

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-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 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: Durham Ten Year Plan to End Homelessness Executive team

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) 65%

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

Elected:	<input type="checkbox"/>
Assigned:	<input checked="" type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

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

Several members of the Durham Ten Year Plan represent government entities 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.

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

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

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 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 1993 and has experience in providing these services. The agency is 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

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
Durham Ten Year P...	Monthly or more
Access To Service...	Monthly or more
Income Results Team	Monthly or more
Permenent Housing...	Monthly or more
Project Homeless ...	Monthly or more
Adult System of C...	Monthly or more
HMIS work group	Quarterly
Continuum of Care...	Semi-annually
Direct Service Pr...	Monthly or more
Unbiased Review P...	Annually
Point In Time Sub...	Semi-annually
Prevention Result...	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: Durham Ten Year Plan Executive Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Oversee the jurisdictional ten year plan to end homelessness, and as part of that effort to oversee the submission and ranking of projects for the HUD Homeless Continuum of Care application.

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: Access To Services Results Team

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Develop and assist with implementation strategies to improve access to services for homeless individuals and families and those at risk of becoming homeless.

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: Income Results Team

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Develop and implement strategies to increase the income of homeless families and individuals so they will have income necessary to obtain and sustain permanent housing.

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: Permenent Housing Results Team

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Develop and implement strategies to increase the amount of affordable housing in Durham City and County, ensuring persons experiencing homelessness have access to permanent housing.

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: Project Homeless Connect Steering Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

To identify resources and implement an annual Project Homeless Connect event for people experiencing homelessness and at-risk families in crisis.

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: Adult System of Care Housing Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Committee identifies affordable housing resources in the community, serves as a referral resource for tax credit properties, and offers educational seminars and supports to community on fair housing practices for the disabled community.

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: HMIS work group

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This group identify, implement, and evaluate HMIS providers data collection processes and procedures; working towards the implementation of the adoption of one HMIS provider for area homeless services providers.

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 Work Group

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

Provide training and technical assistance to agencies applying for HUD homeless continuum of care grant.

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: Direct Service Providers Group

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

to act as a clearinghouse for resource and programmatic information on homelessness issues.

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: Unbiased Review Panel

Indicate the frequency of group meetings: Annually

Describe the role of this group:

Evaluates and Ranks CoC applications for HUD funding.

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: Point In Time Sub Committee

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

conducts annual count of persons experiencing homelessness in Durham City and County.

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: Prevention Results Team

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Assist with implementation strategies to prevent homelessness such as discharge planning, and reducing the fragmentation of emergency services.

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
City of Durham	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Durham County	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Durham County Department of Social Services	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	Youth
The Durham Center	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Durham Criminal Justice Resource Center	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Substance Abuse
Durham County Health Department	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	HIV/AIDS, Youth
Durham County Emergency Management Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Durham Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	HIV/AIDS
Duke University	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth
Durham Public Schools	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth
Durham Technical College	Public Sector	School ...	Attend 10-year planning meetings during past 12 months, C...	Youth
N C Central University	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Durham County Sheriff's Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Durham Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Durham Chamber of Commerce	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Durham Office of Economic and Employment Dev.	Public Sector	Local w...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans, Youth
Center for Employment Training	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE

Durham City and County CoC			COC_REG_v10_000204	
NC DHHS - OFFICE OF THE SECRETARY	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
NC Department of Vocational Rehabilitation	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans, HI...
North Carolina Courts	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
American Red Cross	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
AIDS Community Residence Association	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	HIV/AIDS
CAARE Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	HIV/AIDS, Ve...
Consumer Credit Counseling Service	Private Sector	Non-pro..	None	NONE
Durham Affordable Housing Coalition	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Durham Crisis Response Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Genesis Home	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Good Work, Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Housing for New Hope	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Interfaith Hospitality Network	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Ab...
JRUTH. Inc	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Next Step Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
The ARC of NC	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
The Community Builders	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Salvation Army	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
TROSA	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Ab...

