

## **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](http://www.hudhre.info/esnaps) &nbsp;- Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms to the application. &nbsp;- The HUD HRE Virtual Help Desk is available for submitting technical and policy questions. &nbsp;

### 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..

## 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](http://www.hudhre.info).

**CoC Name and Number (From CoC Registration):** NC-513 - Chapel Hill/Orange County CoC

**CoC Lead Agency Name:** Orange County Department of Housing, Human Rights and Community Development

## 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:** Orange County Partnership to End Homelessness Executive Team

**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)** 65%

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

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

**Specify "other" process(es):**

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

The Executive Team comprises 18 voting members plus the Homeless Program Coordinator. Members include locally elected officials, chamber of commerce and business leaders, service providers, faith-based community members, homeless or formerly homeless individuals, and other community leaders. Anyone who is interested in the mission of the Partnership is eligible to apply for membership. Most members volunteer to serve after learning about our work; a few are appointed to represent their organizations. This open process attracts members that are deeply committed and willing to be engaged in helping to end and prevent homelessness. Objections to proposed members are discussed and put to a majority vote.

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

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

**Specify "other" process(es):**

**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; the Partnership to End Homelessness Executive Team is the primary decision-making body of the CoC. Its full-time Homeless Program Coordinator is housed in - and receives additional supervision and support from - Orange County government. The Coordinator participates in the Partnership's Housing Work Group which is responsible for submitting the CoC application, project oversight, PIT count and HMIS implementation. The service providers serving in this work group have proven track records of highly successful implementation and monitoring of HUD projects. Members who have not previously received CoC funding are assisted in their application and implementation by those who have.

## 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 |
|--|--|-------------------|
| Orange County Partnership to End Homelessness Executive Team | The Executive Team of the Orange County Partnership to End Homelessness is the primary decision-making body providing leadership to its 10 work groups and subcommittees. Members of the Executive Team include locally elected officials, business leaders, service providers, faith-based community leaders, formerly homeless individuals and other community leaders. The board is actively engaged in implementing the Ten-Year Plan to End Homelessness (TYP) including overseeing the Housing Work Group that coordinates the CoC application and projects. Most of the Executive Team members serve on subcommittees so that they can provide substantive input into updating and prioritizing the TYP goals and strategies and to work to help accomplish them. | Monthly or more   |
| Housing Work Group   | The Housing Work Group is one of 4 main committees of the Partnership to End Homelessness and is responsible for achieving the housing-related goals and strategies of its TYP including oversight of HUD-funded projects (monitoring, review & selection including gap analysis), HMIS implementation, CoC application submission and conducting the annual PIT Count. The group comprises representatives from the principal local housing providers (ES, TH and PSH) and local government. It also oversees housing-related initiatives of the Partnership currently including the development of more PSH units, lining up PH for our regional 100,000 Homes Campaign (with Wake and Durham counties), and developing strategies to respond to the HEARTH Act.       | Monthly or more   |

|                                    |   |                 |
|------------------------------------|---|-----------------|
| Employment Work Group              | The Employment Work Group is responsible for achieving the employment-related goals and strategies of the Ten-Year Plan. The group currently comprises representatives from employment, job training and education providers, the business community, the chamber of commerce, and local government. It is responsible for updating and prioritizing the employment-related strategies of the Ten-Year Plan, setting short- and long-term goals, and coordinating its activities with the other work groups. Currently it is focusing on implementing Job Partners, its job readiness program, and recruiting employers to hire its graduates. It is also developing a proposal to establish a social enterprise that will employ homeless and at risk individuals.         | Monthly or more |
| Access to Services Work Group      | The Access to Services Work Group is another of the 4 main subcommittees of the Partnership to End Homelessness and is responsible for achieving the services-related goals and strategies of the TYP, including discharge planning and disaster planning. The group comprises representatives from health, behavioral health, legal, veterans, social service & shelter service providers; we will soon add representatives from public schools, child care and dental service providers. The committee is currently developing a proposal to UNC Healthcare for hiring dedicated SOAR workers, completing a MH/SA brochure for the homeless, and lining up services for medically vulnerable, chronically homeless clients identified through the 100,000 Homes Campaign. | Monthly or more |
| Community Participation Work Group | The Community Participation Work Group is the last of the 4 main committees of the Partnership to End Homelessness and is responsible for supporting volunteer activities and for increasing public awareness about the issues of homelessness. The group currently comprises representatives from faith-based communities, UNC-Chapel Hill, local government, social justice and arts communities and public schools. The committee is currently developing a Support Circle program and planning a Summit on Support Circles for our Homeless to recruit people interested in forming Support Circles. A subcommittee recently implemented our 5th, annual Project Connect after planning for it most of the year - it was a rousing success!                             | Monthly or more |

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

## 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  |
|--|-----------------|-------------------|--|-----------------|
| Orange County Partnership to End Homelessness      | Private Sector  | Other             | Primary Decision Making Group, Lead agency for 10-year pl... | NONE            |
| OPC Area Program                                   | Public Sector   | Local g...        | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| Housing for New Hope                               | Private Sector  | Non-pro..         | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| Orange County Housing, Human Rights and Communi... | Public Sector   | Local g...        | Attend Consolidated Plan planning meetings during past 12... | NONE            |
| Inter-Faith Council for Social Service             | Private Sector  | Non-pro..         | Attend Consolidated Plan planning meetings during past 12... | Veterans, Su... |
| Orange County Job Link                             | Public Sector   | Local w...        | Committee/Sub-committee/Work Group                           | NONE            |
| Orange County Health Department                    | Public Sector   | Local g...        | Attend 10-year planning meetings during past 12 months, C... | Youth, HIV/AIDS |
| Orange County Department of Social Services        | Public Sector   | Local g...        | Attend 10-year planning meetings during past 12 months, C... | Youth, Veterans |
| University of North Carolina at Chapel Hill        | Public Sector   | School ...        | Attend 10-year planning meetings during past 12 months, C... | NONE            |
| University of North Carolina HOPE                  | Public Sector   | School ...        | Attend 10-year planning meetings during past 12 months, C... | NONE            |
| Chapel Hill Police Department                      | Public Sector   | Law enf...        | Attend 10-year planning meetings during past 12 months, C... | NONE            |
| Orange County District Attorney Office             | Public Sector   | Law enf...        | Attend 10-year planning meetings during past 12 months, C... | Seriously Me... |
| Frank Cohen  | Individual      | Other             | Attend 10-year planning meetings during past 12 months, C... | NONE            |
| Neighbor House of Hillsborough, Inc.               | Private Sector  | Non-pro..         | Attend 10-year planning meetings during past 12 months, C... | NONE            |
| Freedom House Recovery Center                      | Private Sector  | Non-pro..         | Committee/Sub-committee/Work Group, Attend 10-year planni... | Seriously Me... |

