

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while completing the application in e-snaps.

- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.

- Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: NC-503 - North Carolina Balance of State CoC

1A-2. Collaborative Applicant Name: North Carolina Coalition to End Homelessness Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Michigan Coalition Against Homelessness

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

| Organization/Person Categories | Participates in CoC Meetings | Votes, including electing CoC Board | Sits on CoC Board |
|--|------------------------------|-------------------------------------|-------------------|
| Local Government Staff/Officials | Yes | Yes | Yes |
| CDBG/HOME/ESG Entitlement Jurisdiction | Yes | Yes | No |
| Law Enforcement | Yes | Yes | No |
| Local Jail(s) | Yes | Yes | No |
| Hospital(s) | Yes | Yes | No |
| EMT/Crisis Response Team(s) | Yes | Yes | Yes |
| Mental Health Service Organizations | Yes | Yes | Yes |
| Substance Abuse Service Organizations | Yes | Yes | Yes |
| Affordable Housing Developer(s) | Yes | Yes | No |
| Public Housing Authorities | Yes | Yes | Yes |
| CoC Funded Youth Homeless Organizations | Not Applicable | No | Not Applicable |
| Non-CoC Funded Youth Homeless Organizations | Yes | Yes | Yes |
| School Administrators/Homeless Liaisons | Yes | Yes | No |
| CoC Funded Victim Service Providers | Not Applicable | No | Not Applicable |
| Non-CoC Funded Victim Service Providers | Yes | Yes | Yes |
| Street Outreach Team(s) | Yes | Yes | Yes |
| Youth advocates | Yes | Yes | Yes |
| Agencies that serve survivors of human trafficking | Yes | Yes | Yes |
| Other homeless subpopulation advocates | Yes | Yes | Yes |
| Homeless or Formerly Homeless Persons | Yes | Yes | Yes |
| | | | |
| | | | |
| | | | |

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

The CoC solicits advice and provides opportunities for feedback from all agencies, has an inclusive governance structure & application process, & conducts public meetings. The CoC invites any community member to serve on workgroups. Staff tailor subcommittee calls to providers' specific needs, offering technical support on PSH, RRH, & coordinated assessment. The CoC works closely with Managed Care Organizations (MCOs) that manage mental health services across NC. Smoky Mountain Center is one MCO the CoC works with to provide feedback on Regional Committee (RC) & local capacity. The CoC also works with homeless service providers like Allied Churches (AC). AC has given feedback on CoC best practice implementation such as diversion & building leadership in community. Both agencies' staff serve on the CoC Board, RCs, subcommittees & workgroups. They helped design a new RC structure in BoS, researching best practices, gathering feedback from providers, & creating a framework for transition.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

| Youth Service Provider (up to 10) | RHY Funded? | Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016. | Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016. |
|--------------------------------------|-------------|--|--|
| Only Hope WNC | No | Yes | No |
| Homes for Youth | No | Yes | No |
| Sipes Orchard Homes | No | Yes | Yes |
| Children's Hope Alliance | Yes | Yes | No |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.

Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

| Victim Service Provider for Survivors of Domestic Violence (up to 10) | Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016 | Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016. |
|---|--|--|
| Safelight | Yes | No |
| SAFE of Harnett County | Yes | Yes |
| Help, Inc. | Yes | Yes |
| Southeastern Family Violence Center | Yes | Yes |
| REACH of Haywood County | Yes | Yes |
| REACH of Clay County | Yes | No |
| REACH of Macon County | Yes | No |
| Wesley Center | Yes | No |
| SAFE Place | Yes | No |
| REACH of Cherokee County | Yes | No |

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

CoC staff advertised an intent to apply form as a technical assistance tool at the Steering and Regional Committee (RC) levels & used it as a way to entice applications from non-CoC funded agencies. The CoC posted the intent to apply on its website months before the NOFA and re-advertised it between May-July 2016. Staff proactively outreached non-CoC programs, encouraging application. Staff sent intent to apply info & website link to its email list (379 people) and to RCs. 11 agencies submitted forms; 10 of 11 agencies had never previously received CoC funding. The CoC received 5 new project applications from 4 agencies; 3 of 4 had never previously received CoC funding. The scorecard determining the projects the CoC would include in its project listing considered the same criteria for all agencies, regardless of prior CoC funding: agency capacity, performance, best practice implementation (Housing First, Key Elements of PSH, RRH benchmarks), and Coordinated Assessment participation.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

| Funding or Program Source | Coordinates with Planning, Operation and Funding of Projects |
|--|--|
| Housing Opportunities for Persons with AIDS (HOPWA) | Yes |
| Temporary Assistance for Needy Families (TANF) | Yes |
| Runaway and Homeless Youth (RHY) | Yes |
| Head Start Program | Yes |
| Housing and service programs funded through Federal, State and local government resources. | Yes |

1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

| | Number |
|--|--------|
| Number of Con Plan jurisdictions with whom the CoC geography overlaps | 13 |
| How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process? | 13 |
| How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data? | 13 |
| How many of the Con Plan jurisdictions are also ESG recipients? | 1 |
| How many ESG recipients did the CoC participate with to make ESG funding decisions? | 1 |
| How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities? | 1 |

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The CoC collaborates with 13 of 13 Con Plan jurisdictions. CoC staff participate most regularly with the State, joining internal planning meetings & providing input on priorities on the State Con Plan. The CoC interacts with State Con Plan partners on average 10 hours per week participating in planning meetings, public hearings & communicating through emails, phone calls, & individual meetings with Con Plan partners. With all 13 Con Plan jurisdictions, CoC staff regularly update partners on homelessness numbers, evidence-based practices, PIT Count information, and CoC priorities. Local agencies provide the majority of the connection to local Con Plan jurisdictions, participating in their planning, providing input, and involving local Con Plan staff in Regional Committee work. Many CoC agencies interact with local Con Plan partners on a weekly basis through emails, phone calls, and planning meetings, while the Regional Committees, including participating Con Plan staff, meet monthly.

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

CoC staff consult with the ESG recipient to design an application for funding. CoC provides oversight for Regional Committees who submit applications for ESG. The ESG office looks to the CoC to set priorities for funding and provide planning & guidance to RCs. This year, CoC staff consulted with each RC on its process for choosing ESG applicants, ensuring a fair, transparent process focused on high performing agencies that prioritize permanent housing outcomes. The ESG office and CoC staff talk weekly about ESG policies and issues and improvement plans for grantees. CoC staff partner with the ESG office to provide training and technical assistance to lower-performing grantees. The CoC's HMIS staff work closely with grantees to improve data quality and ensure accurate CAPER reporting. Within the next year, the CoC will monitor SPMs for each RC, sharing information with the ESG office so as to collaborate on ways to improve these measures.

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

Victim service providers are active participants in the coordinated assessment process. No matter what access point a household enters the system, the

Prevention/Diversion screen allows the system to identify and link DV survivors to victim service providers. Once in shelter, whether that is a DV specific provider or not, households are assessed using the VI-SPDAT and referred for community housing programs (CoC, ESG, DOJ, etc.) based on the assessment. Data about households shared during coordinated assessment is coded to protect identity with the victim service provider acting as the point of contact. CoC staff partnered with the NC Coalition Against Domestic Violence (NCCADV) to provide 2 all-day trainings for state victim service providers about CoC and ESG housing programs, coordinated assessment and housing first. CoC staff participates in the NCCADV's Delta Focus Steering Committee and advises on projects and research about housing and coordinated assessment for DV survivors.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

| Public Housing Agency Name | % New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry | PHA has General or Limited Homeless Preference |
|--|---|--|
| Housing Authority of the City of Lumberton | 0.00% | Yes-Public Housing |
| Rowan Housing Authority | 0.00% | No |
| Brevard Housing Authority | 37.50% | Yes-Both |
| Isothermal Planning and Development Commission | 1.00% | Yes-HCV |
| The New Reidsville Housing Authority | 0.00% | Yes-Both |

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

Several other subsidized or low-income housing opportunities targeting homeless persons exist in the CoC, including: HOME TBRA, NC Targeted program, NC Transitions to Community Living Initiative (TCLI), and VA SSVF programs. Several HOME jurisdictions use TBRA, pairing this funding with ESG RRH services to maximize resources. The Targeted program assists extremely low-income people with disabilities to access set-aside units in the CoC. Part of the Olmstead Agreement with the U.S. Department of Justice, TCLI seeks to maximize client choice for housing and employment for seriously mentally ill persons, including people experiencing homelessness. The CoC has 89%

SSVF coverage. SSVF providers lead efforts to engage homeless veterans for permanent housing placement as quickly as possible. The CoC is working to achieve full SSVF coverage and a comprehensive veterans homeless plan by the end of 2016. The CoC works with the above projects to set homeless preferences.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

| | |
|--------------------------------------|-------------------------------------|
| Engaged/educated local policymakers: | <input checked="" type="checkbox"/> |
| Engaged/educated law enforcement: | <input checked="" type="checkbox"/> |
| Implemented communitywide plans: | <input checked="" type="checkbox"/> |
| No strategies have been implemented | <input type="checkbox"/> |
| Other:(limit 1000 characters) | |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

| | |
|--------------------------|-------------------------------------|
| Foster Care: | <input checked="" type="checkbox"/> |
| Health Care: | <input type="checkbox"/> |
| Mental Health Care: | <input checked="" type="checkbox"/> |
| Correctional Facilities: | <input checked="" type="checkbox"/> |
| None: | <input type="checkbox"/> |

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

| | |
|--------------------------|-------------------------------------|
| Foster Care: | <input checked="" type="checkbox"/> |
| Health Care: | <input checked="" type="checkbox"/> |
| Mental Health Care: | <input checked="" type="checkbox"/> |
| Correctional Facilities: | <input checked="" type="checkbox"/> |
| None: | <input type="checkbox"/> |

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

Not applicable

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

**1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

CE covering the CoC's 79 counties is implemented by 26 regions with the Coordinated Assessment Council (CAC) providing oversight. CE insures accessibility by providing phone intake, transportation, and staff who travel where needed. CAC monitors data to ensure those who are unsheltered are assessed for housing resources. Those entering shelter are assessed and referred within 2 weeks of entry. Regions track length of time homeless and other eligibility information, e.g. veteran status. CAC also monitors program intake rates and wait lists. Regions do warm hand-off referrals, i.e. phone calls between agencies, to make it easier for households to navigate the system. Regions use standardized tools: Prevention/Diversion tool and the VI- SPDAT for housing. These tools allow regions to assess for needs and quickly connect those with severe needs to appropriate programs. As CE is implemented, CAC and CoC staff support regions to identify gaps and how program eligibility rules create gaps.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list,

enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

| Organization/Person Categories | Participate s in Ongoing Planning and Evaluation | Makes Referrals to the Coordinate d Entry Process | Receives Referrals from the Coordinate d Entry Process | Operates Access Point for Coordinate d Entry Process | Participate s in Case Conferenci ng | Does not Participate | Does not Exist |
|---|---|--|---|---|--|--------------------------|--------------------------|
| Local Government Staff/Officials | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CDBG/HOME/Entitlement Jurisdiction | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Law Enforcement | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Local Jail(s) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospital(s) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EMT/Crisis Response Team(s) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Health Service Organizations | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Substance Abuse Service Organizations | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Affordable Housing Developer(s) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Public Housing Authorities | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-CoC Funded Youth Homeless Organizations | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School Administrators/Homeless Liaisons | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-CoC Funded Victim Service Organizations | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Street Outreach Team(s) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Homeless or Formerly Homeless Persons | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

| | |
|---|--------|
| How many renewal project applications were submitted in the FY 2016 CoC Program Competition? | 43 |
| How many of the renewal project applications are first time renewals for which the first operating year has not expired yet? | 1 |
| How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition? | 41 |
| Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition? | 97.62% |

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

| | |
|--|-------------------------------------|
| Performance outcomes from APR reports/HMIS: | |
| % permanent housing exit destinations | <input checked="" type="checkbox"/> |
| % increases in income | <input type="checkbox"/> |
| Monitoring criteria: | |
| Utilization rates | <input checked="" type="checkbox"/> |
| Drawdown rates | <input checked="" type="checkbox"/> |
| Frequency or Amount of Funds Recaptured by HUD | <input checked="" type="checkbox"/> |

Need for specialized population services:

| | |
|---|-------------------------------------|
| Youth | <input type="checkbox"/> |
| Victims of Domestic Violence | <input type="checkbox"/> |
| Families with Children | <input type="checkbox"/> |
| Persons Experiencing Chronic Homelessness | <input checked="" type="checkbox"/> |
| Veterans | <input checked="" type="checkbox"/> |
| None: | <input type="checkbox"/> |

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The scorecard gives points to projects serving populations with high needs & vulnerabilities. Projects receive 8 pts for serving 100% people with a disability, including substance use, mental illness, or other impairments that require significant support to maintain housing. Projects receive up to 16 pts for serving chronically homeless people who have been homeless for long periods of time & are more susceptible to victimization, illness, & death. The CoC also uses program model to prioritize projects. The scorecard gives 20 pts to renewals following Housing First. New projects must be Housing First to be considered for funding. PSH & RRH projects are asked if they implement SAMHSA's six key elements of PSH, HUD's RRH Program Standards, and coordinated assessment (CA). Projects that follow the PSH/RRH and CA standards were prioritized above those that don't. Using these models ensures that high-needs participants resistant to receiving services are still being served in PH programs.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached. (limit 750 characters)

The CoC uses 2 scorecards (1 for new projects and 1 for renewals) to review, score, & rank project applications. The scorecards were created by a committee & then were reviewed by stakeholders and approved by the CoC Steering Committee at a public meeting on July 5. The CoC's scoring and ranking process was discussed at this meeting as well. CoC staff emailed a notice about the meeting & an agenda to CoC stakeholders on June 28. The presentation & minutes from this meeting were posted on the CoC lead agency's website. The final versions of the scorecards were posted on the CoC lead agency's website on July 6. The prior year's scorecards remain on the CoC

website & interested applicants are referred to them throughout the year.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached). 09/09/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) No

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

CoC staff review APRs prior to submission to HUD & assist grantees with timely submission. Staff consult with HUD field office on the results of their APR reviews & work with grantees to correct problems to ensure compliance. Staff ask for LOCCS screenshots 6 mos into grant terms to monitor spending rates. CoC subcommittees are used to share best practices & successful program models among grantees. Staff held a mandatory meeting for grantees in 2016 to review HUD requirements, CoC priorities & performance benchmarks. The CoC also incorporated performance into the project application review/ranking process. The scorecard assesses expenditure of awarded funds, resolution of monitoring findings, bed utilization, serving 100% eligible participants, employment & receipt of mainstream benefits, & exits to/retention in PH. Failure to meet certain goals requires a corrective action plan. Grantees not meeting all goals score lower & risk losing partial or full funding through reallocation.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA. Governance Charter pages 8-9 and MOU pages 1-2

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)? Yes

2A-4. What is the name of the HMIS software ServicePoint

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Bowman Systems

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Statewide

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

| Funding Source | Funding |
|-------------------------------------|------------------|
| CoC | \$519,229 |
| ESG | \$0 |
| CDBG | \$0 |
| HOME | \$0 |
| HOPWA | \$0 |
| Federal - HUD - Total Amount | \$519,229 |

2B-2.2 Funding Type: Other Federal

| Funding Source | Funding |
|---|------------|
| Department of Education | \$0 |
| Department of Health and Human Services | \$0 |
| Department of Labor | \$0 |
| Department of Agriculture | \$0 |
| Department of Veterans Affairs | \$0 |
| Other Federal | \$0 |
| Other Federal - Total Amount | \$0 |

2B-2.3 Funding Type: State and Local

| Funding Source | Funding |
|----------------|---------|
|----------------|---------|

| | |
|---------------------------------------|------------|
| City | \$0 |
| County | \$0 |
| State | \$0 |
| State and Local - Total Amount | \$0 |

2B-2.4 Funding Type: Private

| Funding Source | Funding |
|-------------------------------|------------|
| Individual | \$0 |
| Organization | \$0 |
| Private - Total Amount | \$0 |

2B-2.5 Funding Type: Other

| Funding Source | Funding |
|-----------------------------|------------|
| Participation Fees | \$0 |
| Other - Total Amount | \$0 |

| | |
|---|------------------|
| 2B-2.6 Total Budget for Operating Year | \$519,229 |
|---|------------------|

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 05/02/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

| Project Type | Total Beds in 2016 HIC | Total Beds in HIC Dedicated for DV | Total Beds in HMIS | HMIS Bed Coverage Rate |
|---|------------------------|------------------------------------|--------------------|------------------------|
| Emergency Shelter (ESG) beds | 2,747 | 848 | 1,165 | 61.35% |
| Safe Haven (SH) beds | 0 | 0 | 0 | |
| Transitional Housing (TH) beds | 640 | 84 | 296 | 53.24% |
| Rapid Re-Housing (RRH) beds | 410 | 14 | 396 | 100.00% |
| Permanent Supportive Housing (PSH) beds | 1,659 | 0 | 1,510 | 91.02% |
| Other Permanent Housing (OPH) beds | 0 | 0 | 0 | |

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

For both ES & TH programs, the CoC plans to increase HMIS bed coverage by targeting agencies with the largest number of non-HMIS beds & offering them free HMIS licenses & training to join the system. We will use the HIC to identify these agencies & develop materials to explain how using HMIS can be beneficial to them & to the community. We will identify a local contact person, either a member of the local Regional Committee or a CoC representative of the NC HMIS Governance Committee, to personally contact each agency to meet with them in person to discuss HMIS & understand the agencies' perspective on joining HMIS. The CoC will try to overcome agency objections when possible. Out of the agencies not using HMIS, many are not publicly funded, & 67% of ES programs and 68% of TH programs are faith-based, youth-specific, or voucher programs that tend to be resistant to outside requests. The CoC will work to address specific concerns & bring as many programs onto the system as possible.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

| | |
|---------------------------------------|-------------------------------------|
| VA Grant per diem (VA GPD): | <input type="checkbox"/> |
| VASH: | <input checked="" type="checkbox"/> |
| Faith-Based projects/Rescue mission: | <input checked="" type="checkbox"/> |
| Youth focused projects: | <input checked="" type="checkbox"/> |
| Voucher beds (non-permanent housing): | <input checked="" type="checkbox"/> |
| HOPWA projects: | <input type="checkbox"/> |
| Not Applicable: | <input type="checkbox"/> |

2C-4. How often does the CoC review or assess its HMIS bed coverage? Semi-Annually

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

| Universal Data Element | Percentage Null or Missing | Percentage Client Doesn't Know or Refused |
|---|----------------------------|---|
| 3.1 Name | 0% | 0% |
| 3.2 Social Security Number | 2% | 2% |
| 3.3 Date of birth | 3% | 0% |
| 3.4 Race | 3% | 0% |
| 3.5 Ethnicity | 3% | 1% |
| 3.6 Gender | 3% | 0% |
| 3.7 Veteran status | 1% | 0% |
| 3.8 Disabling condition | 1% | 1% |
| 3.9 Residence prior to project entry | 2% | 0% |
| 3.10 Project Entry Date | 0% | 0% |
| 3.11 Project Exit Date | 0% | 0% |
| 3.12 Destination | 38% | 0% |
| 3.15 Relationship to Head of Household | 8% | 0% |
| 3.16 Client Location | 3% | 0% |
| 3.17 Length of time on street, in an emergency shelter, or safe haven | 7% | 0% |

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

| | |
|--|-------------------------------------|
| CoC Annual Performance Report (APR): | <input checked="" type="checkbox"/> |
| ESG Consolidated Annual Performance and Evaluation Report (CAPER): | <input checked="" type="checkbox"/> |
| Annual Homeless Assessment Report (AHAR) table shells: | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> |

| | |
|------|--------------------------|
| None | <input type="checkbox"/> |
|------|--------------------------|

2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 10

2D-4. How frequently does the CoC review data quality in the HMIS? Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both. Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

| | |
|---|-------------------------------------|
| VA Supportive Services for Veteran Families (SSVF): | <input checked="" type="checkbox"/> |
| VA Grant and Per Diem (GPD): | <input type="checkbox"/> |
| Runaway and Homeless Youth (RHY): | <input checked="" type="checkbox"/> |
| Projects for Assistance in Transition from Homelessness (PATH): | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> |
| None: | <input type="checkbox"/> |

2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date. (limit 750 characters)

There are no VA GPD beds in the CoC.

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?** Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)** 01/27/2016
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD?** Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy)** 05/02/2016

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

| | |
|--------------------------------------|-------------------------------------|
| Complete Census Count: | <input checked="" type="checkbox"/> |
| Random sample and extrapolation: | <input type="checkbox"/> |
| Non-random sample and extrapolation: | <input type="checkbox"/> |
| | <input type="checkbox"/> |

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

| | |
|--|-------------------------------------|
| HMIS: | <input checked="" type="checkbox"/> |
| HMIS plus extrapolation: | <input type="checkbox"/> |
| Interview of sheltered persons: | <input checked="" type="checkbox"/> |
| Sample of PIT interviews plus extrapolation: | <input type="checkbox"/> |
| Non-HMIS provider records/client files containing subpopulation data | <input checked="" type="checkbox"/> |

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

The CoC used a complete census count for the 2016 PIT Count. Agencies on HMIS ran the Sheltered/Unsheltered PIT report and also conducted a hand count to collect data on participants. CoC staff compared the HMIS report to the

hand count and provided extensive follow-up to correct discrepancies. Non-HMIS agencies collected data by conducting surveys with program participants and using non-HMIS client records. The survey form was developed by CoC staff and included all population & subpopulation characteristics required by HUD for the PIT. The CoC chose the census method to achieve the most complete and accurate count. The CoC includes many projects designated for a particular gender, household type, or subpopulation (like domestic violence victims), making it difficult to use a population sample to generate an accurate extrapolation. The census method ensured the CoC collected correct data instead of a projection that could disproportionately reflect particular population groups.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

Not applicable

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

Ten programs were added to the 2016 PIT. This included 1 new ES & 1 new TH that opened after the 2015 PIT, 1 TH under renovation in 2015 that reopened prior to the 2016 PIT, & 5 ES & 2 TH programs that reported for the first time in 2015 (5 of which are in newly active counties that have not held local counts before). Thirteen programs were removed from the 2016 PIT. Six of these (2 ES & 4 TH) closed between the 2015 and 2016 PITs. In addition, 2 hotel voucher programs did not happen to serve anyone on the 2016 PIT & 2 shelters were temporarily closed for renovations. One TH program was determined not to meet HUD's criteria for dedicated homeless programs. Two CoC-funded programs changed from TH to RRH and were counted under RRH on the HIC.

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

| | |
|-------------------------------------|-------------------------------------|
| Training: | <input checked="" type="checkbox"/> |
| Follow-up: | <input checked="" type="checkbox"/> |
| HMIS: | <input checked="" type="checkbox"/> |
| Non-HMIS de-duplication techniques: | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> |

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

The CoC made several improvements during the 2015 PIT and built on those in 2016. CoC staff created a pre-recorded introductory training for Regional Committees to explain the PIT to local stakeholders, define PIT reporting requirements, and help stoke interest. Regional Committees were required to view this training at their fall meetings. Due to work throughout the year to improve local capacity, there was more community interest and improved volunteer coverage in some of the most rural areas during the 2016 PIT. The CoC continued its process of reviewing HMIS reports against hand counts and working with agencies to correct discrepancies, but expanded the staff working on this review and follow-up. As we do every year, the CoC updated its trainings and forms to comply with HUD's most recent PIT guidance.

2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/27/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/02/2016

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

| | |
|---------------------------------------|-------------------------------------|
| Night of the count - complete census: | <input type="checkbox"/> |
| Night of the count - known locations: | <input checked="" type="checkbox"/> |
| Night of the count - random sample: | <input type="checkbox"/> |
| Service-based count: | <input checked="" type="checkbox"/> |
| HMIS: | <input type="checkbox"/> |
| | <input type="checkbox"/> |

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology. (limit 1000 characters)

The CoC chose a known locations count on the night of the PIT supplemented by a service-based count within the 7 days after the PIT. For the street count, enumerators canvassed designated areas where they were likely to locate unsheltered people (town/city centers) & targeted locations unsheltered people are known to stay (encampments, abandoned houses, etc.). Geographic areas were pre-defined to avoid double-counting the same area. In the next 7 days, communities held services-based counts at agencies where unsheltered people are likely to receive services. This combination of methodologies was chosen because the CoC covers a large geographic area (79 counties) that includes many rural areas where enumerators were unlikely to locate unsheltered people, making a complete coverage count impractical. By counting in different locations and at different times, the combination of a known location and a service-based count was the most likely method to result in a comprehensive count.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)

Not applicable

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

| | |
|-------------------------|-------------------------------------|
| Training: | <input checked="" type="checkbox"/> |
| "Blitz" count: | <input checked="" type="checkbox"/> |
| Unique identifier: | <input checked="" type="checkbox"/> |
| Survey questions: | <input checked="" type="checkbox"/> |
| Enumerator observation: | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| None: | <input type="checkbox"/> |

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

The CoC made several improvements to trainings and survey forms during the 2015 PIT and built on those in 2016. CoC staff created a pre-recorded introductory training for Regional Committees to explain the PIT to local stakeholders, define PIT reporting requirements, and help stoke interest. Regional Committees were required to view this training at their fall meetings. Due to work throughout the year to improve local capacity, there was more community interest and improved volunteer coverage in some of the most rural areas during the 2016 PIT. As we do every year, the CoC updated its trainings

and forms to comply with HUD's most recent PIT guidance. The CoC also made additional improvements to the survey form used during interviews with unsheltered homeless people to ensure survey questions were clear to both enumerators and homeless people, reducing the potential for inaccurate responses.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

*** 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons**

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

| | 2015 PIT (for unsheltered count, most recent year conducted) | 2016 PIT | Difference |
|--|---|----------|------------|
| Universe: Total PIT Count of sheltered and unsheltered persons | 3,021 | 2,963 | -58 |
| Emergency Shelter Total | 1,827 | 1,682 | -145 |
| Safe Haven Total | 0 | 0 | 0 |
| Transitional Housing Total | 534 | 446 | -88 |
| Total Sheltered Count | 2,361 | 2,128 | -233 |
| Total Unsheltered Count | 660 | 835 | 175 |

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

| | Between October 1, 2014 and September 30, 2015 |
|---|--|
| Universe: Unduplicated Total sheltered homeless persons | 6,102 |
| Emergency Shelter Total | 5,477 |
| Safe Haven Total | 0 |
| Transitional Housing Total | 725 |

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

(limit 1000 characters)

The CoC Coordinated Assessment (CA) system uses a prevention/diversion screen that communities complete at every entry point of the system. The screen helps communities to divert individuals and families away from shelters to other safe housing options so providers can use shelter for people with no other options. Regional Committees (RCs) track information gathered from the screening tool to identify risk factors leading to homelessness as well as the financial assistance needed to divert households from the system. By tracking the financial needs for diversion, communities can advocate with current prevention programs and ask for increased funding from other sources to supplement ESG prevention assistance used for diversion efforts. Mainstream service systems such as behavioral health agencies, jails, & hospitals participate in RCs to prevent discharges into homelessness. The CoC advocates with state institutions, including NC DHHS & NC DOC, to enforce discharge procedures.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

(limit 1000 characters)

The CoC adopted written standards requiring programs to follow housing first, lower barriers to housing, & target & prioritize homeless individuals with the longest histories of homelessness. The scorecard incentivizes low-barrier programs that serve people with long histories of homelessness. Regional Committees (RCs) submit quarterly coordinated assessment reports to the CoC indicating how many people accessed & exited the system & reporting waitlists for housing programs. To avoid long waitlists, RCs perform assessments after allowing time for people to exit the system on their own, avoiding placement of people with lower acuity into housing programs. RCs use secondary referrals when the first choice has a long waitlist. The CoC will use HMIS data to help communities identify long-term homeless individuals. It will also monitor SPMs to see how certain activities affect length of time homeless over time & work with RCs to adopt new strategies to create more effective programs.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

**3A-4a. Exits to Permanent Housing Destinations:
Fill in the chart to indicate the extent to which projects exit program**

| | | |
|------------------------|---------|------------|
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|------------------------|---------|------------|

participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

| | Between October 1, 2014 and September 30, 2015 |
|---|--|
| Universe: Persons in SSO, TH and PH-RRH who exited | 170 |
| Of the persons in the Universe above, how many of those exited to permanent destinations? | 116 |
| % Successful Exits | 68.24% |

3A-4b. Exit To or Retention Of Permanent Housing:
In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

| | Between October 1, 2014 and September 30, 2015 |
|---|--|
| Universe: Persons in all PH projects except PH-RRH | 1,731 |
| Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations? | 1,669 |
| % Successful Retentions/Exits | 96.42% |

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

According to SPM 2, BoS programs have a 15% return to homelessness rate within 2 years. To lower SPM 2 over the next year, the CoC will implement key strategies. Within coordinated assessment the Prevention/Diversion screen identifies households at-risk of homelessness within 72 hours so they can access resources to avoid another episode. Housing programs also use the Case Management Tool to measure acuity over time, helping staff determine the best exit plan to reduce recidivism. BoS written standards require at least one follow up with clients after exit and a procedure to address ongoing service needs as needed to decrease the risk of homelessness. CoC and ESG programs refer clients to mainstream benefits to access resources to prevent homelessness. The CoC reviews APRs, monitoring program exits and using the data to score and rank projects. In 2016-2017, BoS will evaluate SPMs on a quarterly basis, using HMIS data to inform changes to policies, priorities, and direction of systems.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's

**specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources.
(limit 1000 characters)**

The CoC encourages the use of SOAR to apply for SSA benefits to increase non-earned income for people with disabilities. Over the past year, the CoC has trained 19 caseworkers in SOAR & has 8 FTE dedicated SOAR caseworkers. Of the 317 applications submitted by caseworkers in the CoC, 73% have been approved for benefits. The CoC invites Regional Committee participation from employment programs such as NC Works, Vocational Rehabilitation, Supported Employment, & DSS and many of these groups actively participate. Their participation leads to better communication about employment participation, job training programs, job fairs targeted to homeless people, & resources to pay for needed supplies and transportation for work. To improve these outcomes, CoC staff consistently discuss employment with grantees at Steering Committee, subcommittee, & training meetings, including a webinar on the State supported employment program. The CoC uses income outcomes in scoring and ranking projects.

**3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)**

Providers in the CoC utilize several different mainstream employment programs to help their clients increase income. They work with NC Works, a program of the state employment security commission with programs targeting youth and homeless veterans. NC Works provides job placement, skills improvement, job fairs, GED classes and a Career Readiness Certificate. They also work with Vocational Rehabilitation, especially important for people with disabilities because of their emphasis on barrier assessments and support services to address these needs. They work with the Department of Social Services through the TANF program, supporting clients with job searches, childcare, and transportation. Many also work with Supported Employment (SE) run through Managed Care Organizations. Targeted to people with mental health issues, SE provides job training, coaching, and ongoing counseling. 100% of CoC-funded programs regularly connect clients to these programs.

