1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): NC-507 - Raleigh/Wake County CoC

CoC Lead Organization Name: Wake County Continuum of Care Inc.

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

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Wake County Continuum of Care, Inc.

Indicate the frequency of group meetings: Bi-monthly

If less than bi-monthly, please explain (limit 500 characters):

Not Applicable

Indicate the legal status of the group: 501(c)(3)

Specify "other" legal status:

Not Applicable

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) 74%

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

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

Specify "other" process(es):

Not Applicable

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

CoC voting membership is open to any person (agency or individual) who pays any dues or user fees established by the Board of Directors and who attends at least 75% of the membership meetings in the most recent full fiscal year. An option for non-voting membership is open to any person (agency or individual) who attends at least one membership meeting, notifies the Secretary of his/her intention to be a member, provides contact information to the secretary. This process was established to be as inclusive as possible while maintaining an informed and responsible membership.

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

Yes. Our CoC is a 501c3 nonprofit agency with 25+ member agencies working to coordinate programs in bimonthly membership meetings. Our CoC has developed a comprehensive work program based upon the locally adopted 10-Year Plan to End and Prevent Homelessness. A Board of Directors with diverse membership gives broad perspective, guidance and oversight to encourage programs which benefit clients served by all member agencies. An Executive Director is being hired to give day to day attention to these efforts, and he or she will be able to provide direct oversight of a HUD/CoC grantee relationship. Our CoC benefits from member agencies that have regularly received HUD funding who have a track record of success and compliance.

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

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Services and Supports Committee	This committee's work has been focused on exploring the development of a 24/7 Stabilization, Assessment and Referral Center where services to persons experiencing homelessness and others in need could be coordinated within our community. The committee is evaluating services that are needed and could potentially be located in the facility to provide adequate stabilization / assessment and referrals. This committee has spent time laying the groundwork by working with agencies to develop a common assessment tool. They are working with local governments and service agencies to gain support for moving forward.	Monthly or more
Quality Management/Program Evaluation/NOFATeam	The team is charged with keeping member agencies informed of best practices, enhancing the continuum's effort to provide coordinated services and monitoring the success of these efforts. This team designs and maintains standard outcomes and submission procedures for programs applying for funding through the CoC. This team addresses all issues regarding program evaluation and quality control of projects. The team also provides accurate data to support the CoC. This team organizes and implements periodic PIT counts, working with volunteers, police officers, and others. The team leads the development and implementation of the Community's HMIS. The team has contracted and continues to work with a vendor to fully implement this system.	Monthly or more
Partnership to End Homelessness Oversight Team	The overarching effort to guide our community's effort to end homelessness is our Raleigh/Wake Partnership to End and Prevent Homelessness. These efforts are guided by the work carried out in our bi-monthly membership meetings and weekly oversight team meetings. These groups are responsible for the implementation of the strategies of our ten-year plan to end homelessness. Together these groups guide the collaborative efforts of our partners, setting the work agenda, monitoring community-wide progress, promoting our vision and helping to raise needed funds for implementation. These activities are ongoing throughout the year as our CoC responds to changes and progressions toward closing service and resource gaps.	Monthly or more

Employment and Education Committee	This committee has focused on designing and implementing a number of programs to improve employment opportunities for persons experiencing homelessness. These efforts include our Job Referral Program; where an employment liaison develops relationships between local businesses and homeless service providers that result in both filling an employment gap and hiring a homeless person. Another effort is the "Let's Get to Work" effort, which raises funds to provide day care and transportation funding subsidy assistance to homeless and at risk individuals and families. Also, Wake County Human Services and Step-Up Ministries are partnering to introduce the "Heroes At Work" Homeless Veterans Training and Employment Program.	Monthly or more
More Affordable Housing Committee	This committee is a major action team of our Plan. Its primary objective is to increase the affordable housing supply for persons who are at 40% or below of area media income. The committee convenes monthly to explore housing initiatives or policy issues that relate to affordable housing development. This committee provides input to our local governments' comprehensive planning processes. Members attend all public meetings to give input to ensure that affordable housing stays at the forefront of the issues associated with comprehensive planning. The committee's 2009 priority issues include addressing regulatory and policy barriers, increasing local funding for affordable housing and building community support and involvement.	Monthly or more

If any group meets less than quarterly, please explain (limit 750 characters):

Not Applicable

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Wake County Human Services	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans, Se...
City of Raleigh	Public Sector	Local g...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Town of Cary	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Raleigh Housing Authority	Public Sector	Public ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Triangle Family Services (Counseling Svs)	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Triangle United Way	Private Sector	Non-pro...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
The Womens Center of Wake County	Private Sector	Non-pro...	Lead agency for 10-year plan, Attend 10-year planning mee...	Seriously Me...
Interact (Domestic Violence Services)	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
The Healing Place of Wake County (SA Treatment)	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Substance Abuse
CASA (Housing Developer)	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Haven House (Youth Services)	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Youth
The Carying Place (Housing & Services Provider)	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
YWCA	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Domestic Vio...
Church in the Woods (Homeless Outreach)	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
PLM Families Together, Inc. (Housing Provider)	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...

