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

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

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

Things to Remember

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

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1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

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

CoC Lead Agency Name: Wake County Continuum of Care Inc. (DBA The Partnership to End and Prevent Homelessness)

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

Instructions:

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

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

Indicate the frequency of group meetings: Bi-monthly

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

Not Applicable

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

Specify "other" legal status:

Not Applicable

Indicate the percentage of group members that represent the private sector:
(e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 74%

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

Elected:	X
Assigned:	
Volunteer:	X
Appointed:	X

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Other: ☐

Specify "other" process(es):

Not Applicable

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

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

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

N/A

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

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

Instructions:

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

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

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Coordinated Intake Strategy Team	This committee's work has been focused on exploring the development and implementation of a coordinated intake system. A Centralized Intake process has been a key factor in the success of Wake County's Rapid Re-housing and Prevention programs. System-wide Coordinated Intake will enhance services delivered to clients and better target program assistance where it can be most effective. The Committee continues to work with local governments and service agencies to gain support for moving forward. The CoC board and executive directors of CoC membership agencies have endorsed this collaborative, and a work group is moving the project forward.	Monthly or more
Employment, Education and Income Action Team	This committee has focused on designing and implementing a number of programs to improve employment opportunities for persons experiencing homelessness. These efforts include our Homeless Employment Initiative Program, where an employment liaison develops relationships between local businesses and homeless service providers that result in both filling an employment gap and hiring a homeless person. "Let's Get to Work" raises funds to provide day care, transportation and legal assistance, subsidy assistance to homeless and at risk individuals and families. This Committee has also enhanced partnerships with the Social Security Administration and SOAR to develop and implement an outreach plan to reach those individuals who are homeless.	Monthly or more
Housing Solutions Commitee	This committee's primary objective is to increase the affordable housing supply for persons who are at 40% or below area median income. The committee is composed of housing providers, developers, service providers, housing advocates and other interested parties. This committee works to strengthen relationships and communication among City and County housing, zoning, and homeless service officials to increase support for affordable housing. Members attend public meetings to give input to ensure that affordable housing stays at the forefront associated with comprehensive planning. The committee is also working to build community support and involvement to focus on people leaving institutions.	Monthly or more

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Government Resources Committee	This Committee is charged with keeping member agencies informed of best practices, enhancing the continuum's effort to provide coordinated services and monitoring the success of these efforts. This Committee designs and maintains standard outcomes and submission procedures for programs applying for funding through the CoC. It addresses all issues regarding program evaluation and quality control of projects, and it also provides accurate data to support the CoC. The Government Resource Committee also collects and analyzes data from Annual Performance Reports, Point In Time Counts and Project Homeless Connect events. The Team is also charged with the implementation and management of the Community's HMIS system.	Monthly or more
Partnership To End Homelessness Oversight Team	Raleigh/Wake Partnership to End and Prevent Homelessness is the overarching effort to guide our community's work to end homelessness. These efforts are guided by the Partnership's Executive Director. Groups are responsible for the implementation of the strategies of our ten-year plan to end homelessness. Together these groups guide the collaborative efforts of our partners, setting the work agenda, monitoring community-wide progress, promoting our vision and helping to raise needed funds for implementation. This committee empowers collaboration and development of an effective system of homeless prevention and intervention in the Raleigh/Wake County communities.	Monthly or more

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

Not Applicable

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1D. Continuum of Care (CoC) Member Organizations

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

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

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

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Wake County Sheriff's Department- Phyllis Stephens	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	NONE
Wake County Public Schools	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Housing Authority of the County of Wake	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
North Carolina Coalition to End Homelessness	Private Sector	Non-pro...	Lead agency for 10-year plan, Attend Consolidated Plan fo...	NONE
Dr. James West	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Raleigh Chamber of Commerce	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE

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

Instructions:

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

Name of organization or individual: Wake County Human Services

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual:	City of Raleigh
Type of Membership: **(public, private, or individual)**	Public Sector
Type of Organization: **(Content depends on "Type of Membership" selection)**	Local government agencies
Role(s) of the organization: **(select all that apply)**	Primary Decision Making Group, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
Subpopulation(s) represented by the organization: **(No more than two subpopulations)**	NONE
Does the organization provide direct services to homeless people?	No

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

Not Applicable

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

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

Name of organization or individual: Town of Cary

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

Public Sector

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

Local government agencies

Role(s) of the organization:
(select all that apply)

Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

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

NONE

Does the organization provide direct services to homeless people?

