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.

CoC Name and Number (From CoC Registration): NC-501 - Asheville/Buncombe County CoC

CoC Lead Organization Name: Asheville Buncombe Coalition for the Homeless

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

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and 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:	Asheville-Buncombe Coalition for the Homeless
Indicate the frequency of group meetings:	Monthly or more
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)	75%

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

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

Specify "other" process(es):

Briefly describe the selection process including why this process was established and how it works.

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

Elected:	X
Assigned:	

Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

If HUD could provide administrative funds 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 the grantee, providing project oversight, and monitoring? Explain.

Yes, the City of Asheville's Community Development Office would take on these responsibilities working in conjunction with the Coalition for the Homeless.

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

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Continuum of Care...	Annually
Carolina Homeless...	Quarterly
Homeless Initiati...	Monthly or more
Housing Subcommittee	Monthly or more
Discharge/Reinteg...	Monthly or more
Medical/Dental Se...	Monthly or more

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Continuum of Care Selection Committee

Indicate the frequency of group meetings: Annually

Describe the role of this group:

Prioritize projects for CoC submission

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Carolina Homeless Information Network Steering Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Represent our Continuum on State of NC HMIS committee.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Homeless Initiative Advisory Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Oversight of the 10-Year Plan to End Homelessness implementation and coordination with Continuum of Care.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Housing Subcommittee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Collaborate on housing for homeless issues and solutions.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Discharge/Reintegration Subcommittee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Discuss issues and solutions for homeless people relating to discharge and reintegration

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Medical/Dental Services subcommittee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Discuss issues relating to medical and dental services for homeless people.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
ARC of NC	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
NC Services for Deaf and Hard of Hearing	Public Sector	State g...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
City of Asheville Community Development	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Housing Authority of the City of Asheville	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Buncombe County Schools Homeless Liaison	Public Sector	School ...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Youth
Asheville Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Pisgah Legal Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Homeward Bound	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Affordable Housing Coalition	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Helpmate	Private Sector	Non-pro...	Primary Decision Making Group	Domestic Vio...
Caring for Children	Private Sector	Non-pro...	Primary Decision Making Group	Youth
First at Blue Ridge	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Substance Abuse
Lifeboat Recovery Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Substance Abuse
Next Step Recovery	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Substance Abuse
Swain Recovery Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Substance Abuse
Asheville-Buncombe Community Christian Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans

Western Carolina Rescue Ministries	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Abuse
Salvation Army	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Church of the Advocate	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
United Way 211	Private Sector	Funder ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Asheville Homeless Network	Private Sector	Funder ...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Mountain Housing Opportunities	Private Sector	Businesses	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
WNC Housing, Inc.	Private Sector	Businesses	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
Sarver Housing Group	Private Sector	Businesses	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Mission Hospitals	Private Sector	Hospita...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Western North Carolina Community Health Services	Private Sector	Hospita...	Committee/Sub-committee/Work Group, Primary Decision Maki...	HIV/AIDS
Western Highlands LME	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Veterans Administration Medical Center	Public Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans
Mental Health Association PATH Program	Private Sector	Hospita...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
RHA Health Services, Inc.	Private Sector	Hospita...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Moss Bliss	Individual	Homeles...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Alan Ditmore	Individual	Homeles...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Coalition of Asheville Neighborhoods	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months, P...	NONE
Buncombe County Department of Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Asheville Buncombe Community Relations Council	Public Sector	Local g...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Mark Maloy	Individual	Homeles...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE

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

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

Open Solicitation Methods: (select all that apply)	b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, e. Announcements at CoC Meetings, f. Announcements at Other Meetings
Rating and Performance Assessment Measure(s): (select all that apply)	e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, g. Site Visit(s), i. Evaluate Project Readiness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, p. Review Match, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status
Voting/Decision Method(s): (select all that apply)	a. Unbiased Panel/Review Commitee, b. Consumer Representative Has a Vote, d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest

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

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reasons for the change:

The ABCCM Vet's Place moved to a new location and reclassified as transitional housing. ABCCM women's program and Helpmate added beds. Western Carolina Rescue Ministries reduced men's beds by 1 and added a women and children's program.