Catholic Charities (Housing & Services Provider)	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
Interfaith Food Shuttle	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Substance Abuse
Passage Home (Housing & Services Provider)	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Youth, Subst...
Raleigh Rescue Mission	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	Veterans, Su...
Urban Ministries(Medical, Shelter, Basic Needs)	Private Sector	Other	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Salvation Army	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
DHIC, Inc. (Housing Developer)	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Wake Health Services, Inc.	Private Sector	Hospita...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Southlight (SA Svs. and Housing Provider)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Ab...
Step Up (Employment Svs. & Housing Provider)	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
Wake Interfaith Hospitality (Housing/Svs Provi...	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
Social Security Administration	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Sam McLean	Individual	Formerl...	Attend 10-year planning meetings during past 12 months, C...	NONE
Sally Bruns	Individual	Formerl...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Dr. James Hartye	Private Sector	Hospita...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
NCSU Park Scholars	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Becky Harrison	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Mimi Kim	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Wake County Commissioner Lindy Brown	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

Wake County Sheriff's Department- Phyllis Stephens	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

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

Instructions:

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

Open Solicitation Methods: (select all that apply) f. Announcements at Other Meetings, a. Newspapers, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership

Rating and Performance Assessment Measure(s): (select all that apply) e. Review HUD APR for Performance Results, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), o. Review CoC Membership Involvement, c. Review HUD Monitoring Findings, r. Review HMIS participation status, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience, i. Evaluate Project Readiness

Voting/Decision-Making Method(s): (select all that apply) a. Unbiased Panel/Review Commitee, e. Consensus (general agreement)

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

Not Applicable

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

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

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

The Healing Place reclassified 69 beds from emergency to transitional; and Raleigh Rescue Mission reclassified 22 beds from transitional to emergency. Net resulting change was 47 fewer emergency beds, but no loss of beds in overall inventory.

Please note: this year our CoC spent extensive time working on our eHIC chart to assure its accuracy. During the process we found reporting errors on last year's eHIC. Seventy-Six (76) beds were eliminated from our inventory because they should not have been included last year. AME Shelter (36 Beds) is not technically a homeless shelter (they charge rents and provide housing to whomever can pay the rent). WIHN (40 beds) reported their full capacity in 2 categories resulting in a double count

Safe Haven: No

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

We do not have Safe Haven programs in our CoC.

Transitional Housing: Yes

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

Healing Place reclassified 69 beds from emergency to transitional; and Raleigh Mission reclassified 22 beds from transitional to emergency. Net resulting change was 47 additional transitional beds, but no loss in overall inventory.

Note: this year our CoC spent extensive time working on our eHIC to assure its accuracy. We found reporting errors on last year's eHIC. The following agency bed counts were listed incorrectly. Sometimes the maximum possible family beds were listed, but this does not coincide with practical use of family units. The following adjustments were made to incorrect numbers that were reported last year: Haven House/-18, Healing Place/-5, Passage Home/-57, Raleigh Mission/-24, Step Up/+2, and Carying Place/-26.

Permanent Housing: Yes

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

Fifty-Five (55) new permanent housing beds were added to our community's inventory this year. The following agencies developed this new housing: CASA, Wake County Human Services, Catholic Charities, and Passage Home.

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

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

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	2009 eHIC for 507...	11/17/2009

Attachment Details

Document Description: 2009 eHIC for 507 Wake County, North Carolina

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

Instructions:

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

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy) 01/26/2009

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

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

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply) Unsheltered count, HUD unmet need formula, Housing inventory, Provider opinion through discussion or survey forms

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

The HUD unmet need formula was the main equation used to compute the unmet need totals. Providers provided feedback to these numbers.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type: Single CoC

Select the CoC(s) covered by the HMIS: (select all that apply) NC-507 - Raleigh/Wake County CoC

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

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

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

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

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

What is the name of the HMIS software company? Bowman Systems

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

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 10/01/2004

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

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): No or low participation by non-HUD funded providers, Inadequate resources

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

We made a software switch in mid-year to eliminate the challenges and barriers indicated on our 2008 HUD application. The inadequate staffing, limited reporting functions and our inability to validate accuracy of reports of our former HMIS have been addressed by our CoC's new HMIS vendor. Our new vendor provides standardized and customized reports and provides focused technical assistance and training to support our CoC in improving our data quality.

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

Members of Quality Management/Program Evaluation/NOFATeam are outreaching non-HUD funded providers to promote and provide incentives for participating in the HMIS. We are applying for SHP funding to subsidize the cost related to end user license fees that some of our CoC agencies are struggling to finance.