Durham City and County CoC			COC_REG_v10_000204	
Urban Minsitries of Durham	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substan ce Ab...
Women in Action	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domesti c Vio...
Durham Congregations in Action	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Durham Rescue Mission	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substan ce Ab...
Immaculate Conception Catholic Church	Private Sector	Faith -b...	None	NONE
First Presbyterian Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Masjid Ibad Ar-Rahman, Inc.	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Nehemiah Christian Center	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
St. Phillips Episcopal	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Westminster Presbyterian	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
North Carolina Coaliltion to End Homelessness	Private Sector	Fun der ...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Triangle United Way	Private Sector	Fun der ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Blue Cross Blue Shield	Private Sector	Busi ness es	Attend 10-year planning meetings during past 12 months	NONE
Blue Devil Ventures	Private Sector	Busi ness es	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Downtown Durham, Inc	Private Sector	Busi ness es	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
El Centro Hispano	Private Sector	Busi ness es	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Sun Trust Bank	Private Sector	Busi ness es	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Latino Community Credit Union	Private Sector	Busi ness es	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Measurement Inc.	Private Sector	Busi ness es	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Niemann Capital, LLC	Private Sector	Busi ness es	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
North Carolina Mutual Life Insurance	Private Sector	Busi ness es	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

Durham City and County CoC			COC_REG_v10_000204	
Verizon (GTE)	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
C. T. Wilson Construction Company	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Community Health Duke Univ. Med. Ctr.	Private Sector	Hospitals	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Lincoln Community Health Center	Private Sector	Hospitals	Committee/Sub-committee/Work Group, Attend Consolidated P...	HIV/AIDS
V.A. Medical Center	Private Sector	Hospitals	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Abuse
Lynn Holloway	Individual	Homeless	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Michael Kelly	Individual	Homeless	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Abuse
Sam Whitted	Individual	Homeless	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Abuse
Sam Fisher	Individual	Homeless	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Abuse
Al'Jawan Reed	Individual	Homeless	Committee/Sub-committee/Work Group	Substance Abuse
A. Daniell Murray	Individual	Homeless	Committee/Sub-committee/Work Group	Substance Abuse
Jaqueline Bostick	Individual	Homeless	Committee/Sub-committee/Work Group	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)

a. Newspapers, b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, d. Outreach to Faith-Based Groups, e. Announcements at CoC Meetings, f. Announcements at Other Meetings

Rating and Performance Assessment Measure(s):
(select all that apply)

a. CoC Rating & Review Committee Exists, b. Review CoC Monitoring Findings, c. Review HUD Monitoring Findings, d. Review Independent Audit, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, i. Evaluate Project Readiness, j. Assess Spending (fast or slow), k. Assess Cost Effectiveness, 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 Committee, b. Consumer Representative Has a Vote, c. All CoC Members Present Can 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 Rescue Mission opened the Good Samaritan Inn for families increasing their capacity.

Safe Haven Bed: No

Briefly describe the reasons for the change:

Transitional Housing: Yes

Briefly describe the reasons for the change:

One provider was able to increase their beds for homeless persons with substance abuse disorders.

Permanent Housing: Yes

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

Successful development by Durham providers to meet the need.

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 e hic	10/18/2008

Attachment Details

Document Description: 2008 e hic

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: 01/30/2008
(mm/dd/yyyy)

Indicate the type of data or methods used to complete the housing inventory count: Housing inventory survey
(select all that apply)

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Instructions, Training, Updated prior housing inventory information, Follow-up, Confirmation
(select all that apply)

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: Stakeholder discussion, HUD unmet need formula
(select all that apply)

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-502 - Durham City & County CoC, NC-503 - North Carolina Balance of State CoC, NC-504 - Greensboro/High Point CoC, NC-505 - Charlotte/Mecklenburg County 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)** 05/01/2007

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

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 Durham CoC is working with CHIN to improve 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 to assist the Durham CoC. 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.

The Durham CoC continues to encourage non-funded agencies to participate in HMIS. At present, there is not a strategy to work with domestic violence agencies because of the HMIS prohibition. The Durham CoC is applying for an HMIS grant in this funding cycle to assist non HUD funded agencies in entering information into HMIS.

HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	CHIN agreement fo...	09/16/2008

Attachment Details

Document Description: CHIN agreement for HMIS

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 27601
Format: xxxxx or xxxxx-xxxx
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: 919-827-4500
(Format: 123-456-7890)
Extension
Fax Number: 919-881-0350
(Format: 123-456-7890)
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	0-50%
* Safe Haven (SH) Beds	No beds 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? Semi-annually

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

Genesis Home was the pilot for participation in the CADB HMIS system and had 100% of their beds entered for most of 2007. Over much of 2007, local homeless service providers worked to implement a Durham County mini-grant which focused on connecting additional agencies to a new, improved HMIS system housed within the Countys Community Assistance Database (CADB). Much of this work targeted Urban Ministries of Durham and the Durham Rescue Mission, two of the largest providers in the area who previously had not been contributing data to HMIS. As efforts progressed and the new system prepared to go live, providers learned from the County that housing HMIS within CADB would no longer be an option because of the significant ongoing cost of ensuring that HMIS meets all Federal Register standards for data quality and security. It became apparent that the County had little need for data from the HMIS system and allowing County employees to work on the clock to upgrade and maintain the system could no longer be justified by County administrators.