**3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)**

Most Regional Committees (RCs) do not have street outreach teams. However, those that do use teams to engage unsheltered people, referring clients to housing through the local coordinated assessment system (CA). In communities without outreach programs, they use a "no wrong door" approach, where providers, including shelters, food pantries, DSS, mental and physical health services, housing authorities, and law enforcement identify and engage this population. Many RCs hold Project Connect events, annual events bringing together a wealth of services in one place to draw in and engage unsheltered people. At these events, providers connect clients to housing programs through

CA. Often housing is not readily available so communities keep wait lists, engaging unsheltered people in other services to maintain contact until housing spots open. CA selection committees share information regularly to identify and prioritize people with the highest needs.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)? No

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)? (limit 1000 characters)

N/A

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy) 08/12/2016

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data. (limit 1500 characters)

N/A

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;
2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
3. The highest needs for new and turnover units.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

| | 2015 (for unsheltered count, most recent year conducted) | 2016 | Difference |
|---|---|------|------------|
| Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons | 360 | 348 | -12 |
| Sheltered Count of chronically homeless persons | 176 | 165 | -11 |
| Unsheltered Count of chronically homeless persons | 184 | 183 | -1 |

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.
 (limit 1000 characters)**

Not applicable (as per HUD AAQ response, no explanation is needed if numbers did not increase or remain the same)

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

| | 2015 | 2016 | Difference |
|--|------|------|------------|
| Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC. | 305 | 219 | -86 |

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

Not applicable (as per HUD AAQ response, no explanation is needed if numbers did not increase or remain the same)

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status? Yes

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found. p. 7-9

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? No

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

The CoC is committed to ending chronic homelessness, but being a Balance of State presents barriers. The CoC’s Regional Committees have varying levels of capacity, which adversely affects our ability to implement needed strategies to end CH. The CoC is using planning grant funds to provide direct training to low-capacity areas & ensure all local coordinated assessment systems are consistently targeting intensive resources to CH people. While CoC policies require all PSH units to be prioritized for CH people upon turnover, grantees struggle to graduate clients from PSH due to lack of affordable housing, causing a lack of open PSH for CH people. The CoC also has difficulty getting full PSH coverage across all 79 counties, as some areas lack agencies with capacity to administer federal grants. This means CH units may not be located where the CH person is. The CoC has discussed having a state agency run a CoC-wide PSH grant to cover all 79 counties, but no agency has agreed to do so.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

| | |
|---|-------------------------------------|
| Vulnerability to victimization: | <input checked="" type="checkbox"/> |
| Number of previous homeless episodes: | <input checked="" type="checkbox"/> |
| Unsheltered homelessness: | <input checked="" type="checkbox"/> |
| Criminal History: | <input checked="" type="checkbox"/> |
| Bad credit or rental history (including not having been a leaseholder): | <input checked="" type="checkbox"/> |
| Head of household has mental/physical disabilities: | <input checked="" type="checkbox"/> |
| Length of time homeless | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> |
| N/A: | <input type="checkbox"/> |

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

The CoC understands that RRH is the most effective method of ending family homelessness and works with programs, local & state governments, & private funders to increase RRH funding. Prior to the 2016 ESG competition, CoC staff met with each Regional Committee's (RC) Funding Lead to encourage them to increase their % of RRH. RCs use coordinated assessment to ensure families connect to appropriate housing resources based on their needs. The CoC works closely with the NC Homeless Education Program, which provides technical assistance to school liaisons, educating them about RRH at their annual conference. The CoC adopted written standards requiring programs to follow housing first practices, lower barriers to housing, & target & prioritize homeless households with long histories of homelessness. In the 2015 ESG competition, 57% of initial ESG awards went to RRH programs. In the 2016 CoC competition, the CoC applied for 1 new RRH program focused on families experiencing homelessness.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

| | 2015 | 2016 | Difference |
|---|------|------|------------|
| RRH units available to serve families in the HIC: | 52 | 89 | 37 |

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

| | |
|--|-------------------------------------|
| CoC policies and procedures prohibit involuntary family separation: | <input checked="" type="checkbox"/> |
| There is a method for clients to alert CoC when involuntarily separated: | <input type="checkbox"/> |
| CoC holds trainings on preventing involuntary family separation, at least once a year: | <input checked="" type="checkbox"/> |
| BoS CoC has notified grantees and other stakeholders about existing HUD policy and legislation prohibiting family separation | <input checked="" type="checkbox"/> |
| In BoS CoC written standards | <input checked="" type="checkbox"/> |
| None: | <input type="checkbox"/> |

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

| | 2015 (for unsheltered count, most recent year conducted) | 2016 | Difference |
|---|--|------|------------|
| Universe: Total PIT Count of sheltered and unsheltered homeless households with children: | 373 | 356 | -17 |
| Sheltered Count of homeless households with children: | 319 | 271 | -48 |
| Unsheltered Count of homeless households with children: | 54 | 85 | 31 |

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

The total homeless households with children decreased by 17 households (5%) from the 2015 to the 2016 PIT Counts, which mirrors the decrease in overall homelessness in the CoC during the same time period. The CoC added 145 RRH and 170 PSH beds since the 2015 PIT. This dramatic increase along with increasing functionality of coordinated assessment has helped to quickly target homeless households with children, refer them to housing programs, and decrease the need for shelter. While the overall homelessness count decreased, the CoC saw an increase in the number of unsheltered households with children. The increase in unsheltered households likely occurred for two reasons: Regional Committees increased the number of volunteers and provided improved training to engage unsheltered people during the PIT, and 7 new communities in BoS conducted unsheltered counts in 2016 versus 2015, accounting for 121 more unsheltered people counted.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

| | |
|--|-----|
| Human trafficking and other forms of exploitation? | Yes |
| LGBTQ youth homelessness? | Yes |
| Exits from foster care into homelessness? | Yes |
| Family reunification and community engagement? | Yes |
| Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs? | Yes |
| Unaccompanied minors/youth below the age of 18? | Yes |

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

| | |
|---|--------------------------|
| Diversion from institutions and decriminalization of youth actions that stem from being trafficked: | <input type="checkbox"/> |
|---|--------------------------|

| | |
|--|-------------------------------------|
| Increase housing and service options for youth fleeing or attempting to flee trafficking: | <input checked="" type="checkbox"/> |
| Specific sampling methodology for enumerating and characterizing local youth trafficking: | <input type="checkbox"/> |
| Cross systems strategies to quickly identify and prevent occurrences of youth trafficking: | <input type="checkbox"/> |
| Community awareness training concerning youth trafficking: | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> |
| N/A: | <input type="checkbox"/> |

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

| | |
|--|-------------------------------------|
| Vulnerability to victimization: | <input checked="" type="checkbox"/> |
| Length of time homeless: | <input checked="" type="checkbox"/> |
| Unsheltered homelessness: | <input checked="" type="checkbox"/> |
| Lack of access to family and community support networks: | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| N/A: | <input type="checkbox"/> |

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

| | FY 2014 (October 1, 2013 - September 30, 2014) | FY 2015 (October 1, 2014 - September 30, 2015) | Difference |
|---|--|--|------------|
| Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry: | 92 | 89 | -3 |

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)

N/A

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

| | Calendar Year 2016 | Calendar Year 2017 | Difference |
|---|--------------------|--------------------|--------------|
| Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded): | \$741,725.00 | \$894,415.00 | \$152,690.00 |
| CoC Program funding for youth homelessness dedicated projects: | \$0.00 | \$0.00 | \$0.00 |
| Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding): | \$741,725.00 | \$894,415.00 | \$152,690.00 |

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

| Cross-Participation in Meetings | # Times |
|--|---------|
| CoC meetings or planning events attended by LEA or SEA representatives: | 135 |
| LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives: | 1 |
| CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers): | 45 |

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

The CoC & State Homeless Education Coordinator (SHEC) partner to educate Regional Committees (RCs) on the work of local school liaisons (LSLs). In turn, the CoC presents at the NC Homeless Education Program's conference in front of LSLs, educating them about the CoC, RCs, housing interventions, & conflicting homeless definitions. LSLs participate in most RCs, and most RCs also report LSL participation. Through participation, LSLs are able to refer youth to housing programs and share service needs for which they need help from the RC. In one RC, the LSLs partner with two local youth providers to pair unaccompanied children experiencing homelessness with host or foster families wherein they have been trained specifically to work with children experiencing homelessness. Many LSLs serve as access points for CA. Together, staff & SHEC work together to encourage LSLs to serve on BoS funding committees, participate in coordinated assessment, contribute to PIT, & serve in leadership

positions.

**3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow.
(limit 2000 characters)**

Homeless participants link to appropriate educational services via local networks organized by BoS Regional Committees (RCs) and coordinated assessment (CA). As participants present for services, program staff inform families about educational services for students experiencing homelessness and connect them to local LEA contacts to ensure families access these services. RCs facilitate collaboration between homeless service and youth providers and education partners and use the local program referral process through CA to identify participants eligible for CoC and ESG programs. RCs case conference issues arising at in-person meetings and over email to link participants to available services if they have not made those connections or when emergencies arise. BoS has no policies for this work. However, local RCs have well-established procedures.

**3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)**

While community partnerships exist, neither the CoC or any HUD-funded projects within the CoC currently have written agreements with programs serving infants, toddlers, and youth children.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

| | 2015 (for unsheltered count, most recent year conducted) | 2016 | Difference |
|---|--|------|------------|
| Universe: Total PIT count of sheltered and unsheltered homeless veterans: | 137 | 129 | -8 |
| Sheltered count of homeless veterans: | 99 | 80 | -19 |
| Unsheltered count of homeless veterans: | 38 | 49 | 11 |

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

The CoC had an overall decrease of 6% in homeless veterans. The unsheltered veteran count increased by 11, which was part of an overall increase in the unsheltered count due to communities increasing coverage areas & the addition of 7 communities that did not conduct unsheltered counts in 2015. The sheltered count decreased by 19. The CoC spent much of 2015 implementing coordinated entry to partner with veteran programs such as SSVF, moving homeless veterans into housing.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veteran's Affairs services and housing to

**appropriate resources such as HUD-VASH and SSVF.
(limit 1000 characters)**

Homeless veterans are identified by outreach teams asking about military service, coordinated assessment staff asking veteran status on assessment, SSVF grantees outreaching to unsheltered veterans & calling referral sources in the community, & veterans calling into the State's veteran hotline. To increase access, CoC staff provides maps & contact information for the CoC & SSVF programs to the NC Dept of Military & Veterans Affairs for a resource guide that is distributed to veterans & agencies serving veterans, including Veteran Service Officers. CoC staff ensures that Regional Committees, VA grantees & VA staff are connected, & each region's coordinated assessment system has a specific process for referring identified veterans to VA programs. SSVF grantees are very active in Regional Committees & complete the majority of screening for VA eligibility. Some Regional Committees currently have by-name lists of homeless veterans & the CoC is working on creating a CoC-wide by-name list.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

| | 2010 (or 2009 if an unsheltered count was not conducted in 2010) | 2016 | % Difference |
|---|--|------|--------------|
| Total PIT Count of sheltered and unsheltered homeless veterans: | 147 | 129 | -12.24% |
| Unsheltered Count of homeless veterans: | 28 | 49 | 75.00% |

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. No

This question will not be scored.

**3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016?
(limit 1000 characters)**

The CoC has set a goal to end veteran homelessness by the end of 2017. To meet this goal, the CoC established a Veterans Subcommittee to oversee the design of a regional plan to end veteran homelessness in the CoC. The plan will identify system navigators (SSVF providers) to engage all homeless veterans, develop an evaluation of system performance at a regional level, and set a course to increase the rate & speed of exits to permanent housing. To meet this

goal, the CoC needs the continued support of Vets@Home TA through 2017 & clear guidance on how CoCs & SSVF staff can use VA funding to support CoC coordination activities. These coordination activities would build on already promising pilots in the CoC including the creation and facilitation of a CoC-wide by-name list & the expansion of Rapid Results Bootcamp activities & methods to the entire geographical region. Reducing travel restrictions for VA staff so that they can participate in crucial planning meetings is also needed.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

| | |
|---|------|
| Total number of project applications in the FY 2016 competition (new and renewal): | 45 |
| Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A). | 45 |
| Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits: | 100% |

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

Regional Committees in the CoC have ongoing partnerships to ensure that homeless program participants enroll in various public and private health insurance programs. Some of these partnerships are with healthcare navigator programs like Blue Ridge Community Health Services, Pisgah Legal Services, Access East, and Rakestraw Ins. Other committees work with programs that offer Medicaid, Medicare and veteran benefits, including Departments of Social Services, local senior centers and nonprofits who are trained in SHIIP (Senior's Health Insurance Information Program), and VA medical centers. Access East

participated in the local Project Connect where 80 people attended. Rakeshaw Insurance was able to connect a disabled woman with health insurance from the exchange while she was waiting for two years to get Medicare benefits. With the health insurance, she is now able to access the healthcare she needs to treat her disabling condition.

4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

| | |
|---|-------------------------------------|
| Educational materials: | <input checked="" type="checkbox"/> |
| In-Person Trainings: | <input checked="" type="checkbox"/> |
| Transportation to medical appointments: | <input checked="" type="checkbox"/> |
| Assistance with co-pays | <input checked="" type="checkbox"/> |
| Onsite medical education classes | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> |
| Not Applicable or None: | <input type="checkbox"/> |

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

| | |
|--|-----|
| Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal): | 45 |
| Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition: | 43 |
| Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier": | 96% |

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

| | |
|---|-----|
| Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal): | 45 |
| Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition: | 42 |
| Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First: | 93% |

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

| | |
|--------------------------------|---|
| Direct outreach and marketing: | <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">X</div> |
|--------------------------------|---|

| | |
|--|-------------------------------------|
| Use of phone or internet-based services like 211: | <input checked="" type="checkbox"/> |
| Marketing in languages commonly spoken in the community: | <input checked="" type="checkbox"/> |
| Making physical and virtual locations accessible to those with disabilities: | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| Not applicable: | <input type="checkbox"/> |

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

| | 2015 | 2016 | Difference |
|--|------|------|------------|
| RRH units available to serve all populations in the HIC: | 102 | 208 | 106 |

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?

(limit 1000 characters)

N/A

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

N/A

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

N/A

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. No

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

| | |
|--------------------------------------|--------------------------|
| CoC Governance: | <input type="checkbox"/> |
| CoC Systems Performance Measurement: | <input type="checkbox"/> |
| Coordinated Entry: | <input type="checkbox"/> |
| Data reporting and data analysis: | <input type="checkbox"/> |
| HMIS: | <input type="checkbox"/> |

| | |
|---|--------------------------|
| Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth: | <input type="checkbox"/> |
| Maximizing the use of mainstream resources: | <input type="checkbox"/> |
| Retooling transitional housing: | <input type="checkbox"/> |
| Rapid re-housing: | <input type="checkbox"/> |
| Under-performing program recipient, subrecipient or project: | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| Not applicable: | <input type="checkbox"/> |

4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

| Type of Technical Assistance Received | Date Received | Rate the Value of the Technical Assistance |
|---------------------------------------|---------------|--|
| N/A | | |
| | | |
| | | |
| | | |
| | | |

4C. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants | Yes | NC-503 Communicat... | 09/08/2016 |
| 02. 2016 CoC Consolidated Application: Public Posting Evidence | Yes | | |
| 03. CoC Rating and Review Procedure (e.g. RFP) | Yes | New and Renewal P... | 08/30/2016 |
| 04. CoC's Rating and Review Procedure: Public Posting Evidence | Yes | NC-503 Rating and... | 09/01/2016 |
| 05. CoCs Process for Reallocating | Yes | NC-503 CoC Proces... | 09/07/2016 |
| 06. CoC's Governance Charter | Yes | BoS CoC Governanc... | 09/01/2016 |
| 07. HMIS Policy and Procedures Manual | Yes | NC HMIS Policies ... | 08/16/2016 |
| 08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes | No | | |
| 09. PHA Administration Plan (Applicable Section(s) Only) | Yes | PHA Policy with H... | 09/08/2016 |
| 10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter) | No | HMIS in Governanc... | 09/06/2016 |
| 11. CoC Written Standards for Order of Priority | No | NC-503 PSH Writte... | 09/06/2016 |
| 12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable) | No | | |
| 13. HDX-system Performance Measures | Yes | NC-503 System Per... | 09/07/2016 |
| 14. Other | No | | |
| 15. Other | No | | |

Attachment Details

Document Description: NC-503 Communication to Applicants

Attachment Details

Document Description:

Attachment Details

Document Description: New and Renewal Project Scorecards

Attachment Details

Document Description: NC-503 Rating and Review - Public Posting

Attachment Details

Document Description: NC-503 CoC Process for Reallocating

Attachment Details

Document Description: BoS CoC Governance Charter

Attachment Details

Document Description: NC HMIS Policies and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Policy with Homeless Preferences

Attachment Details

Document Description: HMIS in Governance Charter and MOU with HMIS Lead

Attachment Details

Document Description: NC-503 PSH Written Standards for Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: NC-503 System Performance Measures

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

| Page | Last Updated |
|---------------------------|--------------|
| 1A. Identification | 08/11/2016 |
| 1B. CoC Engagement | 09/08/2016 |
| 1C. Coordination | 09/09/2016 |
| FY2016 CoC Application | Page 62 |
| | 09/09/2016 |

| | |
|--|-------------------|
| 1D. CoC Discharge Planning | 09/02/2016 |
| 1E. Coordinated Assessment | 09/09/2016 |
| 1F. Project Review | 09/08/2016 |
| 1G. Addressing Project Capacity | 09/08/2016 |
| 2A. HMIS Implementation | 09/06/2016 |
| 2B. HMIS Funding Sources | 09/06/2016 |
| 2C. HMIS Beds | 09/08/2016 |
| 2D. HMIS Data Quality | 09/06/2016 |
| 2E. Sheltered PIT | 08/11/2016 |
| 2F. Sheltered Data - Methods | 09/08/2016 |
| 2G. Sheltered Data - Quality | 08/11/2016 |
| 2H. Unsheltered PIT | 08/11/2016 |
| 2I. Unsheltered Data - Methods | 08/11/2016 |
| 2J. Unsheltered Data - Quality | 08/11/2016 |
| 3A. System Performance | 09/08/2016 |
| 3B. Objective 1 | 09/08/2016 |
| 3B. Objective 2 | 09/08/2016 |
| 3B. Objective 3 | 09/09/2016 |
| 4A. Benefits | 09/09/2016 |
| 4B. Additional Policies | 09/07/2016 |
| 4C. Attachments | Please Complete |
| Submission Summary | No Input Required |



Nancy Holochwost <nancy@ncceh.org>

CoC Application Project Listing

NC Balance of State CoC <bos@ncceh.org>

Tue, Aug 30, 2016 at 12:35 PM

To: Robert Lawler <rlawler@asheboro.org>, Nikki Ratliff <nratliff@burlingtonha.org>, Joel Rice <joel.Rice@cardinalinnovations.org>, Patricia Bryant <patricia.Bryant@cardinalinnovations.org>, "Dewitt, Nicole" <nicoled@communitylinknc.org>, LaTasha McNair <Ltmcnair@eastpointe.net>, Jenny Simmons <jenny@homewardboundwnc.org>, Tujuanda Sanders <sanderstr@ghanc.net>, Michael Best <bestmo@ghanc.net>, Mayreni Castro <castroma@ghanc.net>, Teena Willis <TWillis@partnersbhm.org>, Mollie Tompkins <mtompkins@partnersbhm.org>, "Rhodes, James" <james.rhodes@pittcountync.gov>, "James, Lynne" <lynne.james@pittcountync.gov>, Brenda Chorzelewski^ <bchorzelewski@rtsalamance.org>, Cheryl Manuel <cmanuel@rtsalamance.org>, Amy Steele <amysteele67@gmail.com>, Nina Walker <ninawalker@nc.rr.com>, Lori Watts <Lorelei.watts@smokymountaincenter.com>, Sarah Lancaster <Sarah.Lancaster@smokymountaincenter.com>, Tamara Veit <tamara.veit@yahoo.com>, Jennifer Lovill <jennifer.lovill@yahoo.com>, Regina Faye Pierce <fpierce@newrha.org>, Mitch <mfahrer@newrha.org>, Amy Modlin <amy.Modlin@trilliumnc.org>, Talaika Williams <talaika.Williams@trilliumnc.org>, Linda Brinson <lfbbrinson.lb@gmail.com>, Mark Mangum <markmangum@unitedcommunityministries.org>
Cc: "bos@ncceh.org" <bos@ncceh.org>

Dear BoS Applicants,

The BoS Steering Committee met earlier today to review and vote on the ranked list of project applications that was proposed by the Project Review Committee. The Steering Committee voted to approve the ranked list proposed by the Project Review Committee without making any changes. The Balance of State will submit the following in the final CoC application to HUD:

- All renewal project applications
- Three new project applications
 - Permanent Supportive Housing project submitted by Eastpointe serving Bladen, Columbus, Robeson, and Scotland Counties
 - Permanent Supportive Housing project submitted by Eastpointe serving Wilson and Greene Counties
 - Rapid Re-Housing project submitted by Pitt County Planning serving Pitt County

The ranked list of project applications as approved by the Steering Committee is posted on the BoS minutes webpage: <http://www.ncceh.org/files/7427/>.

Thank you all for your hard work on your applications over the last weeks. We look forward to continuing to work with you all.

Balance of State CoC Team
North Carolina Coalition to End Homelessness
(919) 755-4393
www.ncceh.org/bos
bos@ncceh.org

NCCEH staffs the NC Balance of State Continuum of Care



Nancy Holochwost <nancy@ncceh.org>

CoC Application Project Listing

NC Balance of State CoC <bos@ncceh.org>

Tue, Aug 30, 2016 at 12:37 PM

To: boslist <boslist@ncceh.org>

Cc: "bos@ncceh.org" <bos@ncceh.org>

Dear BoS Stakeholders,

The BoS Steering Committee met earlier today to review and vote on the ranked list of project applications that was proposed by the Project Review Committee. The Steering Committee voted to approve the ranked list proposed by the Project Review Committee without making any changes. The Balance of State will submit the following in the final CoC application to HUD:

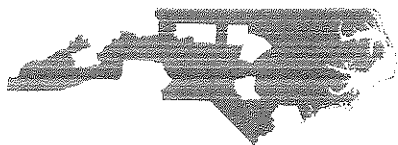
- All renewal project applications
- Three new project applications
 - Permanent Supportive Housing project submitted by Eastpointe serving Bladen, Columbus, Robeson, and Scotland Counties
 - Permanent Supportive Housing project submitted by Eastpointe serving Wilson and Greene Counties
 - Rapid Re-Housing project submitted by Pitt County Planning serving Pitt County

The ranked list of project applications as approved by the Steering Committee is posted on the BoS minutes webpage: <http://www.ncceh.org/files/7427/>.

Best regards,

Balance of State CoC Team
North Carolina Coalition to End Homelessness
(919) 755-4393
www.ncceh.org/bos
bos@ncceh.org

NCCEH staffs the NC Balance of State Continuum of Care



North Carolina Balance of State Continuum of Care

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2016 Scorecard for CoC Funds: New Projects

This scorecard will be used by the Balance of State Project Review Committee to score applications for new projects. The CoC prioritizes projects that serve households with severe needs and vulnerabilities, including chronic homelessness.

This scorecard has four goals:

- Fund organizations that have the capacity to run effective programs (can manage and administer the program, can operate on reimbursement basis, have experience serving this population or a similar one)
- Fund projects that reflect the Balance of State Continuum of Care & HUD's priorities: permanent supportive housing and serving the chronically homeless and veterans
- Incentivize agencies to be good partners (participating in community efforts to end homelessness, on HMIS, helping create infrastructure for their community's homeless service system to operate effectively throughout the year)
- Ensure that funded projects are being good stewards of BoS CoC funding and performing to BoS CoC standards

The BoS Project Review Committee may ask applicant agencies to provide additional information to determine agency capacity to: implement projects in a timely manner with successful outcomes, score well on the HUD Annual Performance Report (APR), and avoid jeopardizing overall agency stability or future funding for the NC BoS CoC.

[References in brackets indicate the materials that will be used to score each question.]

| | | | |
|---------------------------|--------|--------|-------|
| Reviewer: | | | |
| Applicant: | | | |
| Project Name: | | | |
| Project Type (circle one) | PH:PSH | PH:RRH | SSO |
| Reviewer Signature: | | | Date: |

| PROJECT QUALITY REQUIREMENTS | | |
|--|--------------------------------|---|
| New projects must receive at least the standard and minimum score in each section. If a standard or minimum is not met, further review will be triggered. After further review, the Project Review Committee will | Maximum Score Possible: | PSH: 172 RRH: 156 SSO: 108 |

| | | |
|---|-----------------------|--|
| determine potential consequences, including whether the project is ineligible for inclusion in final BoS CoC application or will receive reduced funding. Thresholds are a requirement for new grantees. Grantees that do not meet thresholds will not be put through the funding process. | | |
| | Project Score: | |

Combined Scoring

This section is scored by two reviewers, a member of the NC BoS Project Review Committee and an NCCEH staff person, and these two scores are averaged for each question. Find more information on the Project Review Committee in the NC BoS CoC Governance Charter: www.ncceh.org/bos

Section I: Organizational Capacity

| Possible Points | Minimum | Project Score | |
|---|--------------|--|---------------|
| 0 | Standard Met | | |
| Consistency with Mission | | Possible Score | Project Score |
| Does the project fit within the mission of the agency? Does the agency currently serve homeless households in their community? <i>[New Project Form]</i> | | Standard (met, unmet, unmet- documentation not provided) | |

Section II: Accuracy

| Possible Points | Minimum | Project Score | |
|---|---------|----------------|---------------|
| 11 | 6 | | |
| Accuracy and Appropriateness of Response | | Possible Score | Project Score |
| Is the project description completed and accurate? <i>[Proj. App: 3B]</i> | | 2 | |
| Does the agency describe prior experience serving homeless persons that has prepared the agency for administering this grant? | | 2 | |



| | | |
|--|---|-----|
| <i>[New Project Form]</i> | | |
| Are questions regarding services completed and accurate? <i>[Proj. App: 4A]</i> | 2 | |
| Are questions regarding outreach completed and accurate? <i>[Proj. App: 5C]</i> | 2 | |
| Are questions regarding housing for participants completed and accurate? <i>[Proj. App: 4B]</i> | 2 | |
| Are the standard performance measures completed? Are the goals appropriate for the project and are the descriptions complete? (Score includes required Standard Performance Measures. Additional Performance Measures are not required.) <i>[Proj. App: 6A & 6B]</i> | 0 | n/a |
| Is the overall application complete, accurate, and error-free? | 1 | |

Section III: BoS & HUD Priorities

| Possible Points | Minimum | Project Score | |
|---|--------------------|--|---------------|
| PSH: 90 | PSH: 38 | | |
| RRH: 75 | RRH: 15 | | |
| SSO: 40 | SSO: Standards Met | | |
| Community Need Statement | | Possible Score | Project Score |
| <p>New CoC projects must demonstrate that they are meeting an existing need in their community. Projects must describe:</p> <ul style="list-style-type: none"> • What community need the new project will address including local data (PIT count, coordinated assessment outcomes, etc.) that demonstrates the need • How the community has used other resources to address this need <p><i>[New Project Form]</i></p> | | Standard (met, unmet, unmet- documentation not provided, N/A) | |



| Targeting People with Disabilities | | |
|--|----------------|---------------|
| What percentage of the adults served by the project are expected to be people with disabilities? <i>[Proj. App: 5B]</i> | Possible Score | Project Score |
| Less than 100% | 0 | |
| 100% | 8 | |
| Targeting Veterans | | |
| What percentage of the adults served by the project are expected to be veterans? <i>[Proj. App: 5B]</i> | Possible Score | Project Score |
| Less than 25% | 0 | |
| Between 25% and 49% | 4 | |
| Between 50% and 74% | 8 | |
| Between 75% and 99% | 12 | |
| 100% | 16 | |
| Targeting People Who Are Chronically Homeless | | |
| What percentage of the people (adults and children) served by the project are expected to be chronically homeless? <i>[Proj. App: 5B]</i> | Possible Score | Project Score |
| Less than 25% | 0 | |
| Between 25% and 49% | 4 | |
| Between 50% and 74% | 8 | |
| Between 75% and 99% | 12 | |
| 100% | 16 | |
| Permanent Housing Projects (PSH and RRH) | | |
| Is this a permanent supportive housing (PSH) project requesting any funds for housing? <i>[Proj. App: 3A, question 4 (should say PH); 3B, question 7 (should say PSH); 6I (should have leasing or rental assistance funds)]</i> | Possible Score | Project Score |



| | | | |
|---|-----|---|----------------------|
| | Yes | 20 | |
| | No | 0 | |
| Is this a rapid re-housing (RRH) project that is requesting any funds for housing? <i>[Proj. App: 3A, question 4 (should say PH); 3B, question 7 (should say RRH); 6I (should have leasing or rental assistance funds)]</i> | | | |
| | Yes | 5 | |
| | No | 0 | |
| Rental assistance projects are preferred to leasing projects as rental assistance projects adjust to FMR and provide tenants with a lease in their name. Projects that wish to provide leasing must submit a written statement that explains why the project is not applying as a rental assistance project. | | Standard (met, unmet, unmet-documentation not provided, N/A) | |
| For rapid re-housing projects: Applicants must be currently receiving Emergency Solutions Grant (ESG) RRH funds and be in good standing with the ESG office or operating a RRH program with other funding sources that adheres to the RRH program standards. Exceptions may be made for public housing authorities (note: PHAs are not eligible to apply for ESG funds but are eligible for CoC funding). | | Threshold (met, unmet, unmet-documentation not provided, N/A) | |
| Supportive Services Only (SSO) Projects | | Possible Score | Project Score |
| For SSO projects: Applicants must submit a statement demonstrating that the region has developed sufficient permanent supportive housing resources. The statement must clarify what elements of the SSO project make it preferable to a permanent supportive housing project. | | N/A for the 2016 Competition | |
| Housing Over Services | | | |
| Total \$ request for housing activities (acquisition, rehab, construction, rental assistance, leased units, and/or leased structures): <i>[Proj. App: 6I]</i> | | | |
| Total Assistance Plus Admin Requested (not including match): <i>[Proj. App.: 6I, line 8 or 9]</i> | | | |



| | | |
|---|--|----------------------|
| Percentage of total budget devoted to housing activities (housing activities request ÷ total request x 100): | Possible Score | Project Score |
| Less than 35% | 0 | |
| Between 35% and 54.9% | 5 | |
| Between 55% and 74.9% | 10 | |
| Between 75% and 84.9% | 20 | |
| Between 85% and 100% | 30 | |
| While services are an important component of supporting households in maintaining their housing, HUD prioritizes using CoC program funds for housing and using other sources of available funding to provide services. Projects requesting HUD funding to provide supportive services must provide a plan on how these services will be funded in the future from alternate sources. Please include these elements: <ul style="list-style-type: none"> • Other potential sources of funding that the project is working to secure to fund supportive services. • A plan for when the project will reduce its use of CoC funds for services. | Standard (met, unmet, unmet-documentation not provided, N/A) | |
| Housing First | Possible Score | Project Score |
| Is this a Housing First project? <i>[Proj. App: 3B, 5d]</i> | Threshold (met, unmet) | |
| Key Elements of Permanent Supportive Housing | | |
| If this project is a permanent supportive housing (PSH) project, does it include the following key elements of permanent supportive housing as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) ¹ ? If project does not meet all standards, the Project Review Committee will determine if the project is ineligible for inclusion in the BoS CoC application. <i>[Key</i> | | |

¹ US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Center for Mental Health Services. (2010) Permanent Supportive Housing: Building Your Program (Evidence- Based Practices KIT). Retrieved from <http://store.samhsa.gov/shin/content//SMA10-4510/SMA10-4510-06-BuildingYourProgram-PSH.pdf>



| | | |
|--|--|--|
| <i>Elements of PSH form, program eligibility requirements, sample lease, program/house rules (if any).]</i> | | |
| Leases or rental agreements do not have any provisions that would not be found in leases held by someone who does not have a disability. | Standard (met, unmet, unmet-documentation not provided, N/A) | |
| Participation in services is voluntary and tenants cannot be evicted for rejecting services. | Standard (met, unmet, unmet-documentation not provided, N/A) | |
| House rules, if any, are similar to those found in housing for people who do not have disabilities and do not restrict visitors or otherwise interfere with a life in the community. | Standard (met, unmet, unmet-documentation not provided, N/A) | |
| Housing is not time-limited, and the lease is renewable at tenants' and owners' option. | Standard (met, unmet, unmet-documentation not provided, N/A) | |
| Tenants have choices in the support services that they receive. They are asked about their choices and can choose from a range of services, and different tenants receive different types of services based on their needs and preferences. | Standard (met, unmet, unmet-documentation not provided, N/A) | |
| As needs change over time, tenants can receive more intensive or less intensive support services without losing their homes. | Standard (met, unmet, unmet-documentation not provided, N/A) | |
| Rapid Re-Housing Performance Benchmarks and Program Standards | | |
| If this project is a Rapid Re-housing project, does it include the following program standards as defined by the National Alliance to End Homelessness, the U.S. Department of Veteran Affairs (VA), the U.S. Department of Housing and Urban Development (HUD), U.S. Interagency Council on Homelessness (USICH), and Abt Associates ² ? If project does not meet all standards, the Project Review Committee will determine if the project is ineligible for inclusion in the BoS CoC application. <i>[RRH Program Standards Form, program eligibility requirements, sample lease, program policies and procedures]</i> | | |
| Core Program Standard: Housing Identification | | |
| Program designates staff whose responsibility is to identify and recruit landlords and encourage them to rent to homeless | Standard (met, unmet, unmet- | |

² http://www.endhomelessness.org/page/-/files/Rapid%20Re-Housing%20Performance%20Benchmarks%20and%20Program%20Standards_2016.pdf
2016 NC BoS CoC New Project Scorecard 7.11.16



| | | |
|---|---|--|
| <p>households served by the program. Staff have the knowledge, skills, and agency resources to: understand landlords' perspectives, understand landlord and tenant rights and responsibilities, and negotiate landlord supports. A program may have dedicated staff for whom this is the primary responsibility. If a program does not have a dedicated staff person(s) who performs this function, case manager job descriptions must include responsibilities including landlord recruitment and negotiation and at least some of the program's case managers must be trained in this specialized skill set to perform the recruitment function effectively. <i>(Note: This answer will be scored based on information provided on the RRH Program Standards Form.)</i></p> | <p>documentation not provided, N/A)</p> | |
| <p>Program has written policies and procedures for landlord recruitment activities, including screening out potential landlord partners who have a history of poor compliance with their legal responsibilities and fair housing practices.</p> | <p>Standard (met, unmet, unmet-documentation not provided, N/A)</p> | |
| <p>Program offers a standard, basic level of support to all landlords who lease to program participants. This support is detailed in a written policy distributed to landlords. Program can negotiate additional supports, as needed, on a case-by-case basis</p> | <p>Standard (met, unmet, unmet-documentation not provided, N/A)</p> | |
| <p>Program has a written policy requiring staff to explain to participants basic landlord-tenant rights and responsibilities and the requirements of their specific lease.</p> | <p>Standard (met, unmet, unmet-documentation not provided, N/A)</p> | |
| <p>Core Program Standard: Rent and Move-In Assistance</p> | | |
| <p>Program staff are trained on regulatory requirements of all rapid re-housing funding streams and on the ethical use and application of a program's financial assistance policies, including, but not limited to initial and ongoing eligibility criteria, program requirements, and assistance maximums. Program has a routine way to onboard new staff and to keep staff regularly updated on changing regulations and/or program policies.</p> | <p>Standard (met, unmet, unmet-documentation not provided, N/A)</p> | |
| <p>Program has clearly defined policies and procedures for determining the amount of financial assistance provided to a participant, as well as defined and objective standards for when case management and financial assistance should continue and end. Guidelines are flexible enough to respond to the varied and changing needs of program participants, including participants with zero income.</p> | <p>Standard (met, unmet, unmet-documentation not provided, N/A)</p> | |



| | | |
|---|---|--|
| <p>A progressive approach is used to determine the duration and amount of rent assistance. Financial assistance is not a standard “package” and is flexible enough to adjust to households’ unique needs and resources, especially as participants’ financial circumstances or housing costs change. Policies detailing this progressive approach include clear and fair decision guidelines and processes for reassessment for the continuation and amount of financial assistance. Policies and procedures also detail when and how rapid re-housing assistance is used as a bridge to a permanent subsidy or permanent supportive housing placement.</p> | <p>Standard (met, unmet, unmet-documentation not provided, N/A)</p> | |
| <p>Core Program Standard: Rapid Re-Housing Case Management and Services</p> | | |
| <p>Except where dictated by the funder, program participants direct when, where, and how often case management meetings occur. Meetings occur in a participant’s home and/or in a location of the participant’s choosing whenever possible. <i>(Note: The intent of this standard is that program participants are involved in creating a mutually agreed upon time, place and frequency of meetings with the case manager.)</i></p> | <p>Standard (met, unmet, unmet-documentation not provided, N/A)</p> | |
| <p>When case management and service compliance is not mandated by federal or state regulation, services offered by a program have voluntary participation.</p> | <p>Standard (met, unmet, unmet-documentation not provided, N/A)</p> | |
| <p>Program has clearly defined relationships with employment and income programs that it can connect program participants to when appropriate.</p> | <p>Standard (met, unmet, unmet-documentation not provided, N/A)</p> | |
| <p>Program has clearly defined policies and objective standards for when case management should continue and end. These guidelines are flexible enough to respond to the varied and changing needs of program participants. In instances where cases are continued outside of these defined policies and objective standards, there is a review and approval process.</p> | <p>Standard (met, unmet, unmet-documentation not provided, N/A)</p> | |
| <p>Core Program Standard: Program Philosophy and Design</p> | | |
| <p>Program staff are trained on the principles of Housing First and oriented to the basic program philosophy of rapid re-housing. Program has routine way of onboarding new staff that includes training on Housing First and rapid re-housing principles.</p> | <p>Standard (met, unmet, unmet-documentation not provided, N/A)</p> | |
| <p>Program has well-defined and written screening processes that use consistent and transparent decision criteria. Criteria do not</p> | <p>Standard (met, unmet, unmet-</p> | |



| | | |
|---|--|--|
| include screening possible participants out for income or lack thereof. | documentation not provided, N/A) | |
| Eligibility criteria for the program do not include a period of sobriety, a commitment to participation in treatment, or any other criteria designed to “predict” long-term housing stability other than willingness to engage the program and work on a self-directed housing plan | Standard (met, unmet, unmet-documentation not provided, N/A) | |
| Leases for program participants are legally binding, written leases. Leases with additional requirements, such as drug testing or program participation, are not allowed. | Standard (met, unmet, unmet-documentation not provided, N/A) | |

Section IV: Scope of Services

| Possible Points | Minimum | Project Score | |
|---|---------|-----------------------|----------------------|
| 8 | 6 | | |
| Service Needs | | Possible Score | Project Score |
| Do services adequately and appropriately meet anticipated service needs? <i>[Proj. App: 4A]</i> | | 4 | |
| Employment Services | | Possible Score | Project Score |
| Does the project provide or link participants to employment services? Does the program have employment goals? <i>[Proj. App: 4A]</i> | | 2 | |
| Access to Mainstream Benefits | | Possible Score | Project Score |
| Does the project include services to help participants access mainstream benefits, including but not limited to using SOAR trained caseworkers? <i>[Proj. App: 4A]</i> | | 2 | |



Staff Scoring

The following section is scored by NCCEH. Staff use standardized scoring methods to ensure fairness.

