Before Starting the Exhibit 1 Continuum of Care (CoC) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the FY2011 Exhibit 1 Continuum of Care (CoC) application.

Training resources are available online at: www.hudhre.info/esnaps   -   Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms to the application.   -   The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

 -   Review the FY2011 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. -   CoCs that imported their FY2010 information during the CoC Registration process are reminded to carefully review each question in Exhibit 1 to ensure the response imported is appropriate. Questions may have changed from the FY2010 process in which case the imported response may no longer be relevant. Note that not all questions from FY2010 were imported and new questions will require manual responses. Be sure to review the application carefully and verify and update as needed to ensure accuracy.-   New CoCs or CoCs that did not apply in FY2010 will not have information pre-populated and must complete all Exhibit 1 forms..

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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 HUD Virtual Help Desk at www.hudhre.info.

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

CoC Lead Agency Name: Hospitality House of the Boone Area, Inc.

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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: Northwest North Carolina CoC

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

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

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

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

Specify "other" process(es):

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

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

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

Group leaders are elected on a rotating basis to lead the CoC process. And the past chair provides technical assistance and support to the chair.

If administrative funds were made available to the CoC, will 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 to 750 characters):

Yes, if HUD provided administrative funds to the CoC, we would have the capacity to employ someone to oversee the activities of the group, apply for funding, coordinate annual Point in Time count, recruit new volunteers and members, provide project oversight and monitoring of program outcomes.

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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.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
NWCoC Steering Committee	The NWCoC Steering Committee is the primary coordinating and decision making group.. The groups is comprised of homeless service providers, Supportive Housing program providers, the Housing Authority, homeless advocates and other community agencies serving the seven counties in the NWCoC. The group meets monthly or more to coordinate planning, identify gaps in services, and develop short and long-range goals. In the summer of 2009, the Steering Committee also lead the effort to pursue Homeless Prevention and Rapid Rehousing funding to expand services and support for the homeless and those who would become homeless without help.	Monthly or more
Chronic Homeless and Permanent Supportive Housing Committee	This was established to focus on the hard to serve homeless who are in need of permanent supportive housing and additional mainstream services, particularly mental health and substance abuse services. The dramatic decrease in mental health services has created significant challenges with the closing of the vast majority of emergency mental health beds in the region shelters are struggling to provide safe housing and appropriate services. The members of this committee work closely with New River Behavioral Health Care to develop and provide supports for the chronically homeless in shelters, supportive housing programs and those who are unsheltered.	quarterly (once each quarter)
Point In Time Committee	The PIT Committee works on a quarterly basis to educate mainstream service providers about the annual point in time count conducted to track and identify the shelter and unsheltered homeless in the seven county region. The PIT committee provides information and training about elements tracked and feedback to participants about the results, demographics of the homeless identified and gaps in services. In December participating agencies are contacted and provided the tracking tools for the count. Data is e-mailed to the lead PIT agency for tabulation and then distributed to participants and used for public awareness in the communities.	quarterly (once each quarter)

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Review and Evaluation Committee	This committee tracks program outcomes annually and quarterly. Information from the Carolina Homeless Information system is reviewed monthly by committee members. Annual Progress Reports are submitted to the CoC¿s lead agency for tabulation of participant exit information to compare to Strategic Planning Objectives 1-5. Data has been considered when ranking projects annually.	quarterly (once each quarter)
Public Awareness and Homeless Prevention Committee	This committee works to make the local communities aware of the needs of the homeless and ways they can become involved in providing support and solutions. The Hospitality House and OASIS both coordinate Homeless Awareness Month and Domestic Violence Awareness Month campaigns each year. The CoC members and service providers meet with civic organizations and communities of faith to educate the community about needs, gaps and resources as well as to recruit volunteers and raise local financial support. Providers also work with units of local government in the development of consolidated community plans to incorporate the needs of the homeless in local and regional planning.	Monthly or more

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

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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
Hospitality House of Boone	Public Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
New River Behavioral Healthcare	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
NC Housing Finance Agency	Public Sector	Other	Attend 10-year planning meetings during past 12 months	Seriously Me...
Broughton Hospital	Public Sector	State g...	Committee/Sub-committee/Work Group	Veterans, Se...
Employment Security Commission	Public Sector	State g...	Committee/Sub-committee/Work Group	Veterans, Do...
NC Department of Vocational Rehabilitation/ Ind...	Public Sector	State g...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
NC Interagency Council for Coordinating Homeles...	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
NC DHHS Office of Economic Opportunity	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	Veterans, Do...
NC Housing Coalition	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
NC Department of Health and Human Services	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	Youth, Domes... .
Alleghany, Ashe, Avery, Mitchell, Watauga, Wilk...	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Watauga County Affordable Housing Task Force	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veterans, Do...
Town of Boone	Public Sector	Local g...	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	Seriously Me...
Region D Council of Governments	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Veterans
Appalcart	Private Sector	Other	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Alleghany, Ashe, Avery, Mitchell, Watauga, Wilk...	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Veterans, Do...
North Wilkesboro Housing Authority	Public Sector	Public ...	Attend 10-year planning meetings during past 12 months, A...	Seriously Me...

