

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time.

CoC Name and Number (From CoC Registration): NC-516 - Northwest North Carolina CoC

CoC Lead Organization Name: W.A.M.Y. Community Action, Inc.

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

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and providing final approval for the CoC application submission. This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Northwest North Carolina CoC

Indicate the frequency of group meetings: Monthly or more

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

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

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

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

Specify "other" process(es):

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

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

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

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

Specify "other" process(es):

Group leaders are elected on a rotating basis.

If HUD could provide administrative funds to the CoC, would the primary decision-making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.

Yes, if HUD provided administrative funds to the CoC, we would have the capacity to employ someone to oversee the activities of the group, apply for funding, provide project oversight and monitoring.

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

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

Name	Meeting Frequency
Northwest NC CoC ...	Monthly or more
Chronic Homeless ...	Quarterly
HMIS Committee	Quarterly
New Permanent Hou...	Semi-annually
Homeless Preventi...	Monthly or more
Evaluation and Re...	Annually
Point In Time Com...	Quarterly
Public Awareness ...	Monthly or more
Discharge Plannin...	Semi-annually
Domestic Violence...	Monthly or more

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

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

Name of Committee/Sub-Committee/Work Group: Northwest NC CoC Steering Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group meets to coordinate planning for the CoC, identifies issues to be addressed, and manages solutions to homelessness in the CoC service region.

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

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

Name of Committee/Sub-Committee/Work Group: Chronic Homeless Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This committee evaluates the housing, mental health, substance abuse, and advocacy needs of the chronically homeless in the CoC service region.

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

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

Name of Committee/Sub-Committee/Work Group: HMIS Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This committee processes information from the CoC members on reporting needs, evaluates HMIS vendors, and establishes standards for HMIS participation.

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

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

Name of Committee/Sub-Committee/Work Group: New Permanent Housing Committee

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

Plans for new permanent housing and the provision of services.

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

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

Name of Committee/Sub-Committee/Work Group: Homeless Prevention Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Works with faith communities in the seven county service area on programs to prevent homelessness, coordinates resources from the faith community and provides outreach.

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

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

Name of Committee/Sub-Committee/Work Group: Evaluation and Review Committee

Indicate the frequency of group meetings: Annually

Describe the role of this group:

Reviews, evaluates, and ranks applications for funding within the CoC and monitors CoC program results.

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

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

Name of Committee/Sub-Committee/Work Group: Point In Time Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Coordinates annual Point In Time, including street count.

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

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

Name of Committee/Sub-Committee/Work Group: Public Awareness Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Coordinates Homeless Awareness Month, makes presentations to local government and community groups (faith, civic, service, education), works with local government groups on developing a ten year plan, coordinates press releases and radio appearances to promote the activities of the CoC and to raise awareness on homelessness in the community.

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

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

Name of Committee/Sub-Committee/Work Group: Discharge Planning Committee

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

Works with institutions that discharge persons at risk of becoming homeless to find resources and solutions to housing.

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

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

Name of Committee/Sub-Committee/Work Group: Domestic Violence Task Force

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Coordinates services among the seven domestic violence shelters in the service area.

1D. Continuum of Care (CoC) Member Organizations

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

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

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

Northwest Continuum of Care			COC_REG_v10_000409	
Grace Lutheran Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
St. Elizabeth Catholic Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
St Luke and Holy Cross Episcopal Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
Ashe Congregational Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Domestic Vio...
Ashe Really Cares	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Domestic Vio...
Habitat for Humanity	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Veterans, Do...
Shepherd's Staff	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Veterans, Do...
Z. Smith Reynolds	Private Sector	Funder...	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
North Carolina Community Foundation	Private Sector	Funder...	Attend Consolidated Plan focus groups/public forums durin...	Domestic Vio...
Catholic Campaign for Human Development	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Holton Managment	Private Sector	Businesses	Committee/Sub-committee/Work Group	Seriously Me...
Hospitality House Board Member	Individual	Homeless..	Committee/Sub-committee/Work Group	Seriously Me...
OASIS, Inc. Board Member	Individual	Homeless..	Committee/Sub-committee/Work Group	Domestic Vio...
NAMI	Individual	Homeless..	Committee/Sub-committee/Work Group	Seriously Me...
Dipper G.	Individual	Homeless..	Committee/Sub-committee/Work Group	Seriously Me...
Phillip P.	Individual	Homeless..	Committee/Sub-committee/Work Group	Seriously Me...
Ashe County Coalition for the Homeless	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...