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

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	North Carolina Housing Coalition
Street Address 1	118 St. Mary's Street
Street Address 2	
City	Raleigh
State	North Carolina
Zip Code **Format: xxxxx or xxxxx-xxxx**	27601
Organization Type	Non-Profit
If "Other" please specify	Not Applicable
Is this organization the HMIS Lead Agency in more than one CoC?	Yes

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

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:	Mr.
First Name	Harold
Middle Name/Initial	E.
Last Name	Thompson
Suffix	Jr.
Telephone Number: (Format: 123-456-7890)	919-600-4737
Extension	
Fax Number: (Format: 123-456-7890)	919-881-0350
E-mail Address:	hthompson@nchousing.org
Confirm E-mail Address:	hthompson@nchousing.org

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

Instructions:

HMIS bed coverage measures the level of participation in a CoC¿s HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

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

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

*** Emergency Shelter (ES) Beds**	86%+
*** Safe Haven (SH) Beds**	No beds in CoC
*** Transitional Housing (TH) Beds**	76-85%
*** Permanent Housing (PH) Beds**	76-85%

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

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

Not Applicable

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

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

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

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

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	5%
* Date of Birth	2%	0%
* Ethnicity	2%	0%
* Race	2%	0%
* Gender	2%	0%
* Veteran Status	2%	3%
* Disabling Condition	2%	3%
* Residence Prior to Program Entry	2%	2%
* Zip Code of Last Permanent Address	2%	10%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories¿i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM)¿to be eligible to participate in AHAR 4.

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

Did the CoC or subset of CoC participate in AHAR 5? No

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

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

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

Our CoC utilizes the HMIS to provide comparative reporting to assist us in improving our client and program data. The primary report is the monthly Data Quality Report that provides our CoC with an overview of our data completeness, utilization rates, and inventory. Our CoC uses HMIS to complete interim reports to check error rates and requests that agencies correct necessary data. Standardized reports are also available continuously. For agencies that need improvement, on-site and on-line data entry technical assistance and training are available. Our CoC has created a hard copy universal assessment form that parallels the data elements that HUD requires. This form has been helpful in reducing the potential for missing data.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

Our CoC's commitment to accurate data entry, including program entry and exit dates, begins when agencies sign 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. Our CoC in part chose this vendor due to its commitment to collecting accurate data, their stringent agency participation requirements and their commitment to attend monthly CoC meetings to review our progress and/or difficulties with utilizing the HMIS. When requested, HMIS staff can generate a report for participating agencies that lists all clients with their program entry and exit dates and indications of fields that remain incomplete.

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

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts: Semi-annually

Use of HMIS for point-in-time count of sheltered persons: Semi-annually

Use of HMIS for point-in-time count of unsheltered persons: Semi-annually

Use of HMIS for performance assessment: Semi-annually

Use of HMIS for program management: Annually

Integration of HMIS data with mainstream system: Never

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

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

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

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

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

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

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

If 'Yes' indicate date of last review or update by CoC: 08/03/2009

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:
- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

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

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

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

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/26/2009

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

Households with Dependent Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	52	27	0	79
Number of Persons (adults and children)	174	97	0	271

Households without Dependent Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	333	285	0	618
Number of Persons (adults and unaccompanied youth)	334	300	247	881

All Households/ All Persons

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	385	312	0	697
Total Persons	508	397	247	1,152

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

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
*** Chronically Homeless (Federal definition)**	54	0	54
*** Severely Mentally Ill**	60	0	60
*** Chronic Substance Abuse**	123	0	123
*** Veterans**	19	0	19
*** Persons with HIV/AIDS**	5	0	5
*** Victims of Domestic Violence**	84	0	84
*** Unaccompanied Youth (under 18)**	4	0	4

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

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

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

How frequently does the CoC conduct a point-in-time count? Annually

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/27/2010

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

Emergency shelter providers: 100%

Transitional housing providers: 100%

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

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
- Survey Providers¿Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS¿The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation¿The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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

Survey Providers:	X
HMIS:	
Extrapolation:	
Other:	

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

Emergency shelter and transitional housing providers documented how many individuals they provided housing to on the night of the point-in-time count and submitted their documentation to coordinators of this year's count who then collated all the sheltered population data with the unsheltered population data to produce a final count.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

The 2009 Point-in-Time count had 163 fewer individuals than the 2008 count. This drop in the number of individuals occurred exclusively in the emergency sheltered count. This decrease has a few different probable causes. First, new permanent housing moved individuals who were chronically homeless out of the shelter. Second, the decrease could also be weather related due to the date of the count on January 26, 2009. The 2009 count was not a "white flag night" when shelters open overflow beds due to below freezing temperatures - as it was in 2008. Thus, fewer people might have been at the shelter due to the warmer weather. We believe that those individuals who were not captured in the sheltered count were captured in the unsheltered count.

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

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.
- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD¿s Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: ¿A Guide for Counting Sheltered Homeless People¿ at http://www.hudhre.info/documents/counting_sheltered.pdf.