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Northwest Regional Housing Authority	Public Sector	Publi c ...	Attend Consolidated Plan planning meetings during past 12...	Veteran s, Do...
Alleghany, Ashe, Avery,Mitchel, Watauga, Wilkes...	Public Sector	Sch ool ...	Attend Consolidated Plan focus groups/public forums durin...	Youth
Caldwell Community College	Public Sector	Sch ool ...	Attend Consolidated Plan focus groups/public forums durin...	Veteran s, Do...
Appalachian State University	Public Sector	Sch ool ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veteran s, Do...
Watauga County Sheriff Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Domesti c Vio...
Boone Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Seriousl y Me...
OASIS, Inc.	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months, C...	Seriousl y Me...
Hunger and Health Coalition	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	Youth, Subst...
High County United Way	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Youth, Domes.. .
Watauga Crisis Assistance Network	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months, C...	Seriousl y Me...
NAMI	Individual	Hom eles s	Committee/Sub-committee/Work Group	Seriousl y Me...
Ashe County Coalition for the Homeless	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Seriousl y Me...
Western Highlands	Public Sector	Othe r	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
WAMY Community Action	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	Domesti c Vio...
VA Medical Center	Public Sector	Othe r	Attend Consolidated Plan planning meetings during past 12...	Veteran s, Su...
U.S. Department of Veteran Affairs	Public Sector	Othe r	Attend Consolidated Plan planning meetings during past 12...	Veteran s, Se...

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1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Hospitality House of Boone

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Other

Role(s) of the organization:
(select all that apply) Primary Decision Making Group, Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Street Outreach, Education, Case Management, Utilities Assistance, Life Skills, Healthcare, Mental health, Transportation, Rental Assistance, Employment

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1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: New River Behavioral Healthcare

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Mortgage Assistance, Law Enforcement, Mental health, Transportation, Rental Assistance, HIV/AIDS, Alcohol/Drug Abuse, Employment

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1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: NC Housing Finance Agency

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Other

Role(s) of the organization:
(select all that apply) Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Rental Assistance

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1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Broughton Hospital

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) State government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Veterans, Seriously Mentally Ill

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Mental health, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Employment Security Commission

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) State government agencies

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Veterans, Domestic Violence

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Case Management, Life Skills, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

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Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: NC Department of Vocational Rehabilitation/ Independent Living

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) State government agencies

Role(s) of the organization:
(select all that apply) Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Domestic Violence

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Case Management, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: NC Interagency Council for Coordinating Homeless Programs

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy

1D. Continuum of Care (CoC) Member Organizations Detail

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Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: NC DHHS Office of Economic Opportunity

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
State government agencies

Role(s) of the organization:
(select all that apply)
Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Veterans, Domestic Violence

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

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Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: NC Housing Coalition

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Domestic Violence

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Education

1D. Continuum of Care (CoC) Member Organizations Detail

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Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: NC Department of Health and Human Services

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) State government agencies

Role(s) of the organization:
(select all that apply) Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Youth, Domestic Violence

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Education, Case Management, Life Skills, Child Care, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes and Yancey County Government

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Domestic Violence

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

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Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual:	Watauga County Affordable Housing Task Force
Type of Membership: **(public, private, or individual)**	Public Sector
Type of Organization: **(Content depends on "Type of Membership" selection)**	Local government agencies
Role(s) of the organization: **(select all that apply)**	Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
Subpopulation(s) represented by the organization: **(No more than two subpopulations)**	Veterans, Domestic Violence
Does the organization provide direct services to homeless people?	No
Services provided to homeless persons and families: **(select all that apply)**	Counseling/Advocacy

1D. Continuum of Care (CoC) Member Organizations Detail

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Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Town of Boone

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Local government agencies

Role(s) of the organization:
(select all that apply)
Lead agency for 10-year plan, Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Education

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Region D Council of Governments

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Local government agencies

Role(s) of the organization:
(select all that apply)
Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Veterans

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Not Applicable

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Appalcart

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Other

Role(s) of the organization:
(select all that apply) Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Domestic Violence

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Transportation

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes and Yancey Department of Social Services

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Local government agencies

Role(s) of the organization:
(select all that apply) Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Veterans, Domestic Violence

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Education, Case Management, Child Care, Healthcare, Transportation, Rental Assistance, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2011 | Page 24 | 10/21/2011 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: North Wilkesboro Housing Authority

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Public housing agencies

Role(s) of the organization:
(select all that apply) Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2011 | Page 25 | 10/21/2011 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Northwest Regional Housing Authority

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Public housing agencies

Role(s) of the organization:
(select all that apply) Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Veterans, Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Education, Case Management, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2011 | Page 26 | 10/21/2011 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Alleghany, Ashe, Avery,Mitchel, Watauga, Wilkes and Yancey County School System

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) School systems/Universities

Role(s) of the organization:
(select all that apply) Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Youth

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Education, Life Skills

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2011 | Page 27 | 10/21/2011 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Caldwell Community College

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) School systems/Universities

Role(s) of the organization:
(select all that apply) Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Veterans, Domestic Violence

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Education, Life Skills, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Appalachian State University

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) School systems/Universities

Role(s) of the organization:
(select all that apply) Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Veterans, Domestic Violence

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Education, Child Care, Healthcare, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2011 | Page 29 | 10/21/2011 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Watauga County Sheriff Department

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Law enforcement/corrections

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Domestic Violence, Substance Abuse

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Street Outreach, Law Enforcement

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2011 | Page 30 | 10/21/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Boone Police Department

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Law enforcement/corrections

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill, Domestic Violence

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Street Outreach, Law Enforcement

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2011 | Page 31 | 10/21/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: OASIS, Inc.