|  |                |             |  |                  |
|--|----------------|-------------|--|------------------|
| Chapel Hill Downtown Partnership               | Private Sector | Non-pro..   | Attend 10-year planning meetings during past 12 months, C... | NONE             |
| United Way of the Greater Triangle             | Private Sector | Non-pro..   | Attend 10-year planning meetings during past 12 months, C... | NONE             |
| Chapel Hill-Carrboro Chamber of Commerce       | Private Sector | Non-pro..   | Attend 10-year planning meetings during past 12 months, C... | NONE             |
| UNC Horizons Program                           | Private Sector | Hos pita..  | Attend 10-year planning meetings during past 12 months, C... | Substan ce Abuse |
| UNC Healthcare                                 | Public Sector  | Sch ool ... | Attend 10-year planning meetings during past 12 months, C... | NONE             |
| Pamela Chevalier                               | Individual     | For merl..  | Attend 10-year planning meetings during past 12 months, C... | NONE             |
| Michael Wood                                   | Individual     | For merl..  | Attend 10-year planning meetings during past 12 months, C... | NONE             |
| UNC Center for Excellence in Mental Health     | Public Sector  | Sch ool ... | Committee/Sub-committee/Work Group                           | Seriousl y Me... |
| Chapel Hill Town Council Member                | Public Sector  | Loca l g... | Committee/Sub-committee/Work Group, Attend 10-year planni... | NONE             |
| Town of Carrboro Alderman                      | Public Sector  | Loca l g... | Committee/Sub-committee/Work Group, Attend 10-year planni... | NONE             |
| Orange County Commissioner                     | Public Sector  | Loca l g... | Committee/Sub-committee/Work Group, Attend 10-year planni... | NONE             |
| Town of Hillsborough Commissioner              | Public Sector  | Loca l g... | Committee/Sub-committee/Work Group, Attend 10-year planni... | NONE             |
| Roger Badrock                                  | Individual     | Othe r      | Attend 10-year planning meetings during past 12 months, C... | NONE             |
| Orange County Justice United                   | Private Sector | Non-pro..   | Attend 10-year planning meetings during past 12 months, C... | NONE             |
| Piedmont Health Services                       | Private Sector | Non-pro..   | Attend 10-year planning meetings during past 12 months, C... | Substan ce Ab... |
| Durham VA Medical Center                       | Public Sector  | Othe r      | Committee/Sub-committee/Work Group                           | Veteran s, Se... |
| Orange Correctional Center Pre-Release Program | Private Sector | Othe r      | Attend 10-year planning meetings during past 12 months, C... | NONE             |
| North Carolina Housing Coalition               | Private Sector | Non-pro..   | Attend 10-year planning meetings during past 12 months, C... | NONE             |
| St. Thomas More Catholic Church                | Private Sector | Faith -b... | Attend 10-year planning meetings during past 12 months, C... | NONE             |
| Cedar Ridge High School                        | Public Sector  | Sch ool ... | Attend 10-year planning meetings during past 12 months, C... | NONE             |



|                                       |                |              |  |                  |
|---------------------------------------|----------------|--------------|--|------------------|
| North Carolina Legal Aid              | Private Sector | Non-pro..    | Attend 10-year planning meetings during past 12 months, C... | Domesti c Vio... |
| Hidden Voices                         | Private Sector | Non-pro..    | Attend 10-year planning meetings during past 12 months, C... | Youth, Domes..   |
| North Carolina Access Care            | Private Sector | Non-pro..    | Attend 10-year planning meetings during past 12 months, C... | Youth, HIV/AID S |
| Durham Technical Community College    | Public Sector  | Sch ool ...  | Attend 10-year planning meetings during past 12 months, C... | NONE             |
| UNC School of Law                     | Public Sector  | Sch ool ...  | Attend 10-year planning meetings during past 12 months, C... | NONE             |
| East West Partners Management Company | Private Sector | Busi ness es | Attend 10-year planning meetings during past 12 months, C... | NONE             |
| CASA                                  | Private Sector | Non-pro..    | Attend 10-year planning meetings during past 12 months, C... | Seriousl y Me... |
| Community Empowerment Fund            | Private Sector | Non-pro..    | Committee/Sub-committee/Work Group                           | Domesti c Vio... |
| Barbara Black                         | Individual     | Othe r       | Committee/Sub-committee/Work Group, Attend 10-year planni... | NONE             |
| Briggs Wesche                         | Individual     | Othe r       | Committee/Sub-committee/Work Group, Attend 10-year planni... | NONE             |
| Allison DeMarco                       | Individual     | Othe r       | Committee/Sub-committee/Work Group                           | NONE             |
| Daphne Brown                          | Individual     | Othe r       | Committee/Sub-committee/Work Group                           | NONE             |
| Jonathan Young                        | Individual     | Othe r       | Committee/Sub-committee/Work Group                           | NONE             |

# 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:** Orange County Partnership to End Homelessness

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

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

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- 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:** OPC Area Program

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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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:** Housing for New Hope

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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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:** Orange County Housing, Human Rights and Community Development

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

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

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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:** Inter-Faith Council for Social Service

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Education, Case Management, Life Skills, Healthcare, Mental health, Transportation, Alcohol/Drug Abuse, Soup Kitchen/Food Pantry, Employment  
(select all that apply)

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- 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:** Orange County Job Link

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

**Type of Organization:** Local workforce investment act boards  
(Content depends on "Type of Membership" selection)

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

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

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- 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:** Orange County Health Department

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

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

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

**Subpopulation(s) represented by the organization:** Youth, HIV/AIDS  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Healthcare, Prescription Assistance, HIV/AIDS  
(select all that apply)

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  - 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:** Orange County Department of Social Services

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Child Care, Life Skills, Utilities Assistance, Transportation, Rental Assistance  
(select all that apply)

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- 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:** University of North Carolina at Chapel Hill

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

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

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- 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:** University of North Carolina HOPE

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

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

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- 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:** Chapel Hill Police Department

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

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

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- 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:** Orange County District Attorney Office

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Law Enforcement, Legal Assistance  
(select all that apply)

## 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:** Frank Cohen

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

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

## 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:

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- 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:** Neighbor House of Hillsborough, Inc.