Out of this setback came a large leap forward as the local Continuum of Care began to investigate the Carolina Homeless Information Network (CHIN) and discover its capabilities. It soon became clear to all involved that CHIN was significantly more advanced and secure than the communitys previous HMIS system that was housed within CADB. In addition, Durhams participation would take CHIN one large step toward providing a comprehensive statewide information system since the CoC was one of only three in the state that was not actively participating. Genesis Home and Urban Ministries of Durham made the decision to join CHIN in the late spring of 2008 and these agencies are now in the process of securing client consent forms and entering data. Housing for New Hope was already participating in CHIN through its PATH and Housing Support Team programs, and is now bringing all of its programs into CHIN.

The Durham Rescue Mission and TROSA, two of the largest providers in the CoC, have been regular participants in HMIS planning meetings throughout the last year, but with the County mini-grant expended, the cost of linking these providers and their internal databases to CHIN remains an obstacle. Other smaller shelter and emergency assistance providers in the area have indicated an interest in joining CHIN, but user fees of \$250 per person per year have proved daunting to small agencies who may need multiple users. The Durham City and Durham County CoC expects to submit an Exhibit II HMIS application which will focus on linking non HUD-funded providers to CHIN, underwriting user fees for local providers, and increasing local bed coverage. While the CHIN system is a major improvement over the old HMIS database in CADB, the CoC needs additional resources to create the linkages and participation necessary to ensure excellent data quality and bed coverage.

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	0%	0%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	0%	0%
* Zip Code of Last Permanent Address	0%	0%
* 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.

Durham CoC uses the 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 Durham CoC leadership to determine what measures are needed for agency improvement.

All our providers are changing to CHIN, or will be providing data to CHIN in the future.

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 CHIN's 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	Transitional	Unsheltered	Total
	Emergency			
Number of Households	27	11	0	38
Number of Persons (adults and children)	71	45	0	116
	Households without Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	268	170	36	474
Number of Persons (adults and unaccompanied youth)	268	170	36	474
	All Households/ All Persons			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	295	181	36	512

Durham City and County CoC			COC_REG_v10_000204	
Total Persons	339	215	36	590

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)	69	36	105
* Severely Mentally Ill	82	23	105
* Chronic Substance Abuse	350	36	386
* Veterans	72	11	83
* Persons with HIV/AIDS	71	0	71
* Victims of Domestic Violence	52	0	52
* Unaccompanied Youth (under 18)	0	0	0

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: 01/28/2009
(mm/dd/yyyy)

Indicate the percentage of providers supplying population and subpopulation data 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:

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:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Extrapolation: (Extrapolation attachment is required)	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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.

All homeless service providers were contacted before the count and on the day following the count to gather data. Each agency reported for their agency, in addition teams went out into the street on the night of January 30 to interview homeless persons in known and probable encampments. Overall the number of homeless people increased by 9.5% which can be attributed to increased population and economic downturn for the area.

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	<input type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	<input type="checkbox"/>
Sample Strategy:	
Provider Expertise:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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.

Homeless services providers were asked to gather this information from their consumers and to provide their own expertise when the consumer refused to identify with a subpopulation. Significant increases in SMI and SA populations (22% and 19%) can be attributed to gaps in the mental health delivery system. The huge increase in HIV/AIDS (more than 900%) can be attributed to more accurate collection methods.

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:	<input checked="" type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

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

20. 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:	<input checked="" type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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: 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:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques used to reduce duplication.

Coordinated teams went out at the same time to various 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, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

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 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).

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. Though the Teams were able to house more than 30 chronically homeless through the year, the PIT number decreased by only one from 2007 to 2008 due to increase of mental health and other publicly funded system discharges into homelessness.