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill, Domestic Violence

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Education, Case Management, Utilities Assistance, Legal Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance, Street Outreach, Child Care, Life Skills, Mental health, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2011 | Page 32 | 10/21/2011 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Hunger and Health Coalition

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Attend Consolidated Plan planning meetings during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Youth, Substance Abuse

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Case Management, Healthcare

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2011 | Page 33 | 10/21/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: High County United Way

Type of Membership:
(public, private, or individual)
Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Non-profit organizations

Role(s) of the organization:
(select all that apply)
Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Youth, Domestic Violence

Does the organization provide direct services to homeless people?
No

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Education, Utilities Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

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Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Watauga Crisis Assistance Network

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Domestic Violence

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Street Outreach, Education, Case Management, Utilities Assistance, Transportation, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

| Exhibit 1 2011 | Page 35 | 10/21/2011 |

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: NAMI

Type of Membership:
(public, private, or individual) Individual

Type of Organization:
(Content depends on "Type of Membership" selection) Homeless

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2011 | Page 36 | 10/21/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Ashe County Coalition for the Homeless

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Street Outreach, Utilities Assistance, Transportation, Rental Assistance

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2011 | Page 37 | 10/21/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Western Highlands

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Other

Role(s) of the organization:
(select all that apply)
Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Case Management, Mental health, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2011 | Page 38 | 10/21/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: WAMY Community Action

Type of Membership:
(public, private, or individual) Private Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Non-profit organizations

Role(s) of the organization:
(select all that apply) Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Domestic Violence, Substance Abuse

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Employment

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2011 | Page 39 | 10/21/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: VA Medical Center

Type of Membership:
(public, private, or individual)
Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection)
Other

Role(s) of the organization:
(select all that apply)
Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations)
Veterans, Substance Abuse

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Counseling/Advocacy, Case Management, Healthcare, Prescription Assistance, Mental health, Alcohol/Drug Abuse

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

| Exhibit 1 2011 | Page 40 | 10/21/2011 |

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
 - Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: U.S. Department of Veteran Affairs

Type of Membership:
(public, private, or individual) Public Sector

Type of Organization:
(Content depends on "Type of Membership" selection) Other

Role(s) of the organization:
(select all that apply) Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group

Subpopulation(s) represented by the organization:
(No more than two subpopulations) Veterans, Seriously Mentally Ill

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Street Outreach, Case Management

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

Instructions:

The CoC solicitation of projects and the project selection process 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 the performance, effectiveness, and quality of all requested new and renewal project(s).

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, 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, a. CoC Rating & Review Commitee Exists

Voting/Decision-Making Method(s):
(select all that apply)
c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Commitee, e. Consensus (general agreement), f. Voting Members Abstain if Conflict of Interest

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

If yes, briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters):

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the FY2011 Housing Inventory Count (HIC) as compared to the FY2010 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.

Emergency Shelter: No

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

HPRP Beds: No

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters):

Safe Haven: Not Applicable

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

Our Region does not have any Safe Haven Beds.

Transitional Housing: No

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

Permanent Housing: No

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

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

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1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (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 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by May 31, 2011? Yes

If no, briefly explain why the HIC data was not submitted by May 31, 2011 (limit 750 characters).

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

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (select all that apply) Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, 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, HMIS data, Local studies or non-HMIS data sources, Housing inventory, National studies or data sources, Stakeholder discussion, Applied statistics, 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):

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Local homeless, mental health and substance abuse service providers, emergency assistance programs, school systems and food pantries completed point in time surveys which were submitted to New River Behvavioral Healthcare for compilation. The count was then compared to prior year and evaluated. In addition service providers were interviewed as to changes in the economic environment affecting their populations. Local communities were not as affected as others in the nation with regard to Sub-Prime mortgages, however, due to the declining economies and stagnant employment growth coupled with high unemployment in our rural, tourism based communities, more families, individuals and households found themselves homeless from 2010 to 2011.

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2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

 For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Select the HMIS implementation coverage area:	Regional (multiple CoCs)
Select the CoC(s) covered by the HMIS: (select all that apply)	NC-507 - Raleigh/Wake County CoC, NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC, NC-504 - Greensboro/High Point CoC, NC-513 - Chapel Hill/Orange County CoC, NC-501 - Asheville/Buncombe County CoC, NC-502 - Durham City & County CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-516 - Northwest North Carolina CoC, NC-503 - North Carolina Balance of State CoC, NC-500 - Winston Salem/Forsyth County CoC
Is the HMIS Lead Agency the same as the CoC Lead Agency?	No
Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?	Yes
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	ServicePoint
What is the name of the HMIS software company?	Bowman Systems, Inc.
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	05/01/2006
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Inadequate staffing, Inadequate bed coverage for AHAR participation, Poor data quality, No or low participation by non-HUD funded providers, Inadequate resources

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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).

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

We are working to improve data quality & bed coverage. We are improving data quality through standardized & customized reporting, end user certification & refresher training, and focused technical assistance. The Carolina Homeless Information Network (CHIN) produces a monthly data quality report that shows the quality of data at the program and agency level. We struggle most with coverage in our small, rural programs. Most of the agencies that do not receive McKinney-Vento funding are small, volunteer-run organizations that do not have the resources, staff, or capacity to enter data into our HMIS. Without the requirement to participate for funding, these agencies are resistant to put financial or volunteer hours into HMIS. We will continue to educate these facilities about statewide and program benefits of HMIS.

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

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**	27605
Organization Type	Non-Profit
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	No

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

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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**	65-75%
* **Safe Haven (SH) Beds**	Housing type does not exist 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? At least Quarterly

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

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2010 and 2011 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2012.

For additional instructions, refer to the Exhibit 1 Detailed Instructions, which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2011.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	1%	4%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	0%	3%
* Residence Prior to Program Entry	0%	0%
* Zip Code of Last Permanent Address	0%	2%
* Name	0%	0%

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

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

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CHIN uses comparative reporting to assist agencies as they improve their client and program data. The primary report is the monthly Data Quality Report that provides agencies and our CoC with an overview of data completeness, utilization rates, and inventory. Additionally, agencies may request a report at any time during the month. Standardized ServicePoint reports are available continuously including: APR data, clients served, and clients not served. For agencies that need improvement, on-site and on-line data entry technical assistance and training are available at no charge to agencies. In extreme cases, contract data entry assistance is available for agencies to help them catch up on data entry.

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

A 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. Agencies and end users are reminded of the policies again during certification training. Program entry and exit dates are covered specifically in all training materials.