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Street Outreach, Soup Kitchen/Food Pantry  
(select all that apply)

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

**Instructions:**

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- 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:** Freedom House Recovery Center

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Life Skills, Mental health, Mobile Clinic, Alcohol/Drug Abuse, Employment  
(select all that apply)

## 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:

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- 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:** Chapel Hill Downtown Partnership

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

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

## 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:

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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:** United Way of the Greater Triangle

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

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

## 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:

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- 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:** Chapel Hill-Carrboro Chamber of Commerce

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

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

## 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:

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- 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:** UNC Horizons Program

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

**Type of Organization:** Hospitals/med representatives  
(Content depends on "Type of Membership" selection)

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

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- 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:** UNC Healthcare

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

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

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

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- 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:** Pamela Chevalier

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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- 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:** Michael Wood

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

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

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

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- 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:** UNC Center for Excellence in Mental Health

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

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

**Instructions:**



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- 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:** Chapel Hill Town Council Member

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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- 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 Carrboro Alderman

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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- 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:** Orange County Commissioner

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

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

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

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- 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 Hillsborough Commissioner

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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- 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:** Roger Badrock

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

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

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

**Instructions:**

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- 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:** Orange County Justice United

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

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

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

**Instructions:**

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- 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:** Piedmont Health Services

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

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

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

**Subpopulation(s) represented by the organization:** Substance Abuse, HIV/AIDS  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Prescription Assistance, Healthcare, Alcohol/Drug Abuse, HIV/AIDS  
(select all that apply)

## 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:** Durham VA Medical Center

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Utilities Assistance, Life Skills, Healthcare, Prescription Assistance, Mental health, Rental Assistance, Alcohol/Drug Abuse, HIV/AIDS, Employment  
(select all that apply)

## 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:

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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:** Orange Correctional Center Pre-Release Program

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

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

## 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:** North Carolina Housing Coalition

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

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

## 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:** St. Thomas More Catholic Church

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

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

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

## 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:** Cedar Ridge High School

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

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

## 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:** North Carolina Legal Aid

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

## 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:** Hidden Voices

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

## 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:** North Carolina Access Care

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

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

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

**Subpopulation(s) represented by the organization:** Youth, HIV/AIDS  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Prescription Assistance, Healthcare, HIV/AIDS  
(select all that apply)

## 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:** Durham Technical Community College

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

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

## 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:** UNC School of Law

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

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

## 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:** East West Partners Management Company

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

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

## 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:** CASA

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Life Skills, Utilities Assistance, Rental Assistance, Employment  
(select all that apply)

## 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:** Community Empowerment Fund

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

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

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

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

**Does the organization provide direct services to homeless people?** Yes

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

## 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:** Barbara Black

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

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

## 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:** Briggs Wesche

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

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

## 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:** Allison DeMarco

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

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

## 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:** Daphne Brown

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

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

## 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:** Jonathan Young

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

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

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

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

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

# 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, k. Assess Cost Effectiveness, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, r. Review HMIS participation status, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, p. Review Match, l. Assess Provider Organization Experience, i. Evaluate Project Readiness

**Voting/Decision-Making Method(s):** (select all that apply) c. All CoC Members Present Can Vote, 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):**

## **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:** Yes

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

In 2010 our ES inventory was 74 beds; this year it has dropped by 8 beds to 66. This difference is attributable to the fact that OPC Area Program eliminated 2 family units with a total of 4 family beds and 4 individual beds, for a total of 8 beds eliminated. The number of IFC's ES beds has remained the same at 66 permanent (50 men, 16 women) and 22 overflow (20 men, 2 women) for individuals.

**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):**

**Transitional Housing:** Yes

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

After receiving clarification from our HUD TA provider, we are asking agencies to apply a stricter homeless definition when counting who is homeless in their program. We now consider people to have been homeless only if they were sleeping in an emergency shelter or on the streets or other place not meant for human habitation. Also, we are only counting beds that are specifically designated for the homeless. As a result, we have eliminated Freedom House's 11 beds which were not specifically designated for the homeless. The Inter-Faith Council corrected its TH bed inventory which was listed last year as 36 but is on average 29 (in 10 units). Thus our total transitional housing bed inventory is now 29 beds (18 less than last year's 47).

**Permanent Housing:** Yes

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

In 2010 our PH inventory was 103 beds; this year it has dropped by 8 beds to 95. This difference is attributable to the following: 1)we eliminated the 3 CASA beds for individuals (no children) because they were not specifically designated to serve the homeless; 2) one new unit for SMF+HC (S+C-CoD) was added that is occupied by a single individual; and 3) the number of family units has remained the same at 25 but the number of beds has dropped by 7 to better reflect the average number of residents when all the units are occupied (as opposed to maximum capacity).

**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

## **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, HMIS

**Must specify other:**

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

**Specify "other" data types:**

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

## 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.

|  |  |
|--|--|
| <b>Select the HMIS implementation coverage area:</b>   | Regional (multiple CoCs)   |
| <b>Select the CoC(s) covered by the HMIS: (select all that apply)</b>                                  | 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-503 - North Carolina Balance of State CoC, NC-516 - Northwest North Carolina CoC, NC-500 - Winston Salem/Forsyth County CoC |
| <b>Is the HMIS Lead Agency the same as the CoC Lead Agency?</b>  | No   |
| <b>Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?</b>                    | Yes  |
| <b>Has the CoC selected an HMIS software product?</b>  | Yes  |
| <b>If "No" select reason:</b>  |  |
| <b>If "Yes" list the name of the product:</b>  | Service Point  |
| <b>What is the name of the HMIS software company?</b>  | Bowman Systems, Inc.   |
| <b>Does the CoC plan to change HMIS software within the next 18 months?</b>                            | No   |
| <b>Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)</b>         | 05/01/2006   |
| <b>Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):</b> | Inadequate resources   |

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

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

Although our HMIS usage has improved each year - by strengthening our CoC partnership, hiring and training adequate staff to input data and working with CHIN (HMIS) staff to improve data quality - budget and staff cutbacks have put severe strains on users' agencies. Staff who use CHIN have seen their workloads increase due to employee layoffs. We will participate in the AHAR again this year because of our improved HMIS usage and because over the past 2 years we have eliminated 3 providers from our HIC that do not have beds specifically designated to serve the homeless (UNC Horizons, Freedom House and CASA). As additional support for our CHIN users, the COC will begin funding their licenses this year.