Section V: Organizational Capacity

| Possible Points | Minimum | Project Score |
|--|--------------------------------|----------------------|
| 22 | 8 | |
| Completed Similar Projects | Possible Score | Project Score |
| Has the agency successfully implemented a CoC-funded project of the same project type (PSH, RRH or SSO)? <i>[Proj. App: 3B; New Project Form; interview with agency]</i> | | |
| Has successfully implemented the same project type | 8 | |
| Has not implemented the same project type | 0 | |
| If not , has the agency successfully implemented this same type of project (permanent supportive housing, rapid rehousing, coordinated assessment) using another funding source? <i>[Proj. App: 3B; New Project Form; interview with agency]</i> | 4 | |
| If the answer to either above question is yes, are the same staff that were operating the program at that time going to be operating the proposed project? <i>[Proj. App: 3B; New Project Form; interview with agency]</i> | 2 | |
| If none of the above, has the agency successfully implemented a different HUD-funded project (ESG, Section 8, HPRP, etc.)? <i>[Proj. App: 3B; New Project Form; interview with agency]</i> | 2 | |
| Agency Stability | Possible Score | Project Score |
| Has the agency been in operation for at least 3 years? <i>[Proj. App: 3B; New Project Form; interview with agency]</i> | Threshold (met, unmet) | |
| Non-profits only: Did the applicant submit a signed audit letter and a copy of their budget from the most recent fiscal year? (Financial statements will be used to assess fiscal stability of the applicant agency. Financial statements that demonstrate instability may result | Threshold (met, unmet, N/A) | |



| | | |
|---|--------------------------------|----------------------|
| in the agency not meeting requirements.) <i>[Audit letter and budget]</i> | | |
| Non-profits only: Does the agency have the financial capacity to operate this project on a reimbursement basis? <i>[Budget]</i> | Threshold (met, unmet, N/A) | |
| Non-profits only: Has the agency submitted a list of their board of directors and a copy of the minutes from their three most recent board meetings? Does the agency have an active and engaged board of directors? <i>[Board list and minutes]</i> | Threshold (met, unmet, N/A) | |
| Capacity to Provide Needed Services | Possible Score | Project Score |
| Does the agency have the capacity to provide the services that will be needed? a) Do the services described seem adequate and appropriate and b) is the staffing pattern or subcontract plan adequate and appropriate? Do program staff have sufficient experience and knowledge to effectively run the type of program being applied for? <i>[Proj. App: 3B and 4A; organizational chart]</i> | Standard (met, unmet, N/A) | |
| Administrative Capacity | Possible Score | Project Score |
| Is the administrative staff separate from the services staff? <i>[Organizational chart]</i> | 3 | |
| Is funding for the administrative staff stable? Is there adequate administrative staff to ensure agency stability throughout program implementation? <i>[Budget]</i> | 3 | |

Section VI: Match & Leverage

| | | |
|---|--------------------------|----------------------|
| Possible Points | Minimum | Project Score |
| 0 | Standards met | |
| Documentation of Match | Possible Score | Project Score |
| Do match letters sufficiently document the required match for the project type? | Standard (met, unmet) | |



| Leverage | | | |
|--|--|--------------------------|---------------|
| Total leverage: (Leverage letters) | | | |
| Total \$ request from CoC (Prof. App: 21) | | | |
| Ratio of leverage to request (leverage ÷ request): | | Possible Score | Project Score |
| Ratio of least 1.5:1 | | Standard (met, unmet) | n/a |
| Ratio 1.5 to 1.99:1 | | 4 | |
| Ratio 2:1 or more | | 4 | |

Section VII: Performance

| Possible Points | Minimum | Project Score |
|--|----------------|---------------|
| PSH: 29 RRH: 28 SSO: 15 | Standards met | |
| CoC APR Scores The following project performance scores are based on HMIS Annual Performance Reports (APRs) for January 1, 2015, to December 31, 2015. | Possible Score | Project Score |
| What is the program's unit utilization rate? | | |
| 95% or higher | 2 | |
| 0-94% | 0 | |
| Did 100% of program participants enter the program from an eligible homeless situation? | | |
| Yes | 1 | |



| | | |
|--|---|--|
| No | 0 | |
| Rapid Re-Housing Applicants: what percentage of program participants exited to a permanent housing destination? | | |
| Below 80% | 0 | |
| Performance met RRH Performance Benchmark Goal: At least 80% | 2 | |
| Permanent Supportive Housing Programs: what percentage of program participants exited to a permanent housing destination? (if no exits, 2 points are automatically awarded) | | |
| Below 80% | 0 | |
| 80% or higher | 2 | |
| What percentage of program participants exited to a known destination? | | |
| 95% or higher | 1 | |
| 0-94% | 0 | |
| What percentage of program participants were employed at program exit? | | |
| Performance met HUD Goal: At least 20% | 0 | |
| Performance met BoS Goal: At least 28% | 1 | |
| What percentage of program participants were receiving mainstream benefits at program exit? | | |
| Performance met HUD Goal: At least 20% | 0 | |
| Performance met BoS Goal: At least 75% | 1 | |
| Permanent Supportive Housing programs: what percentage of program participants remained in the program for 6 months or longer? | | |
| Performance met HUD Goal: At least 80% | 0 | |
| Performance met BoS Goal: At least 94% | 1 | |



| | | |
|---|--------------------------------|---------------|
| HMIS Participation (Per federal law, domestic violence programs are prohibited from using HMIS and are exempted from this section.) | | |
| If the agency has additional beds (not a part of this project application), are those beds also being entered into the system? <i>[HIC]</i> | Possible Score | Project Score |
| Yes | 5 | |
| No | 0 | |
| Does the agency commit to enter 100% of the beds into HMIS (with client consent)? <i>[New Project Form; interview with agency]</i> | Threshold (met, unmet) | |
| HUD Monitoring Findings | Possible Score | Project Score |
| If the agency has other existing projects, are there any HUD monitoring findings currently associated with any of these projects? If so, findings must be resolved or explained to the satisfaction of the Review Committee for the application to meet the standard. <i>[New Project Form; interview with agency]</i> | Standard (met, unmet, N/A) | |
| Previous Project Spending Rates These questions are for agencies that have other CoC projects that have been operating for at least one year at the time of the NOFA release. <i>[Scored on APR. If APR is not available, agencies will submit a LOCCS screenshot of final draw for last completed year. If agencies are spending less than 90% of funding, they must submit a narrative explaining why the agency is underspending their grant.]</i> | Possible Score | Project Score |
| Amount awarded | | |
| Amount spent (percentage rounded to the nearest whole number) | | |
| Percentage 90+% | Standard (met, not met, NA) | |
| How many grant extensions from HUD were given in for a reason other than merging grants? <i>[New Project Form; interview with agency]</i> | | |
| 0 | 15 | |
| 1 | 0 | |



| | | | |
|--|----|----------------|--|
| | 2+ | further review | |
|--|----|----------------|--|

Section VIII: Agency's Relationship to Community

| Possible Points | Minimum | Project Score |
|---|---------------------------|---------------|
| 0 | Standards met | |
| Participation in Regional Committee Activities The following participation questions will be scored based on the project participation in all Regional Committees within the grant coverage area. | | |
| Did the applicant participate in 75% of Regional Committee meetings from July 2015 - June 2016? <i>[Regional Committee Approval Form]</i> | Standard (met, unmet) | |
| Application has been presented to Regional Committee and has been approved for consideration by the BoS Project Review Committee <i>[Regional Committee Approval Form]</i> | Threshold (met, unmet) | |
| Participated in regional ESG application process <i>[Regional Committee Approval Form]</i> | Standard (met, unmet) | |
| Recipient agrees to participate in the local Coordinated Assessment process as designed by the Regional Committee <i>[New Project Form; interview with applicant]</i> | Threshold (met, unmet) | |

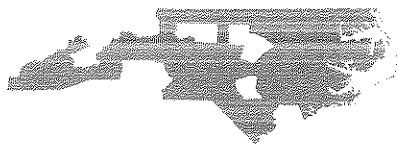
Section IX: Deductions

| Possible Points - | Minimum | Project Score | |
|--|--------------------------|----------------|---------------|
| -25 | No more than loss of -15 | | |
| Budget | | Possible Score | Project Score |
| If questions regarding the budget are not complete and accurate, subtract up to 5 points. | | -5 | |
| Deadlines | | Possible Score | Project Score |
| Specific dates for deadlines will be clarified as the NOFA timeline is discerned or published. | | | |
| If the online application was NOT completed correctly, subtract up to 10 | | -10 | |



| | | |
|--|--------------------------------|--|
| points. | | |
| If required accompanying documents were NOT completed correctly, subtract up to 10 points. | -10 | |
| The online application and accompanying documents must be turned in on time. | Threshold (met, not met) | |





North Carolina Balance of State Continuum of Care

bos@ncceh.org

919.755.4393

www.ncceh.org/BoS

2016 Scorecard for CoC Funds: Renewal Projects

This scorecard will be used by the Balance of State Project Review Committee to score applications for renewal projects. The CoC prioritizes projects that serve households with severe needs and vulnerabilities, including chronic homelessness.

This scorecard has four goals:

- Fund organizations that have the capacity to run effective programs (can manage and administer the program, can operate on reimbursement basis, have experience serving this population or a similar one)
- Fund projects that reflect the Balance of State Continuum of Care & HUD's priorities: permanent supportive housing and serving the chronically homeless and veterans
- Incentivize agencies to be good partners (participating in community efforts to end homelessness, on HMIS, helping create infrastructure for their community's homeless service system to operate effectively throughout the year)
- Ensure that funded projects are being good stewards of BoS CoC funding and performing to BoS CoC standards

[References in brackets indicate the materials that will be used to score each question.]

| | | | |
|---------------------------|--------|--------|--|
| Reviewer: | | | |
| Applicant: | | | |
| Project Name: | | | |
| Project Type (circle one) | PH:PSH | PH:RRH | |
| Reviewer Signature: | | Date: | |

| PROJECT QUALITY REQUIREMENTS | | | |
|---|---|--------------------------------|----------------------|
| Renewal projects must receive at least the standard and minimum score in each section. If a standard or minimum is not met, further review will be triggered. After further review, the Project Review Committee will determine potential consequences, including whether the project is | <table border="1"> <tr> <td>Maximum Score Possible:</td> <td>PSH: 208 RRH: 197</td> </tr> </table> | Maximum Score Possible: | PSH: 208 RRH: 197 |
| Maximum Score Possible: | PSH: 208 RRH: 197 | | |

| | | |
|--|-----------------------|--|
| ineligible for inclusion in final BoS CoC application or will receive reduced funding. | Project Score: | |
|--|-----------------------|--|

Combined Scoring

This section is scored by two reviewers, a member of the NC BoS Project Review Committee and an NCCHEH staff person, and these two scores are averaged for each question. Find more information on the Project Review Committee in the NC BoS CoC Governance Charter: www.ncceh.org/bos

Section I: General Application

| Possible Points | Minimum | Project Score | |
|---|---------|-----------------------|----------------------|
| 11 | 6 | | |
| Accuracy and Appropriateness of Responses | | Possible Score | Project Score |
| Is the project description completed and accurate? <i>[Proj. App: 3B]</i> | | 3 | |
| Are questions regarding services completed and accurate? <i>[Proj. App: 4A]</i> | | 3 | |
| Are questions regarding outreach completed and accurate? <i>[Proj. App: 5C]</i> | | 3 | |
| Are the standard performance measures completed? Are the goals appropriate for the project and are the descriptions complete? (Score includes required Standard Performance Measures. Additional Performance Measures are not required.) <i>[Proj. App: 6A & 6B]</i> | | 4 | n/a |
| Is the overall application complete, accurate, and error-free? | | 2 | |

Section II: HUD and BoS Priorities

| Possible Points | Minimum | Project Score | |
|--|-------------------|-----------------------|----------------------|
| PSH: 20 RRH: 19 | PSH: 10 RRH: 5 | | |
| Permanent Housing | | Possible Score | Project Score |
| Is this a permanent supportive housing (PSH) project that is requesting any funds for housing? <i>[Proj. App: 3A, question 5 (should say PH); 3B, question 4 (should say PSH); 6I (has leasing or rental assistance funds)]</i> | | | |



| | | | |
|---|-----|--|----------------------|
| | Yes | 10 | |
| | No | 0 | |
| Is this a rapid re-housing (RRH) project that is requesting any funds for housing? <i>[Proj. App: 3A, question 5 (should say PH); 3B, question 4 (should say RRH); 6I (has leasing or rental assistance funds)]</i> | | | |
| | Yes | 5 | |
| | No | 0 | |
| Is this a Housing First project? <i>[Proj. App: 3B, question 3d]</i> | | | |
| | Yes | 10 | |
| | No | 0 | |
| Key Elements of Permanent Supportive Housing | | Possible Score | Project Score |
| If this project is a Permanent Supportive Housing project, does it include the following key elements of Permanent Supportive Housing as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) ¹ ? <i>[Key Elements of PSH form, program eligibility requirements, sample lease, program rules/house rules (if any)]</i> | | | |
| Leases or rental agreements do not have any provisions that would not be found in leases held by someone who does not have a disability. | | Standard (met, unmet, unmet-documentation not provided, N/A) | |
| Participation in services is voluntary and tenants cannot be evicted for rejecting services. | | Standard (met, unmet, unmet-documentation not provided, N/A) | |
| House rules, if any, are similar to those found in housing for people who do not have disabilities and do not restrict visitors or otherwise interfere with a life in the community. | | Standard (met, unmet, unmet-documentation not provided, N/A) | |
| Housing is not time-limited, and the lease is renewable at tenants' and owners' option. | | Standard (met, unmet, unmet-documentation not provided, N/A) | |

¹ US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Center for Mental Health Services. (2010) Permanent Supportive Housing: Building Your Program (Evidence- Based Practices KIT). Retrieved from <http://store.samhsa.gov/shin/content//SMA10-4510/SMA10-4510-06-BuildingYourProgram-PSH.pdf>



| | | |
|--|--|----------------------|
| Tenants have choices in the support services that they receive. They are asked about their choices and can choose from a range of services, and different tenants receive different types of services based on their needs and preferences. | Standard (met, unmet, unmet-documentation not provided, N/A) | |
| As needs change over time, tenants can receive more intensive or less intensive support services without losing their homes. | Standard (met, unmet, unmet-documentation not provided, N/A) | |
| Rapid Re-Housing Performance Benchmarks and Program Standards | Possible Score | Project Score |
| <p>If this project is a Rapid Re-Housing project, does it include the following program standards as defined by the National Alliance to End Homelessness, the U.S. Department of Veteran Affairs (VA), the U.S. Department of Housing and Urban Development (HUD), U.S. Interagency Council on Homelessness (USICH), and Abt Associates²? All standards must be met to be awarded points for each section. In 2017, these questions will be standard questions for RRH projects. <i>[RRH Program Standards Form, program eligibility requirements, sample lease, program policies and procedures]</i></p> | | |
| Core Program Standard: Housing Identification | Yes: 1 No: 0 | |
| Program designates staff whose responsibility is to identify and recruit landlords and encourage them to rent to homeless households served by the program. Staff have the knowledge, skills, and agency resources to: understand landlords' perspectives, understand landlord and tenant rights and responsibilities, and negotiate landlord supports. A program may have dedicated staff for whom this is the primary responsibility. If a program does not have a dedicated staff person(s) who performs this function, case manager job descriptions must include responsibilities including landlord recruitment and negotiation and at least some of the program's case managers must be trained in this specialized skill set to perform the recruitment function effectively. <i>(Note: This answer will be scored based on information provided on the RRH Program Standards Form.)</i> | (met, unmet, unmet-documentation not provided, N/A) | |
| Program has written policies and procedures for landlord recruitment activities, including screening out potential landlord partners who have a history of poor compliance with their legal responsibilities and fair housing practices. | (met, unmet, unmet-documentation not provided, N/A) | |
| Program offers a standard, basic level of support to all landlords who lease to program participants. This support is detailed in a | (met, unmet, unmet- | |

² <http://www.endhomelessness.org/page/-/files/Rapid%20Re-Housing%20Performance%20Benchmarks%20and%20Program%20Standards> 2016.pdf
2016 NC BoS CoC Renewal Project Scorecard 7.6.16



| | | |
|--|---|--|
| written policy distributed to landlords. Program can negotiate additional supports, as needed, on a case-by-case basis | documentation not provided, N/A) | |
| Program has a written policy requiring staff to explain to participants basic landlord-tenant rights and responsibilities and the requirements of their specific lease. | (met, unmet, unmet-documentation not provided, N/A) | |
| Core Program Standard: Rent and Move-In Assistance | Yes: 1 No: 0 | |
| Program staff are trained on regulatory requirements of all rapid re-housing funding streams and on the ethical use and application of a program's financial assistance policies, including, but not limited to, initial and ongoing eligibility criteria, program requirements, and assistance maximums. Program has a routine way to onboard new staff and to keep staff regularly updated on changing regulations and/or program policies. | (met, unmet, unmet-documentation not provided, N/A) | |
| Program has clearly defined policies and procedures for determining the amount of financial assistance provided to a participant, as well as defined and objective standards for when case management and financial assistance should continue and end. Guidelines are flexible enough to respond to the varied and changing needs of program participants, including participants with zero income. | (met, unmet, unmet-documentation not provided, N/A) | |
| A progressive approach is used to determine the duration and amount of rent assistance. Financial assistance is not a standard "package" and is flexible enough to adjust to households' unique needs and resources, especially as participants' financial circumstances or housing costs change. Policies detailing this progressive approach include clear and fair decision guidelines and processes for reassessment for the continuation and amount of financial assistance. Policies and procedures also detail when and how rapid re-housing assistance is used as a bridge to a permanent subsidy or permanent supportive housing placement. | (met, unmet, unmet-documentation not provided, N/A) | |
| Core Program Standard: Rapid Re-Housing Case Management and Services | Yes: 1 No: 0 | |
| Except where dictated by the funder, program participants direct when, where, and how often case management meetings occur. Meetings occur in a participant's home and/or in a location of the participant's choosing whenever possible. <i>(Note: The intent of this standard is that program participants are involved in creating a mutually agreed upon time, place and frequency of meetings with</i> | (met, unmet, unmet-documentation not provided, N/A) | |



| | | |
|--|--|--|
| <i>the case manager.)</i> | | |
| When case management and service compliance is not mandated by federal or state regulation, services offered by a program have voluntary participation. | (met, unmet, unmet- documentation not provided, N/A) | |
| Program has clearly defined relationships with employment and income programs that it can connect program participants to when appropriate. | (met, unmet, unmet- documentation not provided, N/A) | |
| Program has clearly defined policies and objective standards for when case management should continue and end. These guidelines are flexible enough to respond to the varied and changing needs of program participants. In instances where cases are continued outside of these defined policies and objective standards, there is a review and approval process. | (met, unmet, unmet- documentation not provided, N/A) | |
| Core Program Standard: Program Philosophy and Design | Yes: 1 No: 0 | |
| Program staff are trained on the principles of Housing First and oriented to the basic program philosophy of rapid re-housing. Program has routine way of onboarding new staff that includes training on Housing First and rapid re-housing principles. | (met, unmet, unmet- documentation not provided, N/A) | |
| Program has well-defined and written screening processes that use consistent and transparent decision criteria. Criteria do not include screening possible participants out for income or lack thereof. | (met, unmet, unmet- documentation not provided, N/A) | |
| Eligibility criteria for the program do not include a period of sobriety, a commitment to participation in treatment, or any other criteria designed to “predict” long-term housing stability other than willingness to engage the program and work on a self-directed housing plan. | (met, unmet, unmet- documentation not provided, N/A) | |
| Leases for program participants are legally binding, written leases. Leases with additional requirements, such as drug testing or program participation, are not allowed. | (met, unmet, unmet- documentation not provided, N/A) | |



Services Funding Plan

While services are an important component of supporting households in maintaining their housing, HUD prioritizes using CoC program funds for housing and using other sources of available funding to provide services. Projects requesting HUD funding to provide supportive services must provide a plan on how these services will be funded in the future from alternate sources. Please include these elements:

- All funding sources that the project is currently using to provide supportive services and if these resources will be expanded.
- Other potential sources of funding that the project is working to secure to fund supportive services.
- A plan for when the project will reduce its use of CoC funds for services.

Standard (met, unmet, unmet-documentation not provided, N/A)

Staff Scoring

The following section is scored by NCCEH. Staff use standardized scoring methods to ensure fairness.

Section III: CoC Priorities

| Possible Points | Minimum | Project Score | |
|---|---------|-----------------------|----------------------|
| 21 | 11 | | |
| Housing Over Services | | Possible Score | Project Score |
| Total \$ request for housing activities (leased units, leased structures, and/or rental assistance): <i>[Proj. App.: 6I]</i> | | | |
| Total Assistance Plus Admin requested (not including match): <i>[Proj. App.: 6I, line 8 or 9]</i> | | | |
| Percentage of total budget devoted to housing activities (housing activities request ÷ total assistance request x 100): | | | |
| Less than 35% | | 0 | |
| Between 35% and 54.9% | | 5 | |
| Between 55% and 74.9% | | 10 | |
| Between 75% and 84.9% | | 15 | |
| Between 85% and 100% | | 20 | |



| | | |
|--|----------------------------------|----------------------|
| Permanent Supportive Housing: Prioritizing Beds for Chronically Homeless Participants | Possible Score | Project Score |
| What percentage of the project's beds are prioritized for chronically homeless participants? <i>[Proj. App: 4B, CH beds]</i> | | |
| 90% or above | Standard (met, unmet, N/A) | |

Section IV: Match & Leverage

Match and leverage amounts are based on documentation submitted by the applicant by the submission deadline. Information submitted after the deadline will not be included in the scoring of these sections.

| Possible Points | Minimum | Project Score | |
|---|---------------|--------------------------|----------------------|
| 0 | Standards met | | |
| Documentation of Match | | Possible Score | Project Score |
| Do match letters sufficiently document the required match for the project type? | | Standard (met, unmet) | |
| Leverage | | Possible Score | Project Score |
| Total leverage <i>(Leverage letters)</i> | | | |
| Total \$ request from HUD. <i>[Proj. App: 6f, line 8 or 9]</i> | | | |
| Ratio of leverage to request (leverage ÷ request): | | | |
| Ratio at least 1.5:1 | | Standard | |
| Ratio 1.5 to 1.99:1 | | 4 | |
| Ratio 2:1 or more | | 8 | |



Section V: Project Performance

| Possible Points + | Possible Points - | Minimum | Project Score | |
|---|----------------------|--------------------|----------------|---------------|
| PSH: 145 RRH: 135 | PSH: -40 RRH: -40 | PSH: 48 RRH: 30 | | |
| The following project performance scores are based on HMIS Annual Performance Reports (APRs) for January 1, 2015, to December 31, 2015, unless otherwise noted. | | | | |
| Populations Served | | | Possible Score | Project Score |
| What percentage of the households are served by the project were composed of at least one person with a disability? <i>[APR Detail]</i> | | | | |
| Less than 100% | | | 0 | |
| 100% | | | 8 | |
| What percentage of the adults served by the project were veterans? | | | | |
| Less than 25% | | | 0 | |
| Between 25% and 49% | | | 4 | |
| Between 50% and 74% | | | 8 | |
| Between 75% and 99% | | | 12 | |
| 100% | | | 16 | |
| What percentage of adults served by the project were chronically homeless? <i>Count and Demographics]</i> | | | | |
| Less than 25% | | | 0 | |
| Between 25% and 49% | | | 4 | |
| Between 50% and 74% | | | 8 | |
| Between 75% and 99% | | | 12 | |
| 100% | | | 16 | |



| Performance Data | Possible Score | Project Score | |
|--|----------------|-----------------------|----------------------|
| What is the program's unit utilization rate? | | | |
| 95% or higher | 5 | | |
| 80-94% | 0 | | |
| 0-79% | -5 | | |
| Did 100% of program participants enter the program from an eligible homeless situation? | | | |
| Yes | 0 | | |
| No | -5 | | |
| Rapid Re-Housing Applicants: what percentage of program participants exited to a permanent housing destination? | | | |
| Below 80% | 0 | | |
| Performance met RRH Performance Benchmark Goal: At least 80% | 15 | | |
| Permanent Supportive Housing Programs: what percentage of program participants exited to a permanent housing destination? (if no exits, 10 points is automatically awarded) | | | |
| Below 80% | 0 | | |
| 80% or higher | 10 | | |
| What percentage of program participants exited to a known destination? | | | |
| 95% or higher | 5 | | |
| 80-94% | 0 | | |
| 0-79% | -5 | | |
| What percentage of program participants were employed at program exit? | | | |
| Performance met HUD Goal: At least 20% | 5 | | |
| Performance met BoS Goal: At least 28% | 15 | | |
| What percentage of program participants were receiving mainstream benefits at program exit? | | | |
| Performance met HUD Goal: At least 20% | 5 | | |
| Performance met BoS Goal: At least 75% | 15 | | |
| Permanent Supportive Housing programs: what percentage of program participants remained in the program for 6 months or longer? | | | |
| Performance met HUD Goal: At least 80% | 5 | | |
| Performance met BoS Goal: At least 94% | 15 | | |
| HMIS Participation (Per federal law domestic violence programs are prohibited from using HMIS and exempted from this section) | | Possible Score | Project Score |
| HMIS Data Completeness <i>[NC HMIS report]</i> | | | |
| 81-100% | 15 | | |
| 80% | 10 | | |
| Below 80% | 0 | | |
| If the agency has additional beds (not a part of this project application), are those beds also being | | | |



| | | |
|---|--------------------------|----------------------|
| entered into the system? <i>[HIC]</i> | | |
| Yes | 5 | |
| No | 0 | |
| Does the APR that has been submitted to HUD match the APR as pulled from NC HMIS? | | |
| Yes | 5 | |
| No | 0 | |
| HUD Monitoring Findings | Possible Score | Project Score |
| Is the recipient free of HUD monitoring findings for any agency projects? If no, findings must be resolved or explained to the satisfaction of the Project Review Committee for the application to meet standards. <i>[Interview with agency]</i> | Standard Yes/No | |
| Previous Project Spending Rates These questions are for projects that have been operating for at least one year at the time of the NOFA release. (percentage rounded to the nearest whole number) <i>[Scored on APR. If APR is not available, agencies will submit a LOCCS screenshot of final draw for last completed year. If agencies are spending less than 90% of funding, they must submit a narrative explaining why the agency is underspending their grant.]</i> | Possible Score | Project Score |
| Amount awarded | | |
| Amount spent | | |
| Percentage 90+% | 0 | |
| 70-89% | -10 | |
| 69% and less | -25 | |
| How many grant extensions from HUD were given in for a reason other than merging grants? <i>[Interview with agency or information from HUD]</i> | | |
| 0 | 15 | |
| 1 | 0 | |
| 2+ | further review | |
| Coordinated Assessment and Prioritization | Possible Score | Project Score |
| Does the program only take referrals through the Coordinated Assessment process? <i>[Interview with agency]</i> | Standard (met, unmet) | |
| Permanent Supportive Housing: Does the program follow HUD's prioritization policy as outlined in HUD Notice CPD-14-012? <i>[program policies]</i> | Standard (met, unmet) | |



Section VI: Deductions

| Possible Points - | Minimum | Project Score | |
|---|---------------------------|----------------------------|---------------|
| -25 | Not more than loss of -15 | | |
| Budget | | Possible Score | Project Score |
| If questions regarding the budget are not complete and accurate, subtract up to 5 points. | | -5 | |
| Deadlines | | Possible Score | Project Score |
| If the online application was NOT completed correctly, subtract up to 10 points. (Specific dates for deadlines will be clarified as the NOFA timeline is discerned or published.) | | -10 | |
| If required accompanying documents were NOT completed correctly, subtract up to 10 points. | | -10 | |
| The online application and accompanying documents must be submitted by the deadline. If not, the Project Review Committee will determine potential consequences, including whether the project is ineligible for inclusion in final NC BoS CoC application or will receive reduced funding. | | Standard (met, not met) | |



NC-503

CoC Rating and Review: Public Posting Evidence

This attachment includes the following:

- Screenshot of scorecards posted on CoC's website with date of posting
- Screenshot of first page of scorecard for renewal projects posted on CoC's website
- Screenshot of first page of scorecard for new projects posted on CoC's website
- Email sent to CoC stakeholders regarding Steering Committee meeting at which rating and review process was discussed
- Screenshot of agenda, presentation, and minutes posted on CoC website from Steering Committee meeting at which rating and review process was discussed
- PDF of minutes from Steering Committee meeting at which rating and review process was discussed
- Screenshot of minutes from Scorecard Committee (which creates scorecards) posted on CoC's website with date of posting
- Screenshot of minutes from Project Review Committee (which reviews and scores project applications) posted on CoC's website with date of posting

Practice

- Continuums of Care
- Balance of State CoC
- HMIS
- NC SOAR Initiative
- Point-in-Time Count Resources

Balance of State CoC Application Information

Current CoC Application

The Continuum of Care (CoC) application is released by HUD on an annual basis. The 2016 CoC NOFA was released on June 28. The NOFA is available on the [HUD Exchange website](#).

Materials for the 2016 application will be posted on this page as they become available.

Balance of State agencies that are interested in applying for new (not renewal) funds in the 2016 CoC competition were asked to fill out the [Intent to Apply form](#) as soon as possible.

2016 Scorecards

The scorecards are used by the Project Review Committee to score and rank project applications. All applicant agencies should read the scorecards to ensure they understand the requirements, expectations, and priorities for project applications.

| | |
|--|--------------------------|
| Scorecard for New Projects (posted 7.6.16) | view pdf |
| Scorecard for Renewal Projects (posted 7.6.16) | view pdf |

Resources for Completing the 2016 Application

| | |
|---|---|
| 2016 Grant Inventory Worksheet (GIW) The GIW lists all projects eligible for renewal in the 2015 application. Agencies may only renew for the budget amounts and unit configurations listed in the GIW. | download GIW |
|---|---|

Previous CoC Applications

Materials from previous Balance of State CoC applications have been archived for reference.



North Carolina Balance of State Continuum of Care

bos@ncceh.org 919.755.4393 www.ncceh.org/BoS

2016 Scorecard for CoC Funds: Renewal Projects

This scorecard will be used by the Balance of State Project Review Committee to score applications for renewal projects. The CoC prioritizes projects that serve households with severe needs and vulnerabilities, including chronic homelessness.

This scorecard has four goals:

- Fund organizations that have the capacity to run effective programs (can manage and administer the program, can operate on reimbursement basis, have experience serving this population or a similar one)
- Fund projects that reflect the Balance of State Continuum of Care & HUD's priorities: permanent supportive housing and serving the chronically homeless and veterans
- Incentivize agencies to be good partners (participating in community efforts to end homelessness, on HMIS, helping create infrastructure for their community's homeless service system to operate effectively throughout the year)
- Ensure that funded projects are being good stewards of BoS CoC funding and performing to BoS CoC standards

[References in brackets indicate the materials that will be used to score each question.]

| | |
|---------------|--|
| Reviewer: | |
| Applicant: | |
| Project Name: | |





North Carolina Balance of State Continuum of Care

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2016 Scorecard for CoC Funds: New Projects

This scorecard will be used by the Balance of State Project Review Committee to score applications for new projects. The CoC prioritizes projects that serve households with severe needs and vulnerabilities, including chronic homelessness.