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	Deliver 15 new units of supportive housing for chronically homeless individuals by expanding Permanent Housing Projects	Permanent Housing Results Team Chair
Action Step 2	Create 20 new units of leased housing for Chronically Homeless and homeless families	Director Housing for New Hope
Action Step 3	Advocate for 1% of property tax receipts for funding for affordable housing	Director, 10 Year Plan to End Homelessness

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	42
Numeric Achievement in 12 months	57
Numeric Achievement in 5 years	82
Numeric Achievement in 10 years	150

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	Assist HNH's Community Support Team to help homeless people maintain PH	Director, Housing for New Hope
Action Step 2	Implement an adult system of care to help homeless people maintain PH	Director, the Durham Center
Action Step 3	create "Circles of Support" volunteer teams from area faith based organizations to provide on going support for formerly homeless people	Ten Year Plan Executive Team Chair

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	46
Numeric Achievement in 12 months	72
Numeric Achievement in 5 years	85
Numeric Achievement in 10 years	90

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	Encourage provider use of Care Review Teams	Access Results Team Chair
Action Step 2	Interdisciplinary case review teams at transitional housing facilities	Adult System of Care Coordinator
Action Step 3	Forming trauma support groups with homeless women in transitional housing	Director Housing for New Hope

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	78
Numeric Achievement in 12 months	79
Numeric Achievement in 5 years	80
Numeric Achievement in 10 years	90

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	Implement a credentialing program for homeless people through Durham Technical College	Durham Technical College Director of Community Affairs
Action Step 2	provide job fairs at Project Homeless Connect	JobLink Director
Action Step 3	Connect homeless services providers with job link	Income Results Team Chair

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	58
Numeric Achievement in 12 months	60
Numeric Achievement in 5 years	80
Numeric Achievement in 10 years	90

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	work with local school homeless liason to identify families at risk	Resource Specialist, 10 year plan
Action Step 2	work with child system of care to help prevent homeless families	Access Results Team
Action Step 3	work with Landlord Consortium to identify affordable leased properties	10 Year Plan Prevention Team

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	50
Numeric Achievement in 12 months	55
Numeric Achievement in 5 years	70
Numeric Achievement in 10 years	100

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

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged 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:	Protocol in Development
Mental Health Discharge Protocol:	Protocol in Development
Corrections Discharge Protocol:	Protocol in Development

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

For each system of care describe the discharge planning protocol. For additional 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

A Foster Care Discharge Policy has been developed and signed to partner the 10 Year Plan to End Homeless- Access to Services Team and Durham County Department of Social Services in the October of 2008. 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.

This policy outlines preferred referral resources for youth aging out of foster care including access to the Housing Specialist for additional support. 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 Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

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 services on the Access to Services and Prevention Teams of the Durham 10 Year Plan to End Homelessness. The Durham 10 Year Plan will work to create an agreement between Duke University Health Care System to assist patients with complex conditions and barriers to access needed services and resources, which will facilitate discharge or transfer, the hospital assesses the patients needs, plans for discharge or transfer, facilitates the discharge or transfer, and helps to ensure the continuity of care, treatment and services is maintained.

Mental Health Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

The Homeless Policy Specialist from NC Department of Health and Human Services, NC Coalition to End Homelessness and the NC Mental Health System will finalize their statewide discharge planning protocols by the end of 2008. 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. The protocols will identify the Requirements for discharge planning for individuals in state psychiatric hospitals and alcohol and drug abuse treatment centers (ADATCs) which have been codified in administrative code (10A NCAC 28F .0209). Each facility and area program must develop a process for coordination and continuity of care for patients, particularly around treatment issues and issues related to discharge planning and community care that involves placements other than HUD McKinney-Vento funded programs. The State recently piloted programs to transition patients into Community Support Teams who engage the patient in discharge planning before Discharge.

Correction Discharge

For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

Under the guidance and support of the Secretary of Corrections, there is now shared responsibility between the 3 branches of N.C. Department of Correction (DOC), other state level agencies, and the community for the incarcerated community member. 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. 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. The NC Homeless Policy Specialist and NC Coalition to End Homelessness look forward to formalizing their partnership and establishing statewide guidelines in the beginning of 2009. Locally, the Durham County Sherriffs Department will be invited to discuss issues and concerns and how the community can support their ongoing efforts through the Prevention Results Team of the Durham 10Year Plan to End Homelessness.