## 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** 27605

**Format:** xxxxx or xxxxx-xxxx

**Organization Type** Non-Profit

**If "Other" please specify**

**Is this organization the HMIS Lead Agency in more than one CoC?** No



## 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    | 86%+                               |
| * Safe Haven (SH) Beds           | Housing type does not exist in CoC |
| * Transitional Housing (TH) Beds | 86%+                               |
| * Permanent Housing (PH) Beds    | 86%+                               |

**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:**

Not applicable; all bed coverage exceeds 86%. Note: the PH bed coverage in our eHIC is incorrect (we realized this while filling out this application; the HRE Helpdesk said we are unable to make changes to the formal eHIC at this time); the correct PH bed coverage is 100% but it is listed in the eHIC as 32% (HH w/no children) and 42.65% (HH w/children). We will correct this in next year's eHIC.

## 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             | 0%                         | 20%   |
| * Date of Birth                      | 0%                         | 0%  |
| * Ethnicity                          | 2%                         | 0%  |
| * Race                               | 0%                         | 0%  |
| * Gender                             | 0%                         | 0%  |
| * Veteran Status                     | 2%                         | 0%  |
| * Disabling Condition                | 16%                        | 0%  |
| * Residence Prior to Program Entry   | 4%                         | 0%  |
| * Zip Code of Last Permanent Address | 2%                         | 1%  |
| * 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):**

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 can generate a report for participating agencies that lists all clients with their program entry and exit dates and indications of fields that remain incomplete.

**Indicate which reports the CoC or subset of the CoC submitted usable data:** 2010 AHAR  
(Select all that apply)

**Indicate which reports the CoC or subset of the CoC plans to submit usable data:** 2011 AHAR  
(Select all that apply)

## 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:**

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

## 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:** 09/12/2011

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

## **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       |

## 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

**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).**

Our PIT count methodology has been fairly consistent over the past several years with minor improvements each year as we fine tune the process. In February 2010 our CoC hired a permanent Homeless Program Coordinator who is able to devote a significant amount of time and effort to the count, thus further improving its implementation. In 2011 the total number of homeless people in Orange County was 136 (up from 135 in 2010). We believe our methodology of counting unsheltered homeless people improved, thus partially accounting for the increase from 17 counted in 2010 to 33 in 2011. At the same time, we eliminated Freedom House (TH provider) from our count because it does not have beds that are specifically designated for the homeless (the previous year we eliminated UNC Horizons because its clients were not technically homeless upon entering). This helps to account for the drop in the number of the sheltered homeless counted, from 118 in 2010 to 103 in 2011.



## 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: | <input checked="" type="checkbox"/> |
| HMIS:             | <input type="checkbox"/>            |
| Extrapolation:    | <input type="checkbox"/>            |
| Other:            | <input type="checkbox"/>            |

**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):**

The CoC works in partnership with the NC Coalition to End Homelessness which provides common PIT Count survey and reporting instruments used statewide. 100% of our emergency shelter, transitional housing and permanent housing programs participate in the count. The CoC provides training and technical assistance to all providers on when and how to conduct the survey, both for the sheltered and unsheltered homeless. It also conducts service-based counts the day after the night of the PIT Count at food kitchens/meal distribution locations and at a day labor site. The CoC's PIT Count sub-committee is responsible for distributing the survey, implementing and monitoring the count, and producing the final report.

## 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 individual 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):**

|   |                                 |                                     |
|---|---------------------------------|-------------------------------------|
|   | <b>HMIS</b>                     | <input checked="" type="checkbox"/> |
|   | <b>HMIS plus extrapolation:</b> | <input type="checkbox"/>            |
| <b>Sample of PIT interviews plus extrapolation:</b> |                                 | <input type="checkbox"/>            |
|   | <b>Sample strategy:</b>         |                                     |
|   | <b>Provider expertise:</b>      | <input type="checkbox"/>            |
|   | <b>Interviews:</b>              | <input checked="" type="checkbox"/> |
| <b>Non-HMIS client level information:</b>           |                                 | <input checked="" type="checkbox"/> |
|   | <b>None:</b>                    | <input type="checkbox"/>            |
|   | <b>Other:</b>                   | <input type="checkbox"/>            |

**If Other, specify:**

**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):**

Providers are given a prepared survey tool that indicates the subpopulation data needed as well as training on how to use the tool. Providers then survey clients and/or check HMIS data and/or non-HMIS client information on the date of the point-in-time count to obtain the pertinent information. Non-identifying subpopulation data is aggregated by each provider on the survey tool and then provided to the CoC which produces the final point-in-time report.

## 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)**

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

**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).**

**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):**

Our CoC has only 2 providers that gather data for the PIT Count: Inter-Faith Council for Social Service (IFC) and OPC Area Program. Both agencies have several years of experience overseeing and implementing the PIT count. Several weeks before the count, the agencies are contacted to remind them of the upcoming count and to provide them with the surveys and reporting forms along with instructions about how to conduct the count. Staff from both agencies know that they need to gather this data for all the residents in their facilities on the designated night of the PIC count. They administer the survey and can check the data in - as well as add additional data into - HMIS to verify its accuracy and completeness. They then promptly submit the data to the Homeless Program Coordinator who compiles the data into the standardized reporting form and clarifies any questions or ambiguities with the providers.