This scorecard has four goals:

- Fund organizations that have the capacity to run effective programs (can manage and administer the program, can operate on reimbursement basis, have experience serving this population or a similar one)
- Fund projects that reflect the Balance of State Continuum of Care & HUD's priorities: permanent supportive housing and serving the chronically homeless and veterans
- Incentivize agencies to be good partners (participating in community efforts to end homelessness, on HMIS, helping create infrastructure for their community's homeless service system to operate effectively throughout the year)
- Ensure that funded projects are being good stewards of BoS CoC funding and performing to BoS CoC standards

The BoS Project Review Committee may ask applicant agencies to provide additional information to determine agency capacity to: implement projects in a timely manner with successful outcomes, score well on the HUD Annual Performance Report (APR), and avoid jeopardizing overall agency stability or future funding for the NC BoS CoC.

[References in brackets indicate the materials that will be used to score each question.]

| | |
|-----------|--|
| Reviewer: | |
|-----------|--|

 NC Balance of State CoC <bos@ncceh.org>

Jun 28 ☆



to boslist ▾

Hi all,

This is a reminder that our monthly Balance of State Steering Committee meeting is **next Tuesday, July 5, at 10:30 AM**.

To join the call:

1. Dial [1-218-895-9693](tel:1-218-895-9693)
2. Enter the conference code 805232#

To view the presentation:

1. Go to <https://join.me/nccehrocks>
2. Enter your name and click the "Knock" button

The presentation will also be posted on our website at <http://www.ncceh.org/bosminutes/>.

The agenda for this meeting and the minutes from last month are posted on the website for you to review at <http://www.ncceh.org/bosminutes/>.

We look forward to talking with you then. Have a happy and safe Fourth of July!

Balance of State CoC Team
North Carolina Coalition to End Homelessness
(919) 755-4393
www.ncceh.org/bos
bos@ncceh.org

NCCEH staffs the NC Balance of State Continuum of Care



North Carolina Coalition to End Homelessness

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Practice

- Continuums of Care
- Balance of State CoC
- HMIS
- NC SOAR Initiative
- Point-in-Time Count Resources

Balance of State Meeting Minutes

| Steering Committee Meeting Minutes, Presentations, and Related Documents | | |
|--|---|--|
| Date | Documents | Topics |
| 8.2.16 | <ul style="list-style-type: none">AgendaPresentation | Regional Committee restructuring, ESG update, CoC competition update, coordinated assessment, written standards, veterans homelessness |
| 7.5.16 | <ul style="list-style-type: none">AgendaPresentationDraft Renewal ScorecardDraft New ScorecardMinutes | Regional Committee restructuring, ESG update, CoC competition update, coordinated assessment, written standards, HMIS update |





North Carolina Balance of State Continuum of Care

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www.ncceh.org/BoS

Balance of State Steering Committee Meeting

7.5.16

Regional Leads Present:

Kim Crawford, Teena Willis, Jamal Troublefield, Mollie Tompkins, LaTasha McNair, Tammy Gray (for Sarah Lancaster), David Jacklin, Tyrone Lindsey, Roxanne Curry, Joel Rice, Marie Watson, Susan Pridgen, Nicole Dewitt, Jim Cox, Robert Lawler, Marlene Harrison, Jennifer Molliere, Linda Brinson (for Ginny Mohrbutter), Mary Mallory

Regional Leads Absent:

Sharon Covington, Sally Love, Alvin Foster, Austin Pearce, Juliet Rogers, Debbie Briscoe Smith, Emily Locklear, Monica Frizzell

Interested Parties Present:

Amy Modlin, Lynne James, Brian Fike, Ursulla Ingram, Lori Watts, Leila McMichaels, Angelina Hernandez, Patricia Bryant, Brian Smith, Mark Mangum, Twyla Coleman, Amy Steele, Ellery Blackstock, Virginia Locklear

NCCEH Staff Present:

Brian Alexander, Nancy Holochwost, Denise Neunaber

Approval of June Minutes

There being no changes needed, the minutes were approved by common consent.

Regional Committee Restructuring

- The Steering Committee approved the Regional Committee restructuring plan at its June 7 meeting.
- BoS staff have completed an FAQ document regarding restructuring, which is posted at www.ncceh.org/bos/restructuring/. This will be updated as questions continue to be received. BoS staff are also available to have calls with transitional committees and Regional Committees during July and August. Email bos@ncceh.org to schedule a call.
- The Restructuring Workgroup created a recommended timeline of benchmarks for Regional Committees to stay on track during the restructuring process.
 - June 30: Formation of transition committees
 - July 31: Complete a draft plan for the transition
 - August 31: Present the transition plan to current Regional Committees for approval
 - September 30: Initial meeting of new Regional Committees and election of leaders
 - October 1 – 14: One-day regional meetings with BoS staff to create 100-day plans

- October 31: Creation of Point-in-Time Count and coordinated assessment subcommittees
- January 1: New Regional Committees formed and meeting
- BoS staff are offering support to Regional Committees during the transition period.
 - June: Creation of FAQs
 - June and July: Phone calls with current Regional Committees, at their request, to answer questions and provide guidance
 - August: Phone calls with transition committees
 - October: Regional 1-day workshops to prepare 100-day plans (expected to be in Greenville, Burlington, and Morganton)
 - October – December: On-site visits to new Regional Committees by BoS staff

ESG Update

- BoS staff have heard from the ESG office that the projected release date for the ESG application is August, with a due date in September or October.
- Each Regional Committee is responsible for running its local ESG application process. BoS staff will provide answers for the regional application that pertain to the BoS CoC as a whole.
- Regional Committees were asked to select a local lead for their ESG funding process and submit contact info to BoS staff by June 30. At this time, five Regional Committees have done so (Chatham, Onslow, Down East, Rockingham, and Piedmont). All other Regional Committees are asked to submit their ESG leads via the online form at <http://bit.ly/1spUpWr> as soon as possible.
- BoS staff will host phone calls in August with ESG leads and Regional Committee leadership to discuss their local application process. Staff will email instructions to ESG leads about how to schedule the calls.
- BoS staff have posted some general resources about running funding competitions at www.ncceh.org/bos/esg. Regional Committees are encouraged to review these while designing their local application processes.
- Regional Committees can choose to complete this year's ESG application either under the current RC structure or under the new RC structure from the restructuring proposal. This must be a community-wide decision so that all counties involved are in agreement as to how to apply.

CoC Competition Update

- The 2016 CoC competition is now open. HUD released the NOFA on June 29, and the application is due on September 14.
- The consolidated application has three parts:
 - The CoC application, which includes questions about the CoC's activities and performance as a whole. This is completed by BoS staff with input from agencies, Regional Committees, and the Steering Committee.
 - Project applications, which are the individual funding applications from agencies
 - The project priority listing, which is the ranked list of project applications. The Project Review Committee is responsible for creating the ranked list, which is given final approval by the Steering Committee.
- CoCs must also report on system performance measures, which are key indicators in our success in ending homelessness. The measures are CoC-wide and come from HMIS



data. BoS staff will submit these to HUD. They are due August 1. Agencies will be contacted by NCCEH Data Center staff regarding any needed data clean-up.

- Funding for new projects is available through the permanent housing bonus for two types of projects: permanent supportive housing for 100% chronically homeless people or rapid re-housing. The Project Review Committee may also choose to fund new projects by reallocating funds from renewal projects.
- CoCs are again required to place all projects into two tiers. Tier 1 is now 93% of the Annual Renewal Demand (ARD) instead of 85% as it has been in the past.
- The available amount for the Permanent Housing Bonus is now 5% of the Final Pro Rata Need (FPRN) instead of 15% as it has been in the past.
- HUD calculates the amounts the funds that CoCs can apply for every year. HUD will publish the final amounts no earlier than August 5. BoS staff expect the amounts to be as follows:
 - Annual Renewal Demand (ARD): all renewal projects
 - \$7,888,001
 - Final Pro Rata Need (FPRN):
 - \$10,511,445
 - PH Bonus: 5% of FPRN
 - \$525,572
 - CoC Planning: 3% of FPRN
 - \$315,343
 - Tier 1: 93% of ARD
 - \$7,335,840
 - Tier 2: 7% of ARD plus PH Bonus
 - \$1,077,732
- Agencies applying for CoC funds are asked to read the NOFA: www.hudexchange.info/resource/5068/fy-2016-coc-program-nofa/. BoS staff will send out instructions to applicants in the coming days. All application information will be posted to the NCCEH website at www.ncceh.org/bos/currentcocapplication/. There will be two deadlines for materials:
 - July 29: HMIS reports for all new and renewal projects and threshold materials for new projects
 - August 12: project applications and all other forms/attachments for new and renewal projects
- Important dates for the CoC application process include:
 - July 12: Staff interviews with renewal grantees during the PSH grantee meeting
 - July 21: Regional Committees submit form with info needed for the CoC application (this will be sent to Regional Leads)
 - July 29: due date for HMIS reports, threshold materials for new projects
 - August 2: Steering Committee meeting
 - August 12: due date for project applications and forms
 - August 26: Project Review Committee meets to create ranked list of projects
 - August 30: special Steering Committee meeting to approve ranked list of projects
 - August 30: project applicants notified if project included in final application
 - September 6: Steering Committee meeting



- September 7: project applicants hit submit in esnaps
 - September 14: CoC application due to HUD
- The Project Review Committee is responsible for scoring project applications using the scorecard and creating a ranked list of projects for Steering Committee approval. The committee will meet in August:
 - August 11: introductory call to review scorecard and responsibilities of the committee
 - August 18, 19, 22: one-on-one calls between committee members and BoS staff to review scores
 - August 26: final call to create ranked list of projects
- Each Regional Committees is asked to have one representative serve on the committee. Submit contact information by July 22 through the online form at <http://bit.ly/2933fmi>. Representatives may not be from agencies applying for funding in the 2016 competition, and they must be able to attend all committee meetings.
- The Scorecard Committee met in June to revise the new and renewal scorecards for the 2016 competition. These drafts are posted on the NCCEH website:
 - Renewal: <http://www.ncceh.org/files/7179/>
 - New: <http://www.ncceh.org/files/7178/>
- The scorecards have four goals:
 - to fund organizations that have the capacity to run effective programs
 - to fund projects that reflect the BoS and HUD's priorities
 - to incentivize agencies to be good partners
 - to ensure that funded projects are being good stewards of CoC funds and performing to BoS standards
- The scorecards have one section that is scored by both NCCEH staff and the Project Review Committee and one section that is only scored by staff. The combined scoring section is averaged. The staff scoring questions are more objective questions based on data or materials submitted by applicants.
- The Project Review Committee uses the scorecards to score projects. They then create a ranked list of projects by taking into account these scores, whether projects met minimums and standards on the scorecard, lateness of application materials, and eligibility for funding per HUD's requirements.
- The Scorecard Committee made some changes to the renewal scorecard.
 - Some questions were added:
 - A question asking if the project is housing first (10 points)
 - Performance benchmarks and program standards for rapid re-housing programs (4 points)
 - Questions about coordinated assessment and prioritization (standard)
 - For questions that are scored on the basis of standards as opposed to points, an option was added to note that the standard was not met because the required documentation was not turned in
 - Some of the sources of the information scored were changed:
 - Performance scores now based on HMIS APR reports for January 1 – December 31, 2015, instead of being based on the APRs submitted to HUD



- Populations served now based on HMIS APR Detail and Counts and Demographics reports
 - Spending rates now based on APRs, eLOCCS, and an optional narrative if needed to explain any unusual circumstances
 - New questions about rapid re-housing program standards based on a form that agencies will be asked to complete
 - A sentence was added to the introduction explaining that the CoC prioritizes projects that serve households with severe needs and vulnerabilities. This was added to match language in the NOFA indicating that CoCs' scoring processes should include this prioritization.
- The Scorecard Committee made some changes to the new scorecard.
 - Threshold requirements were added. These are requirements for new applicants that ensure grantees meet basic qualifications. Applicants not meeting thresholds cannot proceed in the application process. Threshold requirements include:
 - Agency must be operating an existing rapid re-housing project (from any funding source) in order to apply for a new rapid re-housing project
 - Project must be housing first
 - Agency must meet stability/capacity questions
 - Agency must commit to participate in HMIS and coordinated assessment
 - Agency must present application to Regional Committee
 - Application materials must be submitted by the deadline
 - Some new questions were added:
 - Community need statement (based on data demonstrating the local need for this project)
 - Performance benchmarks and program standards for rapid re-housing programs (standard)
 - For questions that are scored on the basis of standards as opposed to points, an option was added to note that the standard was not met because the required documentation was not turned in
 - Questions about performance for agencies that have existing programs have been broken out to match the renewal scorecard
 - Some of the sources of the information scored were changed:
 - Performance scores now based on HMIS APR reports for January 1 – December 31, 2015, instead of being based on the APRs submitted to HUD
 - Populations served now based on HMIS APR Detail and Counts and Demographics reports
 - Spending rates now based on APRs, eLOCCS, and an optional narrative if needed to explain any unusual circumstances
 - New questions about rapid re-housing program standards based on a form that agencies will be asked to complete
- Regional Committees will need to be involved in applications for new funding. The community need statement must include information about gaps in the local system and local data from the Point-in-Time Count and/or coordinated assessment. Regional Committees will also be asked to



submit a form verifying that the agency participates in the Regional Committee and in the ESG process and that the agency presented its application for approval.

- A motion was made to approve the new and renewal scorecards [Dewitt, Watson]. All in favor; none opposed. The final versions of the scorecards will be posted on the BoS application webpage. Agencies applying for funding are asked to read the scorecards.

Coordinated Assessment

- The Coordinated Assessment Exchange meets monthly on the second Tuesday from 3:00 to 4:00. Participants can register for the July 12 call at <http://www.ncceh.org/events/962/>. Materials from the meetings are posted at www.ncceh.org/bos/subcommittees/caexchange/.
- Coordinated assessment outcomes for April through June are due by July 15. Each Regional Committee should submit one form with totaled information through the online form at <http://goo.gl/forms/QESzakx4xH>.
- BoS staff have created a new report that presents a visualization of coordinated assessment outcomes. This report is intended to help Regional Committees better understand their data and identify any gaps in the system. The report will also be used by the Coordinated Assessment Council (CAC) to provide oversight and feedback to Regional Committees. The reports for the first quarter outcomes were sent to Regional Committees last week.
- The process for outcomes reporting will now include the following steps:
 - Regional Committees complete the Google form to submit their outcomes on a quarterly basis
 - BoS staff will generate the report and email it to the person who submitted the outcomes
 - Regional Committees can address any issues and resubmit data if needed
 - Corrected reports will be reviewed by the CAC for questions and feedback

Written Standards

- The BoS adopted preliminary written standards in October 2015, which are currently being revised. Written standards have been drafted for emergency shelter, transitional housing, homelessness prevention and rapid re-housing, permanent supportive housing, and coordinated assessment.
- The Written Standards Workgroup, which was formed in March 2015, met last week to review initial drafts and provide feedback. The workgroup will meet again July 7 to complete their review.
- The programmatic written standards include an overview section and standards regarding program implementation and management. The coordinated assessment written standards take a systemic approach.
- Timeline for revisions
 - June: BoS staff draft written standards, the HUD Field Office and ESG office provide feedback



- June/July: BoS staff review the written standards with the Written Standards Workgroup
- July/August: Regional Committees and CoC, ESG, and SSVF grantees provide feedback
- August: BoS staff and Written Standards Workgroup revise drafts, which are posted on NCCEH website
- September: Written standards brought to the September 6 Steering Committee meeting for approval
- BoS staff will post the draft written standards to the NCCEH website in the coming week. BoS staff will then email a form for feedback to Regional Leads and CoC, ESG, and SSVF grantees. Each Regional Committee is asked to submit one form with feedback from the group. Each grantee agency is asked to submit one form for the agency. All forms are due August 12.

HMIS Update

- The HMIS Governance Committee is responsible for oversight of the statewide Homeless Management Information System (HMIS). The committee chooses the HMIS lead agency (MCAH), negotiates the contract between the lead agency and CoCs, and sets the cost sharing amongst the CoCs.
- Eleven of the twelve CoCs in North Carolina have one representative and one alternate on the Governance Committee. Because the BoS is so large, it has four representatives and four alternates. These representatives are updated at the beginning of each contract year with MCAH, which runs from July 1 to June 30.
- The BoS representation is broken into one set of staff and three sets of community representatives. The Steering Committee reviewed the recommended slate of representatives:
 - Staff: Brian Alexander, alternate Denise Neunaber
 - Region 1: David Jacklin, alternate TBD
 - Region 2: Amy Steele, alternate Kim Crawford
 - Region 3: Nicole Dewitt, alternate Branden Lewis
- A motion was made and approved to approve the recommended slate of Governance Committee representatives [Crawford, Rice]. All in favor; none opposed.

Upcoming Meetings & Reminders

- Regional Committees: Submit contact information for Project Review Committee representative by July 22 via the form at <http://bit.ly/2933fmi>
- Regional Committees: Submit contact info for ESG lead via the form at <http://bit.ly/1spUpWr>
- Coordinated Assessment Leads: BoS Coordinated Assessment Exchange
 - Tuesday, July 12, 3:00-4:00 p.m.
 - <http://www.ncceh.org/events/962/>
- Coordinated Assessment Leads: BoS Coordinated Assessment Outcome Forms
 - Outcome forms for the second quarter (March-June) are due July 15
 - Submit outcomes at <http://goo.gl/forms/QESzakx4xH>
- CoC PSH Grantees: Register for PSH Grantees Meeting on July 12
 - <http://www.ncceh.org/events/987/>

Next Meeting: Tuesday, August 2, at 10:30.



Scorecard Committee Materials

The Scorecard Committee, composed of representatives from BoS Regional Committees and staffed by NCCEH, meets each year to create the scorecards used for scoring new and renewal project applications. Minutes from the 2016 Scorecard Committee meetings are posted below.

| | |
|--|--------------------------|
| 6.17.16 Meeting Minutes (posted 7.19.16) | view pdf |
| 6.21.16 Meeting Minutes (posted 7.19.16) | view pdf |
| 6.27.16 Meeting Minutes (posted 7.19.16) | view pdf |

Project Review Committee Materials

The Project Review Committee, composed of representatives from BoS Regional Committees and staffed by NCCEH, is responsible for scoring project applications and creating the ranked list of projects that is presented for Steering Committee approval.

| | |
|--|--------------------------|
| Scorecard for New Projects | view pdf |
| Scorecard for Renewal Projects | view pdf |
| 8.11.16 Meeting Minutes (posted 8.12.16) | view pdf |
| 8.26.16 Meeting Minutes (posted 9.1.16) | view pdf |





North Carolina Balance of State Continuum of Care

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Reallocation Process

While the Balance of State CoC did not choose to reallocate funding in the 2016 CoC competition, the CoC encouraged new and existing providers to apply for new projects potentially available through reallocation. The reallocation process was presented to the Project Review Committee during the project application review and ranking process.

Encouraging New and Existing Providers to Apply

The Balance of State created an Intent to Apply form for all potential new and renewal providers who were interested in applying for new CoC grants. (Please see the Intent to Apply form attached to the end of this document.) As agencies completed the Intent to Apply form, CoC staff conducted one-on-one phone calls with all interested providers, reviewing the proposed new project and explaining the CoC funding program, deadlines in the application process, scorecards used to evaluate projects, and threshold items that new applicants must meet.

The Intent to Apply form was announced at CoC Steering Committee meetings in May and June 2016, and the link to the form was provided to all participants. The link to the Intent to Apply form was also provided to all Regional Committee leads via email to disseminate to agencies in their regions. All presentations and minutes from Steering Committee calls are publicly posted on the CoC website: <http://www.ncceh.org/bosminutes/>

Posting of the Intent to Apply form on the CoC website:

The screenshot shows a website page with a teal sidebar on the left and a white main content area. The sidebar has a 'Practice' header and a list of menu items: 'Continuums of Care', 'Balance of State CoC', 'HMIS', 'NC SOAR Initiative', 'Point-in-Time Count Resources', and 'Resources'. The main content area has a large heading 'Balance of State CoC Application Information' and a sub-heading 'Current CoC Application'. Below this, there is text stating that the CoC application is released by HUD annually and that the 2016 NOFA was released on June 28, available on the HUD Exchange website. It also mentions that materials for the 2016 application will be posted as they become available. A section titled 'Intent to Apply Form' states that agencies interested in applying for new (not renewal) funds in the 2016 CoC competition are asked to fill out the Intent to Apply form by Friday, July 15.

Communication of the Reallocation Process

The availability of the reallocation process to fund new projects was discussed at the July 5th Steering Committee meeting. At the meeting, CoC staff stated that new applications could potentially be funded through the Permanent Housing Bonus or through the reallocation of existing grants. The presentation and minutes from this call were publicly posted on the CoC website: <http://www.ncceh.org/bosminutes/>.

At the initial meeting of the Project Review Committee on August 11, 2016, CoC staff reviewed the availability of the reallocation process for funding new project applications. The meeting minutes were publicly posted on the CoC website: <http://www.ncceh.org/bos/currentcocapplication/>



FY2016 CoC Intent to Apply - NC Balance of State

If you are interested in applying for a new (not renewal) project in NC Balance of State in the FY 2016 CoC competition, please fill out this form. NCCEH staff will be in touch to discuss your proposal.

Renewal projects do not need to complete this form.

Agency Info

Agency *

Website

Agency Type *

Address *

Tax ID or EIN

DUNS Number

Non-profits only: Status Documentation

Is this organization a current BoS CoC grantee?

Has the applicant ever received a federal grant? *

Does your agency enter data into NC HMIS? *

Contact Info

Please enter information for the primary contact for this project

Name *

Title *

Phone *

Email *

Project Info

Project Component *

What type of project are you interested in applying for?

What counties will be served by this project? *

New Construction \$ Request

Acquisition \$ Request

Rehabilitation \$ Request

Leasing \$ Request

Rental Assistance \$ Request

Supportive Services \$ Request

Operating \$ Costs

HMIS \$ Request

1 yr \$ Request *

Term (yrs) request *

Total \$ request *

Match Sources *

What household type(s) will this project serve? *

Will your project target specific sub populations? *

Disabled

Check this box if your project serve disabled persons

Chronically Homeless

Check this box if your project serve chronically homeless persons

Veterans

Check this box if your project serve veterans

Other sub population:

Will your project serve other sub populations? If so, list here.

Regional Committee Info

What is your Regional Committee? *

Who is your Regional Lead? *

Who from your agency attends Reg. Comm. meetings? *

Send me a copy of my responses

Submit

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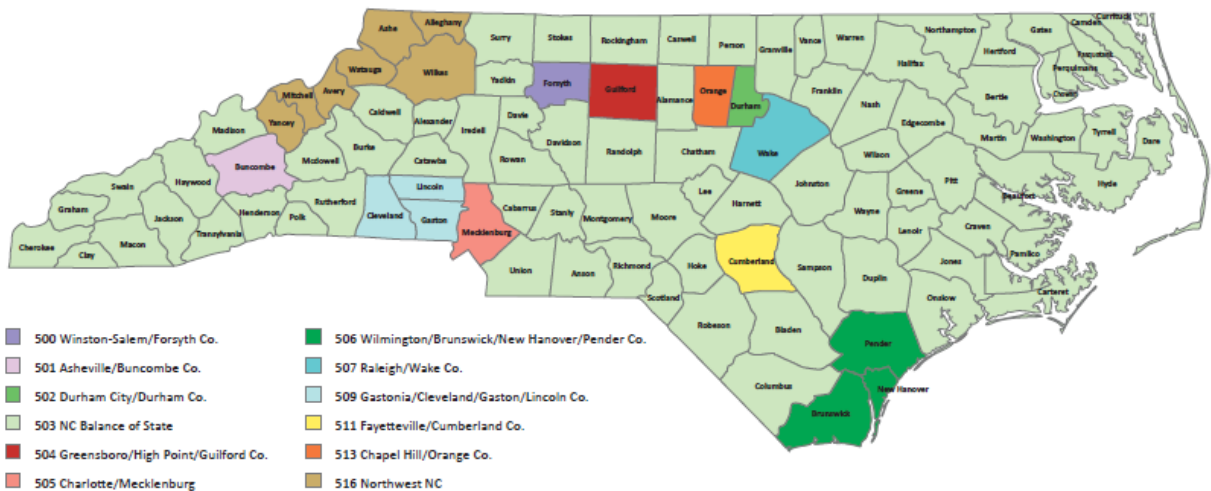
SECTION I. BACKGROUND

In 1995, the U.S. Department of Housing and Urban Development (HUD) originally developed the concept of a Continuum of Care (CoC). The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 says that a CoC “is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.” The HEARTH Interim Rule states “a CoC is the coordinating body for homeless services and homelessness prevention activities across the geographic area.” (24 CFR Part 578)

The NC Balance of State Continuum of Care (NC BoS) is one of 12 CoCs in North Carolina. NC BoS includes 79 of North Carolina’s 100 counties.

NC BoS counties: Alamance, Alexander, Anson, Beaufort, Bertie, Bladen, Burke, Cabarrus, Caldwell, Camden, Carteret, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Columbus, Craven, Currituck, Dare, Davidson, Davie, Duplin, Edgecombe, Franklin, Gates, Graham, Granville, Greene, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Macon, Madison, Martin, McDowell, Montgomery, Moore, Nash, Northampton, Onslow, Pamlico, Pasquotank, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrell, Union, Vance, Warren, Washington, Wayne, Wilson, and Yadkin.

North Carolina Continuum of Care (CoC) Primary Areas



NC BoS was formed by the Interagency Council for Coordinating Homeless Programs (ICCHP) and submitted its first application as a CoC in 2006. The new NC BoS included counties that were previously smaller CoCs and counties that had never before applied for CoC funding.

NC BoS was initially coordinated through the NC Department of Health and Human Services (NC DHHS). NC DHHS remains the Lead Agency and Collaborative Applicant for the NC BoS. In 2009, NC DHHS contracted with the NC Coalition to End Homelessness (NCCEH) to coordinate the NC BoS. NCCEH continues in that role today through an annual contract.

SECTION II. PURPOSE

a. Vision

To ensure that individuals and families who become homeless return to permanent housing within 30 days.

b. Mission

The North Carolina Balance of State Continuum of Care, composed of a 79-county region, uses evidenced-based strategies to implement solutions to prevent and end homelessness in the most efficient, effective and ethical manner.

c. Overall

NC BoS coordinates and implements a comprehensive system to address homeless issues in its 79 county area. As a CoC, NC BoS is responsible for four main areas:

1. Administering NC BoS governance and working committees
2. Submitting funding applications
3. Coordinating data collection and assessment
4. Planning for the future of the CoC

SECTION III. COMMITTEE STRUCTURE

a. BoS Steering Committee

1. Purpose

The BoS Steering Committee serves as the primary decision-making body and board for NC BoS. The Steering Committee is responsible for all matters pertaining to the structure, purpose, performance, and activities of NC BoS.

2. Structure

Each Regional Committee elects one Regional Lead who serves on the NC BoS governing body, the Steering Committee. The Regional Committee should also elect an alternate to fill in for the Regional Lead when needed. Regional Committees should select Regional Leads and alternates at the local level using local criteria each January. Regional Leads and alternates serve for one year, and their election must be reflected in Regional Committee meeting minutes. The Steering Committee meets monthly, normally via conference call and at least one time per year in person. All meetings are public meetings, open to any interested party with meeting agendas and minutes posted on the internet in a timely manner. This process was formally established by NC BoS in August 2013 and will be reviewed at least every five years.

3. Roles & Responsibilities

The Steering Committee is staffed and led by NCCEH.

The Steering Committee is responsible for:

- Promoting communitywide commitment to the goal of ending homelessness
- Providing funding for efforts to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness
- Promoting access to and effective utilization of mainstream programs by homeless individuals and families
- Providing direction on funding priorities and project application review criteria
- Creating a network of providers for:
 - Outreach, engagement, assessment
 - Shelter, housing, & supportive services for persons experiencing a housing crisis
 - Homelessness prevention services
- Consulting with recipients of Emergency Solutions Grants funds regarding:
 - Allocation of funds
 - Reporting & evaluating performance
- Monitoring recipient and subrecipient performance, evaluating outcomes, and taking action against poor performers
- Establishing performance targets appropriate for population and program type in consultation with recipients and subrecipients
- Establishing and operating a coordinated assessment system, in consultation with the recipients of Emergency Solutions Grants program funds
- Establishing and consistently following written standards for providing CoC assistance, in consultation with the recipients of Emergency Solutions Grants program funds

Regional Leads are responsible for:

- Representing their Regional Committees in all matters pertaining to NC BoS
- Regularly attending monthly Steering Committee and other NC BoS meetings. Regional Leads, or their official designated alternates or stand-ins must attend at least 75% of Steering Committee meetings in order for their Regional Committee to be eligible to apply for CoC funds. If the Regional Lead or official alternate are unable to attend the meeting, the Regional Lead should email NCCEH with contact information for a stand-in attendee.

4. Avoiding Conflict of Interest

In order to maintain high ethical standards, HUD requires Regional Leads and alternates to comply with Conflict of Interest requirements. Regional Leads and alternates may not participate or influence any discussions or decision regarding an award of financial benefit to an organization that s/he represents. Regional Leads and alternates complete and sign a Conflict of Interest Information Form (APPENDIX 2) each year with updated information about organizations that s/he represents as an employee, donor, volunteer, member, board member, trustee, or any other affiliation.

5. Voting & Quorums

Each Regional Committee gets one vote in voting matters. Regional Leads can vote, make motions and second motions on matters before the Steering Committee. Official elected alternates can also make or second motions and vote for the Regional Committee if the Regional Lead is not present or recuses him/herself. In the case a Regional Lead is also the alternate for a second Regional Committee and needs to register a vote, this person will get a vote for each Regional Committee.

Official elected alternates count for Steering Committee attendance and towards reaching a quorum in the absence of the Regional Lead. In the event that the Regional Lead or the alternate cannot represent their Regional Committee at a Steering Committee meeting, another person may attend as a stand-in and count for Steering Committee attendance, but cannot make or second motions, vote for the Regional Committee if the Regional Lead or alternate is not present or recuses him/herself. Stand-ins do not count towards reaching a quorum.

A quorum within the Steering Committee membership must be present to hold a vote at regular Steering Committee meetings. A quorum is the minimum number of eligible voting members (51%). According to Robert's Rules of Order Newly Revised, Tenth Edition, the "requirement for a quorum is protection against totally unrepresentative action in the name of the body by an unduly small number of persons." If a quorum is not present, votes cannot be conducted. Subcommittee meetings and working groups do not require a quorum.

b. Regional Committees

1. Purpose

NC BoS is broken down into local Regional Committees, which represent the totality of homeless services and providers in a given area. Regional Committees serve as a community resource for coordination and networking on the local level.

2. Structure

Please find a current list and map of NC BoS Regional Committees in APPENDIX 3.

3. Formation of an NC BoS Regional Committee

NC BoS Steering Committee votes to approve new Regional Committees in order for them to be formally recognized within NC BoS. All Regional Committees of NC BoS (new and ongoing) must:

- Have a regular meeting time and place(s)
- Publish notices of their meeting agendas and minutes and open meetings to any interested party
- Have participation from a large swath of providers, stakeholders, and subpopulations from each county within the physical bounds of the proposed Regional Committee
- Design Coordinated Assessment systems within parameters set forth in the NC BoS Coordinated Assessment toolkit
- Administer Coordinated Assessment systems
- Submit meeting agendas and minutes to NC BoS staff on a timely basis
- Annually elect a Regional Lead during January to represent the Regional Committee on the NC BoS Steering Committee

4. Roles & Responsibilities

Regional Committees are responsible for annually appointing:

- A Regional Lead to the Steering Committee (more on this above, Section V.(a) BoS Steering Committee)
- An official elected alternate
- One representative to the CoC Scorecard Committee
- One representative to the CoC Project Review Committee (keeping in mind conflict of interest restrictions, *i.e.*, that a member of this committee cannot also represent an agency applying for funding)
- Representatives to working groups as necessary

NC BoS Regional Committees must also provide accurate and complete information on an annual basis, including:

- Point-in-Time population count and bed inventory from each member agency
- Listing of member agencies and services provided

Regional Committees encourage broad-based community stakeholder participation in their meetings. They also promote data quality among their members to include submitting timely and accurate:

- Annual Performance Reports (APR) to HUD
- High-quality data within NC HMIS

Regional Committees are also responsible for:

- Coordinating the region's Emergency Solutions Grants program
- Encouraging Regional Committee members to participate in NC BoS Subcommittees
- Coordinating local temporary and permanent housing, services, and other resources
- Ensuring adequate HMIS bed coverage
- Supporting priorities set by the NC BoS Steering Committee

c. Subcommittees

1. Purpose

The Steering Committee currently has three standing working group subcommittees which are open to any interested party. The subcommittees review performance measures, assess progress, and discuss best practices.

2. Permanent Supportive Housing Subcommittee

- Meets quarterly
- Reviews performance of agencies receiving HUD CoC Permanent Supportive Housing funding
- Encourages high APR and HMIS performance by agencies receiving HUD CoC Permanent Supportive Housing funding
- Discusses evidence-based and best practices in Permanent Supportive Housing

3. Rapid Re-Housing Subcommittee

- Meets Quarterly
- Reviews performance of agencies receiving HUD Rapid Re-Housing funding
- Encourages high APR and HMIS performance by agencies receiving HUD Rapid Re-Housing funding
- Discusses evidence-based and best practices in Rapid Re-Housing

d. Funding Application Committees

The Steering Committee currently has two standing subcommittees that inform the CoC's funding decisions. These committees meet on an as-needed basis.