Program enrollment figures are included as elements on CHIN's monthly Data Quality Reports. CHIN staff generates a monthly report for participating agencies that lists all clients with their program entry and exit dates and indications of fields that remain incomplete.

Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply)	2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR
Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply)	2011 AHAR, 2011 AHAR Supplemental Report on Homeless Veterans

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

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

Integrating or warehousing data to generate unduplicated counts:	Never
Point-in-time count of sheltered persons:	At least Semi-annually
Point-in-time count of unsheltered persons:	Never
Measuring the performance of participating housing and service providers:	At least Semi-annually
Using data for program management:	At least Annually
Integration of HMIS data with data from mainstream resources:	Never

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

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

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

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards? At least Annually

How often does the CoC Lead Agency 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: 09/12/2010

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

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2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

* Privacy/Ethics training	At least Monthly
* Data Security training	At least Monthly
* Data Quality training	At least Monthly
* Using Data Locally	At least Quarterly
* Using HMIS data for assessing program performance	At least Semi-annually
* Basic computer skills training	Never
* HMIS software training	At least Monthly

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

Instructions:

The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Although CoCs are only required to conduct a point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually.

CoCs are to indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participated. CoCs will also describe if there was an increase, decrease, or no change between the most recent point-in-time count and the one prior. CoCs are to indicate in the narrative which years are being compared.

How frequently does the CoC conduct a point-in-time count? annually (every year)

*Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/26/2011

If the CoC conducted the point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011? No

Did the CoC submit the point-in-time count data in HDX by May 31, 2011? Yes

If no, briefly explain why the point-in-time data was not submitted by May 31, 2011 (limit 750 characters).

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/25/2012

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Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.

Emergency Shelter: 100%

Transitional Housing: 100%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

Local homeless, mental health and substance abuse service providers, emergency assistance programs, school systems and food pantries completed point in time surveys which were submitted to New River Behvavioral Healthcare for compilation. The count was then compared to prior year and evaluated. We saw a significant increase in the number of homeless as we had a high level of participation from service providers in collecting data. In addition service providers were interviewed as to changes in the economic environment affecting their populations. Local communities were not as affected as others in the nation with regard to Sub-Prime mortgages, however, due to the declining economies and stagnant employment growth coupled with high unemployment in our rural, tourism based communities, more families, individuals and households found themselves homeless from 2010 to 2011.

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2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Describe the methods used by the CoC, as indicated by the above selected method(s), to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters):

All domestic violence shelters, mental health and substance abuse service providers, emergency assistance programs, school systems and food pantries, as well as the only comprehensive homeless shelter in the region provided emergency, transitional and permanent supportive housing data and participated in the Point in Time count. Two weeks prior to the annual Point In Time, agencies are contacted (100% of domestic violence shelters, mental health service providers in the 7 counties, school system personnel, food pantries, homeless advocates, and others providing any form of housing) to discuss the collection of data, the process and tools to submit the PIT count. A data form for each individual staying in a shelter, transitional, and permanent housing was completed and then tallied to produce the total shelter count. The week after the PIT was completed, all participating agencies submitted data with identifying initials and gender to reduce duplication. Since extrapolation methods were disallowed we engaged additional services providers to collect data to help identify the unsheltered homeless in our large, rural region. The results of our 2011 PIT data is now more consistant with prior years and provides an accurate account of the homeless problem in western rural North Carolina, which covers over 2,500 square miles.

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2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons and, with the exception of chronically homeless and veterans, optional for unsheltered persons. Sheltered chronically homeless persons are those living in emergency shelters only.

The definition of chronically homeless persons is an unaccompanied invididual with a disabling condition, or an adult member of a family with a disabling condition, who meets all other requirements for chronic homeless designation. CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

Actual count and intake forms used to gather subpopulation data from individuals in HUD funded emergency and transitional housing programs.

Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):

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All domestic violence shelters, county mental health/substance abuse providers, as well as the only comprehensive homeless service provider in the region, which provide emergency, transitional and permanent supportive housing participated in the Point in Time count. A data form for each individual staying in HUD funded programs: New River Behavioral Health Care, WAMY Community Action, OASIS and the Hospitality House shelter was completed by the respective agency utilizing data from the intake forms and HMIS and then tallied to calculate the subpopulation data.

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Indicate the method(s) used to verify the data quality of sheltered homeless persons:
(select all that apply)

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

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).

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

Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response is to indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):

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All domestic violence shelters, county mental health/substance abuse providers, as well as the only comprehensive homeless service provider in the region, which provide emergency, transitional and permanent supportive housing participated in the Point in Time count. A data form for each individual staying in HUD funded programs: New River Behavioral Health Care, WAMY Community Action, OASIS and the Hospitality House shelter was completed by the respective agency utilizing data from the intake forms and HMIS and then tallied to calculate the subpopulation data. Non HUD funded programs also completed the same data form including subpopulation information that HUD funded programs complete and this information was integrated into the report.

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

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate the method(s) used during the most recent
point-in-time count of unsheltered homeless persons:
(select all that apply)

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

If Other, specify:

Describe the method(s) used by the CoC based on the selections above, to count unsheltered homeless populations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to obtain accurate data (limit 1500 characters).

The only comprehensive provider of homeless services in the region completes a data form for each unsheltered individual. In addition, we contact community service providers including food banks, social service agencies, school systems and mental health agencies and ask that they complete a data form on homeless individuals and families that they are aware of with measures used to avoid duplication (i.e. initials and gender).

Extrapolation methods that we had used for the eight years to track the unsheltered homeless living in barns, abandoned cars, woods, school buses and other locations not meant for human habitation in the NWCoC service area of over 2511 square mile service area with an average population density of less than 75 persons per square mile were disallowed in 2010. Even without this previously reliable method, the 2011 PIT data identified a number of unsheltered homeless that was more consistant with years prior to 2010 in the NWCoC. Clearly the unsheltered data reflects the continued high under/unemployment rate in the region, which averaged 10.9% in 2011.