## 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)**

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

**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).**

Orange County's 2011 PIT count of unsheltered homeless people was conducted by local law enforcement officers (from Chapel Hill, UNC-CH, Carrboro, Hillsborough, and the Orange County Sheriff's Deptment), the PATH Street Outreach Worker, service providers' staff, and volunteers. The law enforcement officers and PATH Street Outreach Worker mapped out likely locations where they would find unsheltered homeless persons ahead of time, and then visited these locations on streets, camps, and other places along with service provider staff or volunteers. The homeless individuals they found were given blankets, coats, and Pocket Guides of Support Services. The service providers and volunteers interviewed and recorded information about each homeless person they encountered. On the morning after the PIT count night, the PATH Worker and a Spanish-speaking volunteer interviewed Latino people at a day-labor site about where they slept the previous night. Orange Congregations in Mission, the Red Cross, and the Dept. of Social Services were asked if they distributed any hotel/motel vouchers for the night of the count. Lastly, service-based counts were conducted the day after the PIT count at the IFC Community Kitchen, IFC Main Office (emergency financial assistance provider and food pantry), and at the 2 locations where Neighbor House of Hillsborough distributes dinners. All the surveys are returned to the Homeless Program Coordinator who compiles and reports the data.

## **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:** A Combination of Locations

**If Other, specify:**

## 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:                  | <input type="checkbox"/>            |
| HMIS:                      | <input type="checkbox"/>            |
| De-duplication techniques: | <input checked="" type="checkbox"/> |
| "Blitz" Count:             | <input type="checkbox"/>            |
| Unique Identifier:         | <input type="checkbox"/>            |
| Survey Question:           | <input checked="" type="checkbox"/> |
| Enumerator Observation:    | <input type="checkbox"/>            |
| Other:                     | <input type="checkbox"/>            |

**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):**



The unsheltered persons count is conducted by the PATH outreach team, local law enforcement, and service providers with a good knowledge of the population and who have participated in our counts for several years now. They are also very familiar with locations where unsheltered homeless persons sleep. The count is conducted in a set period of time and by teams covering pre-determined designated geographic areas. By using professional outreach staff and a methodical plan duplication is minimized if not eliminated. Service-based counts are conducted the day following the point-in-time count by PATH outreach staff and volunteers administering our survey instrument. Interviewees are asked whether they stayed the previous night at one of our service providers that participates in the count, and if they did, they are not counted again. Those that did not sleep at providers' facilities are asked if they were counted the previous night, and if so, they also are not counted again. We are a relatively small CoC - 33 unsheltered homeless people were counted in 2011 - so we have a small number of counters involved and it is easier to control the process.

**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 Orange County Partnership to End Homelessness - our CoC - broadly publicizes local resources for helping unsheltered households including a comprehensive resource guide for people experiencing homelessness that was developed and distributed for the first time during the 2010 Point-in-Time Count. As importantly, the local women's shelter prioritizes providing housing to unsheltered households with dependent children. The Orange County Dept. of Social Services began implementing the Homelessness Prevention and Rapid Re-housing Program in December 2009, which, coupled with its existing emergency assistance program, further helped reduce the number of unsheltered households, including those with dependent children. We have not identified any unsheltered homeless households with children for at least the last several years of the count.

**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):**

PATH street outreach workers and local police officers are very familiar with the unsheltered homeless population and regularly help them obtain essential services and housing. The Services Coordination Team - a subcommittee of the Partnership to End Homelessness - develops service plans for chronically homeless individuals often including mental health & substance abuse treatment. Over the past year we have piloted the "Transition Court" where homeless people accused of minor crimes are given treatment plans to avoid going to jail. The Crisis Intervention Training program trains local law enforcement officers how to engage mentally ill people, including those living on the streets. The Real Change from Spare Change program educates people not to give money to panhandlers and raises funds for local street outreach workers. The Partnership's Employment Work Group has begun implementing a job-readiness and employment program for the homeless - including those living on the streets. Street outreach workers and the emergency shelters transport their clients to our annual Project Homeless Connect so that they may be enrolled in a plethora of services. The Community Empowerment Fund engages unsheltered as well as sheltered homeless to start savings accounts, learn financial management skills, and start businesses. Lastly, students from UNC-Chapel Hill engage unsheltered homeless folks in writing programs, to work in a community garden and at monthly community dinners.

## **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 as 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?** 15
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 17
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 33
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 50

**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):**

At the time of the 2012 PIT count we anticipate adding 2 PH beds that are currently under development by XDS, Inc. Twelve months from now, in October 2012, we anticipate we will have added 4 additional PH beds through the 100,000 Homes Campaign. Orange County's overall goal is to create 8 additional PSH beds for chronically homeless, medically vulnerable people through the Campaign by the end of 2013. Several members of the Partnership's Housing and Access to Services work groups are participating in the Campaign, helping to plan the Registry Week that will coincide with the 2012 PIT count and lining up the supply of housing and services. XDS, Inc. (a current CoC funding recipient) is proposing a support services project with this application that will be used to support chronically homeless individuals.

**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 Partnership's Housing Work Group has determined that its top long-term priority is to increase the stock of PSH units for the chronically homeless by at least the 40 stipulated in our 10 Year Plan. Our participation in the 100,000 Homes Campaign will bring focus, expertise and momentum to these efforts. Part of the underlying strategy of the Campaign is to change the way current systems work so that chronically homeless people become a top priority for both housing providers and providers of health, mental health, substance abuse and other services. The 2nd highest priority of the CoC is to partner with private landlords to offer reduced rents in high vacancy units for this population. The Partnership is also exploring the possibility of merging our CoC with either another county or the Balance of State so we can access more potential funding for PSH. Our CoC continues to ensure that at least 15% of the existing SPC and SHP are occupied by the chronically homeless.

## **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 indicated 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?** 96

**In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 90

**In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 90

**In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 90

**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):**

The number of homeless persons remaining in permanent housing for at least six months in Orange County has been consistently above the HUD goal of 77 percent. This number is high in part because each person residing in CoC-funded housing has support services. Also, the CoC has a Resident Screening Committee which works with participants who are at risk of losing their permanent supportive housing. The committee along with the tenant creates a plan-of-action that addresses issues impacting housing such as treatment or landlord-tenant issues. The plans are implemented by the tenant and their treatment provider(s) and the Resident Screening Committee monitors implementation.

**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 CoC will continue to use the Resident Screening Committee to help keep people housed. Orange County's Access to Services Work Group is working with homeless providers to link individuals with mainstream benefits including disability benefits through the help of SOAR-trained workers. The highest priority of this work group is to increase the number of dedicated SOAR workers in our community. These benefits will help individuals access services to assist in being successful in permanent housing. Additionally, our Employment Work Group has created and launched a job readiness program to increase education, job training, and employment opportunities for homeless individuals. This will result in a greater number of homeless individuals getting jobs and earning income, which further increases housing stability.