1. Scorecard Committee

- Comprised of one representative from each NC BoS Regional Committee
- Determines criteria and scoring guidelines for new and renewal project scorecards

2. Project Review Committee

- Comprised of one representative from each NC BoS Regional Committee (members cannot be from agencies applying for funding)
- Reviews and rates each project application according to the current scorecard
- Recommends ranked list of project applications for CoC collaborative application to the Steering Committee

e. Coordinated Assessment Council

The Steering Committee appoints a standing Coordinated Assessment Council to review, provide feedback on, and ultimately recommend approval of coordinated assessment plans written by Regional Committees. The Coordinated Assessment Council is made up of representatives from across our CoC and other state-level experts.

f. Working Groups

The Steering Committee forms short-term, outcome-focused working groups on an as-needed basis. The scope of work and proposed group duration will be determined by the Steering Committee. Working Group membership will vary depending on the particular needs of the group, but generally should represent the totality of the Steering Committee (region, subpopulation, etc.) as feasible.

SECTION IV. FUNDING APPLICATIONS

The NC BoS is responsible for preparing and overseeing the application process for HUD CoC grants (applied to HUD by CoC) and HUD ESG grants (applied to NC DHHS by Regional Committees). The NC BoS does this by establishing funding priorities via a transparent and inclusive process and designing, operating and following a collaborative process. The NC BoS encourages all eligible applicants to submit project applications.

a. CoC Grants

NC DHHS is the designated collaborative applicant that submits the CoC grant application and manages the application process at the CoC level. NC BoS Steering Committee, staff, project applicants, and funding application committees work together to prepare and submit the Collaborative Application. Project applicants are responsible for individual project applications. Each year the application timeline is contingent on HUD.

b. ESG Grants

HUD provides block grant funds to each state for the Emergency Solutions Grants program (hereafter ESG). The State of North Carolina, through DHHS, Division of Aging and Adult Services, Adult Services Section determines and distributes ESG money to each CoC in North Carolina and to Regional Committees within NC BoS. Regional Committees manage the project application process for ESG. The NC BoS has the authority to review and approve ESG applications.

SECTION V. DATA COLLECTION & ASSESSMENT

a. HMIS

NC BoS CoC is a part of the NC HMIS System and a member of the NC HMIS Governance Committee. As such NC BoS has four primary responsibilities:

1. **Designate an HMIS Lead Agency:** At the recommendation of the NC HMIS Governance Committee, the NC BoS Steering Committee shall approve an HMIS Lead Agency to operate the local HMIS as part of the statewide NC HMIS. This entity will be responsible for ensuring that all applicable federal partner regulations and notice requirements are met.
2. **Designate an HMIS Grantee:** NC BoS Steering Committee shall designate an HMIS Grantee who will be the single agency to manage the HMIS funding and ensure all local financial obligations are met. The HMIS Grantee will contract with the HMIS Lead Agency to operate HMIS in NC BoS. The Contract and MOU will describe the exact responsibilities of the HMIS Lead Agency, HMIS Grantee, and Continuum of Care for meeting federal partner regulations and notice requirements.

3. **Designate HMIS Governance Committee Representatives:** NC BoS Steering Committee shall designate four representatives and four alternatives representative from the Continuum of Care to the NC HMIS Governance Committee.
4. **Review NC HMIS Governance Committee Bylaws:** NC HMIS Bylaws direct the governance of the statewide NC HMIS system. NC BoS may approve or send suggestions to the NC HMIS Governance Committee on amendments for adoption.
5. **Role of NC BoS staff:** NC BoS staff, in partnership with the NC HMIS Governance Committee, shall ensure the following:
 - Consistent participation in HMIS for all federal partner funded programs and encourage the same for all other agencies
 - For agencies that are exempt from participating in HMIS by Federal Statute (for example, domestic violence service providers) NC BoS staff will support participation in a comparable database that meets the HUD standards for HMIS
 - HMIS is administered within NC BoS in compliance with requirements prescribed by HUD
 - Oversight is provided by the NC HMIS Governance Committee
 - Compliance with all HUD rules and regulations, including reviewing, revising, and approving three key data documents: a privacy plan, a security plan, and a data quality plan

NC BoS uses CoC program funds for an HMIS grant to fund the CoC's HMIS.

b. Point-in-Time Count

NC BoS plans and conducts an annual Point-in-Time Count (PIT) that counts and collects data on homeless people who are both unsheltered and sheltered within emergency shelters and transitional housing. NC BoS will provide training, forms, and instruction for Regional Committees on conducting this count. Normally, the PIT is held on the last Wednesday in January. The PIT will comply with any additional HUD requirements.

c. Housing Inventory Chart (HIC)

NC BoS completes the annual Housing Inventory Chart (HIC), which includes a bed inventory of all emergency shelters, transitional housing programs, rapid re-housing programs, and permanent supportive housing programs in the CoC, as well as the CoC's Point-in-Time Count data and an assessment of the CoC's unmet need for homeless programs. The HIC is submitted to HUD through the Homeless Data Exchange in accordance with the deadline set by HUD.

d. Annual Homeless Assessment Report (AHAR)

In conjunction with CHIN, NC BoS completes the Annual Homeless Assessment Report, which includes both point-in-time and year-round HMIS data on homeless clients enrolled in the CoC's emergency shelter, transitional housing, and permanent supportive housing programs. The AHAR is submitted to HUD through the Homeless Data Exchange in accordance with the deadline set by HUD.

SECTION VI. STAFF ROLES

Since 2009, NC BoS is staffed by the NC Coalition to End Homelessness through an annual contract with the NC DHHS. NC BoS staff is responsible for:

a. Coordination

NCCEH staff manage the overall coordination of NC BoS, including:

- a. Coordinate and staff NC BoS Steering Committee
- b. Provide technical support and capacity building to local BoS communities and project applicants
- c. Support grantees
- d. Manage BoS website, email lists, and other communications
- e. Coordinate and conduct subcommittee calls (see above Section III. (c) Subcommittees)
- f. Coordinate Balance of State approval process for regional ESG applications
- g. Organize and staff workgroups as needed for time-limited projects
- h. Staff the Coordinated Assessment Council (CAC)
- i. Support the NC HMIS implementation (see above Section V. (a) 5. HMIS)

b. COC Application Preparation

- Prepare and validate Grant Inventory Worksheet and complete the CoC registration process
- Coordinate scoring and ranking of applications
- Complete and submit CoC collaborative application
- Assist new and renewal applicants in completing CoC project applications by providing technical assistance and feedback
- Submit AHAR data
- Prepare pre-application forms and instructions as needed
- Track and review pre-applications and provide consultations and technical assistance to applicants
- Collaborate with BoS Regional Committees to gather and compile Point-in-Time (PIT) Count and Housing Inventory Chart (HIC) data. Complete HIC and submit with PIT to HUD Homeless Data Exchange.

c. Written Standards

The NC BoS Steering Committee approved ESG Written Standards on October 6, 2015 (see APPENDIX 4: ESG WRITTEN STANDARDS). By the 2016 update of the NC BoS Governance Charter it is expected that the Steering Committee will approve a comprehensive set of written standards for all CoC and ESG funded programs to be tied into the NC BoS Coordinated Assessment system.

SECTION VII. GOVERNANCE CHARTER

a. Ratification

NC BoS Governance Charter was formally adopted by the Steering Committee on August 6, 2013 and most recently amended on November 5, 2015. The Charter may be thereafter amended at a regular Steering Committee meeting by a simple majority (at least 51%) affirmative vote of the members present and determined eligible to vote.

b. Process for Amending the Charter

Proposed amendments must be in written form and distributed to Steering Committee members prior to the presentation and vote. The Governance Charter may be fully revised to include agreed-upon changes, or an Amended Article may be added for insertion into the existing document.

c. Annual Renewal & Updates

NC BoS Steering Committee will formally review and update the NC BoS Charter annually, making changes as necessary.

APPENDIX 1: ABBREVIATIONS

| | |
|---------|---|
| AHAR | Annual Homeless Assessment Report |
| APR | Annual Progress Report |
| CoC | Continuum of Care |
| ESG | Emergency Solutions Grant (formerly Emergency Shelter Grant) |
| HEARTH | Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 |
| HIC | Housing Inventory Chart |
| HMIS | Homeless Management Information System |
| HUD | Federal Department of Housing and Urban Development |
| ICCHP | Interagency Council for Coordinating Homeless Programs |
| NC BoS | North Carolina Balance of State Continuum of Care |
| NC DHHS | North Carolina Department of Health and Human Services |
| NCCEH | North Carolina Coalition to End Homelessness |
| NC HMIS | North Carolina Homeless Management Information System |
| NOFA | Notification of Funding Availability |
| PIT | Point-in-Time count |
| QPR | Quarterly Progress Report |

APPENDIX 2: CONFLICT OF INTEREST FORM

North Carolina Balance of State Continuum of Care

bos@ncceh.org

919.755.4393

www.ncceh.org/BoS

NC BoS Steering Committee Conflict of Interest Policy & Disclosure Form

Policy

The standard of behavior at the North Carolina Balance of State (NC BoS) Continuum of Care is that all staff and Steering Committee members scrupulously avoid any conflict between their personal, professional, and business interests and the interests of NC BoS. This includes avoiding actual conflicts of interest as well as perceptions of conflicts of interest.

The purposes of this policy are to:

- comply with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 and the Continuum of Care Program, Interim Final Rule (24 CFR Part 578),
- protect the integrity of NC BoS Steering Committee's decision-making process,
- enable our constituencies to have confidence in our integrity, and
- safeguard the integrity and reputation of Steering Committee members.

Upon election to the NC BoS Steering Committee, members submit a full written disclosure of their interests, relationships, and holdings that could potentially result in a conflict of interest. This written disclosure will be kept on file and updated annually.

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 requires NC BoS CoC Steering Committee members to disclose any conflicts of interests that arise in the course of meetings or activities. These include transactions, discussions or decisions in which members (or their business or other nonprofit affiliations), their families and/or significant others, employers, or close associates will receive a benefit or gain. Members also disclose any family relationship, either by consanguinity or marriage, between themselves and an agent or employee of NC BoS who will be directly affected by a transaction or decision. After disclosure, members recuse themselves from participating in the transaction, discussion or decision.

This policy is meant to be a supplement to good judgment – Steering Committee members will respect its spirit as well as its wording.

APPENDIX 2: CONFLICT OF INTEREST FORM, CONT.

Disclosure Form

| |
|--|
| Personal Data |
| Name: |
| Current Employer or Business Affiliation: |
| Position: |
| Other Business Activities |
| Please disclose any other employment, business, or financial interest which you or a member of your immediate family may have as an officer, director, trustee, partner, employee, or agent which might give a rise to a possible conflict of interest with NC BoS. |
| Charitable or Civic Involvement |
| Please disclose all official positions which you or any member of your immediate family may have as a director, trustee, or officer of any charitable, civic, or community organization as well as any unofficial roles such as significant donor, volunteer, advocate, or advisor which might give rise to a possible conflict of interest with NC BoS. |
| REMINDER: <i>If at any time there is a matter under consideration that may constitute a direct or indirect conflict of interest not listed on this form, it is your obligation to disclose the facts to the Steering Committee.</i> |

I do hereby affirm that I have received and read the policy and I will adhere to the document's spirit, principles, and practices.

Signature

Date

APPENDIX 3: LIST & MAP OF REGIONAL COMMITTEES

List of Regional Committees, updated November 5, 2015

- AHRMM (Anson, Hoke, Moore, Montgomery, Richmond)
- Alamance County
- Beaufort County
- Burke County
- Carteret County
- Caswell County
- Catawba County
- Chatham County
- Craven County
- Down East (Duplin, Lenoir, Sampson, Wayne)
- Foothills (Alexander, Caldwell, McDowell)
- Harnett County
- Henderson County
- Hertford County (PENDING)
- Iredell/Yadkin County
- Johnston County
- Kerr-Tar (Franklin, Granville, Halifax, Vance, Warren)
- Lee County
- Onslow County
- Person County
- Piedmont (Cabarrus, Davidson, Rowan, Stanly, Union)
- Pitt County
- Randolph County
- Rockingham County
- Rutherford & Polk (PENDING)
- Southeast (Bladen, Columbus, Robeson, Scotland)
- Southwest (Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain)
- Surry/Davie/Stokes County
- Transylvania County
- Twin County (Edgecombe, Nash)
- Wilson/Greene County

Balance of State CoC
Regional Committees

as of June 2015



APPENDIX 4: ESG WRITTEN STANDARDS

Background

The goal of these written standards is to have clear guidelines for all ESG-funded agencies on the purpose, types, and methods for delivering services in Balance of State CoC. These standards are required as part of the FY2015 ESG application and must be adopted by all agencies within Balance of State the receive ESG funding.

The Balance of State CoC's written standards are to guide agencies in administering assistance so that the CoC can meet its vision¹ to ensure that individuals and families who become homeless return to permanent housing within 30 days.

Shelters, rapid re-housing, and prevention programs in the Balance of State CoC that receive ESG funding are required to participate in the BoS coordinated assessment process. Coordinated assessment assists the NC BoS CoC to end homelessness by increasing exits to housing, decreasing length of time homeless, and reducing returns to homelessness. The goal is to assist consumers in quickly accessing appropriate services to address housing crises through a right-sized, well-coordinated agency network².

¹ NC Balance of State Governance Charter, 2014: <http://www.ncceh.org/files/3443/download/>

² NC Balance of State Coordinated Assessment Toolkit, 2014: <http://www.ncceh.org/files/5195/>

APPENDIX 4: ESG WRITTEN STANDARDS, CONT.

Emergency Shelter

- *How shelters move homeless persons to permanent housing as quickly as possible*

Shelters in BoS work within the CoC vision and federal goal of returning people who enter homelessness to permanent housing within 30 days. Shelters that receive ESG funds participate in BoS coordinated assessment process which is designed to move people who are homeless to permanent housing, including:

 - Diversion: For those households that have another safe option for housing for the night besides shelter, the system will assist the households to return to those options rather than entering the homeless system. National data show that diversion programs reduce entries into homelessness.
 - Streamline referral process: The coordinated assessment system coordinates referrals to permanent housing programs so that people will receive program referrals that fit a program's eligibility criteria and are appropriate to the need of the household. This system also reduces the time spent by households in seeking assistance from community programs.
 - Connecting programs: Coordinated assessment systemizes coordination efforts so that shelters are partnering with permanent housing programs on the local level.
 - Tracking system outcomes: Regional Committees complete quarterly outcome reports that measure the number of people entering shelter, emergency services, and permanent housing. Regional Committees and CoC staff will examine these reports to identify system gaps and redirect resources accordingly in order to move households into permanent housing quickly.

- *How clients are prioritized to receive emergency shelter services*

The coordinated assessment system uses a standardized prevention and diversion screen to divert those people who have other safe housing options from entering shelter. This prioritizes shelter beds for those with no other options. Many communities within Balance of State do not have shelters to cover all populations and household types. In these situations, Regional Committees are forming partnerships with shelters in neighboring communities to formalize the process of shelter referral.

APPENDIX 4: ESG WRITTEN STANDARDS, CONT.

Rapid Re-housing

- *How clients are prioritized to receive rapid re-housing financial assistance and services*
Eligible households that are literally homeless at the time of contacting the program and are living in shelter or in a place not meant for human habitation will receive rapid rehousing services. As part of the Balance of State CoC coordinated assessment process, clients within the shelter system are screened using the VI-SPDAT assessment. Each Regional Committee determines the score ranges that result in referral to rapid re-housing programs, taking into account the numbers and types of programs available locally as well as local demographics and trends. Overall, the clients with more severe needs are prioritized to receive services before those with lower needs.
- *Determining percentage or amount of rent and utility costs each program participant must pay while receiving rapid re-housing financial assistance (only applicable for clients with income)*
BoS agencies are to use the progressive engagement model to determine the amount of financial subsidies, like rent and utility costs, that each program participant must pay. Assistance is based in providing "the least amount of assistance for the least amount of time" while proving enough initial support to be reasonably sure that the housing will stick. Agencies are encouraged to be highly flexible and look at each household's particular needs when determining an individualized plan that will include amount of financial subsidies and services. Since agencies are required to serve those with higher needs before those with lower needs, it is expected that some households will not have income at program entry. Agencies are expected to offer assistance with the goal of providing approach while also meeting clients where they are and ensuring a long-term positive exit to permanent housing. Given all of this, agencies must be highly flexible and there should NOT be a standard percentage of rent clients pay.
- *Maximum number of months a program participant will be provided with rental assistance and eligibility amount for each participant*
BoS agencies again are expected to be flexible on the number of months assistance is provided. Agencies must provide assistance for the shortest amount of time possible that ensures an exit to permanent housing. . Agencies should be aware of funding restrictions on the length of assistance (24 months maximum for ESG grantees). The goal is to serve the most number of households possible with a high degree of successful exits to permanent housing.

APPENDIX 4: ESG WRITTEN STANDARDS, CONT.

Prevention

- *How clients are prioritized to receive prevention financial assistance and services*
Clients are prioritized to receive prevention financial assistance using the BoS prevention and diversion screen as part of the coordinated assessment process. BoS agencies are expected to tie all prevention programs directly to the local coordinated assessment process. We focus prevention efforts more narrowly on diverting households presenting for shelter beds from entering the homeless system. When an individual or family has another safe option to go to rather than entering shelter, programs will use the prevention and diversion screen to help those people think through all the other options available.
- *Determining percentage or amount of rent and utility costs each program participant must pay while receiving prevention financial assistance (only applicable for clients with income)*
Prevention programs are expected to focus specifically on shelter diversion and to be tied to the local coordinated assessment system. Agencies are encouraged to be highly flexible in determining the amount of rent and utility costs clients need for a successful and shelter diversion with the goal to serve the most number of households with our limited resources. Assistance is based in providing "the least amount of assistance for the least amount of time" while proving enough initial support to be reasonably sure that the housing will stick.
- *Maximum number of months a program participant will be provided with rental assistance and eligibility amount for each participant*
Prevention programs are expected to focus specifically on shelter diversion. To that end, rental assistance should only be provided if needed in order to prevent the household from becoming literally homeless. Agencies should be aware of funding restrictions on the length of assistance (24 months maximum for ESG grantees). The goal is to serve the most number of households possible with a high degree of successful exits to permanent housing.

North Carolina Statewide Homeless Management System (NC HMIS) Operating Policy and Procedure

The purpose of HMIS is to record and store client-level information about the numbers, characteristics and needs of persons who use homeless housing and supportive services, to produce an unduplicated count of homeless persons for each Continuum of Care; to understand the extent and nature of homelessness locally, regionally and nationally; and to understand patterns of service usage and measure the effectiveness of programs and systems of care. These are minimum standards, additional Policies and Procedures may be added by the local Continuum of Care. **The following operating policies and procedures apply to all designated HMIS Lead Agencies and participating Agencies (Contributing HMIS Organizations – CHOs).**

PRIVACY STATEMENT

NC HMIS is committed to make North Carolina's HMIS safe for all types of programs and the clients whose information is recorded, and to maximize the opportunities to improve services through automation.

Toward that end:

- Sharing is a planned activity guided by Sharing Agreements between agencies (QSOBAAs). The agency may elect to keep private some or all of the client record including all identifying data.
 - All organizations will screen for safety issues related to the use of the automation.
- NC HMIS has systematized the risk assessment related to clients through the NC HMIS Release, offered options in terms of the Search Screen, and provided guidance around the use of Un-Named Records and how the Privacy Notice is explained.
- NC HMIS has adopted a Privacy Notice that was developed in North Carolina to cover both HIPAA covered and non-covered organizations.
 - The NC HMIS System runs in compliance with HIPAA, and all Federal and State laws and codes. All privacy procedures are designed to insure that the broadest range of providers may participate in the Project.
 - Privacy Training is a requirement for all agencies and users on the NC HMIS system. We view our Privacy Training as an opportunity for all participating organizations to revisit and improve their overall privacy practice. Agencies are encouraged to put all of their staff through the training curricula – not just those with user access to the system and/or those that collect information from clients.
 - All those issued user access to the system must successfully complete privacy training and sign a User's Agreement and Code of Ethics, and agencies must sign a NC HMIS Participation Agreement. Taken together, these documents obligate participants to core privacy procedures. If agencies decide to share information, they must sign an agreement that defines sharing practice (the Sharing QSOBAA).
 - Policies have been developed that protect not only client's privacy, but also agency's privacy. Practice Principles around the use and publication of agency or CoC specific data have been developed and included in both the Policies and Procedures.
 - The NC HMIS System allows programs with multiple components/locations that serve the same client to operate on the a single case plan, reducing the amount of staff and client's time spent in documentation activities and ensuring that care is coordinated and messages to clients are reinforced and consistent.

□ It is understood that 2015 represents a development period as participants in NC HMIS adopt a new approach to System operation as well as privacy. Agencies will take some time to effect the changes identified in this Policy and mid-course adjustments may occur. As such, the policies and procedures identified in this document represent basic standards and all participating agencies will be given adequate time and support to come into compliance. Local CoCs may adapt this document to apply a stricter standard and may establish local timelines for full implementation.

Key Terms and Acronyms:

| Term | Acronym (if used) | Brief Definition |
|---|-----------------------|--|
| Homeless Management Information System | HMIS | Data systems that meet HUD requirements and are used throughout the nation to measure homelessness and the effectiveness of related service delivery systems. The HMIS is also the primary reporting tool for HUD homeless service grants as well as other public money's related to homelessness. |
| Continuum of Care | CoC | Planning body charged with guiding the local response to homelessness. |
| North Carolina HMIS | NC HMIS | Title given to the North Carolina statewide implementation of the HMIS. |
| Michigan Coalition Against Homelessness | MCAH | The North Carolina Governance Committee and participating CoCs has employed MCAH to act as the Lead HMIS administrator. |
| ServicePoint | SP | The database used by North Carolina to record and report HMIS information. |
| Bowman System, Inc | | North Carolina's Vendor for HMIS. They provide the technology (ServicePoint) and software and server support for the System. |
| Independent Jurisdictions | IJs | CoCs that are recognized by HUD usually organized around the higher population counties. Detroit is its own IJ. |
| North Carolina HMIS Governance Committee | GC | The NC Governance Committee composed of representatives from all CoC provides direct oversight on the Statewide HMIS project. |
| MCAH Interim Memorandum of Understanding | MOU | The Interim MOU enables MCAH to serve as the HMIS Lead Agency and administer the statewide HMIS implementation on behalf of the North Carolina CoCs. |
| Contributing HMIS Organizations | CHO | An organization that participates on the HMIS. |
| Participation Agreement | | The Agreement between all participating agencies and MCAH that specifies the rights and responsibilities of MCAH and participating agencies. |
| NC Administrative Data Use Agreement / QSOBAA | Admin. QSOBAA | The Agreement signed by each Agency, local Lead HMIS Agency, and MCAH that governs the privacy standards for all those with administrative responsibility for the database |
| NC Sharing Agreement / QSOBAA | Sharing QSOBAA | The Agreement between agencies that elect to share information using the HMIS. The Agreement prevents the re-release of data and, in combination with the Participation Agreement, defines the rules of sharing. |
| User Agreement & Code of Ethics | | The document each HMIS User signs agreeing to the HMIS standards of conduct. |
| Release of Information (Electronic) | ROI | An electronic ROI must be completed to share any person's data within the HMIS. |
| Privacy Notice | | A document that details the Privacy rules applied to the System. It includes a description of the HMIS, the rights of clients, why we collect data and the legal uses of data/disclosures. It must be available to clients and be present on the agencies WEB Site. |
| HUD Public Notice | | A description of why HUD requires grantees to collect information. It must be posted where-ever information is collected. |
| Privacy Script | | Adapted by agencies based on what they collect and their sharing practice, the "script" is used by intake staff to standardize the privacy discussion with every client and is a critical part of the informed consent process. |

| | | |
|--|----------------|---|
| NC HMIS Release of Information and Sharing Agreement | Release | A signed (paper) Release that specifies how the Search Screen will be configured and details each agencies sharing plan to support an “informed consent” process. A signed Release allows for reciprocal sharing between agencies/programs identified in the Release. |
| Sharing | | Sharing refers to the sharing of data between agencies. It does not refer to basic entry into the HMIS. Sharing data between agencies requires a signed client Release of Information. Basic entry does not require an ROI as there is implied consent for the agency to keep records when a client provides information. |
| Visibility | | Refers to the ability to see a client’s data between provider pages on the HMIS. Visibility is configured on the HMIS system in each Provider Page. |
| Visibility Groups | | Visibility Groups are defined groups of Provider Pages where data is shared. Internal Visibility Groups control internal sharing. External Visibility Groups control sharing with other agencies and are defined with a Sharing QSOBAA. |
| Coverage Rate | | The percent of the homeless population that is measured on the HMIS. Coverage estimates are used to project to a total homeless count that includes those served in Domestic Violence Providers or other non-participating Shelters or Outreach Programs. Coverage Memos provide guidance for estimating coverage. HUD also defines Bed Coverage (beds covered on the HMIS) and Service Coverage (person coverage for none residential programs). |
| Program Types | | HUD defines 9 basic Program Types |
| | | <ul style="list-style-type: none"> • ES: Emergency Shelter- Overnight shelters or shelters with a planned length of stay of less than 3 months. • TH: Transitional Housing- Transitional environments with a planned LOS of not more than 2 years and provide supportive services. • PH-PSH: Permanent Supportive Housing- Permanent Housing for the formerly homeless with services attached to persons served under this program. • PH-PH: Permanent Housing- Permanent housing that may be supported by a voucher but does not have services attached to the housing. • PH- RRH: Rapid Rehousing- A program that rapidly rehouses those that are identified as Literally Homeless. • HP: Homeless Prevention- A program that helps those who are at imminent risk of losing housing, to retain their housing. • SOP: Street Outreach Program- A program that serves homeless persons that are living on the street or other places not meant for habitation. • SSO: Services Only Program- A program that serves only with no residential component. These programs often provide case management and other forms of support and meet with clients in an office, at the household’s home, or in a shelter. • Safe Haven: A program that provides low-demand shelter for hard-to-serve persons with severe disabilities. The clients have often failed in other sheltering environments. |
| Length of Stay | LOS | The number of days between the beginning of services and the end of services. It is calculated using entry and exit dates or shelter stay dates. The HMIS offer calculations for discrete stays as well as the total stays across multiple sheltering events. |
| Point in Time Count | PIT | An annual count during the last week in January that is required for all CoCs. Every other year, that count also includes an “unsheltered” or street count. |
| Housing Inventory Chart | HIC | All residential programs (both HMIS and non-participating) must specify the number of beds and units available to homeless persons. The numbers are logged into related Provider Pages where the corresponding person data is recorded (for participating programs). |
| SOAR Across North Carolina | SOAR | Using the national “best practice” curriculum, the SOAR project reduces barriers to and supports the application for Supplemental Security Income or |

| | | |
|---|--------------|--|
| | | Supplemental Security Disability Insurance (SSI/SSDI) for North Carolina’s disabled homeless people. |
| Emergency Assistance Network | EAN | EAN agencies provide a mix of emergency services for people in need and report to funding organizations through NC HMIS. |
| Homeless Definition | | <p>See Homeless Definition Crosswalk. HEARTH defines 4 categories of homelessness. Not all programs can serve all categories and some may utilize a different definition when delivering services. NC HMIS has adopted the HUD definition for counting the homeless.</p> <ul style="list-style-type: none"> • Category 1: Literally Homeless • Category 2: Imminent Risk of Homelessness • Category 3: Homeless under other Federal Statute • Category 4: Fleeing/Attempting to Flee DV |
| Projects for Assistance in Transition from Homelessness | PATH | PATH is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). It provides services to mentally ill homeless people, primarily through street outreach, to link them to permanent community housing. This program has different reporting requirements than HUD funded programs and uses HMIS to collect this information. |
| Shelter Plus Care | S+C | Refers to a federal program that provides Permanent Supportive Housing to disabled persons throughout the State of North Carolina. With the new HEARTH Regulation S+C was folded into CoC programming. |
| Housing Opportunities for Persons with AIDS | HOPWA | HOPWA provides housing assistance and related supportive services for persons with HIV/AIDs and family members who are homeless or at risk of homelessness. This program has different program reporting requirements than the other HUD-funded programs in this document. |
| Runaway and Homeless Youth Programs | RHY | RHY provides a range of services to youth up to age 21 experiencing homelessness. This federal program is required to participate on the HMIS effective 10/1/2014 and has specific operating rules. |
| Coordinated Assessment Programs | CA | North Carolina has implemented plans to better coordinate services to homeless persons. Each CoC must develop a plan based on their local providers and resources. The shared objective of these locally defined processes is to insure that access to homeless resources is optimized and based on a standardized assessment of need. |

Policy Disclaimers and Updates

Operating Procedures defined in this document represent the minimum standards of participation on NC HMIS and general “best practice” operation procedures. Local Lead Agencies in coordination with their CoCs may include additional standards.

The Standards described in this document are not intended to supersede grant specific requirements and operating procedures as required by funding entities. PATH, HOPWA, RHY and VA providers have operating rules specific to HHS and the VA.

The NC HMIS Operating Policies and Procedures are updated routinely as HUD publishes additional guidance or as part of the annual review. Updates will be reviewed at the Monthly System Administrator Call-In and included in the Meeting Minutes distribution email. To allow for evolution of compliance standards without re-issuing core agreements, updated policies supersede related policies in previously published Policies and Procedures or Agreements. Any changes from the previous year will be highlighted. A current copy of the Procedures may also be found on the NC HMIS WEB Site www.nchmis.org.

Agreements and Training Certifications:

- 1) All CoCs participating on the NC HMIS must sign the MCAH Interim MOU that designates the use of the North Carolina Statewide HMIS Vendor and identifies the Michigan Coalition Against Homelessness (MCAH) as the Statewide Lead Agency for administration of the statewide database. Each Jurisdiction will also identify a local Lead Agency that coordinates with MCAH and is responsible for specific tasks. The MOU supports the ability for multiple jurisdictions to participate on a single statewide HMIS information system.
- 2) Training is required for all users of the System. Agencies must provide new staff with a list of training requirements and assure that basic training has been completed. A basic overview of required training is presented below, however details of specific Web Casts and Live Training for new and existing Users may be found at www.nchmis.org Training Certifications must be maintained on file for all licensed users. Privacy and Definitions Training is also required for those staff that interview clients and collect information.
- 3) All Agencies must have fully executed and be in compliance with the following Agreements. An Implementation Agency Checklist may be found at www.nchmis.org
 - a) Administrative QSOBAA governing administrative access to the System.
 - b) Participation Agreement governing the basic operating principals of the System and rules of membership.
 - c) Sharing QSOBAA's (if applicable) governing the nature of the sharing and the re-release of data.
 - d) A board certified Confidentiality Policy governing the over Privacy and Security standards for the Agency.
 - e) User Agreement and Code of Ethics governing the individual's participation in the System.
- 4) Agencies must have an assigned Agency Administrator. The Agency Administrator is required to support the agency's use of the System including insuring that all users are properly trained. Training categories include:
 - a) Privacy and annual privacy updates (all users and those that collect data from clients)
 - b) Provider Page Training to understand the System Configuration for each provider (Local System Administrators and Agency Administrators).
 - c) Updated Workflow training (The steps to completing data entry. There may be multiple workflows depending on the fund sources and the services provided by the agency.)
 - d) Reports Training (agency users and leadership tasked with supporting data quality as well as monitoring outcome and other performance issues.

Privacy and Security Plan:

All records entered into the HMIS and downloaded from the HMIS are required to be kept in a confidential and secure manner.

Oversight:

- 1) Agency Administrators with support from agency Leadership must:
 - a) Insure that all staff using the System complete annual privacy & security training. Training must be provided by NC HMIS Certified Trainers and based on the NC HMIS Privacy/Security Training Curriculums.
 - b) Adapt the Privacy Script Template and Client Release of Information and Sharing Plan to reflect their sharing choices.
 - c) Conduct a quarterly review of the Providers Visibility Set up and an annual security review of the agency that includes reviewing compliance with the Privacy and Security sections of this document. Finding from the review should be available upon request.
 - d) Insure the prompt removal of licenses to the HMIS when a staff person leaves the organization or revision of the user's access level as job responsibilities change.
 - e) Report any security or privacy incidents immediately to the Local Lead HMIS System Administrator (LSA) for the CoC Jurisdiction to insure that the record is closed as soon as possible. The Local System Administrator investigates the incident including running applicable audit reports. If the LSA determines that a possible breach has occurred and/or the staff involved violated privacy or security guidelines, the LSA will report to the chair of the CoC and NC HMIS Lead Director within 5 working days. A Corrective Action Plan will be negotiated. Components of the Plan must include at minimum supervision and retraining. It may also include removal of HMIS license, client notification if a breach has occurred, and any appropriate legal action. All confirmed breaches must be reported to the Governance Committee Executive Committee.
- 2) Criminal background checks must be completed on all System Administrators. All agencies should be aware of the risks associated with any persons given access to the System and limit access as necessary.
- 3) Local System Administrators conduct routine audits to insure compliance with the Operating Policies and Procedures. The audit will include a mix of system and on-site reviews. MCAH staff will also participate in local audits from time to time. Audits are designed to facilitate use of the System and agencies will be given adequate time to implement any required changes.
- 4) Agencies must have a formal grievance process. A copy of any HMIS-related grievance, and the Agency's response, must be submitted to the MCAH Project Manager, and CoC Lead within 5 days of completion of the agencies response.