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2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: Non-Shelter Services

If Other, specify:

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. 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 persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count:
(select all that apply)

Training:	X
HMIS:	X
De-duplication techniques:	X
"Blitz" Count:	
Unique Identifier:	X
Survey Question:	
Enumerator Observation:	
Other:	

If Other, specify:

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):

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Counting the unsheltered on the same day serves as the initial screening to reduce duplication. In addition, since the NWCoC region covers 2511 square miles, the homeless generally do not access services across county lines. There is no public transportation system in most communities much less a system that would cross county lines. Also, information submitted records identifying information such as gender and initials to reduce the possibility of counting an individual or household more than once.

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

The COC participants assist identified individuals at risk for homelessness and work to access mainstream resources to prevent homelessness or facilitate access to transitional housing or permanent housing programs in the CoC region. The CoC partner agencies are utilizing a 3 year HPRP grant to prevent and reduce homelessness in the 7 county service area and use these funds to serve both families and individuals. The HPRP coordinators, who are staff members of NWCoC agencies, are learning more about other stimulus program that offer job training and other life skill building programs to help reduce the incidence of homeless. Information outlining the program and eligibility is available from each partnering agency HPRP Case Manager. Since only 1 in 10 is serviced by this program (based on HUD research) the outreach efforts are training agencies, communities of faith, and other points of entry as to eligibility criteria for the program. Unfortunately the condition of the overall economy and specifically the rural mountain region which is tourism driven, minimum wage jobs coupled with 30% higher than average housing costs (due to rental housing competition from Appalachian State University Students and the ever increasing number of seasonal, second home owners) continue to define and exacerbate the homeless in the region.

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):

Due to our large geographical area of the NWCoC which constitutes seven rural counties in the northwestern mountains of North Carolina, reaching and identifying people residing in the woods, barns, abandoned cars, and storage units is extremely challenging. Often agencies are unaware of unsheltered homeless individuals until a crisis occurs. The homeless service providers in the NWCoC region provide outreach programs in the community to educate residents and train other service providers who to refer and support the homeless in accessing housing support. In addition the only general homeless service provider (the Hospitality House) offers assistance to a large number of individuals with supportive services including meals, showers, laundry, and mail services who currently do not access shelter. And with the HPRP grant, CoC partner agencies are engaging in additional outreach to homeless and those at risk.

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the FY2010 NOFA, chronically homeless persons were defined an unaccompanied homeless individual with a disabling condition, or a family where at least one adult member had a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

 CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless persons who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the FY2011 Housing Inventory Count (HIC) and enter into the Homeless Data Exchange (HDX). CoCs will then enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

 For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

How many permanent housing beds are currently in place for chronically homeless persons? 2

In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 2

In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 2

In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 2

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):

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The NWCoC will increase the number of permanent housing beds available by 9 in 2011 through the addition of 4 units with 9 beds in the new Hospitality House facility. The expected completion date is March 2011. Though these new beds are not restricted to be exclusively used by the chronically homeless, these beds will be targeted to homeless and disabled individuals and families and the chronically homeless.

The NWCoC is also the recipient of an HPRP grant and is using the Rapid Rehousing component to assist the chronically homeless in all 7 counties that we serve.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):

The NWCoC will increase permanent housing beds available by 9 in 2011 at the new Hospitality House facility. Though these new beds are not restricted exclusively for the chronically homeless, these beds will be targeted to the chronically homeless as well as other hard to serve homeless including individuals, couples and families that may not meet the definition of chronically homeless, but have a disabling condition and a history of cycling in and out of homeless shelters.

The NWCoC is also the recipient of an HPRP grant and will continue to use the Rapid Rehousing component to assist the chronically homeless.

** The majority of the NWCoC SHP projects were in place prior to the chronically homeless designation, but all of our permanent SHPs are available to the chronically homeless including families that meet this definition.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. CoCs will indicate the current percentage of participants remaining in these projects, as indicted on form 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects (SHP-PH or S+C) for which an APR was required should indicate this by entering "0" in the numeric fields and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 93

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 87

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 87

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 87

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):

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The NWCoC homeless service providers will continue to work with community agencies to maintain the high percentage of homeless persons remaining in permanent housing for at least six months through the provision of supportive services to residents in permanent supportive housing that will help them remain in their housing. Currently the NWCoC keeps 93% of homeless persons in permanent supportive housing. The other 7% were new program participants that went on to stay over 6 months and only left once they got a section 8 voucher. In 12 months, the NWCoC plans to keep that percentage at 87 percent or more. Greater care will be taken in selecting individuals and families for the permanent supportive housing programs such that applicants and new residents understand what is involved with permanent supportive housing.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):

The NWCoC will work with community agencies to maintain the hign percentage of homeless persons remaining in permanent housing for at least six months by continuing to extend supportive services to residents in permanent supportive housing that will help them remain in their housing. Currently the NWCoC keeps 93 percent of homeless persons in permanent supportive housing. In five years, the NWCoC plans to maintain that percentage at 87 percent or more. In ten years, the NWCoC plans to keep the percentage of homeless persons staying longer than 6 months to at least 87%. Greater care will be taken in selecting for the permanent supportive housing programs so that applicants and new residents understand what is involved with permanent supportive housing. Evaluation of supportive housing programs will be done to make any needed changes to assist participants in keeping them in permanent housing.