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

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

**Open Solicitation Methods:
(select all that apply)** b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, d. Outreach to Faith-Based Groups, e. Announcements at CoC Meetings, f. Announcements at Other Meetings

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

**Voting/Decision Method(s):
(select all that apply)** a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, c. All CoC Members Present Can Vote, d. One Vote per Organization, e. Consensus (general agreement), f. Voting Members Abstain if Conflict of Interest

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

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

Emergency Shelter: No

Briefly describe the reasons for the change:

Safe Haven Bed: No

Briefly describe the reasons for the change:

Our Region does not have any Safe Haven Beds.

Transitional Housing: Yes

Briefly describe the reasons for the change:

Unfortunately, our local Mental Health entity closed Serenity Farm Transitional Supportive Housing Program in August 2007 because the physical plant housing the program was no longer safe for use as a residential program. This transitional program provided 7 HUD CoC funded beds in a Halfway House for adult men with disabling substance abuse conditions. Since a new facility and location were not obtained within 6 months of this facility's closure, this grant was forfeited and funds for the operating year were to be returned to HUD. To date, six of these beds have been replaced with a facility run by the local Mental Health entity although the funding source is not through HUD CoC funds at this time.

Permanent Housing: No

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

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	NWCoC Housing Inv...	10/20/2008

Attachment Details

Document Description: NWCoC Housing Inventory Chart 2008

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

Instructions:

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

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

Indicate the date on which the housing inventory count was completed: 01/30/2008
(mm/dd/yyyy)

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

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

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: Stakeholder discussion, Local studies or non-HMIS data sources, Applied statistics, HUD unmet need formula, Unsheltered count, Housing inventory, HMIS data, National studies or data sources, Provider opinion through discussion or survey forms
(select all that apply)

Specify "other" data types:

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

Local homeless service providers and food pantries completed point in time surveys which were submitted to the Hospitality House for compilation. The count was then compared to prior year and evaluated based on loss of Serenity Farm Transitional beds. In addition service providers were interviewed as to changes in the economic environment affecting their populations. Local communities were not as affected as others in the nations with regard to Sub-Prime mortgages, however, due to the declining economies in our rural, tourism based communities, more families and individuals find themselves homeless from 2007 to 2008.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

Select the HMIS implementation type: Regional (multiple CoCs)

**Select the CoC(s) covered by the HMIS:
(select all that apply)** NC-500 - Winston Salem/Forsyth County CoC, NC-501 - Asheville/Buncombe County CoC, NC-503 - North Carolina Balance of State CoC, NC-504 - Greensboro/High Point CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-508 - Anson, Moore, Montgomery, Richmond Counties CoC, NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-513 - Chapel Hill/Orange County CoC, NC-516 - Northwest North Carolina CoC

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? Yes

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: ServicePoint

What is the name of the HMIS software company? Bowman Systems, Inc.

Does the CoC plan to change HMIS software within the next 18 months? No

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

**Indicate the date on which HMIS data entry started (or will start):
(format mm/dd/yyyy)** 05/01/2006

**Indicate the challenges and barriers impacting the HMIS implementation:
(select all the apply):** Inadequate staffing, Inadequate resources, Other

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

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

The CoC continues to look for ways to overcome the issue of inadequate staffing and agency resources when it comes to data entry and retrieval for reporting purposes. Because program participants often will not consent to being entered into the HMIS, agencies must maintain two systems, pull information from both when completing reports, and hand-sort the data to avoid duplication.

HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	NWCoC/NC Housing ...	09/16/2008

Attachment Details

Document Description: NWCoC/NC Housing Coalition Participation Agreement

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

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

Organization Name North Carolina Housing Coalition
Street Address 1 224 Dawson Street
Street Address 2
City Raleigh
State North Carolina
Zip Code 27601
Format: xxxxx or xxxxx-xxxx
Organization Type Non-Profit
If "Other" please specify

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

Prefix: Mr
First Name Hunter
Middle Name/Initial E
Last Name Thompson
Suffix Jr
Telephone Number: 919-827-4500
(Format: 123-456-7890)
Extension
Fax Number: 919-881-0350
(Format: 123-456-7890)
E-mail Address: hthompson@nchousing.org
Confirm E-mail Address: hthompson@nchousing.org

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

Instructions:

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

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

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

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

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

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

Instructions:

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

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

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	3%	28%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	3%
* Disabling Condition	0%	8%
* Residence Prior to Program Entry	0%	0%
* Zip Code of Last Permanent Address	3%	29%
* Name	0%	0%

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

Did the CoC or subset of the CoC participate in AHAR 4? No

How frequently does the CoC review the quality of client level data? Monthly

How frequently does the CoC review the quality of program level data? Monthly

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

CHIN uses comparative reporting to assist agencies as they improve their client and program data. The primary report is the monthly Data Quality Report; however, agencies may request a report at any time during the month. Standardized ServicePoint reports are available continuously including: APR data, clients served, and clients not served. For agencies that need improvement, on-site and on-line data entry assistance and training are available at no charge.

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

A commitment to accurate data entry, including program entry and exit dates, begins when agencies signed their Agency participation Agreement. In this contract, agencies agree to adhere to CHIN's Standard Operating Policies which explicitly cover all HUD required data elements.

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

Instructions:

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

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

Data integration/data warehousing to generate unduplicated counts:	Never
Use of HMIS for point-in-time count of sheltered persons:	Semi-annually
Use of HMIS for point-in-time count of unsheltered persons:	Semi-annually
Use of HMIS for performance assessment:	Semi-annually
Use of HMIS for program management:	Annually
Integration of HMIS data with mainstream system:	Never

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

Instructions:

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

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following standards:

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

How often does the CoC assess compliance with HMIS Data and Technical Standards? Annually

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Never

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 04/01/2008

If 'No' indicate when development of manual will be completed:

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

Indicate the frequency in which the CoC or HMIS Lead offers each of the following training activities:

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Quarterly
Using HMIS data for assessing program performance	Semi-annually
Basic computer skills training	Monthly
HMIS software training	Monthly

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

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

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

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

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

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

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

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

For each homeless population category, the number of households must be less than or equal to the number of persons.

	Households with Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	12	5	48	65
Number of Persons (adults and children)	36	11	144	191
	Households without Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	46	22	768	836
Number of Persons (adults and unaccompanied youth)	82	33	1,008	1,123
	All Households/ All Persons			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	58	27	816	901
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Northwest Continuum of Care			COC_REG_v10_000409	
Total Persons	118	44	1,152	1,314

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

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

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	20	240	260
* Severely Mentally Ill	51	504	555
* Chronic Substance Abuse	45	648	693
* Veterans	5	120	125
* Persons with HIV/AIDS	0	0	0
* Victims of Domestic Violence	36	192	228
* Unaccompanied Youth (under 18)	0	24	24

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

Instructions:

Separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

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

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

How often will the CoC conduct a PIT count? Annually

Enter the date in which the CoC plans to conduct its next annual point-in-time count: 01/30/2009
(mm/dd/yyyy)

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

Emergency Shelter providers 100%

Transitional housing providers: 100%

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

Instructions:

Survey Providers:

Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

HMIS:

The CoC used HMIS to complete the point-in-time sheltered count.