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

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

If Other, specify:

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

Emergency shelter and transitional housing providers documented how many individuals they provided housing to on the night of the point-in-time count and submitted their documentation to coordinators of this year's count who then collated all the sheltered population data with the unsheltered population data to produce a final count.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

There was a reported decrease from 141 in 2008 to 60 in 2009 in the severely and persistently mentally ill sub-population. There was a reported decrease from 91 in 2008 to 54 in 2009 in the chronically homeless sub-population. We believe the drop in in the mentally ill sub-population is due to an overall decrease in the numbers counted as sheltered this year. As we explained in Exhibit L, the 2009 Point-in-Time count had 163 fewer individuals than the 2008 count. (The 2009 count was not a "white flag night" when shelters open overflow beds due to below freezing temperatures - as it was in 2008. Thus, fewer people might have been at the shelter due to the warmer weather. We believe that those individuals who were not captured in the sheltered count were captured in the unsheltered count.) In part, the chronically homeless sub-population dropped because newly acquired permanent housing allowed individuals who were chronically homeless to move out of the shelter.

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

Instructions:

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

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

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

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

If Other, specify:

NA

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

NA

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

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:
- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see ¿A Guide to Counting Unsheltered Homeless People¿ at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

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

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

If Other, specify:

NA

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

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.
¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.
¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Complete Coverage and Known Locations

If Other, specify:

NA

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

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at: www.hudhre.info/documents/counting_unsheltered.pdf.

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

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

If Other, specify:

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

We planned the unsheltered count geographically during a fixed window of time. We had volunteers who participated in the count go to each geographic region simultaneously so that unsheltered persons would not be counted more than once.

Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

Our CoC continues to strengthen our collaboration with the local faith based non-profit organization, Church In The Woods (CITW). CITW is an outreach ministry to the unsheltered homeless population. Their organization coordinates volunteer groups that go into "unmapped" areas to identify isolated homeless households and individuals. CITW's work is key to our outreach plan to find and offer services to unsheltered households with dependent children. They explore wooded areas, streets, and under bridges to locate people in need; provide clothing, toiletries, medical teams, showers, laundry, and serve meals on location throughout the area; offer people an opportunity for spiritual discipleship, and host many weekly church services at outdoor locations; support those who desire to come off drugs and alcohol, and reintegrate into society; connect persons experiencing homelessness with community assistance programs and low cost housing.

Also, Homeless Children¿s Initiative has been convened monthly conversations between family shelters and early childhood mental health staff to increase collaboration for services to enhance social-emotional health of homeless children, ages 0-5. They conducted focus groups with parents and staff, and observed parent-child interactions at shelters, to document strengths and improvements needed in the shelter environment to enhance quality parent-child relationships in homeless families.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

In addition to strengthening our collaboration with a local faith based non-profit organization who provides an outreach ministry to the unsheltered homeless population, our CoC will increase utilization of a PATH team which provides outreach and engagement services to individuals who are street homeless or living in other places not meant for human habitation. The PATH team works to engage these individuals in services that will meet their basic needs (food, clothing, housing, medical care, transportation, etc.) as well as services that will address any unmet psychiatric and/or substance abuse services needs.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

Our unsheltered population increased from 74 in 2008 to 247 in 2009. There was no change in the unsheltered count of families with children (counts were zero each year). This increase in unsheltered count reflects our decrease in emergency sheltered count. This increase has a few different probable causes. The increase could also be due to the date of the count on January 26, 2009. This date worked best for Church in the Woods, who routinely meets with and provides outreach to unsheltered homeless persons. Since CITW is the most qualified group to complete the unsheltered count and met HUD regulations. this date allowed for the most reliable counting method. The third reason was weather related. The 2009 count was not a white flag night when shelters open overflow beds due to below freezing temperatures - as it was in 2008. Thus, fewer people might have been at the shelter due to the warmer weather. We believe that many individuals who were captured in the unsheltered count this year were captured in the sheltered count last year. Also, the point-in-time count is a "snapshot" and may not capture all those who are cycling in and out of homelessness over a specific time frame and is is difficult to determine where all unsheltered people may reside on a given night.

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

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

At the 12-month benchmark (2010 Point-In-Time count), our CoC anticipates creating 31 additional units of affordable housing targeted to persons experiencing chronic homelessness. This will be accomplished when CASA opens and fully occupies its new permanent housing apartment complex, Salisbury Apartments. Salisbury apartments is a 10-unit apartment complex. All units are leased to chronically homeless clients of South Wilmington Street Center's Emergency Shelter for homeless men. Additionally, Wake County Human Services will create and occupy 15 housing vouchers specifically targeting persons who are experiencing chronic homelessness, have a severe and persistent mental illness, and have had more than six hospitalizations in the last two years. Our SPC-Housing First program will also be able to expand its capacity, adding six new units of Shelter Plus Care housing to our chronic homeless inventory.

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

Over the next 10 years, our CoC will continue to make the creation of permanent housing units for individuals experiencing chronic homelessness a priority. We already have plans to build and occupy three additional units by 2011, and we plan to develop other units also. Our CoC's "More Affordable Housing" committee is working with local government officials to eliminate barriers. Members of our CoC and other statewide partners are advocating for this affordable housing with city councilors and county commissioners. Education and advocacy is a large part of all of our efforts. Our CoC is also actively engaged in dialogue with private housing developers to convince them to expand their stock of housing for persons experiencing chronic homelessness.