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

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional lousing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants who move from SHP-TH projects into permanent housing to at least 65 percent or more. CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on from 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 83

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 75

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 80

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 85

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

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NWCOC agencies demonstrated an 83% success rate in moving homeless individuals and families from transitional housing into permanent housing. And with limited Permanent Supportive Housing beds in the region, some participants were successfully housed through other housing subsidy programs including Section 8. Agencies also attribute the 83% success rate to the comprehensive case management provided to participants.

Case managers work with individuals and families in emergency shelters to determine eligibility for transitional housing and assist in the development of individual goal plans. Participants meet with case managers on a regular basis and track progress toward goals. Goals can include enrollment in the Section 8 voucher program and/or to secure employment to save funds while in subsidized transitional housing.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters):

The Northwestern Continuum of Care agencies will continue to incorporate best case management practices in their work with homeless individuals and families to support their journey from homelessness, through transitional housing programs with the final outcome of stable and safe permanent housing.

This effort is expanded through the Homeless Prevention and Rapid Rehousing program which awarded $1.3 million dollars from Oct. 2009 to Sept. 2012 in assistance to NWCoC agencies to prevent homelessness and move homeless individuals and families into housing quickly. Partner agencies are offering flexible financial assistance as well as case management support for more than 65 households each year in the seven county region of the NWCoC.

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

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

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. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more. CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or Sac TRA/SRA/PRA/SRO) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 35

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 22

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 23

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 24

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

The NWCoC will take the following steps to exceed a 22% employment rate at exit: 1) partner with area employment and training programs to develop workforce opportunities and training for this population; 2) work with area agencies currently providing necessary soft skills (computer skills, job seeking skills, interview skills, etc) to enhance employability; and 3) provide case management and mentoring to help and encourage clients to make first step toward employer contact.

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Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit to 1000 characters):

Like national trends, unemployment remains high in NWCOC (10.9%) (Alleghany, Ashe, Avery Mitchell, Wilkes & Yancey were above the state average of 10.4%. Unemployment rates were at 11.6%, 10.9%, 10.4%, 11.2%,12.5% and 11.5% respectively. Watauga at 8.2% was lower primarily due to seasonal summer service industry employment for the local tourism industry. Wilkes was the region's highest at 12.5% where much industry has departed in recent years.

The NWCoC will continue working at the local level carrying out the short-term steps previously outlined to maintain or exceed employment for the target population. The CoC is also committed to working with legislators to keep the issue of jobs for the difficult to place and unskilled workforce in the forefront. This will ensure that opportunities are created at the Federal and State levels to train and provide useful and purposeful work for this population.

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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, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation.   CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current total number of homeless households with children as reported on the most recent point-in-time count?   296

In 12 months, what will be the total number of homeless households with children?   200

In 5 years, what will be the total number of homeless households with children?   100

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

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters):

The number of homeless families increased significantly with the last PIT which we attribute partially to increased participation in the collection of data on homeless individuals and families. There was also less HPRP funding, the unemployment rate remains high and until recently, there has been a freeze on Section 8 housing vouchers. Each NWCoC agency will continue to partner with community agencies to identify families experiencing homelessness or are at risk for homelessness and refer them to needed services. In addition NWCoC agencies will continue to implement outreach, engagement, and referral strategies for HPRP services in the counties or populations they serve. We anticipate that once HPRP funding is no longer available and until the economy improves and there is an adequate supply of section 8 housing vouchers that we will experience either an increase or flat level of homeless households with children despite of our efforts to reduce the number of homeless families.

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Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters):

If additional funding for HPRP becomes available, the NWCoC would apply for additional HPRP funding as this program has been very successful in assisting families at risk for becoming homeless. In addition the CoC partner agencies will continue to develop our Continuum, bringing those who are concerned about homelessness in our region. Currently the NWCoC partners have 1) experience working with the targeted population, 2) experience working with federal and state grants, 3) strong partnerships with community agencies in their respective communities and 4) experience administering the HPRP program. Through continued outreach efforts NWCoC agencies will continue to advocate for the homeless and recruit new partners to help reduce the number of families experiencing homelessness.

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3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs (SHP, S+C, SRO). For each system of care, CoCs are to address the following:

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. In the case of Foster Care, CoCs should specifically address the discharge of youth ageing out from the foster care system. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, that does not include homelessness, indicate this in the narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, emergency homeless shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from system of care are not routinely discharged into homelessness.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

For each system of care identified below describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance housing programs. Review ALL instructions to ensure that each narrative is fully responsive (limit 1500 characters).

Foster Care (Youth Aging Out):

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

Health Care:

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All NWCoC agencies work closely with local hospitals on discharge planning. Since the hospitals are independent, and do not fall under a state office the same way that the MH hospitals, prisons, and foster care programs do, it has been more difficult and time-consuming to implement statewide procedures with hospitals in our region. Discharge protocols are under development, and NWCoC agencies meet with hospital social workers on a regular basis. In addition, hospitals are encouraged to work with NWCoC agencies and other housing advocates to identify appropriate permanent housing placements for persons being discharged from the hospital.

Mental Health:

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

Corrections:

The NC Interagency Council for Coordinating Homeless Programs (ICCHP) members include representatives from the Department of Correction (DOC). DOC representatives have been participating on the ICCHP's Discharge Planning Work Group for over 5 years. In addition, representatives from DOC participated in   ICCHP co-sponsored trainings on homelessness and discharge planning. Prisons across NC are not allowed to sign MOUs with local Continua's; instead, all MOUs must be coordinated with the DOC itself. Final protocols between the CoC and DOC are under final review by DOC attorneys. Implementation of protocols began in winter 2009. In addition, the NWCoC agencies work closely with local county jails on discharge planning such that the jails will not discharge anyone into a McKinney Vento funded facility that does not meet HUD's definition of eligible homeless persons. In addition, NWCoC agencies do outreach with jail staff regarding the issue of homelessness and discharge planning.