Privacy:

- 1) All Agencies are required to have the **HUD Public Notice** posted and visible to clients where information is collected. See Appendix A for link to the Notice.
- 2) All Agencies must have a **Privacy Notice**. They may adopt the NC HMIS sample notice or integrate NC HMIS into their existing Notice. See Appendix A for a link to the sample Notice. All Privacy Notices must define the uses and disclosures of data collected on HMIS including:
 - a) The purpose for collection of client information.
 - b) A brief description of policies & procedures governing privacy including protections for vulnerable populations.
 - c) Data collection, use and purpose limitations. The Uses of Data must include uses related to de-identified data.
 - d) The client's rights to copy/inspect/correct their record based on agency policy. Agencies may establish reasonable norms for the time and cost related to producing a copy of the report. The agency may say "no" to the request to correct information, but the agency must inform the client of its reasons in writing within 60 days of the request.
 - e) The client complaint procedure
 - f) Notice to the consumer that the Privacy Notice may be updated overtime and applies to all client information held by the Agency.
 - g) All Notices must be posted on the Agencies WEB Site.
- 3) All Agencies are required to have a **Privacy and Security Policy**. Agencies may elect to integrate the Privacy Policies defined in this document into an existing Privacy Policy. See Appendix A for link. All Privacy Policies must include:
 - a) Procedures defined in the Agencies Privacy Notice
 - b) Protections afforded those with increased privacy risks such as protections for victims of domestic violence, dating violence, sexual assault, and stalking. Protection include at minimum:
 - i) Closing of the profile search screen so that only the serving agency may see the record.
 - ii) The right to refuse sharing if the agency has established an external sharing plan.
 - iii) The right to be entered under an Un-Named Record Protocol where identifying information is not recorded in the System and the record is located through a randomly generated number (note: this interface does allow for un-duplication because the components of the Unique Client Id are generated).
 - iv) The right to have a record marked as inactive.
 - v) The right to remove their record from the System.

- c) Agencies may create a paper record by printing the Assessment screens located within the HMIS. These records must be kept in accordance with the procedures that govern all hard copy information (see below).
 - d) Client Information Storage and Disposal. Users may not store information from the System on personal portable storage devices. The Agency will retain the client record for a period of **7** years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.
 - e) Remote Access and Usage: The Agency must establish a policy that governs use of the System when access is approved from remote locations. The policy must address:
 - i) The use of portable storage devices.
 - ii) The environments where use is approved.
 - iii) All browsers used to connect to the System must be secure. No user is allowed to access the database from a public or none-secured private network such as an airport, hotel, library, or internet café.
- 4) Agencies must protect **hard copy data** that includes client identifying information from unauthorized viewing or access.
- a) Client files are locked in a drawer/file cabinet
 - b) Offices that contain files are locked when not occupied.
 - c) Files are not left visible for unauthorized individuals.
- 5) Agency provides a **Privacy Script** to all staff charged with explaining privacy to standardize the explanation of agency privacy rules. The Script must:
- a) The Script must be developed to reflect the agencies sharing agreements and the level of risk associated with the type of data the Agency collects and shares.
 - b) The Script should be appropriate to the general education / literacy level of the Agencies clients.
 - c) A copy of the Script should be available to clients as they complete the intake interview.
- 6) Agencies that plan to share information through the System must sign a **Sharing QSOBAA** (Qualified Services Organization Business Associates Agreement).
- a) Sharing QSOBAAs are managed by the CoC's LSA and negotiated within the CoC planning process.
 - b) The Agreement proscribes the re-release of information shared under the terms of the Agreement.
 - c) The Agreement specifies what is shared with whom.
 - d) Agencies may share different information with different partners and may sign multiple Sharing QSOBAAs to define a layered sharing practice.
 - e) The signatories on the Agreement include authorized representatives from all Agencies covered by the Agreement.

- f) All members of a Sharing QSOBAA are informed that by sharing the electronic record they are creating a common record that can impact the data reflected on Reports. Members of the sharing group agree to negotiate data conflicts.
 - g) No Agency may be added to the Agreement without the approval of all other participating agencies.
 - i) Documentation of that approval must be available for review and may include such items as meeting minutes, email response or other written documentation.
 - h) When a new member is added to the Sharing QSOBAA, the related Visibility Group is end-dated and a new Visibility Group is begun. **A new member may not be added to an existing Visibility Group.**
- 7) Agencies must have appropriate **Release(s) of Information** that are consistent with the type of data the agency's plan to share.
- a) The Agency adapts the NC HMIS Release of Information and Sharing Plan to reflect their sharing decisions and include a list of sharing partners and a description of the information to be shared.
 - b) If the Agency integrates the NC HMIS Release into their existing Releases, the Release must include the following components:
 - i) A brief description of NC HMIS and a discussion of why we collect information.
 - ii) A specific description of the Client Profile Search Screen and an opportunity for the client to request that the Screen be closed.
 - iii) A description of the Agency's sharing partners (if any) and a description of what is shared. **It must reflect items negotiated in the Agency's Sharing QSOBAA.**
 - iv) A defined term of the Agreement.
 - v) The NC HMIS Release is intended to allow for the exchange of information between all agencies included within the Sharing QSOBAA and may be completed one time to cover all entities.
- 8) An **automated ROI** is required to enable the sharing of any particular client's information between any Provider Pages on the System.
- i) Agencies should establish internal sharing by creating a Visibility Group(s) that includes all Agency provider pages where sharing is planned and allowed by law.
 - (1) **Internal sharing** does not require a signed Client Release of Information unless otherwise specified by law.
 - (2) If new provider pages are added to the Agency tree, they may be included in the existing Visibility Group. The information available to that Provider Page will include all information covered by the Visibility Group from the beginning date of the Group – sharing will be retrospective.

- ii) Agencies may elect to share information with other Agencies – **External Sharing** - by negotiating a Sharing QSOBAA (see 7 above).
 - (1) A signed and dated Client Release of Information(s) must be stored in the Client Record (paper or scanned onto the System) for all Automated ROIs that release data between different agencies – external sharing.
 - (2) To prevent retrospective sharing, a new Visibility Group is constructed whenever a new sharing partner is added to the agencies existing sharing plan / QSOBAA.

- 9) The Agency must have a procedure to assist clients that are hearing impaired or do not speak English as a primary language. For example:
 - a) Provisions for Braille or audio
 - b) Available in multiple languages
 - c) Available in large print

- 10) **Agencies are required to maintain a culture that supports privacy.**
 - a) Staff do not discuss client information in the presence of others without a need to know.
 - b) Staff eliminate unique client identifiers or any information that would allow the public to re-identify the client before releasing data to the public.
 - c) The Agency configures workspaces for intake that supports privacy of client interaction and data entry.
 - d) User accounts and passwords are not shared between users, or visible for others to see.
 - e) Program staff are educated to not save reports with client identifying data on portable media as evidenced through written training procedures or meeting minutes.
 - f) Staff are trained regarding use of email communication.

- 11) All staff using the System must complete Privacy and Security Training annually. Certificates documenting completion of training must be stored for review upon audit.
- 12) Victim Service Providers are precluded from entering client level data on the HMIS or providing client identified data to the HMIS. These providers will maintain a comparable database to respond to grant contracts.

Data Security:

- 1) All licensed Users of the System must be assigned **Access Levels** that are consistent with their job responsibilities and their business “need to know”.
- 2) All computers must have **virus protection with automatic updates.**

- a) Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to insure:
 - i) The Anti-Virus Software is using the up-to-date virus database.
 - ii) That updates are automatic.
 - iii) OS Updates are also run regularly.
- 3) All computers are protected by a Firewall.
 - a) Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to insure:
 - i) For Single Computers, the Software and Version is current.
 - ii) For Network Computers, the Firewall Model and Version is current.
 - iii) That updates are automatic.
- 4) Physical access to computers that connect to the HMIS is controlled.
 - a) All workstations in secured locations (locked offices).
 - b) Workstations are logged off when not manned.
 - c) All workstations are password protected.
 - d) **All HMIS Users are proscribed from using a computer that is available to the public or from access the System from a public location through an internet connect that is not secured.** That is, staff are not allowed to use Internet Cafes, Libraries, Airport Wi-Fi or other non-secure internet connections.
- 5) A plan for remote access if staff will be using the NC HMIS System outside of the office such as doing entry from home. Concerns addressed in this plan should include the privacy surrounding the off-site entry.
 - a) The computer and environment of entry must meet all the standards defined above.
 - b) Downloads from the computer may not include client identifying information.
 - c) Staff must use an agency-owned computer.
 - d) System access settings should reflect the job responsibilities of the person using the System. Certain Access levels do not allow for downloads.

Remember that information security is never better than the trustworthiness of the staff licensed to use the System. The data at risk is the agency's own and that of its sharing partners. If an accidental or purposeful breach occurs, the agency is required to notify MCAH. A full accounting of access to the record can be completed.

Disaster Recovery Plan:

The HMIS can be a critically important tool in the response to catastrophic events. The HMIS data is housed in a secure server bank in Shreveport, LA with nightly off-site backup. The solution means that data is immediately

available via Internet connection if the catastrophe is in North Carolina and can be restored within 4 hours if the catastrophe is in Louisiana.

- 1) HMIS Data System (see “Bowman Systems Securing Client Data” for a detailed description of data security and Bowman’s Disaster Response Plan):
 - a) NC HMIS is required to maintain the highest level disaster recovery service by contracting with Bowman Systems for Premium Disaster Recovery that includes:
 - i) Off site, out-of state, on a different Internet provider and on a separate electrical grid backups of the application server via a secured Virtual Private Network (VPN) connection.
 - ii) Near-Instantaneous backups of application site (no files older than 5 minutes).
 - iii) Nightly off site replication of database in case of a primary data center failure.
 - iv) Priority level response (ensures downtime will not exceed 4 hours).
- 2) HMIS Lead Agencies:
 - a) HMIS Lead Agencies are required to back-up internal management data system’s nightly.
 - b) Data back-ups will include a solution for off-site storage for internal data systems.
- 3) Communication between staff of the Lead Agency, the CoC, and the Agencies in the event of a disaster is a shared responsibility and will be based on location and type of disaster.
 - a) Agency Emergency Protocols must include:
 - i) Emergency contact information including the names / organizations and numbers of local responders and key internal organization staff., designated representative of the CoCs, local HMIS Lead Agency, and the NC HMIS Project Director.
 - ii) Persons responsible for notification and the timeline of notification.
 - b) In the event of System Failure:
 - i) The NC HMIS Project Director or designee will notify all participating CoCs and local System Administrators should a disaster occur at Bowman System’s or in the NC HMIS Administrative Offices. Notification will include a description of the recovery plan related time lines. Local/assigned System Administrators are responsible for notifying Agencies.
 - ii) After business hours, NC HMIS staff report System Failures to Bowman System using the Emergency Contact protocol. An email is also launched to Local System Administrators and Emergency Shelter designated staff no later than one hour following identification of the failure.
 - c) NC HMIS Project Director or designated staff will notify the HMIS Vendor if additional database services are required.
- 4) In the event of a local disaster:
 - a) NC HMIS in partnership with the local Lead Agency will provide access to additional hardware and user licenses to allow the CHO(s) to reconnect to the database as soon as possible.

- b) NC HMIS in collaboration with the local Lead Agencies will also provide information to local responders as required by law and within best practice guidelines.
- c) NC HMIS in collaboration with the local Lead Agencies will also provide access to organizations charged with crisis response within the privacy guidelines of the system and as allowed by law.

System Administration and Data Quality Plan:

1) Provider Page Set-Up:

- a) Provider Page are appropriately named per the NC HMIS naming standards **<agency name> - <county> - <program> - <project/funding>**. Example: “The Salvation Army – Wake County – Housing for Veterans - ESG”. Identification of funding stream is critical to completing required reporting to funding organization.
- b) Inactive Provider Pages are properly identified with “XXXCLOSED”> followed by the year of the last program exit >Provider Page Name. For example: XXXCLOSED2015 – The Salvation Army...
- c) HUD Data Standards are fully completed on all Provider Pages:
 - i) CoC code is correctly set.
 - ii) Program type codes are correctly set.
 - iii) Geocodes are set correctly for Principal Site provider pages.
 - iv) Bed and Unit Inventories are set for applicable residential programs.
 - v) The Federal Partner Funding Source section is completed for all projects receiving funding from one of the federal partners.
- d) User licenses are set up to “Enter Data As” (EDA) and users are trained to use EDA to navigate provider pages.
- e) All Agency Administrators and System Administrators complete Provider Page Set-Up Training. Set-up instructions will vary by funding and/or Provider type. Agency Administrators and System Administrators update instruction and respective Providers as new instructions are published.

2) Data Quality Plan:

- a) Agencies must require documentation at intake of the homeless status of consumers according to the reporting and eligibility guidelines issued by HUD. The “order of priority” for obtaining evidence of homeless status are (1) third party documentation, (2) worker observations, and (3) certification from the person. Lack of third party documentation may not be used to refuse emergency shelter, outreach or domestic violence services. Local CoCs may designate the local central intake/coordinated assessment agencies to establish the homeless designation and maintain related documentation.

- b) 100% of clients must be entered into the System no more than 15 days after the information is collected from the client. If the information is not entered on the same day it is collected, the agency must assure that date associated with the information be the collection date by:
 - i) Entering entry/exit data including the UDEs on the Entry/Exit Tab of ServicePoint or
 - ii) Backdating the information into the System.
- c) All staff are required to be trained on the definition of Homelessness.¹
 - i) NC HMIS will provide a Homeless Definition Cross-Walk to support agency level training.
 - ii) Documentation of training must be available for audit. This should be maintained in the agency's HMIS binder.
 - iii) There is congruity between the following NC HMIS case record responses, based on the applicable homeless definition: (Housing Status and Residence Prior to Project Entry are being properly completed).
- d) Agency has a process to ensure the First and Last Names are spelled properly and the DOB is accurate.
 - i) An ID is requested at intake to support proper spelling of the client's name as well as the recording of the DOB.
 - ii) If no ID is available, staff request the legal spelling of the person's name.
 - iii) Programs that serve the chronic and higher risk populations are encouraged to use the Scan Card process within ServicePoint to improve un-duplication and to improve the efficiency of recording services.
 - iv) Data for clients with significant privacy needs may be entered under the "Un-Named Record" feature of the System. However, while identifiers are not stored using this feature, great care should be taken in creating the Un-Named Algorithm by carefully entering the first and last name and the DOB. Names and ServicePoint Id #s Cross-Walks (that are required to find the record again) must be maintained off-line in a secure location.
- e) Income, non-cash benefits and health insurance information are being updated at least annually and at exit.
- f) Agencies have an organized exit process that includes:
 - i) Clients and staff are educated on the importance of planning and communicating regarding discharge. This is evidenced through staff meeting minutes or other training logs and records.
 - ii) Discharge Destinations are properly mapped to the HUD Destination Categories.
 - (1) NC HMIS provides a Destination Definition Document to support proper completion of exits (see Appendix A for link).
 - iii) There is a procedure for communicating exit information to the person responsible for data entry.

¹ Specific instruction is available for PATH and HOPWA programs at www.dyns-services.com

- g) Agency Administrator/Staff regularly run data quality reports.
 - i) Report frequency should reflect the volume of data entered into the System. Frequency for funded programs will be governed by Grant Agreements, HUD reporting cycles, and local CoC Standards. However, higher volume programs such as shelters and services only programs must review and correct data at least monthly. In low volume longer stay programs, reports should be run following all intakes and exits and quarterly to monitor the recording of services and other required data elements.
 - ii) The program entry and exit dates should be recorded upon program entry or exit of all participants. Entry dates should record the first day of service or program entry with a new program entry date for each period/episode of service. Exit dates should record the last day of residence before the participant leaves the shelter/housing program or the last day a service was provided.
 - iii) Data quality screening and correction activities must include the following:
 - (1) Missing or inaccurate information in (red) Universal Data Element Fields.
 - (2) If funded through a Federal Partner Funding Source, missing program specific elements are also audited.
 - (3) Un-exited clients using the Length of Stay and Un-exited Client Data Quality Reports.
 - (4) Count reports for proper ratio of children to adults in families. (at least 1.25)
 - (5) Provider Page Completion Reports with an Annual update of the HUD Standards Information.
 - (6) Close all inactive provider pages within the agency tree. Audit of inactive pages includes closing all open services and exiting all un-exited clients.
 - (7) Insure that PH RRH providers have recorded a “Move In” date reflecting when the client was actually housed.
- h) CoCs and Agencies are required to review Outcome Performance Reports. Targets are adjusted by Project Type. The CoC’s HMIS Lead Agency, in collaboration with the CoC Reports Committee or designated CQI Committee, establishes local benchmark targets. See Appendix A for links and “Setting Targets” training podcast.
- i) NC HMIS publishes regional benchmarks on all defined measures annually (see Appendix A).
- j) Agencies are expected to participate in the CoCs Continuous Quality Improvement Plan as they are developed locally. See CQI materials designed to support Data Quality through Continuous Quality Improvement (see Appendix A).

3) Workflow Requirements:

- a) Assessments set in the Provider Page Configuration are appropriate for the funding stream.
- b) Users performing data entry have latest copies of the workflow guidance documents.

- c) If using paper, the intake data collection forms correctly align with the workflow.
- d) 100% of clients are entered into the System within 15 days of data collection.
- e) Agencies are actively monitoring program participation and exiting clients. Clients are exited within 30 days of last contact unless program guidelines specify otherwise.
- f) All required program information is being collected.
 - i) All HMIS participants are required to enter at minimum the Universal Data Elements and if completing entries and exits, the HUD CoC and ESG Exit (NC HMIS) Form.
 - ii) Programs that serve over time are required to complete additional program elements as defined by the funding stream. If the Agency is not reporting to a funding stream, they are encouraged to use the HUD CoC Entry (NC HMIS) and HUD CoC and ESG Exit (NC HMIS) forms.
- g) Data sharing is properly configured for sharing information internally between the agency's programs, including use of visibility groups.
- h) External data sharing aligns with any Sharing QSOBAA's including use of visibility groups.
- i) Visibility groups are managed appropriately (see Privacy 9).

4) Electronic Data Exchanges:

- a) Agencies electing to either import or export data from the NC HMIS must assure:
 - i) The quality of data being loaded onto the System meets all the data quality standards listed in this policy including timeliness, completeness, and accuracy. In all cases, the importing organization must be able to successfully generate all required reports including but not limited to the APR and the North Carolina Basic Counting Report.
 - ii) Agencies exporting data from NC HMIS must certify the privacy and security rights promised participants on the HMIS are met on the destination System. If the destination System operates under less restrictive rules, the client must be fully informed and approve the transfer during the intake process. The agency must have the ability to restrict transfers to those clients that do not approve the exchange.

5) Publication and Research:

- a) MCAH, another statewide entity or your local CoC may sponsor de-identified research to improve the understanding of homelessness and the effectiveness of homeless services.
 - i) De-identification will involve the masking or removal of all identifying or potential identifying information such as the name, Unique Client ID, SS#, DOB, address, agency name, and agency location.

- ii) Geographic analysis will be restricted to prevent any data pools that are small enough to inadvertently identify a client by other characteristics or combination of characteristics.
 - iii) Programs used to match and/or remove identifying information will not allow a re-identification process to occur. If retention of identifying information is maintained by a “trusted party” to allow for updates of an otherwise de-identified data set, the organization/person charged with retaining that data set will certify that they meet medical/behavior health security standards and that all identifiers are kept strictly confidential and separate from the de-identified data set.
 - iv) CoCs will be provided a description of each Study being implemented. Agencies or CoCs may opt out of the Study through a written notice to MCHA or the Study Owner.
- b) MCAH, another statewide entity or the local CoC may sponsor identified research to improve the understanding of homelessness and the effectiveness of homeless services.
- i) All identified research must be governed through an Institutional Research Board including requirements for client informed consent.
 - ii) CoCs will be provided a description of each Study being implemented. Agencies or CoCs may opt out of the Study through a written notice to MCHA or the Study Owner.
- c) Annually MCAH in conjunction with other State and local partners may publish information about the scope and causes of homelessness as well North Carolina’s response to end homelessness. The following strategies will guide publication of statewide data sets:
- i) Content, qualifiers and message will be guided by the Statewide Reports Committee as well as other key stakeholders such as the local Interagency Council on Homelessness/the Campaign to End Homelessness or representatives from public and private organizations that fund homeless services.
 - ii) Identified CoC data may only be included with written CoC approval.
 - iii) CoCs will be provided for review and approval CoC data sets planned for inclusion in the statewide aggregate data (without CoC identification). The review process will include at least two cycles of the data with time between for any data or report correction activities.
 - iv) The cycles of data review can begin no sooner than two months following the close of the report period to all for routine data quality activities to be completed.
- d) MCAH, another statewide entity or the local CoC may sponsor Point in Time or publication of specialized data sets.
- i) Development of the plan for publication including the frequency, data types, analytics and publication media type will be guided by the relevant entity.
 - ii) CoCs will be provided a description of each proposed publication.
 - iii) Agencies or CoCs may opt out of the publication through a written notice to MCHA or the Study Owner.

6) Staff Training and Required Meetings:

- a) All Users and those that collect information from clients are recertified in Privacy Training Annually.
- b) All Users participate in Workflow Training and Training Updates for their assigned Workflows.
- c) All Users and those that collect data from clients are trained in Data Standard data element definitions.

d) All Agency Administrators participate in:

- i) Provider Page Set-Up Training.
- ii) Workflow Training sponsored by the funding agency or NC HMIS.
- iii) Reports Training
 - (1) Data Quality
 - (2) Required funding Reports
 - (3) Outcome Reporting.
- iv) Other training specified by the CoC.
- v) CoC Agency Administrator Meetings and Trainings.
- vi) Agency specific User Meetings or preside over an HMIS specific topic during routine staff meetings.
- vii) A local Reports Committee that governs the publication of information as requested.

e) All System Administrators participate in:

- i) All System Administrators are required to read and understand the HUD Data Standards that underpin the rules of the HMIS.
- ii) System Administrator Orientation (Live sessions with MCAH to overview the basic rules and provide a place for dialogue and questions – conducted in the second or third month after assuming the role).
- iii) Provider Page Set-Up Training (prior to licensure and routinely as changes occur).
- iv) Workflow Training sponsored by the funding agency or NC HMIS.
- v) Reports Training
 - (1) Data Quality
 - (2) Required Funding Reports
 - (3) Outcome Reporting.
- vi) CQI Training.
- vii) HUD Initiative Training (AHAR, PIT, APR, etc.).
- viii) On Site and System Audits of Agency compliance of Data Privacy, Security and Oversight standards as well as item1 through 4 under System Administration and Data Quality.
- ix) The Monthly System Administrator Call-In.
- x) The CoC Reports Committee or CoC Meeting where data use and release is discussed.
- xi) North Carolina’s Campaign to End Homelessness Work Groups and Regional Meetings as assigned.

Appendix A: Links to Documents referred to in this Policy

<http://mihomeless.org/index.php/north-carolina-documents>

System Administration:

- HUD HMIS Data Standards 2014
- HMIS Requirements Proposed Rules Federal Registered (Hearth)
- HMIS Homeless Definition Crosswalk
- HUD Homeless Definition Matrix
- HMIS Discharge Destination Guidance

Administrative

- Participation Agreement
- Administration QSOBAA
- Sharing QSBAA
- HMIS Operating Policies and Procedures
- Interim MOU

Privacy

- Privacy and Security Training PP or PDFs
- Privacy Certification Questionnaire
- Overview of Agency Requirements
- User Access Levels in ServicePoint
- HUD Public Notice
- User Agreement and Code of Ethics
- Privacy Script Suggestions
- Privacy Notice Sample
- NC HMIS Release of Information and Sharing Plan

Training

- All technical workflow and training documents and podcasts
- Provider Page Training
- Reports Training
- Securing Client Records and establishing Visibility

System Administrator and User Meeting Minutes

- Minutes from Required System Administrator Meetings (current year/recent)

6/1/2015v5

Adopted June 8, 3015

NC HMIS Project

4-III.B. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use.

Local Preferences [24 CFR 960.206]

PHAs are permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

HACL Policy

The HACL will use the following local preferences:

In order to bring higher income families into public housing, the HACL will establish a preference for “working” families, where the head, spouse, cohead, or sole member is employed at least 15 hours per week. As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given the benefit of the working preference [24 CFR 960.206(b)(2)].

- 1) Involuntary Displacement Preference, Homeless Veterans Preference (6 pts)
- 2) HCV Program Termination (lack of funding) (6 pts)
- 3) Single Persons who are elderly/disabled (4 pts)
- 4) Working Preference (3 pts)
- 5) Rent Burden (2 pts)
- 6) Date/Time (1pt)

Verification of Waiting List Preferences

Involuntary Displacement

- A. Applicants who have vacated housing as a result of :
 - a) A disaster (fire, flood, etc.)

- b) Federal, State or local government action related to code enforcement, public improvement or development.
- c) Action taken by a housing owner which is beyond an applicant's control, occurs despite the applicant's having met all previous conditions of occupancy, and is other than a rent increase. If the owner is an immediate relative (grandparent, parent, sibling) and there is no previous rental agreement and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered displaced.
- d) Victims of domestic violence who:
 - 1. Have vacated due to actual or threatened physical violence directed against the applicant or the applicant's family by a spouse or other household member, or
 - 2. Live in housing with an individual who engages in such violence. Such "actual" or threatened violence must have occurred recently or be of a continuing nature. An applicant who lives in a violent neighborhood or is fearful of other violence outside of the household is not considered involuntarily displaced.
- e) Applicant, or member of applicant family, has been advised by a law enforcement agency to relocate to minimize risk of violence against family members as a result of providing information on criminal activities to a law enforcement agency. Proper safeguards will be provided by the PHA to conceal the identity of families requiring protection against such reprisal.
- f) Applicant, or member of applicant family, have been the victim of one or more hate crimes. "Hate crimes" means actual or threatened violence or intimidation that is directed against a person or his or her property and that is based on a person's race, color, religion, sex, national origin, handicap or familial status. The hate crime must be of recent and continuing nature.
- g) Applicant, or member of applicant family, has a mobility or other impairment that makes the person unable to use critical elements of the unit in which the family resides, and the owner is not legally obligated to make changes to the unit that would make critical elements accessible to the disabled person as a reasonable accommodation.
- h) Disposition of a multifamily housing project by HUD under Section 203 of the Housing and Community Development Act of 1978.
 Applicants who have actually been displaced must not be living in "standard, permanent replacement housing" which is defined as housing that is decent, safe and sanitary that is adequate for the family size (according to code/ Housing Quality Standards), and that the family is occupying pursuant to a lease or occupancy agreement.

Such housing does not include transient facilities, hotels, motels, temporary shelters, and (in the case of victims of domestic violence) does not include housing in which the applicant lives with the individual who engages in such violence.

Verification of Involuntary Displacement will be determined by the following documentation:

- a) Certification from a unit of government concerning displacement due to a disaster;
- b) Certification from a unit of government concerning displacement due to code enforcement, public improvement or development;
- c) Certification from an owner concerning displacement due to owner action; or
- d) Certification from the local police, social service agency, court, clergy, physician, public or private shelter, or counseling facility concerning displacement due to domestic violence, fear of reprisal, or hate crime.
- e) Certification from present landlord or social service agency concerning displacement as a result of mobility or other impairment
- f) Documentation of disposition of multifamily rental housing project by HUD.

HCV Program Termination: HCV participants who have been terminated due to over leasing or lack of federal funding. At the time a participant is terminated due to over leasing or lack of federal funding, that person's name will be automatically placed on the waiting list and given appropriate preferences.

Preference points are aggregated to produce the total preference points for each applicant. Applicants with the same total preference points will then be sorted by the method in which they were selected to be placed on the waiting list (i.e., date and time of application or order of random selection).

Homeless Veteran's Preference: This preference is available to a person who served in the active military, naval, air service or coast guard and who was discharged or released from such service under conditions other than dishonorable or to a family consisting of one or more children under age 18 of a deceased veteran.

In order to qualify for this preference, the applicant must meet HUD's definition of homelessness according to one of the following categories:

- Streets or other place not fit for human habitation (i.e. park, abandoned car, homeless encampment). Documentation required: Letter from any service provider or law

enforcement agency on agency letterhead describing applicant's current living situation.

- Emergency Shelter. Documentation required: Confirmation letter on letterhead from shelter staff.
- Graduating from a residential treatment program with no other resources to obtain housing. Documentation required: Confirmation letter on program letterhead with date of entry and verifying that applicant currently resides there and has no housing available upon discharge.
- Leaving a transitional housing program specifically designed for homeless individuals and upon leaving has no resources to obtain housing. Documentation required: Confirmation letter on transitional program letterhead with date of entry and verifying that applicant currently resides there and has no housing available upon discharge.
- Being discharged from a hospital and hospitalized for less than 30 days following residence on the streets or in emergency shelters. Upon leaving, individual has no resources and support network to obtain housing. Documentation required: Confirmation letter from hospital staff.
- Institution in which the applicant has resided for more than 30 days (i.e. IMD's) with discharge pending within one week. Upon release, no subsequent residence having been identified and lacking the resources and support networks to obtain housing. A referral from a clinician or letter from the institution on letterhead describing circumstances or residence, date(s) of entry and exit.

Rent Burden: Paying more than 50% of income for rent (excluding telephone, internet and cable/satellite TV):

Families will be required to verify their income, the amount of rent and utilities they are obligated to pay, and the period of time they have been residing in the unit.

Families must furnish copies or rental receipts/ the lease/ canceled checks/ money orders.

SECTION VI

MAINTAINING THE WAITING LIST AND ESTABLISHED PREFERENCES

A. Waiting List

Applications are submitted to the Main Office by the outreach offices as completed. Following processing by Main Office staff, applications are entered into the computer. A computer-generated list based on the time and date of application is printed out periodically. Applicants are offered assistance as their name appears on the list, without regard to bedroom size.

The only exception is for those claiming a local preference. Applicants who have proven a preference will print out ahead of those applicants who do not prove a preference on the computer generated waiting list. These applicants are always offered assistance first, but must prove preference at the time assistance is offered. If unable to prove preference, they remain on the regular waiting list by the time and date of their original application.

A separate Waiting List by time and date of application is maintained for family's who have indicated an interest in units contracted through the Project-Based Housing Choice Voucher Program. Applications accepted for a project-based unit during periods that the regular application process is "closed" are only eligible for placement on the applicable project-based waiting list. During the application process for the regular waiting list, applicants who indicate interest in project-based assistance are placed on all applicable waiting list. Refusal of a project-based unit does not jeopardize an applicant's position on the regular waiting list.

B. Local Preferences

Effective with the enactment of the Quality Housing Work and Responsibility Act of 1998, federal preferences were permanently abolished. Local preferences adopted by the PHA in an effort to assist those most in need of rental assistance are as follows:

- Referrals from abuse, homeless shelters or programs operated by local Social Services departments (requires a certification by the requesting agency on the appropriate letterhead);
- Families currently living in substandard* housing (requires verification by a local building inspector, social worker or qualified housing inspector);
- Families who are displaced as the result of a natural disaster such as a fire or flood (verified by fire report or legislation supporting declaration of a natural disaster).
- Elderly and/or disabled head of household and/or spouse.

*Substandard housing:

- a. A unit that is dilapidated (does not provide safe, adequate shelter, has one or more critical defects or a combination of defects requiring considerable repair; endangers the health, safety and well-being of family).
- b. Does not have operable indoor plumbing.
- c. Does not have a usable flush toilet in the unit for exclusive use of the family.
- d. Does not have usable bathtub or shower in the unit for exclusive family use.
- e. Does not have adequate, safe electrical service.
- f. Does not have an adequate, safe source of heat.
- g. Does not have a kitchen.
- h. Has been declared unfit for habitation by a government agency.

A family, although residing as part of another family unit to whom they are related, may be considered as separate family unit for substandard housing definition preference purposes if they so choose.

An applicant who is designated as a "Homeless Family" is considered to be living in sub-standard housing. Homeless families are applicants who:

- a) Lack a fixed, regular, or adequate nighttime residence; or

- b) Have a primary nighttime residence that is supervised public or private shelter providing temporary accommodations, or an institution providing temporary residence for individuals intended to be institutionalized, or a public or private place not ordinarily used as a sleeping accommodation for human beings.

"Homeless Family" does not include any individual imprisoned or detained pursuant to State Law or an Act of Congress.

Verification of sub-standard housing includes:

- a) Certification from a unit of government, from the applicant's current, a local Building Inspector, the Section 8 Inspector or the landlord that unit's condition meets the definition of substandard; or
- b) Certification of a "Homeless" family's status from a public or private facility providing shelter to the family, or from local police or social service agency.

C. Preference Eligibility

Applicants who claim a local preference must prove the preference at the time assistance is available. Proof of preference is no longer valid after sixty (60) days.

If the applicant's preference cannot be verified, the applicant is notified of the preference denial and given the opportunity for an informal review. If preference is not proven, the applicant remains on the regular waiting list by date and time of application.

D. Order of Selection from Waiting List

Applicants are selected in the following hierarchical order by date and time of application:

- 1) Local preferences (all are of equal value)
- 2) Non-preference

A family may sometime be able to receive assistance sooner if a unit becomes available in a project-based complex. Applicants who are interested will be placed on the waiting list for the particular project-based complex in addition to being on the regular waiting list. The site manager of the project-based complex makes the final



Mitch Fahrer via reidsvillehousing.onmicrosoft.com

to me

1:39 PM (1 hour ago)



Brian, the same policy applies to our HCV program as public housing:

Order of Applicant Selection

The order of selection listed below is to be applied within the ranges adopted by the PHA:

These applicants will be selected first and ranked in the following order:

1. Families who reside within the city limits of Reidsville, N.C.
2. Elderly/Disabled: A family whose head or spouse or sole member is at least sixty-two (62) years of age, or a disabled family, which is:
 - a. A family whose head, spouse, or sole member is a person with disabilities;
 - b. Two or more persons with disabilities living together; or
 - c. One or more persons with disabilities living with one or more live-in aides.
 - d. For purposes of qualifying for low-income housing, does not include a person whose disability is based solely on any drug or alcohol dependence.
3. Displaced person(s): Individuals or families displaced by public or private action. This preference includes individuals or families who have received a written condemnation notice from the City of Reidsville indicating condemnation of their rental unit is imminent. Renters who damage the rental home or are otherwise responsible for causing the condemnation are not eligible for this preference.
4. Full-time Employment: Families with an adult member employed full-time for the past 12 months (full-time is at least 30 hours per week); graduated from or enrolled full-time in an accredited non-profit institution of higher education (university, college, or community college); or enrolled in a job-training program, or a program that prepares someone for a job. Families meeting this requirement who are referred by homeless providers are included in this preference. Elderly and/or people with disabilities will qualify for this preference. Full-time students must have completed at least the first year of their academic requirements and continuing their course of study. Persons on job training or job readiness programs must complete at least 50% of their course work and college graduates or graduates of job training or job readiness programs must be gainfully employed to receive this preference.
5. All other applicants.