How many permanent housing beds do you currently have in place for chronically homeless persons? 46

How many permanent housing beds do you plan to create in the next 12-months? 31

How many permanent housing beds do you plan to create in the next 5-years? 51

How many permanent housing beds do you plan to create in the next 10-years? 71

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

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

Our CoC has far exceeded this threshold. To sustain this threshold, the CoC intends to increase support and awareness of long term supportive strategies like our Support Circle Program. This program utilizes volunteer congregations in our community to support formerly homeless persons in permanent housing. We will continue to increase collaboration with the local mental health system to improve supports for clients, recognizing that maintaining good mental health increases likelihood of remaining in permanent housing. Many CoC agencies will continue to provide intensive support services and frequent home visits to ensure higher rates of success for sustaining permanent housing. CoC agencies have been historically successful in providing these support services and we intend to continue to build on our success despite challenges we may encounter as state mental health services anticipate decreases in funding.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Our goal is to sustain the efforts in place that are responsible for our current success. The CoC will continue to work with local, regional, and state agencies to increase awareness of the needs for homeless individuals and families. Increased awareness of this issue will lead to improved community support for agencies' efforts to assist homeless individuals and families in sustaining their permanent housing. We will work with our community partners who assist individuals and families to obtain permanent housing to improve their capacity for sustaining formerly homeless people in permanent housing. We also will work to improve the services for many of our clients that have chronic substance abuse disorders, who are in need of effective treatment. We are particularly concerned about the loss of funding in our state for mental health services due to the economic downturn and elimination of funding for community support services. We will advocate sustaining these services.

What percentage of homeless persons in permanent housing have remained for at least six months?	90
In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?	90
In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	90
In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	90

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

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

Our CoC has already achieved this threshold. To maintain this threshold, CoC will continue to focus on improving our ability to partner with the local public housing partners, private landlords, and other permanent housing providers to ensure that those individuals residing in transitional housing will have access to safe, decent affordable permanent housing options. Transitional housing providers in our CoC will prepare clients for housing by teaching independent living skills; and they will assist participants in locating and obtaining permanent housing of their choice. Transitional housing providers will also provide follow up support and aftercare services to graduating program participants to include intensive case management support while participants adapt to their permanent housing. Transitional housing providers will ensure that appropriate connections to available services are in place as needed for those individuals placed in permanent housing.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Our long term goal will be to sustain and improve many of our current relationships and contacts as described in our 12-month achievement plan. We will continue to develop relationships with our local, regional, and state agencies to advocate for increased permanent housing options for homeless individuals and families. We will continue to seek additional funding for CoC partners who focus on affordable housing development and we will encourage housing developers to take advantage of available tax credits for development of affordable housing. We anticipate having a stronger community-wide focus on the tenant based education program, "Ready to Rent", that prepares clients for permanent housing. Modules in this curriculum include teaching clients their tenant rights and responsibilities and working with clients to repair their credit histories.

What percentage of homeless persons in transitional housing have moved to permanent housing?	75
In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?	76
In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	80
In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	85

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

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

Our CoC currently exceeds the HUD employment threshold with 26% of persons employed at exit. During the next 12 months, we will focus in 3 areas: employment related- trainings, data collection, and collaboration across agencies to cultivate employer relationships. While we currently provide a range of employment related trainings (resume writing, interview skills, job search strategies, effective communication, conflict resolution, basic computer skills, basic internet us), we will strive to create employment related training plans for each individual moving through our Continuum. We will use our new employment assessment and information gathering tools available through our HMIS to capture and report more accurate employment data across agencies. We have 7 agencies planning and conducting collaborative employer cultivation and we will continue to increase the number of participating agencies. Also, we are implementing a ¿Heroes at Work¿ initiative to employ homeless veterans.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

In our longer range planning to increase employment opportunities and results for our CoC, we will need to focus on integrating systems, on creating clear and sustainable pathways to employment, and on equipping ourselves to better track and support employment success beyond participation in our programs.

We need to lay out a map of all the employment related trainings offered through our Continuum agencies and streamline the ways we collectively assess and refer clients to employment related services. We will need standardized assessment criteria and a shared process of discerning which employment programs best suit our clients' needs.

As we improve our ability to track clients moving through our Continuum, we also need to collectively capture details about the employers who hire them. As we increase aftercare opportunities across our Continuum, we will need to move from finding jobs to building strong supports for maintaining jobs and developing careers.

What percentage of persons are employed at program exit?	26
In 12-months, what percentage of persons will be employed at program exit?	27
In 5-years, what percentage of persons will be employed at program exit?	31
In 10-years, what percentage of persons will be employed at program exit?	36

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

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

CoC member agencies are collaborating on the "Homeless Children's Initiative". These efforts will make a positive impact on the lives of children who are experiencing homelessness and lead to a decrease in homeless families. Our goal is to create a system of care in the area shelters that will support parent/child relationships, systematically screen young children for developmental and social/emotional problems, link families/children with area services and resources, and support staff and parents through training. Wake County has comprehensive therapeutic resources for children from mental health professionals; those services are not being accessed by the children who need them most because their parents are dealing with the crisis of not having housing. The hierarchy of needs makes it difficult for parents to prioritize social-emotional needs. The committee is in the process of completing observations, interviews, and focus groups in 4 of the area homeless shelters.