No

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

Not Applicable

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

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- 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: Raleigh Housing Authority

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

Public Sector

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

Public housing agencies

Role(s) of the organization:
(select all that apply)

Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

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

NONE

Does the organization provide direct services to homeless people?

No

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

Rental Assistance

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: Triangle Family Services (Counseling Svs)

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

Private Sector

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

Non-profit organizations

Role(s) of the organization:
(select all that apply)

Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

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

Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?

Yes

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

Counseling/Advocacy, Case Management, Utilities Assistance, Life Skills, Rental Assistance

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: Triangle United Way

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

Private Sector

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

Non-profit organizations

Role(s) of the organization:
(select all that apply)

Primary Decision Making Group, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

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

NONE

Does the organization provide direct services to homeless people?

No

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

Not Applicable

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

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- 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: The Womens Center of Wake County

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

Private Sector

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

Non-profit organizations

Role(s) of the organization:
(select all that apply)

Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

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

Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people?

Yes

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

Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Utilities Assistance, Mental health, Transportation, Alcohol/Drug Abuse, Rental Assistance, HIV/AIDS, Soup Kitchen/Food Pantry, Employment

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

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

Name of organization or individual: Interact (Domestic Violence Services)

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

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

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

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

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Does the organization provide direct services to homeless people?   Yes

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

Counseling/Advocacy, Case Management, Life Skills, Legal Assistance

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: The Healing Place of Wake County (SA Treatment)

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

Private Sector

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

Non-profit organizations

Role(s) of the organization:
(select all that apply)

Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

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

Substance Abuse

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Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Education, Case Management, Life Skills, Healthcare, Transportation, Alcohol/Drug Abuse, Employment

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

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

Name of organization or individual: CASA (Housing Developer)

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

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

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

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

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Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: Haven House (Youth Services)

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

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

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

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

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Does the organization provide direct services to homeless people?   Yes

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

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

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

Name of organization or individual: The Carying Place (Housing & Services Provider)

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

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

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

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

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Does the organization provide direct services to homeless people? Yes

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

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

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

Name of organization or individual: YWCA

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

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

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

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

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Does the organization provide direct services to homeless people?   Yes

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

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: Church in the Woods (Homeless Outreach)

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

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

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

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

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Does the organization provide direct services to homeless people? Yes

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

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: PLM Families Together, Inc. (Housing Provider)

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

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

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

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

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Does the organization provide direct services to homeless people?   Yes

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

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: Catholic Charities (Housing & Services Provider)

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

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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: Interfaith Food Shuttle

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

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

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

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

| Exhibit 1 2011 | Page 26 | 10/25/2011 |

Does the organization provide direct services to homeless people? Yes

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

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: Passage Home (Housing & Services Provider)

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

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

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

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

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Does the organization provide direct services to homeless people?   Yes

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

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: Raleigh Rescue Mission

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

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

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

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

| Exhibit 1 2011 | Page 28 | 10/25/2011 |

Does the organization provide direct services to homeless people?   Yes

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

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: Urban Ministries(Medical, Shelter, Basic Needs)

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

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

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

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

| Exhibit 1 2011 | Page 29 | 10/25/2011 |

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families:
(select all that apply) Counseling/Advocacy, Case Management, Life Skills, Utilities Assistance, Healthcare, Mental health, Rental Assistance, Soup Kitchen/Food Pantry

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: Salvation Army

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

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

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

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

| Exhibit 1 2011 | Page 30 | 10/25/2011 |

Does the organization provide direct services to homeless people? Yes

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

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: DHIC, Inc. (Housing Developer)

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

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

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

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

| Exhibit 1 2011 | Page 31 | 10/25/2011 |

Does the organization provide direct services to homeless people? No

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

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: Wake Health Services, Inc.