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3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, 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 local needs.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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:

Our goals to address homelessness include securing funding for additional permanent housing beds for chronically homeless persons and families as well as the hard-to-serve homeless persons, increasing the percentage of persons moving from transitional housing to permanent housing, and increasing the number of communities within the CoC who are developing 10-year plans.

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):

The NWCoC has been a recipient of HPRP since October 2009. The HPRP Applicant Organization is Northwestern Regional Housing Enterprises, and each of the 7 counties and all domestic violence programs in the Northwest COC have a designated HPRP provider participating in the HPRP as follows: New River Behavioral Healthcare serves Alleghany, Ashe, and Wilkes Counties; Hospitality House serves Watauga County; WAMY serves Avery, Mitchell, and Yancey Counties; and OASIS serves all domestic violence programs in all 7 counties. Due to the rural nature of this COC, the agencies have been carefully selected based on their 1) experience working with the targeted population, 2) experience working with federal and state grants, 3) strong partnerships with community agencies in their respective communities and 4) willingness and ability to meet all HPRP program requirements.
Each agency is responsible for implementing the outreach, engagement and referral strategy and has HPRP case managers complete a comprehensive HPRP Eligibility Determination for all households that meet the screening criteria. The intake and assessment is used to identify the specific need(s) as well as individual strengths, resources and supports in order to develop a HPRP plan to reduce homelessness.

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

The NWCoC is coordinating an ARRA program funded program with the award of the Homeless Prevention and Rapid Reshousing grant of $1.3 million dollars for three years to cover Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, and Yancey counties. Though NWCoC does not have a HUD VASH program, referrals are made to HUD VASH programs in the region. There are no local NSP initiatives at this time. A member of the CoC serves on two local affordable housing committees.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?

Yes

If yes, please describe the established policies that are in currently in place.

NWCOC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community.

The policy and practice of all homeless server providers in the Northwest CoC is to insure that all school age children are enrolled in school in compliance with the McKinney-Vento Homeless Assistance Act. It is the policy and practice to immediately notify the school system's Homeless Coordinator of homeless school age children being served by homeless assistance providers to coordinate immediate enrollment and coordination of other needed services. The school systems have Procedures for Implementation of Homeless Students Policy that is provided to homeless assistance providers.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

Each homeless assistance provider in the Northwest CoC has case management staff that works all homeless families that they serve. At lease annually, the case management staff meets with the school personnel that work with identified homeless students to review and discuss the policy and procedures for enrolling homeless children and to discuss coordination of other needed services. Case managers maintain ongoing contact with school personnel for all homeless children served by the homeless assistance provider including attending any meetings regarding specialized services. School personnel also refer homeless families to homeless assistance providers for the provision of homeless services including shelter. HPRP assistance is offered if available (currently all providers have a waiting list); however, homeless families, provided they meet the eligibility criteria, are given priority.

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Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

The homeless assistance providers in the Northwest CoC through their case management staff maintain an ongoing relationship with the school systems for a seamless enrollment process for identified homeless school age children. In addition, all homeless assistance providers house members of a family unit together in both emergency shelters and transitional shelters in order to restore a sense of security. There is an effort to immediately stabilize the family unit with shelter and other needed services which is critical to the family enrolling their child(ren) in school. The case managers are available to transport the family to the school for enrollment and assist the family in obtaining needed records. Case managers assist with the arrangement of transportation to and from school. Tutoring, if needed is arranged and a quiet location for homework is provided at the shelters. Most shelters now provide school age children access to a computer. All homeless assistance providers also connect families to resources for needed school supplies and clothing. In addition, extracurricular activities to foster social relationships and esteem building are arranged with the family's input.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)

The NWCoC covers 7 rural counties in northwest NC. As a rural community, services for veterans are more limited, but homeless assistance providers are very committed to assisting veterans in accessing needed services. Veterans are identified at intake and an individualized service plan is developed to address identified needs including the development of a stable resource base and a permanent housing plan. The case manager works with each veteran in accessing needed services through referrals. Locally there is a Veteran Service office that can assist Veterans in accessing needed services including medical care. In addition, there is a staff member at the Employment Security Office that is dedicated to working with veterans on employment and retraining. The local VFW is another resource for veterans. Currently there are no HUD-VASH providers in the CoC, but if a veteran is willing to relocate, the case manager will facilitate the necessary arrangements for this program. In addition veterans are given preference on the section 8 housing waiting list in our region. Veterans are also connected to needed mental health and addiction services. There are now Veteran service providers on the NWCoC and the NWCoC is planning a Stand Down for the fall of 2012.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters):

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The NWCoC covers 7 rural counties in northwest NC. As a rural community, we have not experienced many homeless youth. If a homeless youth presents, the practice is to contact the local Department of Social Services (DSS) and make a child protective service referral. Generally, the local DSS will attempt to make contact with the legal guardian and either take the youth into custody or allow the youth to reside at the shelter. This is especially the case with youth close to 18 years of age and for older run away youth. All youth receive case management services. Case managers work with youth on developing goals and accessing needed services related to obtaining a stable source of income and a developing a housing plan.

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3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use HHN Reallocation if its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the FY2011 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in Fy2011 into a new project. New reallocated permanent housing projects may apply under SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two, or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

 For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)? No

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? Yes

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

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4A. Continuum of Care (CoC) 2010 Achievements

Instructions:

In the FY2010 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2010 versus the proposed accomplishments.