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

The long range goal of the Homeless Children's Initiative is to have staff available at every homeless shelter to ensure that all children get proper screening and assessment. We currently have submitted two funding proposals to NC endowments. Funding is needed for long term daycare subsidies for homeless children so they receive quality care from trained professionals while their parents work and conduct the business necessary to house their families. Funding and providers for emergency, short term daycare when families enter shelters are also needed. This allows parents to use their limited time at the shelter effectively. Funding is needed to train shelter staff on interacting with children who have experienced trauma and on how to create positive cultures that foster strong parent-child relationships and increase social-emotional health. Also, our HPRP program addresses families with children and will assist homeless families to sustain housing.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)? 79

In 12-months, what will be the total number of homeless households with children? 74

In 5-years, what will be the total number of homeless households with children? 60

In 10-years, what will be the total number of homeless households with children? 50

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

¿ What? Describe the policies that have been developed or are in the process of being developed.
¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

The N.C. Children's Policy Review Committee, within the Department of Health and Human Services Division of Social Services, has developed protocols for Transitional Living Plans for youth being discharged from the foster care systems. Components of these protocols include the requirement that each youth will have a stable place to live upon discharge other than HUD McKinney-Vento funded beds, with a primary and backup discharge plan to minimize the likelihood of homelessness resulting from a disrupted plan, an example being Haven House's Transitional Living Program. A provision in the North Carolina plan provides youth with the opportunity to re-enter foster care up to age 21 if they are not able to maintain housing after discharge. Members of the Wake CoC have provided input on the state five year plan and work closely with members of the county LINKS staff to ensure the needs of youth leaving care are met and homelessness is avoided. Youth leaving foster care routinely go to: college(dormitory), military(barracks), return home to family, or enter an approved independent living program (Chaffee Act). Agencies who collaborate to ensure foster youth are housed include but are not limited to: non-profit agencies, local universities, county social services staff, military recruiters, family members, private landlords, and faith groups.

Health Care:

CoC has worked closely with WakeMed Hospital to ensure compliance with discharge rules. Hospitals in Wake County are accredited by the Joint Commission on Accreditation of Healthcare Organizations. This process requires hospitals to establish procedures to address continuing care, treatment and services after discharge. Appropriate placements do not include HUD McKinney-Vento funded programs. The discharge process includes helping to ensure that continuity of care, treatment and services is maintained. In addition, hospitals that receive Medicare reimbursements are required to have a written discharge planning process that is thorough, clear, comprehensive and understood by hospital staff. The hospital must also identify at an early stage of hospitalization all patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning. When patients are discharged, appropriate information related to care, treatment, and services is exchanged with service providers. For patients who are not able to be discharged into permanent housing, a great resource in Wake County is the Raleigh Rescue Mission's Medical Respite Program. Participants in this program receive shelter, food, case management and wrap around support services. Also, Horizon Health Center is a medical home for persons experiencing homelessness in Wake County.

Mental Health:

In accordance with the requirements for discharge planning for individuals in state psychiatric hospitals and drug treatments centers (State of NC administrative code 10A NCAC 28F), CoC has developed protocols documented in a written agreement with Central Regional State Psychiatric Hospital. The hospital may discharge a previously homeless individual to an emergency shelter if they have been admitted to the institution for less than 30 days. The hospital must provide verification of the patient's length of stay on official letterhead. Also, the homeless agency will have provided verification of the patient's homelessness prior to hospitalization. For individuals being discharged from such institutions after a stay of over 30 days, non-McKinney-Vento funded permanent housing programs are utilized. Various CoC members assist with housing placement in the form of public housing, housing vouchers and affordable housing produced through the low income housing tax credit program. A goal of discharge preparation is to ensure all patients released from the hospitals and treatment centers can transition into appropriate housing and treatment programs. For any person leaving the hospital in need of ongoing behavioral health services, the hospital should contact the appropriate Local Management Entity (LME) to assist in such matters. Upon discharge, these individuals have, at minimum, intake appointments scheduled for community services in housing and/or behavioral health.

Corrections:

CoC works closely with the Wake County Detention Center, and we have a fully executed memorandum of agreement with the Sheriff's Office signed by Wake County Sheriff Donnie Harrison. This agreement makes clear that no person can be discharged from the jail system to be placed into HUD McKinney-Vento funded programs. The Detention Center works closely with the Wake County Forensics Team who is allowed to work inside the jail with staff to get treatment and appropriate discharge planning underway for persons with mental health diagnoses. Furthermore, the N.C. Department of Correction (DOC) always seeks discharge placements that are appropriate housing options other than HUD McKinney Vento funded programs. The Division of Prisons has a computerized system of tracking aftercare planning in health services which guarantee that appropriate staff have universal access to plans in progress at all times. This allows management to check the quality of those plans as well as gather data for future planning or service provision. At the DOC, aftercare for offenders with mental illness, developmental disabilities and persons covered by the Americans with Disabilities Act, is planned by a multi-disciplinary team process. Here a case manager, mental health social worker, and probation/parole officer assure that a released inmate has a viable, appropriate, sustainable home plan as well as a plan for sustainable employment when able.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?

Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

1. Additional Wake County households earning at or below 40% MFI will have safe, decent, stable, affordable housing. (Five hundred additional families in Wake County will live in safe, decent, stable, affordable housing.)

2. Five hundred new units will have long-term (20-30 year) affordability. (There will be a minimum of 20 years of guaranteed affordability on 500 units of new housing.)

3. Additional affordable housing will prevent individuals and families earning at or below 40% MFI from becoming homeless.

4. One hundred homeless families and individuals earning at or below 40% MFI will have rental assistance. (One hundred persons will move from homelessness to permanent housing for at least 24 months)

The units created will support the actions outlined in the Wake County and City of Raleigh 10-Year Plan to End Homelessness.

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

COC was an active partner in the development of the both the Raleigh and Wake County Homeless Prevention and Rapid Re-housing Programs, attending a joint meeting with both HPRP coordinators. Additionally, Wake County's April 3, 2009 HPRP meeting and the Raleigh's April 16, 2009 HPRP public meetings were well attended by CoC members and manh of our comments were received and were implemented in the Request for Proposals that was issued. Both the Wake County HPRP and the Raleigh HPRP coordinators are members of the CoC, and they have provided useful information to our membership. Community members were represented in the application review process, and we anticipate this collaborative effort will continue in the implementation and monitoring period. Raleigh and Wake County make regular reports to the WCoC at our regular meetings. Two agencies, the Women's Center of Wake County and Triangle Family Services, were chosen to administer the HPRP funds in our community. Both agencies are members of the CoC.

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

The Durham VA Medical Center works closely with CoC Member Agency Wake County Human Services (WCHS) who identifies eligible veterans for participation in the HUD-VASH program. The Homeless Veterans Services Officer(HVSO) refers eligible veterans to the Durham VA for possible placement into the HUD-VASH program. The Durham VA then submits the names of the selected veterans to the Wake County Housing Authority. Vouchers are issued as they become available. Once a voucher has been issued to a veteran s/he can use the voucher to look for affordable housing in the community. The HVSO has placed 12 veterans into permanent housing using these vouchers since March of 2009. Four veterans have been issued vouchers and are still looking for housing. A total of 26 veterans have been referred to date. The Durham VA is allocated 35 vouchers annually and they expect to receive the same amount next year. They were recently allotted approximately 70 additional vouchers this year as a result of unused vouchers becoming available from other locations in the state. Our CoC has great access to this new program, and our veterans have been able to improve each health and mental health and access safe, decent affordable housing.

Raleigh and Passage Home, Inc. were awarded NSP grants. Both agencies are members of the CoC. Representatives from both agencies made presentations at membership and committee meetings of CoC. Both agencies accepted input and keep our CoC well informed of their progress and opportunities for collaboration.

Raleigh NSP's goal is to acquire at least 30 foreclosed residential properties, rehabilitate 15 units for resale to LMMI homebuyers or for rental opportunities for households at or below 50 percent of area median income. Raleigh has a 5-year history of focusing on neighborhood needs through an interdepartmental team focused on holistic delivery of city services. Raleigh intends to form partnerships with other NSP-funded entities (nonprofit organizations) to maximize local efforts to address community quality issues triggered by foreclosures.

Passage Home funds will promote neighborhood stabilization and energy-efficient affordable housing by replacing properties adversely affected by foreclosure issues in south Raleigh. Specifically, funds will be used to acquire foreclosed homes at a discount, redevelop and/or rehabilitate properties for purchase by eligible homebuyers or rent to low to moderate income households.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	24	**Beds**	28	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	83	**%**	91	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	64	**%**	75	**%**
Increase percentage of homeless persons employed at exit to at least 19%	42	**%**	26	**%**
Decrease the number of homeless households with children.	117	**Households**	79	**Households**

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

This year the CoC exceeded HUD's target of having 19% of homeless persons employed at exit. Twenty-Six percent of homeless persons had employment at exit. We, however, did not meet the stretch goal we has establshed for ourselves (42%). This year, it was harder than anticipated to assist persons in obtaining and maintaining employment, due in part to the high rate of unemploment in North Carolina. Also, many of our programs our increasingly reaching out to persons who are disabled and chronically homeless. These persons are not avaialbe for work, due to their disabling condition.

Please Note: Last year, in error our application listed number of individuals in households with children vs. number households with children. Our application in 2008 should have read 117 households (not 194 individuals).