### 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 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 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 form 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?** 0

**In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 0

**In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 0

**In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 0

**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).**

The Orange County Partnership to End Homelessness (our CoC) does not have any CoC-funded transitional housing projects for which an APR was required.

**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 Orange County Partnership to End Homelessness (our CoC) does not have any CoC-funded transitional housing projects for which an APR was required.



### 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?** 40

**In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?** 40

**In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?** 45

**In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?** 45

**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 CoC's Employment Work Group includes representatives from JobLink, Durham Technical Community College, Chamber of Commerce, Chapel Hill Downtown Partnership, local business leaders and service providers' job coaches. We recently launched the Job Partners program whose participants become job-ready by developing Individualized Employment Plans and obtaining the education & training to achieve their employment goals. Participants document their job-readiness through resumes, Work Keys assessments and portfolios. We are recruiting local employers to hire Job Partners graduates and will sustain long-term relationships with them before and after hiring participants. We intend to hold our first reverse job fair in 2012, targeting either food service or construction trades. The CoC-funded service providers have also developed close partnerships with the ESC and Vocational Rehabilitation Services for assisting in job placements for their homeless and formerly homeless consumers.

**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):**

The Employment Work Group's highest priorities are to coordinate services among local employment, education and job training service providers and to create employment opportunities for people experiencing or at risk of homelessness. Our 2 main initiatives are: 1) the Job Partners program (described above) which helps this population become job-ready and to document their skills and experience for prospective employers; and 2) the creation of a social enterprise that will employ and possibly serve people experiencing or at risk of homelessness. We recently formed a Social Enterprise Subcommittee that is researching existing models/best practices, analyzing the components and characteristics of these enterprises, and prioritizing goals for Orange County. With input from the Partnership to End Homelessness' Executive Team and local service providers we will then choose 2 options, conduct market studies and finally create a business and implementation plan for our final choice.

### 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?** 9

**In 12 months, what will be the total number of homeless households with children?** 8

**In 5 years, what will be the total number of homeless households with children?** 7

**In 10 years, what will be the total number of homeless households with children?** 6

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

Our CoC has not encountered unsheltered homeless families during PIT counts and the only facility with beds designated for homeless families is the Inter-Faith Council for Social Service's Homestart. Homestart has 10 TH units for women and their children and usually 8-10 units are full at any time with a wait list because demand exceeds supply for this type of housing (Orange County does not have a domestic violence housing program). This past year Homestart began only accepting clients referred through the Department of Social Services which ensures that families are Orange County residents and that they are working with local service providers to receive mainstream benefits, thus increasing their chances of becoming stably housed. Additionally, Orange County's HPRP is extremely effective in preventing homelessness among households with children, 69 of whom have either avoided becoming homeless or been rapidly re-housing since 2009; the program will continue into 2012.

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

Members of our CoC participated in the National Alliance to End Homelessness' HEARTH Academy this past spring and have been working since then to develop a set of strategies that will respond to the goals of the legislation including homelessness prevention and rapid re-housing. We are planning a meeting with homeless service provider Executive Directors to develop a plan for meeting the HEARTH Act's goals and objectives. Our highest priorities are developing a coordinated intake process, consider converting ES and TH to rapid re-housing beds and continuing a prevention and rapid re-housing program similar to HPRP which has proved to be extremely effective in preventing homelessness, particularly among families with children. Additionally, the Partnership's Access to Services Work Group will expand to include child care, public education and foster care service providers and continue to coordinate and increase access to mainstream services that help families avoid becoming homeless.

### 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 NC Children's Policy Review Committee within the Department of Health and Human Services' Division of Social Services has developed protocols for Transitional Living Plans for youth being discharged from the foster care system. Social workers are charged with intentionally creating and/or allowing opportunities for youth to experience growth-enhancing interactions within the community. The protocols include the requirement that each youth will have a stable place to live upon discharge other than HUD McKinney-Vento funded beds, with a primary and backup discharge plan to minimize the likelihood of homelessness resulting from a disrupted plan. Services also ensure that youth have sufficient economic resources to meet daily living needs, have attained academic or vocational/educational goals, have a positive personal support system, are avoiding high risk behaviors, postponing parenthood until financially and emotionally prepared, and have access to physical, dental, and mental health services. At the local level, the CoC has an established MOA with the local Department of Social Services confirming that no one will be discharged from foster care into homelessness.

**Health Care:**

Protocols are being developed between the CoC and the University of North Carolina Hospital (UNCH) for discharging homeless patients into the community. Since hospitals are independent and do not fall under a state office the way that the mental health hospitals, prisons, and foster care programs do, it has been more challenging to develop discharge procedures. High-level hospital administrators participate in the Executive Team of the Orange County Partnership to End Homelessness and additional UNCH staff participate in the Access to Services Work Group and the Services Coordination Team (which develops treatment plans for chronically homeless people). We are currently developing a proposal with UNCH to create six (6) dedicated SOAR worker positions at the hospital and will present the proposal in the next few months. These SOAR workers would be able to help a great many of the hospital's homeless and at-risk patients obtain the SSI/SSDI benefits they need in order to pay for housing and services and thus decrease their use of hospital services. In addition, the hospital is working with CoC members and other housing advocates to identify appropriate permanent housing placements for persons being discharged from the hospital.

**Mental Health:**

Requirements for discharge planning for individuals in North Carolina state psychiatric hospitals and alcohol and drug abuse treatment centers have been codified in an administrative code (10 NCAC 28F .0209). Each facility and area program must develop a process for coordination and continuity of care for patients, particularly around treatment issues and issues related to discharge planning and community care that involves placements other than HUD McKinney-Vento funded programs. The facility, area program, and individual must collaborate on the development of a discharge plan for each individual leaving a facility. Additional policies related to individuals with long-term hospitalizations (30+ day hospitalization) prohibit placement in shelters or other homeless situations. At the local level, the CoC has an MOA with the regional State Mental Health Hospital and Developmental Center that outlines protocols related to discharging homeless individuals from state mental health and substance abuse facilities. The MOA ensures the facilities and the CoC members are implementing strategies to identify appropriate housing for persons being discharged. FY2010-2011 data indicates that 90% of people discharged from mental institutions in North Carolina go to other outpatient and residential non-state facilities or to private residences. In 2011, the NC Coalition to End Homelessness trained designated social workers at each hospital to be SOAR caseworkers.