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

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

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

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

| Exhibit 1 2011 | Page 32 | 10/25/2011 |

Does the organization provide direct services to homeless people?
Yes

Services provided to homeless persons and families:
(select all that apply)
Healthcare, Mental health, Mobile Clinic

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:
Southlight (SA Svs. and Housing Provider)

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

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

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

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

| Exhibit 1 2011 | Page 33 | 10/25/2011 |

Does the organization provide direct services to homeless people? Yes

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

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: Step Up (Employment Svs. & Housing Provider)

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

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

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

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

| Exhibit 1 2011 | Page 34 | 10/25/2011 |

Does the organization provide direct services to homeless people?　Yes

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

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:　Wake Interfaith Hospitality (Housing/Svs Provider)

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

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

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

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

| Exhibit 1 2011 | Page 35 | 10/25/2011 |

Does the organization provide direct services to homeless people?   Yes

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

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: Social Security Administration

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

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

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

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

| Exhibit 1 2011 | Page 36 | 10/25/2011 |

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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: Sam McLean

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

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

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

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

| Exhibit 1 2011 | Page 37 | 10/25/2011 |

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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: Dr. James Hartye

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

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

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

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

| Exhibit 1 2011 | Page 38 | 10/25/2011 |

Does the organization provide direct services to homeless people?   Yes

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

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: NCSU Park Scholars

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

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

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

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

| Exhibit 1 2011 | Page 39 | 10/25/2011 |

Does the organization provide direct services to homeless people? No

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

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

Instructions:

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: Becky Harrison

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

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

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

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

Does the organization provide direct services to homeless people? No

| Exhibit 1 2011 | Page 40 | 10/25/2011 |

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

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: Mimi Kim

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

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

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

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

Does the organization provide direct services to homeless people?
No

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

Not Applicable

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: Wake County Commissioner Lindy Brown

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

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

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

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

Does the organization provide direct services to homeless people?
No

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

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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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: Wake County Sheriff's Department- Phyllis Stephens

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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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: Wake County Public Schools

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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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 Authority of the County of Wake

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

| Exhibit 1 2011 | Page 45 | 10/25/2011 |

Instructions:

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

Name of organization or individual: North Carolina Coalition to End Homelessness

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

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

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

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

Does the organization provide direct services to homeless people? No

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

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

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Instructions:

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: Dr. James West

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

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

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

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

Does the organization provide direct services to homeless people?
No

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

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

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Instructions:

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: Raleigh Chamber of Commerce

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

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

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

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

Does the organization provide direct services to homeless people? Yes

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

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

Instructions:

The CoC solicitation of projects and the project selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s).

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

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

Rating and Performance Assessment Measure(s):
(select all that apply)
e. Review HUD APR for Performance Results, k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), o. Review CoC Membership Involvement, r. Review HMIS participation status, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, l. Assess Provider Organization Experience

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

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

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

Not Applicable

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

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

Emergency Shelter: Yes

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

The 2011 Housing Inventory shows a slight net decrease in the number of emergency shelter beds (20 fewer beds) due to the downsizing of Emergency Shelter Programs. In particular, Pan Lutheran Ministries-Families Together has begun giving up units in an apartment complex where the owner is no longer taking proper care of the units. They are in the process of changing their program, and they are considering moving toward a Rapid Re-housing Model for future services.

HPRP Beds: No

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

No Changes

Safe Haven: Not Applicable

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

We do not have a Safe Haven project in our CoC.

Transitional Housing: Yes

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

The 2011 Housing Inventory shows a decrease in the number of transitional housing beds (52 fewer beds). Southlight is reporting 20 fewer beds in the 2011 inventory because they are now counting one bed per efficiency apartment. Previously, they counted multiple beds per efficiency because they often serve small children. The manner in which they are reporting beds this year is consistent with how other beds are counted across our CoC. Additionally, StepUp Ministries closed their transitional housing program and Haven House reduced its capacity.

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Permanent Housing: Yes

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

The 2011 Housing Inventory shows a net gain of 221 new permanent housing beds. This increase in permanent housing beds is in part the result of the inclusion of HUD-VASH vouchers administered by the Housing Authority of Wake County. This year we also received additional HUD-VASH vouchers and were able to expand the beds in our Shelter Plus Care Voucher Program.