Safe Haven Bed: No

Briefly describe the reasons for the change:

Transitional Housing: Yes

Briefly describe the reasons for the change:

Our transitional housing numbers were impactly most significantly by the opening of the Veterans' Restoration Quarters, a VA Per Diem transitional housing program for homeless veterans with 164 beds. We corrected data for First at Blue Ridge. Last year we reported that all 85 of its beds were for homeless people. This year we have supplied corrected information that 13 of the beds are for homeless people. The Men's Recovery Program at Western Carolina Rescue Ministries shrunk from 48 beds to 34 due to the opening of a emergency shelter program for women.

Permanent Housing: Yes

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

Our community was chosen for a grant from the state of North Carolina to provide supported housing to homeless individuals, including chronic homeless individuals. This program is being run by Homeward Bound and is part of the Pathways to Permanent Housing Program.

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

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	2008 EHIC	09/26/2008

Attachment Details

Document Description: 2008 EHIC

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

Instructions:

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

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)	01/30/2008
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)	Instructions, Updated prior housing inventory information, Follow-up, Confirmation

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply)	Housing inventory

Specify "other" data types:

If more than one method was selected, describe how these methods were used.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type:	Regional (multiple CoCs)
Select the CoC(s) covered by the HMIS: (select all that apply)	NC-500 - Winston Salem/Forsyth County CoC, NC-501 - Asheville/Buncombe County CoC, NC-503 - North Carolina Balance of State CoC, NC-504 - Greensboro/High Point CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-508 - Anson, Moore, Montgomery, Richmond Counties CoC, NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-513 - Chapel Hill/Orange County CoC, NC-516 - Northwest North Carolina CoC
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
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	05/01/2006
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	No or low participation by ESG funded providers, No or low participation by non-HUD funded providers, HMIS unable to generate CoC- wide data or reports, Inadequate bed coverage for AHAR participation

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

Briefly describe the CoC's plans to overcome challenges and barriers:

The Carolina Homeless Information Network is working with CoC participating agencies and leadership to assist them in improving their 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 to assist continua. CHIN is also developing a Continuous Improvement Plan for all continua to help them monitor their HMIS improvement throughout the year. This plan will include measurable goals.

Beyond standard APR and AHAR reports CHIN has developed a comprehensive monthly data quality report to provide agencies with an overview of their usage. Here are the report categories:
o % of created records with complete demographic info
o % of enrolled records with complete program info
o # newly enrolled
o # served
o Occupancy Rate

CHIN has increased staff in recent months to meet the reporting and technical assistance needs of participating agencies. Still, training of data entry personnel continue to be a challenge with frequent staff turnover and the lack of resources to hire staff dedicated to HMIS data entry.

Continua continue to encourage non-funded agencies to participate in HMIS, often with little leverage. At present, there is not a strategy to work with domestic violence agencies because of the HMIS prohibition.

HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	HMIS Agreement	09/16/2008

Attachment Details

Document Description: HMIS Agreement

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

Enter the name and contact information for the HMIS Lead Organization.

Organization Name	North Carolina Housing Coalition
Street Address 1	224 South Dawson 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	

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

Prefix:	Mr
First Name	Harold
Middle Name/Initial	E
Last Name	Thompson
Suffix	Jr
Telephone Number: (Format: 123-456-7890)	919-827-4500
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:

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.

For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

*** Emergency Shelter (ES) Beds**	65-75%
*** Safe Haven (SH) Beds**	No beds in CoC
*** Transitional Housing (TH) Beds**	0-50%
*** Permanent Housing (PH) Beds**	86%+

How often does the CoC review or assess its HMIS bed coverage? Semi-annually

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

We are working with our largest transitional housing provider, ABCCM, to get their beds into our HMIS system. Also, Western Carolina Rescue Ministries, is anticipating joining HMIS within the next year. Their participation will increase the percentage for transitional housing and emergency shelter.

