
***18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?**	Yes
***19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?**	Yes
***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?**	Yes

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
Sherwood Apartments	2009-11-21 10:36:...	3 Years	Housing for New H...	75,600	Renewal Project	SHP	PH	F
DASH	2009-11-23 12:00:...	2 Years	The Durham Area A...	101,253	New Project	SHP	PH	P1
Dove House	2009-11-21 10:33:...	3 Years	Housing for New H...	211,050	Renewal Project	SHP	TH	F
Phoenix House	2009-11-21 10:29:...	3 Years	Housing for New H...	175,467	Renewal Project	SHP	TH	F
Home Again	2009-11-18 21:16:...	1 Year	The Housing Autho...	116,640	Renewal Project	S+C	TRA	U
Embrace Durham	2009-11-23 11:32:...	2 Years	The Durham Area A...	205,464	New Project	SHP	PH	F2

Budget Summary

FPRN	$667,581
Permanent Housing Bonus	$101,253
SPC Renewal	$116,640
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificate of Co...	11/24/2009

Attachment Details

Document Description: Certificate of Consistency NC-502