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

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

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

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

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

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, 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, HMIS data, Housing inventory, Provider opinion through discussion or survey forms

Specify "other" data types:

Not Applicable

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

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

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2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

Select the HMIS implementation coverage area:	Regional (multiple CoCs)
Select the CoC(s) covered by the HMIS: (select all that apply)	NC-507 - Raleigh/Wake County CoC, NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC, NC-504 - Greensboro/High Point CoC, NC-513 - Chapel Hill/Orange County CoC, NC-501 - Asheville/Buncombe County CoC, NC-502 - Durham City & County CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-503 - North Carolina Balance of State CoC, NC-516 - Northwest North Carolina CoC, NC-500 - Winston Salem/Forsyth County CoC
Is the HMIS Lead Agency the same as the CoC Lead Agency?	No
Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?	Yes
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	ServicePoint
What is the name of the HMIS software company?	Bowman Systems
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	10/01/2004
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Inadequate staffing, No or low participation by non-HUD funded providers, Inadequate resources

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

While our CoC has typical HMIS implementation challenges, we overcame many of our barriers by switching from our original vendor (Softscape) to a new HMIS vendor(Service Point). Agencies began entering data in the new Service Point system with CHIN in January 2009. Please note: in a previous question we listed the date when data was first entered in HMIS as 10/1/2004 because this was the date we began entering data into the Softscape system.

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

We are working to improve data quality & bed coverage. We are continuing to improve data quality through standardized and customized reporting, end user certification & refresher training, and focused technical assistance. We review the monthly HMIS Data Quality report produced by CHIN and the AHAR details report that CHIN produces upon request. The area that we struggle with most is coverage with our smaller non-HUD funded programs. Most of these agencies do not receive McKinney-Vento funding and are small, volunteer-run organizations that do not have the resources, staff, or capacity to enter data into our HMIS. Without the requirement to participate, these agencies are resistant to put financial or volunteer hours into HMIS. Fortunately, last year our CoC was awarded SHP-HMIS funding to subsidize the cost related to end user license fees. We will continue to educate agencies on the benefits of HMIS and encourage their participation.

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

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

Organization Name	North Carolina Housing Coalition
Street Address 1	118 St. Mary's Street
Street Address 2	
City	Raleigh
State	North Carolina
Zip Code Format: xxxxx or xxxxx-xxxx	27605
Organization Type	Non-Profit
If "Other" please specify	Not Applicable
Is this organization the HMIS Lead Agency in more than one CoC?	Yes

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

Instructions:

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

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

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

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

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

* Emergency Shelter (ES) Beds	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

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

Instructions:

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

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

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	1%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	3%	0%
* Zip Code of Last Permanent Address	0%	7%
* Name	0%	0%

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

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

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

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

Our CoC's commitment to accurate data entry, including program entry and exit dates, begins when agencies sign their Agency Participation Agreement. In this contract, agencies agree to adhere to CHIN's Standard Operating Policies which explicitly cover all HUD required data elements. Our CoC in part chose this vendor due to its commitment to collecting accurate data, their stringent agency participation requirements and their commitment to attend monthly CoC meetings to review our progress and/or difficulties with utilizing the HMIS. When requested, HMIS staff can generate a report for participating agencies that lists all clients with their program entry and exit dates and indications of fields that remain incomplete.

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

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

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

Instructions:

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

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

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

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

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

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

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

Instructions:

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

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

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

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

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

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards?	At least Annually
How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)?	Never
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	09/12/2011
If 'No' indicate when development of manual will be completed (mm/dd/yyyy):	

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2G. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

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

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

Instructions:

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

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

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

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

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

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

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

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/24/2012

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

Emergency Shelter: 100%

Transitional Housing: 100%

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

On January 26, 2011 our CoC counted 1,150 persons experiencing homelessness compared to the previous year when we counted 1,180. Our most recent count showed a 2.75 percent (30 persons) DECREASE in the number of persons experiencing homelessness.

Wake County, however, continues to experience tremendous growth. In the last ten years Wake County has increased its population by 43.5 percent (from 627,846 in 2000 to 900,993 in 2010). This translates to fourth nationally in population growth, making Wake County the nation's 57th largest county.