Extrapolation:

The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

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

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

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

If Other, specify:

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

All domestic violence shelters as well as the only homeless service provider, which provided both emergency and transitional housing, participated in the Point in Time count. A data form for each individual staying at a shelter was completed and then tallied to produce the total shelter count.

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

Instructions:

HMIS:

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

HMIS plus extrapolation:

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

Sample of PIT interviews plus extrapolation:

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

Interviews:

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

Non-HMIS client level information:

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

Other:

CoC used a combination of methods.

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

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

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

If Other, specify:

Actual count and intake forms used to gather subpopulation data.

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

All domestic violence shelters as well as the only homeless service provider, which provided both emergency and transitional housing, participated in the Point in Time count. A data form for each individual staying at a shelter was completed by the respective agency utilizing data from the intake form and then tallied to calculate the subpopulation data.

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

Instructions:

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

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

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

If Other, specify:

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

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

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

Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

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

HMIS:

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

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

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

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

If Other, specify:

The only provider of homeless services completes a data form for each unsheltered individual. In addition, we contact community service providers including food banks, social service agencies and mental health agencies and ask that they complete a survey on homeless individuals and families that they are aware of with measures used to avoid duplication (i.e. initials and date of birth). We use data on all known unsheltered homeless individuals and then extrapolate based on the total population for the 7 counties in our service area.

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

Instructions:

Complete coverage:

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

Known locations:

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

Combination:

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

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

Indicate the level of coverage of the PIT count of unsheltered homeless people: Other

If Other, specify:

Due to the rural nature of our CoC (2700 square miles), we complete a data form on all known unsheltered homeless individuals and then extrapolate based on the total population for the 7 counties in our service area.

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

Instructions:

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

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

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

If Other, specify:

Describe the techniques used to reduce duplication.

Counting the unsheltered on the same day serves to reduce a degree of duplication. Also, we record identifying information such as gender and initials to reduce the possibility of counting someone twice.

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

The COC participants assist identified families at risk for homelessness and work to access mainstream resources to prevent homelessness or facilitate access to transitional housing or permanent housing programs in the CoC region.

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

Due to our large geographical area (2700 square miles) of the NWCoC which constitutes seven rural counties in the northwestern mountains of North Carolina, reaching and identifying people residing in the woods, barns, storage units is extremely challenging. Often times agencies are unaware of unsheltered homeless individuals until a crisis occurs. The only general homeless service provider in the NWCoC region provides outreach and assistance to a large number of individuals with supportive services including meals, showers, laundry, and mail services who currently do not access shelter.

Attachment Details

Document Description:

Attachment Details

Document Description:

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

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

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

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

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

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

Select Objective: Create new PH beds for chronically homeless persons

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

2008 Local Action Steps

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

		Lead Person
Action Step 1	Identify agency to provide 2 new PH beds for chronically homeless persons.	Lynne Mason, HHB
Action Step 2	Obtain funding for additional beds	Lynne Mason, HHB
Action Step 3	Conduct a campaign to educate the public about the needs of the CH.	Lynne Mason, HHB

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	6
Numeric Achievement in 12 months	8
Numeric Achievement in 5 years	14
Numeric Achievement in 10 years	24

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

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

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

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

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

2008 Local Action Steps

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

		Lead Person
Action Step 1	Implement NC ICCHP T & TA on best practices for providers	Lori Watts, New River Service Authority
Action Step 2	Implement SOAR training to ensure access to benefits for chronically homeless	Lori Watts
Action Step 3	Monitor PH results quarterly	Lori Watts

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	71
Numeric Achievement in 12 months	72
Numeric Achievement in 5 years	72
Numeric Achievement in 10 years	75

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

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

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

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

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

2008 Local Action Steps

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

		Lead Person
Action Step 1	Implement NC ICCHP T & TA on best practices for providers	Jennifer Herman, OASIS
Action Step 2	Monitor TH results quarterly	Jennifer Herman, OASIS
Action Step 3	Work w/ community resources to increase awareness and advocate for funding	Jennifer Herman, OASIS