Approved as Amended June 20, 2016; Posted for Public Comment: 4/20/2016
Brevard Housing Authority Admissions and Continued Occupancy Policy
Amendment to Local Preferences

4-III.B. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list including the system of admission preferences that the PHA will use.

Local Preferences [24 CFR 960.206]

PHAs are permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

PHA Policy

The PHA provides the following local wait list preferences:

1. Working, Elderly or Disabled: To assist with the de-concentration of poverty in public housing generally, the PHA provides a preference for working families (families where the head, spouse, co-head, or sole member is employed at least 20 hours per week). As required by HUD, families will also be given the benefit of this preference if the head and spouse/co-head, or sole member, is a person age 62 or older or is a person with disabilities [24 CFR 960.206(b)(2)]. This preference will be verified by documentation from the current employer, birth certificate, and/or documentation of disability from the Social Security Administration.
2. Homeless with Supportive Services: Based on needs identified in the consolidated plan and on consultation with local partner agencies, the PHA provides a preference for families and individuals who are homeless, as defined either by HUD or for McKinney-Vento purposes, and who will be receiving regular on-site housing case management services from a local homeless services, domestic violence, social services, school social work, or mental health agency for at least six months after moving in. This preference will be verified by the agency that commits to provide the case management.
3. Veterans: Based on their service to the nation, the PHA provides a preference to low income families and individuals that include a veteran, and to disabled veterans and the surviving families of a deceased veteran if the veteran's disability or death has

been determined by the U.S. Department of Veterans Affairs (VA) to be service connected. This preference will be verified by documentation from the VA.

This amendment is effective June 20, 2016, and supersedes all prior preference policies and lists. All other provisions of Section 4-III.B of the ACOP, including the income targeting requirement for extremely low income families, remain in full force and effect.

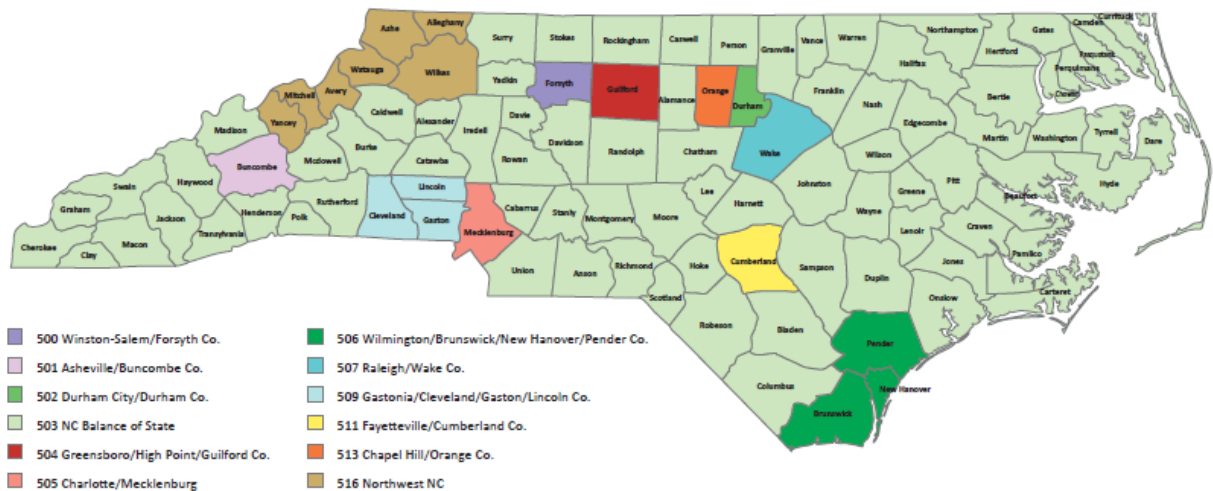
SECTION I. BACKGROUND

In 1995, the U.S. Department of Housing and Urban Development (HUD) originally developed the concept of a Continuum of Care (CoC). The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 says that a CoC “is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.” The HEARTH Interim Rule states “a CoC is the coordinating body for homeless services and homelessness prevention activities across the geographic area.” (24 CFR Part 578)

The NC Balance of State Continuum of Care (NC BoS) is one of 12 CoCs in North Carolina. NC BoS includes 79 of North Carolina’s 100 counties.

NC BoS counties: Alamance, Alexander, Anson, Beaufort, Bertie, Bladen, Burke, Cabarrus, Caldwell, Camden, Carteret, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Columbus, Craven, Currituck, Dare, Davidson, Davie, Duplin, Edgecombe, Franklin, Gates, Graham, Granville, Greene, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Macon, Madison, Martin, McDowell, Montgomery, Moore, Nash, Northampton, Onslow, Pamlico, Pasquotank, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrell, Union, Vance, Warren, Washington, Wayne, Wilson, and Yadkin.

North Carolina Continuum of Care (CoC) Primary Areas



NC BoS was formed by the Interagency Council for Coordinating Homeless Programs (ICCHP) and submitted its first application as a CoC in 2006. The new NC BoS included counties that were previously smaller CoCs and counties that had never before applied for CoC funding.

NC BoS was initially coordinated through the NC Department of Health and Human Services (NC DHHS). NC DHHS remains the Lead Agency and Collaborative Applicant for the NC BoS. In 2009, NC DHHS contracted with the NC Coalition to End Homelessness (NCCEH) to coordinate the NC BoS. NCCEH continues in that role today through an annual contract.

SECTION II. PURPOSE

a. Vision

To ensure that individuals and families who become homeless return to permanent housing within 30 days.

b. Mission

The North Carolina Balance of State Continuum of Care, composed of a 79-county region, uses evidenced-based strategies to implement solutions to prevent and end homelessness in the most efficient, effective and ethical manner.

c. Overall

NC BoS coordinates and implements a comprehensive system to address homeless issues in its 79 county area. As a CoC, NC BoS is responsible for four main areas:

1. Administering NC BoS governance and working committees
2. Submitting funding applications
3. Coordinating data collection and assessment
4. Planning for the future of the CoC

SECTION III. COMMITTEE STRUCTURE

a. BoS Steering Committee

1. Purpose

The BoS Steering Committee serves as the primary decision-making body and board for NC BoS. The Steering Committee is responsible for all matters pertaining to the structure, purpose, performance, and activities of NC BoS.

2. Structure

Each Regional Committee elects one Regional Lead who serves on the NC BoS governing body, the Steering Committee. The Regional Committee should also elect an alternate to fill in for the Regional Lead when needed. Regional Committees should select Regional Leads and alternates at the local level using local criteria each January. Regional Leads and alternates serve for one year, and their election must be reflected in Regional Committee meeting minutes. The Steering Committee meets monthly, normally via conference call and at least one time per year in person. All meetings are public meetings, open to any interested party with meeting agendas and minutes posted on the internet in a timely manner. This process was formally established by NC BoS in August 2013 and will be reviewed at least every five years.

3. Roles & Responsibilities

The Steering Committee is staffed and led by NCCEH.

The Steering Committee is responsible for:

- Promoting communitywide commitment to the goal of ending homelessness
- Providing funding for efforts to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness
- Promoting access to and effective utilization of mainstream programs by homeless individuals and families
- Providing direction on funding priorities and project application review criteria
- Creating a network of providers for:
 - Outreach, engagement, assessment
 - Shelter, housing, & supportive services for persons experiencing a housing crisis
 - Homelessness prevention services
- Consulting with recipients of Emergency Solutions Grants funds regarding:
 - Allocation of funds
 - Reporting & evaluating performance
- Monitoring recipient and subrecipient performance, evaluating outcomes, and taking action against poor performers
- Establishing performance targets appropriate for population and program type in consultation with recipients and subrecipients
- Establishing and operating a coordinated assessment system, in consultation with the recipients of Emergency Solutions Grants program funds
- Establishing and consistently following written standards for providing CoC assistance, in consultation with the recipients of Emergency Solutions Grants program funds

Regional Leads are responsible for:

- Representing their Regional Committees in all matters pertaining to NC BoS
- Regularly attending monthly Steering Committee and other NC BoS meetings. Regional Leads, or their official designated alternates or stand-ins must attend at least 75% of Steering Committee meetings in order for their Regional Committee to be eligible to apply for CoC funds. If the Regional Lead or official alternate are unable to attend the meeting, the Regional Lead should email NCCEH with contact information for a stand-in attendee.

4. Avoiding Conflict of Interest

In order to maintain high ethical standards, HUD requires Regional Leads and alternates to comply with Conflict of Interest requirements. Regional Leads and alternates may not participate or influence any discussions or decision regarding an award of financial benefit to an organization that s/he represents. Regional Leads and alternates complete and sign a Conflict of Interest Information Form (APPENDIX 2) each year with updated information about organizations that s/he represents as an employee, donor, volunteer, member, board member, trustee, or any other affiliation.

5. Voting & Quorums

Each Regional Committee gets one vote in voting matters. Regional Leads can vote, make motions and second motions on matters before the Steering Committee. Official elected alternates can also make or second motions and vote for the Regional Committee if the Regional Lead is not present or recuses him/herself. In the case a Regional Lead is also the alternate for a second Regional Committee and needs to register a vote, this person will get a vote for each Regional Committee.

Official elected alternates count for Steering Committee attendance and towards reaching a quorum in the absence of the Regional Lead. In the event that the Regional Lead or the alternate cannot represent their Regional Committee at a Steering Committee meeting, another person may attend as a stand-in and count for Steering Committee attendance, but cannot make or second motions, vote for the Regional Committee if the Regional Lead or alternate is not present or recuses him/herself. Stand-ins do not count towards reaching a quorum.

A quorum within the Steering Committee membership must be present to hold a vote at regular Steering Committee meetings. A quorum is the minimum number of eligible voting members (51%). According to Robert's Rules of Order Newly Revised, Tenth Edition, the "requirement for a quorum is protection against totally unrepresentative action in the name of the body by an unduly small number of persons." If a quorum is not present, votes cannot be conducted. Subcommittee meetings and working groups do not require a quorum.

b. Regional Committees

1. Purpose

NC BoS is broken down into local Regional Committees, which represent the totality of homeless services and providers in a given area. Regional Committees serve as a community resource for coordination and networking on the local level.

2. Structure

Please find a current list and map of NC BoS Regional Committees in APPENDIX 3.

3. Formation of an NC BoS Regional Committee

NC BoS Steering Committee votes to approve new Regional Committees in order for them to be formally recognized within NC BoS. All Regional Committees of NC BoS (new and ongoing) must:

- Have a regular meeting time and place(s)
- Publish notices of their meeting agendas and minutes and open meetings to any interested party
- Have participation from a large swath of providers, stakeholders, and subpopulations from each county within the physical bounds of the proposed Regional Committee
- Design Coordinated Assessment systems within parameters set forth in the NC BoS Coordinated Assessment toolkit
- Administer Coordinated Assessment systems
- Submit meeting agendas and minutes to NC BoS staff on a timely basis
- Annually elect a Regional Lead during January to represent the Regional Committee on the NC BoS Steering Committee

4. Roles & Responsibilities

Regional Committees are responsible for annually appointing:

- A Regional Lead to the Steering Committee (more on this above, Section V.(a) BoS Steering Committee)
- An official elected alternate
- One representative to the CoC Scorecard Committee
- One representative to the CoC Project Review Committee (keeping in mind conflict of interest restrictions, *i.e.*, that a member of this committee cannot also represent an agency applying for funding)
- Representatives to working groups as necessary

NC BoS Regional Committees must also provide accurate and complete information on an annual basis, including:

- Point-in-Time population count and bed inventory from each member agency
- Listing of member agencies and services provided

Regional Committees encourage broad-based community stakeholder participation in their meetings. They also promote data quality among their members to include submitting timely and accurate:

- Annual Performance Reports (APR) to HUD
- High-quality data within NC HMIS

Regional Committees are also responsible for:

- Coordinating the region's Emergency Solutions Grants program
- Encouraging Regional Committee members to participate in NC BoS Subcommittees
- Coordinating local temporary and permanent housing, services, and other resources
- Ensuring adequate HMIS bed coverage
- Supporting priorities set by the NC BoS Steering Committee

c. Subcommittees

1. Purpose

The Steering Committee currently has three standing working group subcommittees which are open to any interested party. The subcommittees review performance measures, assess progress, and discuss best practices.

2. Permanent Supportive Housing Subcommittee

- Meets quarterly
- Reviews performance of agencies receiving HUD CoC Permanent Supportive Housing funding
- Encourages high APR and HMIS performance by agencies receiving HUD CoC Permanent Supportive Housing funding
- Discusses evidence-based and best practices in Permanent Supportive Housing

3. Rapid Re-Housing Subcommittee

- Meets Quarterly
- Reviews performance of agencies receiving HUD Rapid Re-Housing funding
- Encourages high APR and HMIS performance by agencies receiving HUD Rapid Re-Housing funding
- Discusses evidence-based and best practices in Rapid Re-Housing

d. Funding Application Committees

The Steering Committee currently has two standing subcommittees that inform the CoC's funding decisions. These committees meet on an as-needed basis.

1. Scorecard Committee

- Comprised of one representative from each NC BoS Regional Committee
- Determines criteria and scoring guidelines for new and renewal project scorecards

2. Project Review Committee

- Comprised of one representative from each NC BoS Regional Committee (members cannot be from agencies applying for funding)
- Reviews and rates each project application according to the current scorecard
- Recommends ranked list of project applications for CoC collaborative application to the Steering Committee

e. Coordinated Assessment Council

The Steering Committee appoints a standing Coordinated Assessment Council to review, provide feedback on, and ultimately recommend approval of coordinated assessment plans written by Regional Committees. The Coordinated Assessment Council is made up of representatives from across our CoC and other state-level experts.

f. Working Groups

The Steering Committee forms short-term, outcome-focused working groups on an as-needed basis. The scope of work and proposed group duration will be determined by the Steering Committee. Working Group membership will vary depending on the particular needs of the group, but generally should represent the totality of the Steering Committee (region, subpopulation, etc.) as feasible.

SECTION IV. FUNDING APPLICATIONS

The NC BoS is responsible for preparing and overseeing the application process for HUD CoC grants (applied to HUD by CoC) and HUD ESG grants (applied to NC DHHS by Regional Committees). The NC BoS does this by establishing funding priorities via a transparent and inclusive process and designing, operating and following a collaborative process. The NC BoS encourages all eligible applicants to submit project applications.

a. CoC Grants

NC DHHS is the designated collaborative applicant that submits the CoC grant application and manages the application process at the CoC level. NC BoS Steering Committee, staff, project applicants, and funding application committees work together to prepare and submit the Collaborative Application. Project applicants are responsible for individual project applications. Each year the application timeline is contingent on HUD.

b. ESG Grants

HUD provides block grant funds to each state for the Emergency Solutions Grants program (hereafter ESG). The State of North Carolina, through DHHS, Division of Aging and Adult Services, Adult Services Section determines and distributes ESG money to each CoC in North Carolina and to Regional Committees within NC BoS. Regional Committees manage the project application process for ESG. The NC BoS has the authority to review and approve ESG applications.

SECTION V. DATA COLLECTION & ASSESSMENT

a. HMIS

NC BoS CoC is a part of the NC HMIS System and a member of the NC HMIS Governance Committee. As such NC BoS has four primary responsibilities:

1. **Designate an HMIS Lead Agency:** At the recommendation of the NC HMIS Governance Committee, the NC BoS Steering Committee shall approve an HMIS Lead Agency to operate the local HMIS as part of the statewide NC HMIS. This entity will be responsible for ensuring that all applicable federal partner regulations and notice requirements are met.
2. **Designate an HMIS Grantee:** NC BoS Steering Committee shall designate an HMIS Grantee who will be the single agency to manage the HMIS funding and ensure all local financial obligations are met. The HMIS Grantee will contract with the HMIS Lead Agency to operate HMIS in NC BoS. The Contract and MOU will describe the exact responsibilities of the HMIS Lead Agency, HMIS Grantee, and Continuum of Care for meeting federal partner regulations and notice requirements.

3. **Designate HMIS Governance Committee Representatives:** NC BoS Steering Committee shall designate four representatives and four alternatives representative from the Continuum of Care to the NC HMIS Governance Committee.
4. **Review NC HMIS Governance Committee Bylaws:** NC HMIS Bylaws direct the governance of the statewide NC HMIS system. NC BoS may approve or send suggestions to the NC HMIS Governance Committee on amendments for adoption.
5. **Role of NC BoS staff:** NC BoS staff, in partnership with the NC HMIS Governance Committee, shall ensure the following:
 - Consistent participation in HMIS for all federal partner funded programs and encourage the same for all other agencies
 - For agencies that are exempt from participating in HMIS by Federal Statute (for example, domestic violence service providers) NC BoS staff will support participation in a comparable database that meets the HUD standards for HMIS
 - HMIS is administered within NC BoS in compliance with requirements prescribed by HUD
 - Oversight is provided by the NC HMIS Governance Committee
 - Compliance with all HUD rules and regulations, including reviewing, revising, and approving three key data documents: a privacy plan, a security plan, and a data quality plan

NC BoS uses CoC program funds for an HMIS grant to fund the CoC's HMIS.

b. Point-in-Time Count

NC BoS plans and conducts an annual Point-in-Time Count (PIT) that counts and collects data on homeless people who are both unsheltered and sheltered within emergency shelters and transitional housing. NC BoS will provide training, forms, and instruction for Regional Committees on conducting this count. Normally, the PIT is held on the last Wednesday in January. The PIT will comply with any additional HUD requirements.

c. Housing Inventory Chart (HIC)

NC BoS completes the annual Housing Inventory Chart (HIC), which includes a bed inventory of all emergency shelters, transitional housing programs, rapid re-housing programs, and permanent supportive housing programs in the CoC, as well as the CoC's Point-in-Time Count data and an assessment of the CoC's unmet need for homeless programs. The HIC is submitted to HUD through the Homeless Data Exchange in accordance with the deadline set by HUD.

d. Annual Homeless Assessment Report (AHAR)

In conjunction with CHIN, NC BoS completes the Annual Homeless Assessment Report, which includes both point-in-time and year-round HMIS data on homeless clients enrolled in the CoC's emergency shelter, transitional housing, and permanent supportive housing programs. The AHAR is submitted to HUD through the Homeless Data Exchange in accordance with the deadline set by HUD.

SECTION VI. STAFF ROLES

Since 2009, NC BoS is staffed by the NC Coalition to End Homelessness through an annual contract with the NC DHHS. NC BoS staff is responsible for:

a. Coordination

NCCEH staff manage the overall coordination of NC BoS, including:

- a. Coordinate and staff NC BoS Steering Committee
- b. Provide technical support and capacity building to local BoS communities and project applicants
- c. Support grantees
- d. Manage BoS website, email lists, and other communications
- e. Coordinate and conduct subcommittee calls (see above Section III. (c) Subcommittees)
- f. Coordinate Balance of State approval process for regional ESG applications
- g. Organize and staff workgroups as needed for time-limited projects
- h. Staff the Coordinated Assessment Council (CAC)
- i. Support the NC HMIS implementation (see above Section V. (a) 5. HMIS)

b. COC Application Preparation

- Prepare and validate Grant Inventory Worksheet and complete the CoC registration process
- Coordinate scoring and ranking of applications
- Complete and submit CoC collaborative application
- Assist new and renewal applicants in completing CoC project applications by providing technical assistance and feedback
- Submit AHAR data
- Prepare pre-application forms and instructions as needed
- Track and review pre-applications and provide consultations and technical assistance to applicants
- Collaborate with BoS Regional Committees to gather and compile Point-in-Time (PIT) Count and Housing Inventory Chart (HIC) data. Complete HIC and submit with PIT to HUD Homeless Data Exchange.

c. Written Standards

The NC BoS Steering Committee approved ESG Written Standards on October 6, 2015 (see APPENDIX 4: ESG WRITTEN STANDARDS). By the 2016 update of the NC BoS Governance Charter it is expected that the Steering Committee will approve a comprehensive set of written standards for all CoC and ESG funded programs to be tied into the NC BoS Coordinated Assessment system.

SECTION VII. GOVERNANCE CHARTER

a. Ratification

NC BoS Governance Charter was formally adopted by the Steering Committee on August 6, 2013 and most recently amended on November 5, 2015. The Charter may be thereafter amended at a regular Steering Committee meeting by a simple majority (at least 51%) affirmative vote of the members present and determined eligible to vote.

b. Process for Amending the Charter

Proposed amendments must be in written form and distributed to Steering Committee members prior to the presentation and vote. The Governance Charter may be fully revised to include agreed-upon changes, or an Amended Article may be added for insertion into the existing document.

c. Annual Renewal & Updates

NC BoS Steering Committee will formally review and update the NC BoS Charter annually, making changes as necessary.

APPENDIX 1: ABBREVIATIONS

| | |
|---------|---|
| AHAR | Annual Homeless Assessment Report |
| APR | Annual Progress Report |
| CoC | Continuum of Care |
| ESG | Emergency Solutions Grant (formerly Emergency Shelter Grant) |
| HEARTH | Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 |
| HIC | Housing Inventory Chart |
| HMIS | Homeless Management Information System |
| HUD | Federal Department of Housing and Urban Development |
| ICCHP | Interagency Council for Coordinating Homeless Programs |
| NC BoS | North Carolina Balance of State Continuum of Care |
| NC DHHS | North Carolina Department of Health and Human Services |
| NCCEH | North Carolina Coalition to End Homelessness |
| NC HMIS | North Carolina Homeless Management Information System |
| NOFA | Notification of Funding Availability |
| PIT | Point-in-Time count |
| QPR | Quarterly Progress Report |

APPENDIX 2: CONFLICT OF INTEREST FORM

North Carolina Balance of State Continuum of Care

bos@ncceh.org

919.755.4393

www.ncceh.org/BoS

NC BoS Steering Committee Conflict of Interest Policy & Disclosure Form

Policy

The standard of behavior at the North Carolina Balance of State (NC BoS) Continuum of Care is that all staff and Steering Committee members scrupulously avoid any conflict between their personal, professional, and business interests and the interests of NC BoS. This includes avoiding actual conflicts of interest as well as perceptions of conflicts of interest.

The purposes of this policy are to:

- comply with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 and the Continuum of Care Program, Interim Final Rule (24 CFR Part 578),
- protect the integrity of NC BoS Steering Committee's decision-making process,
- enable our constituencies to have confidence in our integrity, and
- safeguard the integrity and reputation of Steering Committee members.

Upon election to the NC BoS Steering Committee, members submit a full written disclosure of their interests, relationships, and holdings that could potentially result in a conflict of interest. This written disclosure will be kept on file and updated annually.

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 requires NC BoS CoC Steering Committee members to disclose any conflicts of interests that arise in the course of meetings or activities. These include transactions, discussions or decisions in which members (or their business or other nonprofit affiliations), their families and/or significant others, employers, or close associates will receive a benefit or gain. Members also disclose any family relationship, either by consanguinity or marriage, between themselves and an agent or employee of NC BoS who will be directly affected by a transaction or decision. After disclosure, members recuse themselves from participating in the transaction, discussion or decision.

This policy is meant to be a supplement to good judgment – Steering Committee members will respect its spirit as well as its wording.

APPENDIX 2: CONFLICT OF INTEREST FORM, CONT.

Disclosure Form

| |
|--|
| Personal Data |
| Name: |
| Current Employer or Business Affiliation: |
| Position: |
| Other Business Activities |
| Please disclose any other employment, business, or financial interest which you or a member of your immediate family may have as an officer, director, trustee, partner, employee, or agent which might give a rise to a possible conflict of interest with NC BoS. |
| Charitable or Civic Involvement |
| Please disclose all official positions which you or any member of your immediate family may have as a director, trustee, or officer of any charitable, civic, or community organization as well as any unofficial roles such as significant donor, volunteer, advocate, or advisor which might give rise to a possible conflict of interest with NC BoS. |
| REMINDER: <i>If at any time there is a matter under consideration that may constitute a direct or indirect conflict of interest not listed on this form, it is your obligation to disclose the facts to the Steering Committee.</i> |

I do hereby affirm that I have received and read the policy and I will adhere to the document's spirit, principles, and practices.

Signature

Date

APPENDIX 3: LIST & MAP OF REGIONAL COMMITTEES

List of Regional Committees, updated November 5, 2015

- AHRMM (Anson, Hoke, Moore, Montgomery, Richmond)
- Alamance County
- Beaufort County
- Burke County
- Carteret County
- Caswell County
- Catawba County
- Chatham County
- Craven County
- Down East (Duplin, Lenoir, Sampson, Wayne)
- Foothills (Alexander, Caldwell, McDowell)
- Harnett County
- Henderson County
- Hertford County (PENDING)
- Iredell/Yadkin County
- Johnston County
- Kerr-Tar (Franklin, Granville, Halifax, Vance, Warren)
- Lee County
- Onslow County
- Person County
- Piedmont (Cabarrus, Davidson, Rowan, Stanly, Union)
- Pitt County
- Randolph County
- Rockingham County
- Rutherford & Polk (PENDING)
- Southeast (Bladen, Columbus, Robeson, Scotland)
- Southwest (Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain)
- Surry/Davie/Stokes County
- Transylvania County
- Twin County (Edgecombe, Nash)
- Wilson/Greene County

Balance of State CoC
Regional Committees

as of June 2015



APPENDIX 4: ESG WRITTEN STANDARDS

Background

The goal of these written standards is to have clear guidelines for all ESG-funded agencies on the purpose, types, and methods for delivering services in Balance of State CoC. These standards are required as part of the FY2015 ESG application and must be adopted by all agencies within Balance of State the receive ESG funding.

The Balance of State CoC's written standards are to guide agencies in administering assistance so that the CoC can meet its vision¹ to ensure that individuals and families who become homeless return to permanent housing within 30 days.

Shelters, rapid re-housing, and prevention programs in the Balance of State CoC that receive ESG funding are required to participate in the BoS coordinated assessment process. Coordinated assessment assists the NC BoS CoC to end homelessness by increasing exits to housing, decreasing length of time homeless, and reducing returns to homelessness. The goal is to assist consumers in quickly accessing appropriate services to address housing crises through a right-sized, well-coordinated agency network².

¹ NC Balance of State Governance Charter, 2014: <http://www.ncceh.org/files/3443/download/>

² NC Balance of State Coordinated Assessment Toolkit, 2014: <http://www.ncceh.org/files/5195/>

APPENDIX 4: ESG WRITTEN STANDARDS, CONT.

Emergency Shelter

- *How shelters move homeless persons to permanent housing as quickly as possible*

Shelters in BoS work within the CoC vision and federal goal of returning people who enter homelessness to permanent housing within 30 days. Shelters that receive ESG funds participate in BoS coordinated assessment process which is designed to move people who are homeless to permanent housing, including:

 - Diversion: For those households that have another safe option for housing for the night besides shelter, the system will assist the households to return to those options rather than entering the homeless system. National data show that diversion programs reduce entries into homelessness.
 - Streamline referral process: The coordinated assessment system coordinates referrals to permanent housing programs so that people will receive program referrals that fit a program's eligibility criteria and are appropriate to the need of the household. This system also reduces the time spent by households in seeking assistance from community programs.
 - Connecting programs: Coordinated assessment systemizes coordination efforts so that shelters are partnering with permanent housing programs on the local level.
 - Tracking system outcomes: Regional Committees complete quarterly outcome reports that measure the number of people entering shelter, emergency services, and permanent housing. Regional Committees and CoC staff will examine these reports to identify system gaps and redirect resources accordingly in order to move households into permanent housing quickly.

- *How clients are prioritized to receive emergency shelter services*

The coordinated assessment system uses a standardized prevention and diversion screen to divert those people who have other safe housing options from entering shelter. This prioritizes shelter beds for those with no other options. Many communities within Balance of State do not have shelters to cover all populations and household types. In these situations, Regional Committees are forming partnerships with shelters in neighboring communities to formalize the process of shelter referral.

APPENDIX 4: ESG WRITTEN STANDARDS, CONT.

Rapid Re-housing

- *How clients are prioritized to receive rapid re-housing financial assistance and services*
Eligible households that are literally homeless at the time of contacting the program and are living in shelter or in a place not meant for human habitation will receive rapid rehousing services. As part of the Balance of State CoC coordinated assessment process, clients within the shelter system are screened using the VI-SPDAT assessment. Each Regional Committee determines the score ranges that result in referral to rapid re-housing programs, taking into account the numbers and types of programs available locally as well as local demographics and trends. Overall, the clients with more severe needs are prioritized to receive services before those with lower needs.
- *Determining percentage or amount of rent and utility costs each program participant must pay while receiving rapid re-housing financial assistance (only applicable for clients with income)*
BoS agencies are to use the progressive engagement model to determine the amount of financial subsidies, like rent and utility costs, that each program participant must pay. Assistance is based in providing "the least amount of assistance for the least amount of time" while proving enough initial support to be reasonably sure that the housing will stick. Agencies are encouraged to be highly flexible and look at each household's particular needs when determining an individualized plan that will include amount of financial subsidies and services. Since agencies are required to serve those with higher needs before those with lower needs, it is expected that some households will not have income at program entry. Agencies are expected to offer assistance with the goal of providing approach while also meeting clients where they are and ensuring a long-term positive exit to permanent housing. Given all of this, agencies must be highly flexible and there should NOT be a standard percentage of rent clients pay.
- *Maximum number of months a program participant will be provided with rental assistance and eligibility amount for each participant*
BoS agencies again are expected to be flexible on the number of months assistance is provided. Agencies must provide assistance for the shortest amount of time possible that ensures an exit to permanent housing. . Agencies should be aware of funding restrictions on the length of assistance (24 months maximum for ESG grantees). The goal is to serve the most number of households possible with a high degree of successful exits to permanent housing.

APPENDIX 4: ESG WRITTEN STANDARDS, CONT.

Prevention

- *How clients are prioritized to receive prevention financial assistance and services*
Clients are prioritized to receive prevention financial assistance using the BoS prevention and diversion screen as part of the coordinated assessment process. BoS agencies are expected to tie all prevention programs directly to the local coordinated assessment process. We focus prevention efforts more narrowly on diverting households presenting for shelter beds from entering the homeless system. When an individual or family has another safe option to go to rather than entering shelter, programs will use the prevention and diversion screen to help those people think through all the other options available.
- *Determining percentage or amount of rent and utility costs each program participant must pay while receiving prevention financial assistance (only applicable for clients with income)*
Prevention programs are expected to focus specifically on shelter diversion and to be tied to the local coordinated assessment system. Agencies are encouraged to be highly flexible in determining the amount of rent and utility costs clients need for a successful and shelter diversion with the goal to serve the most number of households with our limited resources. Assistance is based in providing "the least amount of assistance for the least amount of time" while proving enough initial support to be reasonably sure that the housing will stick.
- *Maximum number of months a program participant will be provided with rental assistance and eligibility amount for each participant*
Prevention programs are expected to focus specifically on shelter diversion. To that end, rental assistance should only be provided if needed in order to prevent the household from becoming literally homeless. Agencies should be aware of funding restrictions on the length of assistance (24 months maximum for ESG grantees). The goal is to serve the most number of households possible with a high degree of successful exits to permanent housing.

**Memorandum of Understanding
North Carolina Statewide HMIS
North Carolina Continua of Care and the Michigan Coalition Against Homelessness
July 1, 2016 – June 30, 2017**

Objective: This MOU is designed to provide a frame for North Carolina's multi-jurisdiction HMIS implementation as presented in Section 508.7 of the Federal Register / Vol. 76, No. 237 Homeless Management System Requirements. It is recognized that operation of the Statewide HMIS requires ongoing collaboration from member Continua of Care.

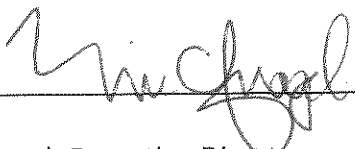
Continuum of Care (CoC): NC-503 North Carolina Balance of State Continuum of Care agrees to adopt the North Carolina Statewide shared HMIS platform vendor, Bowman Systems Inc. ServicePoint. The CoC agrees that administration of the shared platform will be provided by the North Carolina HMIS Project, operated by the Michigan Coalition Against Homelessness. The CoC further agrees to operate the local CoC Implementation in compliance with HUD Data Standards and the North Carolina Statewide Operating Policies and Procedures.

Roles and Responsibilities:

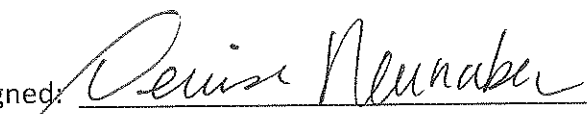
Michigan Coalition Against Homelessness:

1. Management of the Statewide Vendor Contract with Bowman Systems, Inc.
2. Host the Statewide coordination meeting – the Monthly SA Call-In.
3. Define privacy and security protocols that allow for the broadest possible participation.
4. Provide Statewide Operating Policies and Procedures that represent the minimum standards for participation. Local CoCs may add additional requirements as negotiated locally.
5. Designate ex-officio staff member for NC HMIS Governance Committee
6. Provide for system administration and analyst staffing of help desk services between 9am and 5pm workdays and after-hours emergency response.
7. Negotiate the cost for local licenses to the Statewide System via contracts with Bowman Systems.
8. Provide training and ongoing collaboration regarding cross-jurisdiction system operation, measurement and research activities including:
 - a. Negotiation and training basic workflows for all users and specialized workflows for cross-jurisdiction funding streams.
 - b. HUD mandated activities including Point In Time, Housing Inventory Count, Annual Performance Report and the Annual Homelessness Assessment Report.
 - c. Provide data for Statewide and CoC-specific unduplicated homeless counts.