Even in the midst of this growth, Wake County's population of persons experiencing homelessness has decreased 24.5 percent (from 1,523 in 2000 to 1,150 in 2011).

Our Unsheltered Street Count indicates a minor trending upward (at 152, up from 121). The 2010 lower number of unsheltered persons counted did correspond with adverse weather conditions experienced on the date of our Point-In-Time Count. The night before the 2010 count a winter storm left approximately five inches of ice and snow (we rarely have any snow).

The Sheltered Count indicates virtually no change in the number of clients served in emergency shelters (at 633 persons, up from 631). It also shows a more dramatic decrease for clients served in transitional shelters (at 365, down from 428).

Overall, the largest contributing factor toward the decrease in our point-in-time count is a result of decreased utilization in our transitional housing programs.

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

Instructions:

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

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

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

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

N/A

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):

Members of the Government Resources Committee plan and conduct our annual Point-In-Time Count. Our effort to count persons in shelters was led by two coordinators, one for emergency shelters and one for transitional facilities. The coordinators communicated with shelter providers before the count to provide instructions and forms to be filled out in cases where persons did not participate in HMIS. Emergency shelter and transitional housing providers documented each individual they provided housing to on the night of the point-in-time count via HMIS or paper opt-out forms and submitted their documentation to the coordinators. The coordinators worked together to collate all the sheltered population data with the unsheltered population data to produce a final count.

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

Instructions:

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

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

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

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

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

If Other, specify:

 N/A

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

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Members of the Government Resources Committee plan and conduct our annual Point-In-Time Count. The HMIS system that we use allows users to indicate subpopulation data at the time when an individual is first entered into HMIS. We utilized our HMIS to provide both bed counts and subpopulation data for the point in time count. We asked each agency to run a standardized Point-In-Time Report in our HMIS for the Count night and review the bed lists and the subpopulation data as a measure to double check accuracy and spot any inconsistencies.

Two coordinators, one for emergency shelters and one for transitional facilities, communicated with shelter providers before the count to provide instructions and forms to be filled out in cases where persons did not participate in HMIS so we could also collect bed count and subpopulation data on these individuals.

Emergency shelter and transitional housing providers documented each individual they provided housing to on the night of the point-in-time count via HMIS or paper opt-out forms and submitted their documentation to the coordinators. The coordinators worked together to collate the sheltered population data with the unsheltered population data to produce a final count of subpopulations.

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

Instructions:

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

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

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

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

If Other, specify:

N/A

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).

N/A

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

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Members of the Government Resources Committee make every effort to ensure the data we collect during our annual point-in-time count is accurate and that data contained therein is of high quality. We have placed an emphasis on collecting data via our Homeless Management Information System database whenever possible because we believe it has maximum accuracy, giving us the ability to drill down and check for errors and sort data different ways.   We utilized our HMIS to provide both bed counts and subpopulation data for the point in time count.

Prior to the Count date two coordinators, one for emergency shelters and one for transitional facilities, contacted staff at all the agencies to explain our process and give detailed instructions. Coordinators also gave agencies forms to be filled out in cases where persons did not participate in HMIS so we could also collect bed count and subpopulation data on these individuals. We asked each agency to run a standardized Point-In-Time Report in our HMIS for the Count night and review the bed lists and the subpopulation data as a measure to double check accuracy and spot any inconsistencies.

Following the Count date we collected standard reports from each agency and reviewed them for accuracy. In any case where there looked to be an inconsistency we re-contacted the agency and worked to understand or resolve the issue.

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

Instructions:

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

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

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

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

If Other, specify:

N/A

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).

Our most recent Point-In-Time Count of unsheltered homeless persons was conducted as an actual face-to-face count of each homeless person encountered on the streets, in camps and in places where homeless individuals are known to congregate. Our Count took place in the early morning before shelters checked their guests out.   We assembled a large contingency of volunteers and staff so that we could canvas all areas of the County simultaneously using a standard form we created for the Count. Each homeless client was interviewed, and written responses were recorded. The week prior to the unsheltered count we announced that both our multi-service centers that serve homeless clients, The Women's Center of Wake County and Cornerstone Services Center, would open for expanded hours beginning at 5 am. The opening of these centers was concurrent with the dispatching of counting teams. Interviews were conducted at both locations and in the field. All teams reported back to our service center at Cornerstone where all data was loaded into a spreadsheet and cross checked with our HMIS sheltered data to ensure that we had no duplicate data.