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	62
Numeric Achievement in 12 months	62
Numeric Achievement in 5 years	65
Numeric Achievement in 10 years	70

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

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

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

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

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

2008 Local Action Steps

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

		Lead Person
Action Step 1	Implement tracking system for all SHP programs	Marnie Werth, WAMY
Action Step 2	Expand community outreach to create employment opportunities	Marnie Werth, WAMY

Northwest Continuum of Care		COC_REG_v10_000409
Action Step 3	Monitor SHP results quarterly	Marnie Werth, WAMY

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	37
Numeric Achievement in 12 months	40
Numeric Achievement in 5 years	50
Numeric Achievement in 10 years	55

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

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

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

Select Objective: Decrease the number of homeless households with children

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

2008 Local Action Steps

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

		Lead Person
Action Step 1	Implement Rapid Re-Housing program	Lynne Mason
Action Step 2	Work w/ area service providers to assure funding is earmarked for this population	Lynne Mason
Action Step 3	Evaluate Rapid Re-Housing in the first year to develop effective programs and protocol.	Lynne Mason

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	0
Numeric Achievement in 12 months	4

Northwest Continuum of Care		COC_REG_v10_000409
Numeric Achievement in 5 years		20
Numeric Achievement in 10 years		40

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

Instructions:

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

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

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

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

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

Foster Care Discharge

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

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

The Northwest CoC covers 7 counties, and therefore works with 7 different locally-implemented foster care programs. Presently, our CoC is working to implement protocols in each county's Division of Social Services. These protocols confirm that the Foster Care program begins working with their charges long before anticipated discharge, and the discharge planning includes identification of housing and employment. In addition, some youth participate in the LINKS program which provides additional housing, education and employment supports. To date, MOUs have been signed by the local NWCoC representative and two county DSS agencies, confirming that no one will be discharged from foster care into homelessness.

DSS staff will participate in monthly CoC meetings to talk about how the CoC and DSS can partner to expand permanent housing opportunities for persons discharged from Foster Care.

Health Care Discharge

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

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

Mental Health Discharge

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

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

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

Correction Discharge

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

The NC Interagency Council for Coordinating Homeless Programs (ICCHP) members include representatives from the Department of Correction (DOC). DOC representatives have been participating on the ICCHP's Discharge Planning Work Group for over 4 years. In addition, representatives from DOC participated in this year's ICCHP co-sponsored trainings on homelessness and discharge planning. Prisons across NC are not allowed to sign MOUs with local Continua's; instead, all MOUs must be coordinated with the DOC itself. Final protocols between the CoC and DOC are under final review by DOC attorneys. We anticipate the protocols will be implemented by winter 2009. In addition, the CoC is developing MOUs with local county jails. These MOUs will confirm that the jails will not discharge anyone into a McKinney Vento funded facility that does not meet HUD's definition of eligible homeless persons. In addition, jail staff will be invited to participate in local CoC meetings.

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

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	NWCoC Foster Care...	10/21/2008
Mental Health Discharge Protocol	No	NWCoC Mental Heal...	10/22/2008
Corrections Discharge Protocol	No	--	No Attachment
Health Care Discharge Protocol	No	--	No Attachment

Attachment Details

Document Description: NWCoC Foster Care Discharge Protocol MOU

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

Attachment Details

Document Description: NWCoC Mental Health Discharge Protocol

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

Attachment Details

Document Description:

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

Attachment Details

Document Description:

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

3E. Continuum of Care (CoC) Coordination

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

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the Consolidated Plan: Our goals to address homelessness include securing funding for additional beds for chronically homeless person as well as the hard-to-serve homeless persons, increasing the percentage of persons moving from transitional housing to permanent housing, and increasing the number of communities within the CoC who are developing 10-year plans.