**Corrections:**

Responsibility for discharging inmates from NC prisons and jails is shared by the Department of Corrections (DOC), other state agencies and local communities which each seek placements in appropriate housing options other than McKinney-Vento funded programs. For offenders with mental illness, developmental disabilities or other disabilities the DOC uses a multi-disciplinary approach to aftercare in which the case manager, mental health social worker and probation/parole officer assure that the released inmate has an appropriate, sustainable home plan. DOC representatives participate in the NC Interagency Council for Coordinating Homeless Programs and its Discharge Planning Workgroup. NC Prisons are not allowed to sign MOAs with local Continua; statewide protocols are under final review by DOC attorneys. FY2010 data indicate that approximately 91% of offenders in North Carolina are discharged to family, friends, or their own home. In Orange County the Assistant District Attorney recently began piloting the "Transition Court" which allows homeless people accused of minor crimes the option of following treatment plans - developed by the CoC's Services Coordination Team - in lieu of going to jail. Additionally, members of the Orange Correctional Center's Re-entry Partners Program participate in the leadership and initiatives of the CoC, ensuring that each of our housing, employment and services projects include ex-offenders as target populations at risk of homelessness.

### 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:**

1. Expand affordable permanent housing capacity.
2. Create 40 units of permanent supportive housing to house chronically homeless individuals and families.
3. Increase the availability of and access to mental health, substance abuse, medical treatment and non-clinical supports, such as life management skills and informal support networks.
4. Prevent homelessness among foster care children and those exiting the military, hospitals and other institutions by the use of various strategies including discharge planning.

**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):**



Orange County is not an HPRP entitlement community therefore, no substantial amendment to the Consolidated Program was required. Orange County's HPRP grant was awarded through the Balance of State. The County's CoC through the Homeless Programs Coordinator was involved from the beginning in the development of the Orange County's successful \$1M HPRP application. Many, invaluable contacts were made with county human services providers that have led to successful partnerships during the implementation of HPRP. For example, the local housing authority agreed to perform all Housing Quality Standards necessary for the program without compensation in support of the program's goals. And, the Homeless Programs Coordinator assisted in the development and distribution of marketing materials. Approximately, 200 families have been served by HPRP to date.

HPRP staff has been also involved in the CoC's initial conversations regarding the HEARTH Act legislation. Additionally, as the timeline for HPRP approaches its end CoC members have been in touch with the Department of Social Services staff administering HPRP to discuss possible interest in continuing an HPRP type program in the community.

**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 CoC community was not eligible for the HUD managed American Reinvestment and Recovery Act Programs. The CoC through the local housing authority has been working with the Durham Veterans Administration Center and the Wake County Housing Authority, the administrator of the VASH Program in this area. Over the past two years, two veterans have been housed in Orange County utilizing HUD Vash Vouchers although none are currently housed in the County with a Voucher. It is expected that through more communication with VA representatives in the region along with the identification of more veterans in the community more VASH voucher holders will be able to reside in the county.

**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?** No

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

**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 public school in Orange County has a social worker that identifies homeless families and works with the Department of Social Services (DSS) and service providers to ensure they have housing and are connected to needed services. The CoC formed an Access to Services Work Group last year with members representing health care, behavioral health care, dental care, legal services, child care, and social service agencies. The Work Group continues to plan to periodically invite the Exceptional Children Services Coordinators from our two school systems to its meetings to inform them about the services available for homeless and at-risk children, and to learn about the situation of homeless children in the schools.

**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 CoC's main provider of housing for homeless children is the Inter-Faith Council for Social Service(IFC) which has a transitional housing facility for women and children. The IFC receives funding for a social work position from the Orange County Partnership for Young Children, a local non-profit, to ensure children receive the educational and other services they need. IFC and the other providers of housing to homeless families in our CoC each have policies requiring that all children, without exception, be enrolled in day care or school on a regular basis. Each family is given the choice to enroll their children in the local school district or their home school and transportation is provided.

**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 CoC works with the Durham Veterans Administration (VA) Center, the Orange County Veteran Service Officer, the local Employment Security Commission, OPC Mental Health, Vocational Rehabilitation and the InterFaith Council for Social Service, among others to address the needs of homeless veterans.

The Durham VA Center provides medical care and social work services to help address the needs of the veteran population by making referrals to other service agencies. The County's Veteran Services Officer, housed in the Orange County Department of Social Services serves as the initial point of contact for county residents who are veterans in need of a particular service including housing, veteran's benefits and other essential items.

The local Employment Security Commission office and the County JobLink Center works with many veterans on cultivating job preparedness and readiness skills in their offices. Additionally, OPC Mental Health and Vocational Rehabilitation both provide funding for direct health and rehabilitative services for veteran.

Thus, the efforts of all of these organizations support the CoC's strategic goal of preventing homelessness by providing the support services necessary to help this population secure and maintain adequate housing.

**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):**

There have been some efforts to identify the youth homeless population in our community, however, most service providers are concerned that the true extent of the problem remains unknown. Nevertheless, agencies such as the Department of Social Services, Volunteers for Youth, the local school systems, police crisis social workers and others continue to work with the unsheltered homeless youth that they encounter. Much of that work centers around building relationship with the youth and directing them to the available resources and services in the community. This activity is consistent with the CoC's strategic goal of prevent homeless through aggressive outreach in the community to connect the homeless with necessary services.

### 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?** No

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

## 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.  | 18                                   | Beds       | 15                         | Beds       |
| Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.            | 90                                   | %          | 96                         | %          |
| Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%. | 0                                    | %          | 0                          | %          |
| Increase the percentage of homeless persons employed at exit to at least 20%                                       | 40                                   | %          | 40                         | %          |
| Decrease the number of homeless households with children.  | 8                                    | Households | 9                          | Households |

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

**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)**

For Objective #1, we would have achieved our goal of 18 PH beds for chronically homeless individuals because we were at 16 in 2010 and added 2, but we had to remove 3 beds owned by CASA from the inventory because after clarification from HUD we applied the stricter definition that the beds not only had to be occupied by chronically homeless people, they had to be designated for that population.