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

Instructions:

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

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

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

NA

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

Instructions:

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

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

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

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

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

If Other, specify:

 N/A

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

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To ensure we collect accurate high quality data we utilize direct-care staff from our homeless agencies and experienced volunteers who have been trained on the Count process. We make sure that every person assisting with the count understands every data element that we collect. In cases where we suspect the reliability of the data given or the client refuses to participate we do not include the data in our reports. To avoid duplication, we conducted an actual face-to-face count of each homeless person encountered on the streets, in camps and in places where homeless individuals are known to congregate. Our Count took place in the early morning before shelters checked their guests out.   We assembled a large contingency of volunteers and staff so that we could canvas all areas of the County simultaneously using a standard form we created for the Count. To further ensure that our Count was accurate and unduplicated, we cross checked HMIS to establish that clients counted in the unsheltered count were not also counted in the sheltered count.

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):

We gratefully report that we did not find any unsheltered homeless households with dependent children in our past three Counts. The emergency shelters & transitional facilities in our CoC recognize the extreme dangers that households with dependent children could face on the streets. Providers work hard to expand beyond their capacity at challenging times & find appropriate temporary housing for these families.

The Project CATCH Initiative is a collaborative of family shelter providers & early childhood mental health staff working to increase the coordination of services & enhance social-emotional health of homeless children. This year they trained 32 staff in trauma-based treatment strategies. They also have developed a fast track to Early Head Start for homeless children & a protocol for expedited Health Department referrals. They were awarded a Rex Endowment grant to further their efforts.

CoC agencies work collaboratively with the Public School System's Homeless Liaison to rapidly locate appropriate temporary housing for homeless families who otherwise might wind up in unsheltered situations.

Outreach strategies: all homeless agencies ensure that homeless families are informed of the Homeless Liaison in public schools & the special rights to services homeless children have; all homeless agencies post McKinney-Vento school-age student information in all service areas; all homeless children are directed toward tutoring programs hosted at shelters.

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):

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Church in the Woods (CITW) is an outreach effort to the unsheltered homeless population. They coordinate volunteer groups that go into "unmapped" areas to identify isolated homeless households. CITW's work is key to our outreach plan to find and offer services to unsheltered households. They explore wooded areas, streets, and under bridges to locate people in need. CITW provides clothing, toiletries, medical help, showers, laundry, and meals on location. They offer an opportunity for spiritual discipleship, hosting weekly church services; and they support those who desire to come off drugs/alcohol, and reintegrate into society by connecting them with community assistance programs and low cost housing.

Haven House offers services to assist adolescents and adults (age 16-21) that are homeless or street dependent with basic needs assistance, employment, and rental assistance. Program staff operates from their drop-in center where youth can obtain food, bus tickets, crisis counseling, access to computers, and a variety of basic needs services. Program staff coach youth on important life skills topics.

The Community Outreach Team provides outreach and engagement services to individuals who are street homeless or living in other places not meant for human habitation.   This team works to engage these individuals in services to meet their basic needs as well as services to address any unmet psychiatric and/or substance abuse services needs.

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

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

Instructions:

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

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

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

How many permanent housing beds are currently in place for chronically homeless persons? 88

In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 90

In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 105

In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 155

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

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Short term plan to increase permanent housing inventory for chronic clients:
1. By 1/31/2012, Wake County Human Services (WCHS) Voucher Program (Michael Mescall, Program Manager) will place in service a minimum of two vouchers for use by chronic clients.
2. By 1/31/2012, Passage Home (Lisa Crosslin, Housing Director) will convert 12 units into permanent housing for families. Some of the families moving in may have a chronically homeless family member. These units are not currently being designated for chronically homeless. We, however, are working to prioritize the needs of chronically homeless individuals who have dependent children.
3. Wake County has appropriated funds for 40 housing vouchers targeted to Project 77 (Lamar Johnson, Wake LME) to assist high end users of inpatient psychiatric facilities. Many of these persons meet the chronic homeless definition. This project is under development and will be a clinical trial & a managed care intervention.