10. Designate fiduciary responsible for entering into a Contract for Services with HMIS Lead Agency
11. Designate eligible applicants to receive HMIS funds that will best allow them to participate in the statewide HMIS

Signed:  Date: 7/5/16

Eric Hufnagel, Executive Director
Michigan Coalition Against Homelessness

Signed:  Date: 6/27/16

Denise Neunaber, Executive Director
North Carolina Coalition to End Homelessness,
NC-503 NC Balance of State CoC Lead Agency



North Carolina Balance of State Continuum of Care

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NC Balance of State Continuum of Care Standards Permanent Supportive Housing

OVERVIEW

The NC Balance of State Continuum of Care has developed these program standards to provide specific guidelines for how programs can operate to have the best chance of ending homelessness. These guidelines create consistency across the Balance of State, protect our clients by putting their needs first, and provide a baseline for holding all CoC programs to a specific standard of care.

The Department of Housing and Urban Development (HUD) requires every Continuum of Care to evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program and report to HUD (24 CFR 578.7(a)7). In consultation with recipients of ESG program funds within the geographic area, CoCs must establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individual and families for housing and services.

In consultation with recipients of ESG and CoC program funds within the geographic area, CoCs must establish and consistently follow written standards for providing CoC assistance. At a minimum, these standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility and determining the process for prioritizing eligible households in emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing programs (24 CFR 578.7(a)(9)).
- For permanent supportive housing programs, program standards to define policies and procedures for prioritization of eligible households.
- Policies and procedures for coordination among emergency shelters, transitional housing programs, essential service providers, homelessness prevention programs, rapid rehousing programs, and permanent supportive housing programs.
- Definitions for participation in the CoC's Homeless Management Information System (or comparable database for domestic violence or victims' service programs).

The Balance of State Continuum of Care developed the following Permanent Supportive Housing program standards to ensure:

- Program accountability to individuals and families experiencing homelessness, specifically populations at greater risk or with the longest histories of homelessness

- Program compliance with the Department of Housing and Urban Development and the Department of Veteran Affairs
- Service consistency within programs
- Adequate program staff competence and training, specific to the target population served

EXPECTATIONS

All program grantees using Department of Housing and Urban Development Continuum of Care and the Department of Veteran's Affairs VA Supportive Housing (VASH) funding must adhere to these performance standards. Programs funded through the Continuum of Care will be monitored by the Balance of State Continuum of Care to ensure compliance. The BoS CoC recommends that permanent supportive housing programs funded through other funding sources also follow these standards. These performance standards attempt to provide a high standard of care that places community and client needs first. Based on proven best practices, this high standard of care is necessary to achieve our goal of ending homelessness in the BoS CoC.

PERMANENT SUPPORTIVE HOUSING

Permanent supportive housing programs provide safe, stable homes through long-term rental assistance, paired with long-term intensive case management services, to highly vulnerable individuals and families with complex issues who are otherwise at risk of serious health and safety consequences from being homeless.¹ This model seeks to provide a stable housing option and the necessary supportive services for individuals and families who would not succeed in other permanent housing settings. Permanent supportive housing is designed for persons with disabilities, including severe mental health, physical health, HIV/AIDS, and/or substance abuse disorders, especially targeting individuals and families meeting the Department of Housing and Urban Development's definition of chronic homelessness. Types of permanent supportive housing include HUD CoC Permanent Supportive Housing, HUD-VASH, and other housing programs created specifically to house this population through tenant-based rental assistance.

Successful permanent supportive housing programs use the national best practice called Housing First, the model in which programs house all persons immediately without preconditions such as sobriety, income, or behavioral requirements and pair supportive services matched to the needs of the household.² Long-term studies demonstrate that individuals and families experiencing homelessness, even chronic homelessness, can move into a home with case management, follow a standard lease, and successfully remain in housing over a long period of time. Permanent supportive housing programs with preconditions for entry and overly burdensome program rules cause this high-need population to regularly fail in housing or drive programs to target lower-need individuals who do not need permanent supportive housing programs to successfully remain housed.

¹ <https://www.gpo.gov/fdsys/granule/CFR-2013-title24-vol3/CFR-2013-title24-vol3-part578/content-detail.html>

² <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/pdf/0940651.pdf>



Permanent supportive housing programs should participate in their Regional Committee's coordinated assessment process, including the local prioritization of individuals for housing. In the BoS CoC, each community utilizes the Prevention and Diversion screening tool and the Individual and Family VI-SPDAT Prescreen Tools to set priorities and housing triage methods, while permanent housing programs use the Case Management Tool for more developed housing placement purposes and for intensive case management over time. Communities use the VI-SPDAT to prioritize individuals and families experiencing homelessness based on an acuity score that indicates the type of housing intervention best suited to their ongoing needs. Permanent supportive housing programs are intended to serve the individuals and families with the longest time homeless and the highest needs.

DEFINITIONS

Acuity: When using the VI-SPDAT prescreens, acuity means the presence of a presenting issue based on the prescreening score. Acuity on the prescreening tool is expressed as a number with the higher score representing more complex, co-occurring issues likely to impact overall stability in permanent housing. When using the Case Management Tool acuity refers to the severity of the presenting issue and the ongoing goals in addressing these issues.

Case Management Tool: A standardized tool for case management to track outcomes in the coordinated assessment process. Housing programs administer this tool at program entry, housing entry, and every six months thereafter until program discharge. Upon discharge from the program, housing case managers administer the tool one final time 12 months later, when possible, to ensure the household continues to make progress.

Chronically Homeless: (1) an individual with a disability as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) who: (i) lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) had been homeless and living as described in (i) continuously for at least 12 months or on at least 4 occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating occasions included at least 7 consecutive nights of not living as described in (i). Stays in institutional care facilities for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the care facility; (2) an individual who has been residing in an institutional care facility, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or (3) a family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in (1) or 2) of this definition, including a family whose composition had fluctuated while the head of household has been homeless. (24 CFR 578.3)

Comparable Database: HUD-funded providers of housing and services (recipients of ESG and /or CoC funding) who cannot enter information by law into HMIS (victim service providers as defined under the Violence Against Women and Department of Justice Reauthorization Act of 2005) must operate a database comparable to HMIS. According to HUD, "a comparable database . . . collects client-level data over time and generates unduplicated



aggregate reports based on the data.” The recipient or subrecipient of CoC and ESG funds may use a portion of those funds to establish and operate a comparable database that complies with HUD’s HMIS requirements. (24 CFR 578.57)

Coordinated Assessment: “A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals across a geographic area. The . . . system covers the geographic area (designated by the CoC), is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool” (24 CFR 578.3). CoCs have ultimate responsibility to implement coordinated assessment in their geographic area.

Developmental Disability: As defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002): (1) A severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment or combination of mental and physical impairments; (ii) is manifested before the individual attains age 22; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following major life activities: (a) self-care; (b) receptive and expressive language; (c) learning; (d) mobility; (e) self-direction; (f) capacity for independent living; (g) economic self-sufficiency; (v) reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. (2) an individual from birth to age 9, inclusive, who has a substantial developmental disability or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria in (1)(i) through (v) of the definition of “developmental disability” in this definition if the individual, without services or supports, has a high probability of meeting these criteria later in life. (24 CFR 578.3)

Disabling Condition: According to HUD: (1) a condition that: (i) is expected to be of indefinite duration; (ii) substantially impedes the individual’s ability to live independently; (iii) could be improved by providing more suitable housing conditions; and (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; or a developmental disability, as defined above; or the disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from AIDS, including infection with the Human Immunodeficiency Virus (HIV). (24 CFR 583.5)

Diversion: Diversion is a strategy to prevent homelessness for individuals seeking shelter or other homeless assistance by helping them identify immediate alternate housing arrangements, and if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion practices and programs help reduce the number of people becoming homeless and the demand for shelter beds.

Family: A family includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) a single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) a group of persons residing together, and such group includes, but is not limited to: (i) a family with or without children (a child who is temporarily away from the home



because of placement in foster care is considered a member of the family); (ii) an elderly family; (iii) a near-elderly family; (iv) a disabled family; (v) a displaced family; and (vi) the remaining member of a tenant family. (24 CFR 5.403)

Homeless:

Category 1: an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals); or (iii) an individual who exits an institution where he/she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

Category 2: an individual or family who will immediately lose their primary nighttime residence, provided that: (i) the primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) no subsequent residence has been identified; and (iii) the individual or family lacks the resources or support networks (e.g. family, friends, faith-based or other social networks) needed to obtain other permanent housing; or

Category 4: any individual or family who: (i) is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence; (ii) had no other residence; and (iii) lacks the resources or support networks (e.g. family, friends, and faith-based or other social networks) to obtain other permanent housing. (24 CFR 578.3)

Housing First: A national best practice model that quickly and successfully connects individuals and families experiencing homelessness to permanent housing without preconditions such as sobriety, treatment compliance, and service and/or income requirements. Programs offer supportive services to maximize housing stability to prevent returns to homelessness rather than meeting arbitrary benchmarks prior to permanent housing entry.³

Prevention and Diversion Screening Tool: A tool used to reduce entries into the homeless service system by determining a household's needs upon initial presentation to shelter or other emergency response organization. This screening tool gives programs a chance to divert households by assisting them to identify other permanent housing options and, if needed, providing access to mediation and financial assistance to remain in housing.

Rapid Rehousing: A national best practice model designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve long-term

³ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/pdf/0940651.pdf>



stability. Like Housing First, rapid rehousing assistance does not require adherence to preconditions such as employment, income, absence of criminal record, or sobriety. Financial assistance and housing stabilization services match the specific needs of the household. The core components of rapid rehousing are housing identification/relocation, short- and/or medium-term rental and other financial assistance, and case management and housing stabilization services. (24 CFR 576.2)

Transitional Housing: Temporary housing for participants who have signed a lease or occupancy agreement with the purpose of transitioning participants into permanent housing within 24 months.

VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool): An evidence-based tool used by all regions in the Balance of State to determine initial acuity and set prioritization and intervention for permanent housing placement.

PERSONNEL

STANDARD: Programs shall adequately staff services with qualified personnel to ensure quality of service delivery, effective program administration, and the safety of program participants.

Benchmarks

- The organization selects employees and/or volunteers with adequate and appropriate knowledge, experience, and stability for working with individuals and families experiencing homelessness and/or other issues that place individuals and/or families at risk of homelessness.
- The organization provides time for all employees and/or volunteers to attend webinars and/or trainings on program requirements, compliance, and best practices.
- The organization trains all employees and/or volunteers on program policies and procedures, available local resources, and specific skill areas relevant to assisting clients in the program.
- All paid and volunteer staff participate in ongoing internal and/or external training on the Prevention and Diversion Screening Tool, the individual and family VI-SPDAT screening tool, and the Case Management Tool.
- For programs using the Homeless Management Information System (HMIS), all end users must abide by the NC HMIS End User and Participation Agreements, including adherence to the strict privacy and confidentiality policies.
- Staff supervisors of casework, counseling, and/or case management services have, at a minimum, a bachelor's degree in a human service-related field and/or experience working with individuals and families experiencing homelessness and/or other issues that place individuals and/or families at risk of homelessness.
- Staff supervising overall program operations have, at a minimum, a bachelor's degree in a human service-related field and/or demonstrated ability and experience that qualifies them to assume such responsibility.
- All program staff have written job descriptions that address tasks staff must perform and the minimum qualifications for the position.
- Case managers provide case management with the designated Case Management Tool on a frequent basis (every six months minimum) for all clients.



- Organizations should share and train all program staff on the NC Balance of State Permanent Supportive Housing Written Standards.

ORDER OF PRIORITY FOR CoC-FUNDED DEDICATED OR PRIORITIZED CHRONICALLY HOMELESS BEDS

STANDARD: Programs receiving CoC-funded permanent supportive housing which have dedicated or prioritized their beds to serve individuals and families experiencing chronic homelessness must follow the order of priority in accordance with the Order of Priority section in Notice CPD-16-11⁴ when selecting participants for housing. Grantees must exercise due diligence when conducting outreach and assessment to ensure the program serves people in the order of priority as adopted by the Balance of State Continuum of Care.

Benchmarks

- *First Priority:* Chronically homeless individuals and families as defined in 24 CFR 578.3 with the longest histories of homelessness AND the most severe service needs (as found through the acuity score on the VI-SPDAT with information from community stakeholders).
 - The chronically homeless individual or head of household of a family has experienced homelessness, living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
 - The chronically homeless individual or head of household of a family has severe service needs as assessed through the VI-SPDAT. This person has a history of high utilization of crisis services, including, but not limited to, hospital emergency departments, jail, or psychiatric facilities; or significant health and behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.
- *Second Priority:* Chronically homeless individuals or families with the longest history of homelessness that meet the following:
 - The chronically homeless individual or head of household of a family has experienced homelessness, living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
 - The chronically homeless individual or head of household of a family has not been identified to meet the severe service needs described in priority one.
- *Third Priority:* Chronically homeless individuals or families with the most severe service needs.
 - The chronically homeless individual or head of household of a family has experienced homelessness, living in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12

⁴ <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>



- months but less than others identified in the community needing permanent housing; and
- The chronically homeless individual or head of household of a family has severe service needs as assessed through the VI-SPDAT. This person has a history of high utilization of crisis services, including, but not limited to, hospital emergency departments, jail, or psychiatric facilities; or significant health and behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.
- *Fourth Priority:* All other chronically homeless individuals or families.
 - The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the cumulative total of the four separate occasions is less than 12 months; and
 - The program has not identified the chronically homeless individual or head of household of a family, who meets all of the criteria of a chronically homeless person or family, as having severe service needs.

ORDER OF PRIORITY FOR CoC-FUNDED NON-DEDICATED OR NON-PRIORITIZED CHRONICALLY HOMELESS BEDS

STANDARD: Programs receiving CoC-funded permanent supportive housing that do not dedicate or prioritize their beds for individuals and families experiencing chronic homelessness must first follow the order of priority as mentioned in the section above: Order of Priority for CoC-Funded Dedicated or Prioritized Chronically Homeless Beds. However, if the community does not have any chronically homeless individuals or families or someone meeting the priority listing above cannot be identified within 30 days, programs will prioritize their beds in accordance with the Order of Priority section in Notice CPD-16-11⁵ for non-dedicated or non-prioritized beds when selecting participants for housing.

Benchmarks

- *First Priority:* Priority listing under section: Order of Priority for CoC-Funded Dedicated or Prioritized Chronically Homeless Beds.
- *Second Priority:* Homeless individuals and families with a disability with long periods of episodic homelessness and severe service needs.
 - An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.
- *Third Priority:* Homeless individuals and families with a disability with severe service needs.
 - An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which

⁵ <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>



households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

- *Fourth Priority:* Homeless individuals and families with a disability coming from places not meant for human habitation, safe havens, or emergency shelters without severe service needs.
 - An individual or family is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.
- *Fifth Priority:* Homeless individuals and families with a disability coming from transitional housing.
 - An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

CLIENT INTAKE PROCESS

STANDARD: Programs will actively participate in their community's coordinated assessment system by only taking referrals from the coordinated assessment system for their program. The program will limit entry requirements to ensure that the program serves the most vulnerable individuals and families needing assistance. The program will ensure active client participation and informed consent.

Benchmarks

- All adult program participants must meet the following program eligibility requirements:
 - Literally homeless or fleeing domestic violence (see definitions above for Category 1 and Category 4 of the Homeless Definition). Some programs have stricter participant guidelines and should see their specific program and application information to determine eligibility.
- Programs may require participants to meet only these additional program eligibility requirements if they have targeted specific populations under their grant applications:
 - Chronic homelessness (for CoC-funded PSH that requires chronic homelessness and programs that have committed to prioritize turnover beds to people experiencing chronic homelessness).
 - Homeless veterans (for HUD-VASH programs).
 - Residency requirements (abide by the language of the lease).
- Programs cannot disqualify an individual or family because of prior evictions, poor rental history, criminal history, or credit history.



- Programs focus on engaging participants by explaining available services and encouraging each adult household member to participate in said services, but programs do not make service usage a requirement or the denial of services a reason for disqualification or eviction.
- Programs cannot disqualify an individual or family from program entry for lack of income or employment status.
- Programs can turn away individuals and families experiencing homelessness from program entry for only the following reasons:
 - Household makeup (provided it does not violate HUD's Fair Housing and Equal Opportunity requirements): singles-only programs can disqualify households with children; families-only programs can disqualify single individuals
 - All program beds are full.
 - If the housing has in residence at least one family member with a child under the age of 18, the program may exclude registered sex offenders and person with a criminal record that includes violent crime from the program so long as the child resides in the same housing facility (24 CFR 578.93)
- Programs shall use the standard order of priority for documenting evidence to determine homeless status and chronically homeless status per the program's eligibility requirements. Grantees must document in the client file that the agency attempted to obtain the documentation in the preferred order. That order should be as follows:
 - Third-party documentation (including HMIS)
 - Intake worker observations through outreach and visual assessment
 - Self-certification of the person receiving services
 - CoC programs should also assess participant eligibility based on eligibility criteria established by the NOFA for the year of the award.
- Programs must provide evidence of a diagnosis of one or more of the following conditions (for the CoC program, one adult OR child in the family would qualify): substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a traumatic brain injury, or chronic physical illness or disability. The documentation must include:
 - Written verification of the condition from a professional licensed by the state to diagnose and treat the condition; or
 - Written verification from the Social Security Administration; or
 - Copies of a disability check (e.g. Social Security Disability Insurance check or Veteran Disability compensation); or
 - Intake staff (or referral staff) observation confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days after the application for assistance and accompanied with one of the types of evidence above; or
 - Other documentation approved by HUD or the VA.
- Programs will maintain release of information, case notes, and all pertinent demographic and identifying data in HMIS as allowable by program type. Paper files should be maintained in a locked cabinet behind a locked door with access reserved for case workers and administrators who need said information.



PERMANENT SUPPORTIVE HOUSING

STANDARD: Programs will provide safe, affordable permanent housing that meets participants' needs in accordance with the client intake practices and within CoC established guidelines for permanent supportive housing programs. Programs will pair permanent housing with intensive case management services to participants to ensure long-term housing stability.

Benchmarks

- Programs will meet the key elements of permanent supportive housing published by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration.⁶
- Programs consider the needs of the household in terms of location, cost, number of bedrooms, handicap access, ongoing service needs and other pertinent information when moving a household into housing. Programs will assess potential housing for compliance with program standards for habitability, lead-based paint, and rent reasonableness prior to the individual or family signing a lease.
- Programs provide assistance to the participant in locating and procuring housing.
- For rental assistance or tenant-based rental assistance grants, program participants must sign a lease in their name for a one-year period. For leasing assistance grants, agencies must master lease a unit and then have a sub-lease with the program participant for a one-year period. All participant leases and sub-leases must be standard leases that would apply to any other person leasing said unit and automatically renewable upon expiration for a minimum term of one month. Participant sub-leases with grantees must confer all of the legal rights and protections of the lease between the agency and the landlord.
- HUD CoC grantees will adhere to the responsibilities of grant management outlined by the BoS CoC.⁷
- For CoC-funded permanent supportive housing programs, HUD does not require programs to impose occupancy charges on participants as a condition of residing in the housing (CFR 578.77). However, if programs do require occupancy charges, they must impose them on all participants of the program and these charges cannot exceed the highest of:
 - 30% of the household's monthly adjusted gross income;
 - 10% of the household's monthly income; or
 - If the household receives payments for welfare assistance from a public agency wherein part of the payment is for housing costs, the portion of the payment designated for housing costs.
- For CoC programs, PSH assistance must be provided without a designated length of stay.
- For HUD-VASH permanent supportive housing programs, participants must follow rent payment guidelines of the Housing Choice Voucher program.

⁶ See SAMHSA's Key Elements of PSH: <http://store.samhsa.gov/shin/content/SMA10-4510/SMA10-4510-06-BuildingYourProgram-PSH.pdf>

⁷ See the signature form with responsibilities: <http://www.ncceh.org/files/6274/>



CASE MANAGEMENT SERVICES

STANDARD: Programs shall provide access to intensive case management services by trained staff to each individual and/or family in the program. Programs should note acceptance or refusal of all services offered in thorough case notes.

Benchmarks (Standard Available Services)

- Programs will meet the key elements of permanent supportive housing published by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration.⁸
- Program staff or other programs connected to the permanent housing program through formal relationship will provide regular and consistent case management to clients based on the individuals' or families' specific needs. This case management should optimally happen at the participants' home whenever possible, or at a minimum, in a convenient place for the participant. Case management includes:
 - Assessing, planning, coordinating, implementing, and evaluating the services delivered to participants.
 - Assisting participants to maintain their permanent housing placement in a safe manner and understand how to get along with fellow residents or neighbors.
 - Helping participants to create strong support networks and participate in the community, as they desire.
 - Using the Case Management Tool for ongoing case management and measurement of acuity over time, determining changes needed to better serve participants.
- Program staff or other programs connected to the permanent housing program through formal relationship will provide basic life skills, including housekeeping, grocery shopping, menu planning and food preparation, consumer education, transportation, and obtaining vital documents (social security cards, birth certificates, school records).
- Program staff or other programs connected to the permanent housing program through formal relationship will assist participants in accessing cash and non-cash income through employment, mainstream benefits, childcare assistance, health insurance, and other sources.
- Program staff or other programs connected to the permanent housing program through formal relationship will provide individualized budgeting and money management services to clients as needed.
- Program staff or other program connected to the permanent housing program through formal relationship will provide ongoing assistance with food, clothing, and transportation.
- Programs must assess service needs annually.

Benchmarks (Optional but recommended services, often from other providers)

- Representative payee services.
- Relationship-building and decision-making skills.
- Education services such as GED preparation, post-secondary training, and vocational education.

⁸ See SAMHSA's Key Elements of PSH: <http://store.samhsa.gov/shin/content/SMA10-4510/SMA10-4510-06-BuildingYourProgram-PSH.pdf>



- Employment services, including career counseling, job preparation, resume-building, dress and maintenance.
- Behavioral health services such as relapse prevention, crisis intervention, medication monitoring and/or dispensing, outpatient therapy and treatment.
- Physical health services such as routine physicals, health assessments, and family planning.
- Legal services related to civil (rent arrears, family law, uncollected benefits) and criminal (warrants, minor infractions) matters.
- For CoC PSH, in addition to the services mentioned such as one-time moving costs and case management, other eligible supportive service costs include childcare, food, housing search and counseling, outreach services, transportation, and one-time utility deposit.

TERMINATION

STANDARDS: Termination should be limited to only the most severe cases. Programs will exercise sound judgment and examine all extenuating circumstances when determining if violations warrant program termination. BoS recommends programs work with other community service providers to develop a board to hear client grievances.

Benchmarks

- Programs will meet the key elements of permanent supportive housing published by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration.⁹
- While violation of a participant’s lease or sublease may be cause for termination, programs should develop a termination of services policy giving participants multiple housing chances or work to move participants to a higher-level permanent supportive housing intervention, when possible (i.e. programs will move a participant two times before terminating him/her from services). Programs should only terminate services when clients pose a safety risk to staff or other residents of their community.
 - Programs’ goal should be to avoid eviction by working with the landlord and participant to form an agreement allowing participants to move prior to a legal eviction, when possible.
- To terminate assistance to a program participant, the agency must follow the provisions described in 24 CFR 578.91 of the HEARTH Continuum of Care Interim Rule as follows:
 - The grantee may terminate assistance to program participants who violate program requirements or conditions of occupancy. Termination under this section does not preclude the program from providing further assistance at a later date to the same individual or family.
 - To terminate assistance to program participants, the grantee must provide a formal process, recognizing the rights of the individuals receiving assistance under the due process of law. This process, at a minimum, must consist of:
 - Providing program participants with a written copy of program rules and the termination process before the participant begins to receive assistance with a copy signed by the participant in the file;

⁹ See SAMHSA’s Key Elements of PSH: <http://store.samhsa.gov/shin/content/SMA10-4510/SMA10-4510-06-BuildingYourProgram-PSH.pdf>



- Written notice to program participants containing a clear statement of the reasons for termination.
- A review of the decision, in which the program participant has the opportunity to present written or oral objections before a person other than the person who made or approved the termination decision; and
- Prompt written notice of the final decision to the program participant.
- Programs should not immediately terminate participants who enter an institution (medical, mental health, or crisis). HUD CoC PSH grants allow grantees to maintain open units for institutionalized individuals and families for up to 90 days.

EXITING AND FOLLOW-UP SERVICES

STANDARD: Programs must ensure a continuity of services to all clients exiting their programs, including those individuals and families terminated from the program. Agencies can provide these services directly or through referrals to other agencies.

Benchmarks

- Programs prioritize the development of exit plans for each participant to ensure continued permanent housing stability and connection to community resources, as desired.
- Programs routinely check in with PSH participants to identify those households whose acuity scores are low enough to maintain permanent housing stability in market rate or subsidized housing outside the permanent supportive housing program.
- Programs develop a plan, in conjunction with the participating household, for effective, timely exit of individuals and families whose acuity scores are low enough to maintain permanent housing stability in market rate or subsidized housing outside the permanent supportive housing program.
- Programs should attempt to follow up with participants through verbal or written contact at least once 6 months after the client exits the program. A program may provide follow-up services to include identification of additional needs and referral to other agency and community services in order to prevent future episodes of homelessness.
- For HUD CoC PSH grants, programs may provide services to formerly homeless individuals and families for up to six months after their exit from the program.

CLIENT AND PROGRAM FILES

STANDARD: Programs will keep all program participant files up-to-date and confidential to ensure effective delivery and tracking of services.

Benchmarks

- Client and program files should, at a minimum, contain all information and forms required by HUD (24 CFR 576.500), and the VA, service plans, case notes, referral lists, and service activity logs, including services provided directly by the permanent supportive housing program and indirectly by other community service providers. Programs should have:
 - Documentation of homeless status, chronic homelessness status (where applicable), and disabling condition.
 - Determination of ineligibility, if applicable, which shows the reason for this determination.
 - Initial and annual income evaluation, per program rules.



- Program participant records.
 - Documentation of using the community's coordinated assessment system.
 - Compliance with shelter and housing standards.
 - Services and assistance provided.
 - Expenditures and match.
 - Conflict of interest/code of conduct policies.
 - Homeless participation requirement.
 - Faith-based activity requirement, if applicable.
 - Other Federal requirements, if applicable.
 - Confidentiality procedures.
- All client information should be entered in the NC HMIS in accordance with data quality, timeliness, and additional requirements found in the agency and user participation agreements. At a minimum, programs must record the date the client enters and exits the program, HUD required data elements, and an update of client's information as changes occur.
 - Programs must maintain a release of information form for clients to use to indicate consent in sharing information with other parties. This cannot be a general release but one that indicates sharing information with specific parties for specific reasons.
 - Programs must maintain the security and privacy of written client files and shall not disclose any client-level information without written permission of the client as appropriate, except to program staff and other agencies as required by law. Clients must give informed consent to release any client identifying data to be utilized for research, teaching, and public interpretation.
 - All records pertaining to CoC funds must be retained for the greater of 5 years or the participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served. Agencies may substitute original written files with microfilm, photocopies, or similar methods. Records pertaining to other funding sources must adhere to those record retention requirements.

EVALUATION AND PLANNING

STANDARD: Permanent supportive housing programs will work with the community to conduct ongoing planning and evaluation to ensure programs continue to meet community needs for individuals and families experiencing homelessness.

Benchmarks

- Agencies maintain written goals and objectives for their services to meet outcomes required by the HUD CoC and VA programs or other funding sources.
- Programs review case files of clients to determine if existing services meet their needs. As appropriate, programs revise goals, objectives, and activities based on their evaluation.
- Programs conduct, at a minimum, an annual evaluation of their goals, objectives, and activities, making adjustments to the program as needed to meet the needs of the community.
- Programs regularly review project performance data in HMIS to ensure reliability of data. Programs should review this information, at a minimum, quarterly.



Performance Measurement Module (Sys PM)

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

| | Universe (Persons) | | Average LOT Homeless (bed nights) | | | Median LOT Homeless (bed nights) | | |
|-------------------------------|--------------------|------------|-----------------------------------|------------|------------|----------------------------------|------------|------------|
| | Previous FY | Current FY | Previous FY | Current FY | Difference | Previous FY | Current FY | Difference |
| 1.1 Persons in ES and SH | | 5387 | | 79 | | | 33 | |
| 1.2 Persons in ES, SH, and TH | | 5977 | | 99 | | | 41 | |

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

| | Universe (Persons) | | Average LOT Homeless (bed nights) | | | Median LOT Homeless (bed nights) | | |
|-------------------------------|--------------------|------------|-----------------------------------|------------|------------|----------------------------------|------------|------------|
| | Previous FY | Current FY | Previous FY | Current FY | Difference | Previous FY | Current FY | Difference |
| 1.1 Persons in ES and SH | - | - | - | - | - | - | - | - |
| 1.2 Persons in ES, SH, and TH | - | - | - | - | - | - | - | - |

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

| | Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior) | Returns to Homelessness in Less than 6 Months (0 - 180 days) | | Returns to Homelessness from 6 to 12 Months (181 - 365 days) | | Returns to Homelessness from 13 to 24 Months (366 - 730 days) | | Number of Returns in 2 Years | |
|-------------------------------|--|--|--------------|--|--------------|---|--------------|------------------------------|--------------|
| | | # of Returns | % of Returns | # of Returns | % of Returns | # of Returns | % of Returns | # of Returns | % of Returns |
| Exit was from SO | 70 | 8 | 11% | 8 | 11% | 4 | 6% | 20 | 29% |
| Exit was from ES | 1605 | 201 | 13% | 88 | 5% | 50 | 3% | 339 | 21% |
| Exit was from TH | 361 | 13 | 4% | 17 | 5% | 1 | 0% | 31 | 9% |
| Exit was from SH | 0 | 0 | | 0 | | 0 | | 0 | |
| Exit was from PH | 914 | 22 | 2% | 18 | 2% | 14 | 2% | 54 | 6% |
| TOTAL Returns to Homelessness | 2950 | 244 | 8% | 131 | 4% | 69 | 2% | 444 | 15% |

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

| | Previous FY PIT Count | 2015 PIT Count | Difference |
|--|-----------------------|----------------|------------|
| Universe: Total PIT Count of sheltered and unsheltered persons | 3195 | 3021 | -174 |
| Emergency Shelter Total | 1813 | 1827 | 14 |
| Safe Haven Total | 0 | 0 | 0 |
| Transitional Housing Total | 695 | 534 | -161 |
| Total Sheltered Count | 2508 | 2361 | -147 |
| Unsheltered Count | 687 | 660 | -27 |

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

| | Previous FY | Current FY | Difference |
|---|-------------|------------|------------|
| Universe: Unduplicated Total sheltered homeless persons | | 6039 | |
| Emergency Shelter Total | | 5411 | |
| Safe Haven Total | | 0 | |
| Transitional Housing Total | | 728 | |

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

| | Previous FY | Current FY | Difference |
|--|-------------|------------|------------|
| Universe: Number of adults (system stayers) | | 623 | |
| Number of adults with increased earned income | | 30 | |
| Percentage of adults who increased earned income | | 5% | |

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

| | Previous FY | Current FY | Difference |
|---|-------------|------------|------------|
| Universe: Number of adults (system stayers) | | 623 | |
| Number of adults with increased non-employment cash income | | 140 | |
| Percentage of adults who increased non-employment cash income | | 22% | |

Metric 4.3 – Change in total income for adult system stayers during the reporting period

| | Previous FY | Current FY | Difference |
|---|-------------|------------|------------|
| Universe: Number of adults (system stayers) | | 623 | |
| Number of adults with increased total income | | 163 | |
| Percentage of adults who increased total income | | 26% | |

Metric 4.4 – Change in earned income for adult system leavers

| | Previous FY | Current FY | Difference |
|--|-------------|------------|------------|
| Universe: Number of adults who exited (system leavers) | | 255 | |
| Number of adults who exited with increased earned income | | 23 | |
| Percentage of adults who increased earned income | | 9% | |

Metric 4.5 – Change in non-employment cash income for adult system leavers

| | Previous FY | Current FY | Difference |
|---|-------------|------------|------------|
| Universe: Number of adults who exited (system leavers) | | 255 | |
| Number of adults who exited with increased non-employment cash income | | 60 | |
| Percentage of adults who increased non-employment cash income | | 24% | |

Metric 4.6 – Change in total income for adult system leavers

| | Previous FY | Current FY | Difference |
|---|-------------|------------|------------|
| Universe: Number of adults who exited (system leavers) | | 255 | |
| Number of adults who exited with increased total income | | 80 | |
| Percentage of adults who increased total income | | 31% | |

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

| | Previous FY | Current FY | Difference |
|---|-------------|------------|------------|
| Universe: Person with entries into ES, SH or TH during the reporting period. | | 5172 | |
| Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year. | | 1103 | |
| Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time) | | 4069 | |

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

| | Previous FY | Current FY | Difference |
|--|-------------|------------|------------|
| Universe: Person with entries into ES, SH, TH or PH during the reporting period. | | 6629 | |
| Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year. | | 1407 | |
| Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.) | | 5222 | |

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in 2016.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

| | Previous FY | Current FY | Difference |
|---|-------------|------------|------------|
| Universe: Persons who exit Street Outreach | | 186 | |
| Of persons above, those who exited to temporary & some institutional destinations | | 51 | |
| Of the persons above, those who exited to permanent housing destinations | | 48 | |
| % Successful exits | | 53% | |

Metric 7b.1 – Change in exits to permanent housing destinations

| | Previous FY | Current FY | Difference |
|--|--------------------|-------------------|-------------------|
| Universe: Persons in ES, SH, TH and PH-RRH who exited | | 5757 | |
| Of the persons above, those who exited to permanent housing destinations | | 2441 | |
| % Successful exits | | 42% | |

Metric 7b.2 – Change in exit to or retention of permanent housing

| | Previous FY | Current FY | Difference |
|---|--------------------|-------------------|-------------------|
| Universe: Persons in all PH projects except PH-RRH | | 1716 | |
| Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations | | 1649 | |
| % Successful exits/retention | | 96% | |