In the column labeled FY2010 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2010 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

 CoCs will also indicate if they submitted an Exhibit 1 in FY2010. If a CoC did not submit an Exhibit 1 in FY2010, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

 For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	12	**Beds**	0	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	85	**%**	93	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	82	**%**	83	**%**
Increase the percentage of homeless persons employed at exit to at least 20%	25	**%**	35	**%**
Decrease the number of homeless households with children.	30	**Households**	23	**Households**

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Did the CoC submit an Exhibit 1 application in FY2010?   Yes

If the CoC was unable to reach its FY2010 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

While we did not reach our goal to create 12 new CH permanent beds in 2010, we did add 9 new permanent housing beds in March 2011 after construction delays. Those beds are for hard to serve disabled homeless, including but not limited to CH individuals and families. We also anticipated a homeless advocacy group to create 3 additional permanent housing beds but their plans did not work out this year with the economy still feeling the affects of the recession.

Our Permanent Supportive Housing Programs remain very successful in helping persons stay in permanent housing. Though we are reporting 93% based on our APR numbers, the other 7% were new to the program at the time of the APR but went on to stay over 6 months.

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness. In the FY2011 CoC NOFA, chronically homeless is defined as an unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the last three (3) years.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2009, FY2010, and FY2011 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2009 and FY2010, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2011, this number should match the number entered on the Homeless Data Exchange (HDX).

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 FY2009, FY2010, and FY2011.

Year	Number of CH Persons	Number of PH beds for the CH
2009	240	0
2010	130	2
2011	6	2

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011.

0

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, 2010 and January 31, 2011.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations					
Total	$0	$0	$0	$0	$0

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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):

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4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Performance Report (APR), or Transition APR (TAPR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table using data entered for Question 12(a) and 12(b) for the most recent submitted APR, Q27 from the TAPR, for all permanent housing projects (SHP-PH, or Sac TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in fields a-e. The Total PH percent will auto-calculate by selecting "Save." The percentage is calculated as: c+d, divided by a+b, multiplied by 100. the last field, e., is excluded from the calculation.

CoCs that do not have SHP-PH or S+C projects for which and APR, or TAPR, was required should select "No" if the CoC did not have ANY CoC-funded permanent housing projects operating within their CoC that should have submitted an APR, or TAPR.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted?　Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	7
b. Number of participants who did not leave the project(s)	24
c. Number of participants who exited after staying 6 months or longer	6
d. Number of participants who did not exit after staying 6 months or longer	21
e. Number of participants who did not exit and were enrolled for less than 6 months	3
TOTAL PH (%)	87

Instructions:

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HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recent submitted APR, Q29 on the TAPR, for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a. and b. selection "Save." The Total TH will auto-calculate. The percentage is auto-calculated as: b. divided by a, multiplied by 100. CoCs that do not have SHP-TH projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	36
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	29
TOTAL TH (%)	81

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

Instructions:

 HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR (either the HUD-40118 or the HUD APR in e-snaps) for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for question 11 on the most recent submitted HUD-40118 APR or Q26 for the HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of income. Once amounts have been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

  For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 36

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	4	11	%
SSDI	4	11	%
Social Security	0	0	%
General Public Assistance	0	0	%
TANF	1	3	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	18	50	%
Unemployment Benefits	2	6	%
Veterans Health Care	0	0	%
Medicaid	5	14	%
Food Stamps	33	92	%
Other (Please specify below)	7	19	%
Appalachian Healthcare Project, child support,			
No Financial Resources	7	19	%

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

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

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

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

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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.

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

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

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

Accessing mainstream programs is addressed at the monthly CoC meetings. In addition,NWCoC agencies all have experienced case managers that work with main stream service providers on a regular basis and are all very familiar with benefits and eligibility requirements. The agencies also have staff members that have been trained with the NC Benefit Bank. Last of all each county has crisis assistance programs that connect those at risk of homelessness to mainstream programs.

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

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If "Yes", specify the frequency of the training. semi-annually (twice a year)

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.

Has the CoC participated in SOAR training? Yes

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

December 2009, December 2010, January 24-25,2011
Plus SOAR update webinars

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	100%
Service providers meet with individuals to evaluate eligibility for programs and facilitate access to mainstream resources (transportation and help complete documents).	

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

Activity	Percentage
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	0%
Mainstream resources are provided by State and Federal agencies that use their agency's specific forms and documentation.	

Activity	Percentage
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Case Managers meet weekly with clients to follow up on progress toward securing mainstream resources and help to reduce barriers (if any) to access.	

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Continuum of Care (CoC) Project Listing

Instructions:

 IMPORTANT: Prior to starting the CoC Project Listing, CoCs should carefully review the "CoC Project Listing Instructions" and the "CoC Project Listing" training module, both of which are available at www.hudhre.info/esnaps.

 To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. 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 review a project, click on the next to each project to view project details.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Hospitality House...	2011-10-19 18:22:...	1 Year	Hospitality House...	31,181	Renewal Project	SHP	TH	F
Rock Haven Perman...	2011-10-19 18:32:...	1 Year	Hospitality House...	31,928	Renewal Project	SHP	PH	F
OASIS Transitiona ...	2011-10-13 13:25:...	1 Year	OASIS, Inc. (Oppo...	29,294	Renewal Project	SHP	TH	F
SSO Homeless Outr...	2011-10-19 18:38:...	1 Year	Hospitality House...	29,179	Renewal Project	SHP	SSO	F
Wintergree n Perma...	2011-10-17 17:37:...	1 Year	Northwest ern Hous...	33,018	Renewal Project	SHP	PH	F
Edgecliff (OASIS)...	2011-10-19 16:33:...	1 Year	New River Service...	69,517	Renewal Project	SHP	PH	F
WAMY Supportive H...	2011-10-20 15:58:...	1 Year	WAMY Communit y Ac...	35,567	Renewal Project	SHP	PH	F

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Budget Summary

FPRN	$259,684
Permanent Housing Bonus	$0
SPC Renewal	$0
Rejected	$0

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Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	CertificationofCo...	10/19/2011

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Attachment Details

Document Description: CertificationofConsistencyNWCoC2011

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