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

Instructions:

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 2008.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	1%	2%
* Date of Birth	1%	0%
* Ethnicity	3%	0%
* Race	1%	0%
* Gender	1%	0%
* Veteran Status	1%	6%
* Disabling Condition	14%	14%
* Residence Prior to Program Entry	0%	5%
* Zip Code of Last Permanent Address	14%	31%
* Name	0%	0%

Did the CoC or subset of the CoC participate in AHAR 3? No

Did the CoC or subset of the CoC participate in AHAR 4? 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 participating agencies.

CHIN uses comparative reporting to assist agencies as they improve their client and program data. The primary report is the monthly Data Quality Report; however, agencies may request a report at any time during the month. 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 to agencies. In extreme cases, contract data entry assistance is available for agencies to help them catch up on data entry.

Continua use the CoC wide CHIN Data Quality Reports to review agency participation frequently throughout the reporting year. This is part of a continuous process of improvement which includes all facets of the data collection, data entry, and reporting processes. Each aspect is reviewed by CHIN staff and continua leadership to determine what measures are needed for agency improvement.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

A commitment to accurate data entry, including program entry and exit dates, begins when agencies signed their Agency Participation Agreement. In this contract, agencies agree to adhere to CHINs Standard Operating Policies which explicitly covered 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.

In addition to regular 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 the fields that remain incomplete. This report assists agencies in determining how much data is missing from each clients record. As end users enter data into the network, CHIN staff provides follow-up reports.

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

Instructions:

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

Indicate the frequency in which the CoC uses each of the following items:

Data integration/data warehousing to generate unduplicated counts:	Never
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 additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following 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:	04/01/2008
If 'No' indicate when development of manual will be completed:	

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

Indicate the frequency in which the CoC or HMIS Lead 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. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
Households with Dependent Children - Sheltered Transitional
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
Households without Dependent Children - Sheltered Transitional
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

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

Indicate the date of the last PIT count: 01/30/2008

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	17	14	3	34
Number of Persons (adults and children)	60	39	3	102

	Households without Dependent Children			
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	123	65	0	188
Number of Persons (adults and unaccompanied youth)	206	124	77	407

	All Households/ All Persons			
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	140	79	3	222

Total Persons	266	163	80	509

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 data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. 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.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
*** Chronically Homeless (Federal definition)**	112	63	175
*** Severely Mentally Ill**	112	39	151
*** Chronic Substance Abuse**	164	44	208
*** Veterans**	115	6	121
*** Persons with HIV/AIDS**	6	2	8
*** Victims of Domestic Violence**	47	12	59
*** Unaccompanied Youth (under 18)**	9	0	9

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

Instructions:

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%.

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

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Annually

Enter the date in which the CoC plans to conduct its next annual point-in-time count: (mm/dd/yyyy) 01/28/2009

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

Emergency Shelter providers 89%

Transitional housing providers: 71%

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

Instructions:

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 most emergency shelters and transitional housing programs.

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

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

Survey Providers:	X
HMIS:	X
Extrapolation: (Extrapolation attachment is required)	
Other:	

If Other, specify:

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

The annual Point In Time count date occurs on the same night across the state of North Carolina. Providers are alerted to the date through e-mail and continuum meetings, and trainings are provided before the count to help shelters providers all complete the count the same way. Volunteers are recruited as needed. Shelters and housing providers complete their count after they close their doors. They speak with each participant to determine answers as needed. Some clients may not want to speak with staff, at that point staff can use client files and/or their knowledge of the client to answer questions. The overall number of sheltered homeless has not changed in the past year. Several programs have been re-classified as either emergency or transitional depending on program components.

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

Instructions:

HMIS:
Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:
Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:
Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:
Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:
Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:
CoC used a combination of methods.

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

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

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	
Sample Strategy:	
Provider Expertise:	X
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

Our CoC uses a survey with HUD-designated questions that providers fill out with or for each participant. The survey is anonymous and voluntary. If people do not complete it, the provider will attempt to get verbal answers from the client. The only subpopulation count that reflected a difference was the chronically homeless count. We saw an increase from 105 to 175. The change is due to a better understanding of the definition of chronic homeless among agency staff. The 105 from last year probably reflects and under-count.