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)? Yes

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

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

The town of Boone has agreed to work with the CoC on the development of a 10 year plan, which is in the early planning phase so no goals have been developed other than to work towards solidifying a work group comprising of elected officials, service providers, the Affordable Housing Task Force, communities of faith, and formerly homeless individuals. This group will be charged with developing a 10-year plan. In addition, Watauga County has donated a parcel of land for the development of a new shelter, which will include permanent housing.

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

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

Refer to the NOFA for additional guidance on reallocating projects.

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

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

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

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

Objective	Proposed 12-Month Achievement (number of beds or percentage)	Actual 12-Month Achievement (number of beds or percentage)
Create new PH beds for CH	2 Beds	2 Beds
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	71 %	80 %
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	62 %	78 %
Increase percentage of homeless persons employed at exit to at least 18%	48 %	37 %
Ensure that the CoC has a functional HMIS system	75 %	100 %

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2006	140	0
2007	77	4
2008	260	24

Indicate the number of new PH beds in place ² and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	\$35,568	\$8,892			
Total	\$35,568	\$8,892	\$0	\$0	\$0

4C. Continuum of Care (CoC) Housing Performance

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	6
b. Number of participants who did not leave the project(s)	23
c. Number of participants who exited after staying 6 months or longer	5
d. Number of participants who did not exit after staying 6 months or longer	24
e. Number of participants who did not leave and were enrolled for 5 months or less	1
TOTAL PH (%)	100

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	32
b. Number of participants who moved to PH	25
TOTAL TH (%)	78

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

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

Total Number of Exiting Adults: 232

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	19	8 %
SSDI	27	12 %
Social Security	3	1 %
General Public Assistance	2	1 %
TANF	3	1 %
SCHIP		0 %
Veterans Benefits	4	2 %
Employment Income	86	37 %
Unemployment Benefits	3	1 %
Veterans Health Care	6	3 %
Medicaid	49	21 %
Food Stamps	61	26 %
Other (Please specify below)	12	5 %
Appalachian Healthcare Project		
No Financial Resources	59	25 %

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

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

Instructions:

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

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

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

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

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

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

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

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

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

December 6-7 2007 - SOAR Training
February 14, 2008
July 15, 2008

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

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

If yes, identify these staff members Provider Staff

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

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

Does the CoC uses HMIS to screen for benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

December 6-7, 2007

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

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

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

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

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

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

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

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

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

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

Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	No
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html)</p>	No
<p>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	Yes
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	No
<p>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	No
<p>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</p>	No
<p>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	No

Part A - Page 3

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

Continuum of Care (CoC) Project Listing

Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Oasis Now New Riv...	2008-10-15 17:00:...	1 Year	New River Service...	69,517	Renewal Project	SHP	PH	F3
OASIS Transitiona ...	2008-10-20 11:49:...	1 Year	OASIS, Inc. (Oppo...	29,294	Renewal Project	SHP	TH	F7
Hospitality House...	2008-10-15 16:49:...	3 Years	Hospitality House...	70,384	New Project	SHP	TH	R9
Wintergree n Perma...	2008-09-23 19:24:...	1 Year	Northwest ern Hous...	33,018	Renewal Project	SHP	PH	F4
SSO Homeless Outr...	2008-10-15 10:04:...	1 Year	Hospitality House...	29,179	Renewal Project	SHP	SSO	F8
Rock Haven Perman...	2008-10-15 16:33:...	1 Year	Hospitality House...	31,928	Renewal Project	SHP	PH	F2
Hospitality House...	2008-10-20 10:56:...	2 Years	Hospitality House...	10,495	New Project	SHP	PH	F5
Hospitality House...	2008-10-15 11:19:...	2 Years	Hospitality House...	35,192	New Project	SHP	PH	S1
Sleeping Place Tr...	2008-10-20 11:19:...	1 Year	Hospitality House...	31,181	Renewal Project	SHP	TH	F6

Budget Summary

FPRN	\$234,612
Rapid Re-Housing	\$70,384
Samaritan Housing	\$35,192
SPC Renewal	\$0
Rejected	\$0