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year¿s Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	125	18
2008	79	18
2009	54	46

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 28

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$400,000		$200,000	$555,148	
Operations	$757,080			$255,148	
Total	$1,157,080	$0	$200,000	$810,296	$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

Not Applicable. The number of chronically homeless persons decreased and the number of permanent beds designated for the chronically homeless increased.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

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

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	39
b. Number of participants who did not leave the project(s)	268
c. Number of participants who exited after staying 6 months or longer	20
d. Number of participants who did not exit after staying 6 months or longer	200
e. Number of participants who did not exit and were enrolled for less than 6 months	83
TOTAL PH (%)	72

Instructions:

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

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

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	57
b. Number of participants who moved to PH	43
TOTAL TH (%)	75

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

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 325

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	67	21	%
SSDI	31	10	%
Social Security	15	5	%
General Public Assistance	0	0	%
TANF	2	1	%
SCHIP	0	0	%
Veterans Benefits	17	5	%
Employment Income	85	26	%
Unemployment Benefits	1	0	%
Veterans Health Care	29	9	%
Medicaid	76	23	%
Food Stamps	46	14	%
Other (Please specify below)	4	1	%
Child Support (ask group)			
No Financial Resources	119	37	%

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

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

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

Instructions:

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

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

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

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? Yes

4E. Section 3 Employment Policy Detail

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

If Yes to above question, click save to provide activities

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

Establish a preference policy for Section 3 for competitive contracts

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

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

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

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

The Quality Management/Program Evaluation/NOFA Team mets monthly on second Thursdays. This team addresses all issues regarding program evaluation and quality control of projects. Representatives from all HUD funded agencies serve on this team. This meeting provides an opportunity for agencies to report their progress in connecting their clients to mainstream services. Team members exchange tips and techniques for successful outcomes; and report known system changes. The team has developed an electronic spreadsheet to monitor the performance of all projects APR outcomes. This allows the team to spot trends or areas of system wide concern.

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 3, 2008 (New Beginning Resources for Women), January 7, 2009 (Mental Health/Outpatient-Community Support), March 4, 2009 (Domestic Violence Services), April 1, 2009 (Joblink/Employment Services/Transportation), May 6, 2009 (Social Security Administration), June 3, 2009 (HIV Services), July 1, 2009 (Work First), September 2, 2009 (Supportive Housing Services/Ready to Rent), October 7, 2009 (Life Skills Training), November 4, 2009 (SOAR)

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. Monthly or more

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

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

Not applicable

Has the CoC participated in SOAR training? Yes

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

December 9, 2008 and February 4, 2009.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Case managers assess clients at intake and determine needs. Case managers assist clients with applying for mainsteam benefits and provide follow up support to clients in order to maintain benefits. Case managers link clients to Triangle Disability Advocates who provide systematic screening for SSI/SSDI.	

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

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

4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Provider case managers meet with clients to assist in ensuring benefits are received and maintained. If clients are deemed ineligible for benefits, case managers seek explanation for ineligibility and help clients understand reasons application was denied.	

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]

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

Part A - Page 2

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

Part A - Page 3

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

Continuum of Care (CoC) Project Listing

Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Community Outreac...	2009-11-11 17:35:...	1 Year	Wake County Human...	165,113	Renewal Project	SHP	SSO	F
Hopes & Dreams	2009-11-12 10:30:...	1 Year	Passage Home, Inc.	95,445	Renewal Project	SHP	TH	F
Aurora	2009-11-12 10:38:...	1 Year	Community Alterna...	50,176	Renewal Project	SHP	PH	F
Ruth's House II - ...	2009-11-12 10:36:...	1 Year	Passage Home, Inc.	156,325	Renewal Project	SHP	PH	F
Homeless Psychiat...	2009-10-29 13:36:...	1 Year	Wake County Human...	55,125	Renewal Project	SHP	SSO	F
Shelter Plus Care...	2009-11-10 09:55:...	1 Year	Wake County Human...	858,072	Renewal Project	S+C	TRA	U
Carolina Homeless...	2009-11-20 17:39:...	1 Year	North Carolina Ho...	75,249	New Project	SHP	HMIS	F3
McKinney	2009-11-12 11:07:...	1 Year	Community Alterna...	188,248	Renewal Project	SHP	PH	F
Essential Services	2009-11-12 10:28:...	1 Year	Passage Home, Inc.	110,307	Renewal Project	SHP	TH	F
Families at Home	2009-11-12 17:06:...	1 Year	Community Alterna...	85,575	Renewal Project	SHP	PH	F
Homeless Veterans...	2009-11-12 12:30:...	2 Years	Wake County Human...	47,808	Renewal Project	SHP	SSO	F
Pregnant & Parenting	2009-11-12 16:59:...	2 Years	Haven House Inc.	104,660	Renewal Project	SHP	TH	F
Job's Journey-Pe...	2009-11-12 10:33:...	1 Year	Passage Home, Inc.	35,809	Renewal Project	SHP	PH	F

New Permanent Hou...	2009-11-23 10:05:...	2 Years	Community Alterna...	195,238	New Project	SHP	PH	F2
New Permanent Hou...	2009-11-23 10:07:...	2 Years	Community Alterna...	204,762	New Project	SHP	PH	P1

Budget Summary

FPRN	$1,365,078
Permanent Housing Bonus	$204,762
SPC Renewal	$858,072
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	NC-507_Certitication	11/12/2009

Attachment Details

Document Description: NC-507_Certitication