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

Instructions:

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

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

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

If Other, specify:

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

Shelter and housing providers all complete the count on the same night in order to minimize duplication. They interview people after they close their doors for the night to limit duplication with other services. They interview each person and ask them if they have already been interviewed. Additionally, interview form asks for initials of the person and includes their birth date so that subsequent review of the surveys can further reduce duplicaion.

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

Instructions:

Public places count:
Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:
Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:
Counted homeless persons using non-shelter services based on interviews.

HMIS:
HMIS used to collect, analyze or report data on unsheltered persons.

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

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

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

If Other, specify:

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

Instructions:

Complete coverage:
Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:
Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:
Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

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

Indicate the level of coverage of the PIT count of unsheltered homeless people: Complete Coverage and Known Locations

If Other, specify:

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

Instructions:

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

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

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

If Other, specify:

Describe the techniques used to reduce duplication.

People experiencing homelessness are notified that a count will be occurning ahead of time by outreach workers. Outreach workers identify "sections" of the coverage area and then implement the count at the same time to reduce duplicaion. Volunteers are trained ahead of time. Surveys, which include a screening question to verify homeless status, include a space for people to provide (self-identified) initials to minimze duplication. On the day following the count, outreach workers staff the day center and ask people where they stayed the night before and if they have been interviewed. If they stayed outside and were not counted, they are interviewed at that time.

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

The creation of women & children's beds at Western Carolina Rescue Ministries, a planned father-child shelter room at the Salvation Army, increased space at the domestic violence shelter, and availabilty of veteran-specific section-8 vouchers prioritize families, in tandem with collaborative outreach efforts among agencies to reach out to unsheltered families is expected to reduce the number of unsheltered households with dependant children.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

The Continuum has refined outreach programs including collaborations with the jail, hospital, and mental hospital to reach out to people who are expected to sleep on the streets, preventing street homelessness whenever possible. Additionally, outreach workers routinely tour areas that are known to have people sleeping outside to alert people to available resources. Over fifty percent of the community's Prject Connect event participants were sleeping outside - events like Project Connect help providers engage with people experiencing homelessness who are sleeping on the street.

Attachment Details

Document Description:

Attachment Details

Document Description:

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Implement HUD-VASH program and utilize vouchers	Veterans Administration Medical Center Social Worker
Action Step 2	Explore rehabilitation of abandoned Veterans' Administration Dormitory	Mountain Housing Opportunities Housing Developer and Veterans Administration Medical Center Staff
Action Step 3	Examine current use of HOME funded tenant-based rental assistance	City of Asheville Community Development Staff

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	140
Numeric Achievement in 12 months	150
Numeric Achievement in 5 years	180
Numeric Achievement in 10 years	225

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Maintain current level of case management	Western North Carolina Community Health Services Housing Specialist and SPC staff; Western Highlands
Action Step 2	Maintain existing relationships with landlords	Western North Carolina Community Health Services Housing Specialist
Action Step 3	Maintain Continuum support for programs	Homeless Coalition co-chairs

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	98
Numeric Achievement in 12 months	95
Numeric Achievement in 5 years	95
Numeric Achievement in 10 years	95

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Increase case management for Mental Health and Substance Abuse issues	Interlace program manager; AHOPE staff
Action Step 2	Increase employment and housing placement	Interlace program manager; AHOPE staff
Action Step 3	Increase peer support specialists	AHOPE staff; PATH program staff

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	59
Numeric Achievement in 12 months	64
Numeric Achievement in 5 years	69
Numeric Achievement in 10 years	75

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Survey employers and build relationships	Interlace program manager; AHOPE staff
Action Step 2	Distribute list of employers who hire felons	Homeless Coaliton co-chairs
Action Step 3	Increase case management for employment	Interlace program manager; AHOPE staff