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

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Foster Care Disch...	10/20/2008
Mental Health Discharge Protocol	No	--	No Attachment
Corrections Discharge Protocol	No	--	No Attachment
Health Care Discharge Protocol	No	--	No Attachment

Attachment Details

Document Description: Foster Care Discharge MOA

Please Note: Any CoC that selected "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:

Please Note: Any CoC that selected "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:

Please Note: Any CoC that selected "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:

Please Note: Any CoC that selected "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: Increase available affordable housing
End Chronic Homelessness in 10 years
Imrpove Access to Services for homeless individuals
Reduce fragmentation of emergency assistance services in county.
Create a job readiness credential for the homeless.

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)? No

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):

Increase available supportive housing and develop more affordable housing in county.
Improve access to services for homeless individuals.
Create job readiness credential for homeless to transition into employment.
Create community education campaign to reduce the fragmentation of emergency assistance services in county.

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 additional 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 relevant 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	20	Beds	12	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	80	%	71	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	75	%	63	%
Increase percentage of homeless persons employed at exit to at least 18%	70	%	66	%
Ensure that the CoC has a functional HMIS system	85	%	22	%

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	157	13
2007	95	21
2008	105	33

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

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				\$30,000	
Operations	\$62,175		\$25,000		
Total	\$62,175	\$0	\$25,000	\$30,000	\$0

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)	19
b. Number of participants who did not leave the project(s)	41
c. Number of participants who exited after staying 6 months or longer	9
d. Number of participants who did not exit after staying 6 months or longer	29
e. Number of participants who did not leave and were enrolled for 5 months or less	12
TOTAL PH (%)	63
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	60
b. Number of participants who moved to PH	40
TOTAL TH (%)	67

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: 79

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	9	11 %
SSDI	4	5 %
Social Security	0	0 %
General Public Assistance	0	0 %
TANF	0	0 %
SCHIP	0	0 %
Veterans Benefits	0	0 %
Employment Income	44	56 %
Unemployment Benefits	1	1 %
Veterans Health Care	0	0 %
Medicaid	9	11 %
Food Stamps	11	14 %
Other (Please specify below)	3	4 %
TANF/AFDC/Child support/edu		
No Financial Resources	18	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? Yes

4E. Section 3 Employment Policy Detail

Is the project requesting \$200,000 or more?: Yes

If Yes to above question, click save to provide activities

**Which activities will the project undertake to ensure that employment and other economic opportunities are directed to low and very low income persons?
(Select all that apply)**

Advertise at social service agencies, employment/training/community centers, local newspapers, shopping centers, radio, Establish a preference policy for Section 3 for competitive contracts >\$100,000

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.

The continuum analyzes APR's annually to assess and improve access to mainstream programs. Staff from the lead agency as well as a team of unbiased volunteers recruited by the United Way review the APR's.

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
10/18/07, 11/15/07, 12/20/07, 1/17/08, 2/21/08, 3/20/08, 4/17/08,
5/15/08, 6/19/08, 7/17/08, 9/18/08.

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 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).

January 2007, August 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. 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]

<p>*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"?</p> <p>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.</p>	Yes
<p>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?</p>	Yes
<p>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?</p> <p>(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.</p>	Yes
<p>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?</p>	No
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	Yes
<p>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?</p>	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
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>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)</p>	Yes
<p>*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.</p> <p>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?</p>	Yes
<p>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.</p>	
<p>*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?</p>	Yes
<p>*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?</p>	Yes
<p>*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.)</p>	No
<p>*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?</p>	No

Part A - Page 3

<p>*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?</p> <p>(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.)</p>	Yes
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	Yes
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	No
<p>*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?</p>	No
<p>*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?</p>	Yes
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	No
<p>*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?</p>	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
Andover II	2008-10-06 16:24:...	3 Years	Housing for New H...	72,450	Renewal Project	SHP	PH	F3
Turning Point	2008-10-06 10:54:...	3 Years	Genesis Home	216,476	Renewal Project	SHP	PH	F2
Williams Square A...	2008-10-06 16:46:...	3 Years	Housing for New H...	358,634	New Project	SHP	PH	F4
Williams Square A...	2008-10-06 16:52:...	3 Years	Housing for New H...	101,634	New Project	SHP	PH	S1
HMIS-Carolina Hom...	2008-10-03 08:44:...	3 Years	Urban Ministries ...	30,000	New Project	SHP	HMIS	F5

Budget Summary

FPRN	\$677,560
Rapid Re-Housing	\$0
Samaritan Housing	\$101,634
SPC Renewal	\$0
Rejected	\$0