For Objective #5, we feel the number of homeless households with children did not decrease from 9 in 2010 to 8 because our provider for transitional housing for homeless families reports that its 10 units have been full over the past year and the wait list has increased over that period. They attribute this increase in demand for housing for homeless families to the economic downturn and the scarcity of affordable rental housing. We have not had unsheltered families with children and so that number (0) cannot decline.

## 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 | 42                   | 12                           |
| 2010 | 38                   | 16                           |
| 2011 | 50                   | 15                           |

**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.**

**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   | \$18,000           |               |            |            |            |
| <b>Total</b> | <b>\$18,000</b>    | <b>\$0</b>    | <b>\$0</b> | <b>\$0</b> | <b>\$0</b> |

**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):**

The number of chronically homeless persons increased by 12 from 38 in the 2010 PIT count to 50 in 2011. We believe this is attributable to an improvement in the methodology of our unsheltered count which resulted in an increase of our count of unsheltered chronically homeless people from 7 in 2010 to 22 in 2011 (an increase of 15 persons). The overall number of PH beds for the chronically homeless dropped by one because although we added 2 units, 3 CASA beds were removed from the inventory because they are not designated for the homeless, as described before.



## 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:  $c+d, \text{ divided by } a+b, \text{ multiplied by } 100.$  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)                   | 6         |
| b. Number of participants who did not leave the project(s)                          | 45        |
| 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         | 43        |
| e. Number of participants who did not exit and were enrolled for less than 6 months | 2         |
| <b>TOTAL PH (%)</b>   | <b>96</b> |

**Instructions:**

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?** No

|   |   |
|---|---|
| <b>Participants in Transitional Housing (TH)</b>  |   |
| <b>a. Number of participants who exited TH project(s), including unknown destination</b>            | 0 |
| <b>b. Number of SHP transitional housing participants that moved to permanent housing upon exit</b> | 0 |
| <b>TOTAL TH (%)</b>   | 0 |

## 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: 5**

| Mainstream Program           | Number of Exiting Adults | Exit Percentage (Auto-calculated) |   |
|------------------------------|--------------------------|-----------------------------------|---|
| SSI                          | 0                        | 0                                 | % |
| SSDI                         | 3                        | 60                                | % |
| Social Security              | 0                        | 0                                 | % |
| General Public Assistance    | 0                        | 0                                 | % |
| TANF                         | 0                        | 0                                 | % |
| SCHIP                        | 0                        | 0                                 | % |
| Veterans Benefits            | 0                        | 0                                 | % |
| Employment Income            | 2                        | 40                                | % |
| Unemployment Benefits        | 0                        | 0                                 | % |
| Veterans Health Care         | 0                        | 0                                 | % |
| Medicaid                     | 3                        | 60                                | % |
| Food Stamps                  | 2                        | 40                                | % |
| Other (Please specify below) | 0                        | 0                                 | % |
|                              |                          |                                   |   |
| No Financial Resources       | 1                        | 20                                | % |

**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

## 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

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

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

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

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

The CoC began reviewing CoC-wide APR's on an annual basis two years ago. The Continuum of Care Committee reviews the funded agencies' APR during a regularly-scheduled CoC Committee meeting.

**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.**

The CoC's Access to Services Work Group meets on a monthly basis and is responsible for increasing the access to essential services for people experiencing or at risk of homelessness, including health, mental health, dental, legal, child care, SSI, SSDI, Veterans, Medicaid, TANF, Food Stamps and other benefits and social services.

**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.** No

If "Yes", specify the frequency of the training. Never

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).

September 2007: SOAR Training; May 2009: SOAR Essentials Training; June 2009: SOAR Training. We will participate in another SOAR Training in December 2011.

## 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 |
|---|------------|
| <b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b><br><b>1a. Describe how service is generally provided:</b>   | 100%       |
| Case managers working with homeless persons through transitional housing, PATH, and mental health providers report that during the intake process a needs assessment is conducted to determine the types of benefits a person needs. A treatment plan is developed in which the case manager and client decide which benefits to prioritize and pursue. The case manager provides information, referral and transportation when needed. A large part of our CoC has free public transportation, so this resource is frequently used to attend appointments. Case managers transport when necessary. |            |
| <b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>  | 75%        |
| <b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b><br><b>3.a Indicate for which mainstream programs the form applies:</b>  | 0%         |
|   |            |
| <b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>   | 100%       |
| <b>4a. Describe the follow-up process:</b>  |            |
| Providers report that during weekly or monthly meetings with clients, a progress review is conducted to determine whether benefits have been accessed and they work together to address barriers to obtaining benefits.   |            |



## 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](http://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 |
|----------------------|----------------------|------------|----------------------|---------------|-----------------|-----------|-----------|------|
| UNC XDS Support S... | 2011-10-27 15:27:... | 1 Year     | University of Nor... | 36,225        | New Project     | SHP       | SSO       | F2   |
| Shelter Plus Care... | 2011-10-27 14:30:... | 1 Year     | OPC Mental Health... | 19,092        | Renewal Project | S+C       | TRA       | U    |
| Shelter Plus Care C2 | 2011-10-27 14:35:... | 1 Year     | OPC Mental Health... | 9,000         | Renewal Project | S+C       | TRA       | U    |
| Chrysalis Support... | 2011-10-27 15:20:... | 1 Year     | OPC Mental Health... | 109,202       | Renewal Project | SHP       | PH        | F    |
| Shelter Plus Care C  | 2011-10-27 15:10:... | 1 Year     | OPC Mental Health... | 36,000        | Renewal Project | S+C       | SRA       | U    |
| Shelter Plus Care... | 2011-10-27 15:07:... | 1 Year     | OPC Mental Health... | 270,900       | Renewal Project | S+C       | TRA       | U    |
| UNC XDS Leasing P... | 2011-10-27 15:33:... | 1 Year     | University of Nor... | 18,900        | New Project     | SHP       | PH        | P1   |

## Budget Summary

|                                |           |
|--------------------------------|-----------|
| <b>FPRN</b>                    | \$145,427 |
| <b>Permanent Housing Bonus</b> | \$18,900  |
| <b>SPC Renewal</b>             | \$334,992 |
| <b>Rejected</b>                | \$0       |

## Attachments

| Document Type   | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| Certification of Consistency with the Consolidated Plan | Yes       | NC-513 Certificat... | 10/27/2011    |

## Attachment Details

**Document Description:** NC-513 Certification of Consistency with the Consolidated Plan