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	31
Numeric Achievement in 12 months	35
Numeric Achievement in 5 years	40
Numeric Achievement in 10 years	45

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Utilize HUD Vash Program	Veterans Administration Medical Center Social Worker
Action Step 2	Provide credit counseling and credit repair services	OnTrack Financial Education and Counseling

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	34
Numeric Achievement in 12 months	30
Numeric Achievement in 5 years	25
Numeric Achievement in 10 years	10

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons dicharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

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

Foster Care Discharge Protocol:	Formal Protocol Implemented
Health Care Discharge Protocol:	Formal Protocol Implemented
Mental Health Discharge Protocol:	Formal Protocol Implemented
Corrections Discharge Protocol:	Formal Protocol Implemented

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For addtional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge
For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Foster Care social workers coordinate with permanent housing providers to locate permanent housing placements for Foster Care clients before discharge.

Health Care Discharge
For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

We work closely with Mission Hospitals, the regional primary care hospital in Western North Carolina and its social work and discharge planning staff to identify appropriate strategies and placement for persons being discharged.

Mental Health Discharge
For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Our Continuum of Care has worked with NC Interagency Council for Coordinating Homeless Programs (ICCHP) members from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (The Divisions) to refine and implement protocols related to discharge of homeless people from state mental health hospitals and substance abuse treatment facilities. The Division's Office of State Operated Services and the ICCHP co-sponsored three regional trainings on appropriate discharge practices, and these trainings prepared both the Continua and the state's hospitals and treatment centers refine their discharge practices. These protocols have been finalized in MOAs that are signed by each hospital, treatment program, and the CoC. The MOA ensures that the facilities and the CoC members are implementing strategies to identify appropriate permanent housing for persons being discharged. The MOAs have been signed and will go into effect by 12/01/2008.

Corrections Discharge
For Formal Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Homeless individuals are identified while at the Detention Facility, outreach workers engage them and work with CoC members to coordinate transitional housing and permanent housing placements.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Foster Care Protocol	09/25/2008
Mental Health Discharge Protocol	No	Mental Health MOAs	10/21/2008
Corrections Discharge Protocol	No	Corrections Protocol	09/25/2008
Health Care Discharge Protocol	No	Mission Hospitals...	10/21/2008

Attachment Details

Document Description: Foster Care Protocol

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Mental Health MOAs

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Corrections Protocol

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Mission Hospitals MOA

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness?	Yes
If yes, briefly list a few of the goals included in the Consolidated Plan:	HMIS will be implemented to: a. Link all services; c. Screen for program eligibility;e. Gather data needed to monitor progress. 2. Prevention a. Coordinate and expand short-term financial, counseling, and legal assistance to avoid homelessness; b. Assess the eligibility of assisted households for mainstream programs and provide effective links; c. Improve discharge planning for people leaving public institutions such as hospitals, prisons, jail, foster care, transitional programs, recovery programs, and half-way houses;d. Establish zero-tolerance for discharge to homelessness; e. Utilize the United Way 211 system for referrals;f. Educate landlords on homelessness and services available. 3. Permanent housing for all homeless: a. Create new permanent supportive housing units with project-based housing subsidies for persons with serious and persistent disabilities.
Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)?	Yes
Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness?	Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

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

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for addtional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)?	No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevent national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	109	**Beds**	140	**Beds**
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	85	**%**	98	**%**
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	70	**%**	59	**%**
Increase percentage of homeless persons employed at exit to at least 18%	45	**%**	31	**%**
Ensure that the CoC has a functional HMIS system	75	**%**	60	**%**

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

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	130	53
2007	105	79
2008	175	140

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008 61

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations			$169,408	$29,017	$60,940
Total	$0	$0	$169,408	$29,017	$60,940

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	21
b. Number of participants who did not leave the project(s)	96
c. Number of participants who exited after staying 6 months or longer	17
d. Number of participants who did not exit after staying 6 months or longer	81
e. Number of participants who did not leave and were enrolled for 5 months or less	3
TOTAL PH (%)	84

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	17
b. Number of participants who moved to PH	9
TOTAL TH (%)	53

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

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 52

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	4	8	**%**
SSDI	6	12	**%**
Social Security		0	**%**
General Public Assistance		0	**%**
TANF		0	**%**
SCHIP		0	**%**
Veterans Benefits		0	**%**
Employment Income	12	23	**%**
Unemployment Benefits	1	2	**%**
Veterans Health Care		0	**%**
Medicaid	7	13	**%**
Food Stamps	11	21	**%**
Other (Please specify below)	2	4	**%**
Unknown			
No Financial Resources	12	23	**%**

The percentage values are automatically calculated by the system when you click the "save" button.

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

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

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

APRs are analyzed annually as a part of the CoC process by the CoC coordinator who provides feedback to agencies.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? No

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

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. Semi-annually

Does the CoC uses HMIS to screen for 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).

March 19th & 20th, 2008

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.	87%
1a. Describe how service is generally provided:	
At intake, clients and case managers discuss client needs and develop a plan to access mainstream resources.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	87%
3. Homeless assistance providers use a single application form for four or more mainstream programs:	0%
3.a Indicate for which mainstream programs the form applies:	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	93%
4a. Describe the follow-up process:	
After clients have initiaited the applicaton process, staff follow-up with them. In some cases, if client has provided permission, staff follow-up directly with the mainstream benifit provider.	

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.**	Yes
6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?	Yes

Part A - Page 2

***7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?**	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.)**	No
***9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.** **In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?**	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
***10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?**	No
***11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?**	Yes
***12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)**	Yes
Major Regulatory Reforms within past 5 years that Reduce Barriers to Affordable Housing: 2008 Affordable Housing Plan. The plan includes 33 recommended actions to further affordable housing goals in Asheville. A working group of the original task force continues to work on each of the policy and program revisions to ensure each is adopted by City Council. 2008 Waterline Extension Fund. On Tuesday, July 22, 2008, City Council approved a waterline extension fund for the purposes of reimbursing developers for the costs of extending waterlines for infill development and affordable housing. Creation of Housing Trust Funds. Both the City of Asheville (in 2000) and Buncombe County (in 2004) created local Housing Trust Funds specifically to overcome the barrier of lack of local public investment in affordable housing. Development Standards Bonuses (2003) Allows higher densities in all residential (RS, RM) zoning districts for projects that exhibit exceptional design or help achieve key City goals. To obtain this bonus, requires conditional use approval by City Council. RS - up to 125% density bonus, 150% for 20% or more affordable units. RM - up to 150% density bonus, 200% for 20% or more affordable units. Duplexes in RS Districts (2003) Allows duplexes as a use of right in all single-family (RS) zoning districts, subject to certain conditions. Duplexes not meeting these conditions, and triplexes, and quadraplexes are allowed subject to conditional use approval by City Council. Residential Density Increase (2003) Small reductions in allowable lot sizes and consequent increase in allowable density in all residential zoning districts. Urban Residential District (2003) Allows high-density housing (32 units/acre) with limited mixture of other uses. Alternative to Public Hearing Process (2003) Optional substitution of neighborhood/developer meetings in place of formal Planning & Zoning Commission hearings (2003).	
***13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?**	Yes

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

Continuum of Care (CoC) Project Listing

Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
A HOPE Center and...	2008-09-25 10:27:...	1 Year	Homeward Bound of...	182,886	Renewal Project	SHP	TH	F1
Shelter Plus Care	2008-09-25 15:40:...	1 Year	Western Highlands. ..	265,752	Renewal Project	S+C	TRA	U3
Interlace	2008-09-25 15:44:...	1 Year	Western North Car...	265,894	Renewal Project	SHP	TH	F2
Bridge to Recovery	2008-09-25 15:18:...	1 Year	Housing Authority...	167,736	Renewal Project	S+C	SRA	U4

Budget Summary

FPRN	$448,780
Rapid Re-Housing	$0
Samaritan Housing	$0
SPC Renewal	$433,488
Rejected	$0