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):

Long term plan:
1. Use balance of our pro rata share to create new units through SPC subsidies &/or new construction yearly. New construction projects do not seek renewal and preserve funds for new projects every year. (Government Resources Committee, David Harris)
2. Complete construction on two10-unit complexes & make 6 units available for chronic clients. (CASA, Mary Jean Seyda)
3. Participate in a regional 100,000 Home Campaign. Registry week is scheduled for 1/22/2012. Request a preference for persons who score high on the vulnerability index (likely many of our chronic clients) from a variety of housing providers. Our team is working diligently to find housing resources for these clients. (Ruth Peebles)
4. Meet monthly to actively pursuing new collaborations to increase the affordable housing stock in our community. (Housing Solutions Committee, Annemarie Maiorano)
5. Complete development of Project 77 and place vouchers in use. (Lamar Johnson, Wake LME)

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

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

Instructions:

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

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

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

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 83

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 85

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? 95

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

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Our CoC continues to exceed this threshold & the short-term plans are:
1. Utilize Support Circle Program to match volunteer congregations to support formerly homeless families in permanent housing. (Roberta MacCauley, Catholic Charities)
2. Further collaboration with the local mental health system to improve supports to clients, recognizing that maintaining good mental health increases likelihood of remaining in permanent housing. (Lamar Johnson, Wake LME)
3. Further encourage affordable housing developers and service providers to work in partnership to help tenants to live successfully in their units by orienting participants to what it means to be a good tenant and neighbor. At certain properties, service agency staff and property management staff meet monthly to problem solve and work collaboratively on tenant and property issues so tenants remain successfully housed. (Annemarie Maiorano, WCHS)
4. Continued emphasis on formalized aftercare services. (Lisa Williams, WIHN)

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):

NOTE: The baseline indicator of 83% participants remaining in CoC funded housing projects for at least 6 months is misleading because the chart in section 4 requires you to include clients who are new & have not had the opportunity to be in housing for 6 months yet. Actually 98% of our clients maintained their housing for 6 months or longer, & 15% of our clients were newly housed.

Our long term plan to maintain this success is to focus on support services:
1. Continued support of short-term strategies as previously listed.
2. Implement a CoC endorsed service only project to support persons placed in S+C rental subsidies. This project was newly funded this year. (Lisa Crosslin, Passage Home)
3. Work with community partners to strengthen communication between landlords, service providers & tenants. (Joyce Stancil-Williams, CASA)
4. Expand partnership with our local Veterans Administration & utilize expertise of 3 new employees working with Veterans. (Jamilliah Bynum, VA)

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

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

Instructions:

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

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

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

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 88

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 89

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 90

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 91

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

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Our CoC exceeds this threshold and the short term plans are:
1. To continue improving partnerships with the local public housing partners, HUD-VASH providers, private landlords, tax credit apartments and other housing providers to ensure that those individuals residing in transitional housing will have access to affordable housing options. There is a high value placed on the relationship between the housing coordinators and landlords. It is this relationship that has landlords willing to accept a rental voucher or offer a reasonable rent under fair market. (Housing Action Team)
2. Provide focused attention on preparing clients for housing by teaching independent living skills & tenant based education (Ready to Rent); connecting clients with employment programs to raise income; and assist participants in locating and obtaining permanent housing of their choice. Provide follow up support and aftercare to graduating program participants. (Education/Employment Team)

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):

Our long term plan to maintain this success is to focus on our success:
1. Continued support of short-term strategies as previously listed.
2. Develop relationships with new non-conventional housing partners through our 100,000 Homes Campaign to expand options for transitional housing graduates. (Ruth Peebles)
3. Explore Transition-In-Place models with current providers. (David Harris)

A more far reaching goal, however, is to decrease the demand for transitional programs by creating a Coordinated Intake and implementing rapid re-housing and transition in place strategies so resources will be re-allocated.
1. Expand the number of rental subsidies & leasing dollars thru government & private sources.
2. Develop model for Coordinated Intake and implement pilot. (Stabilization, Assessment & Referral Strategy Team)
3. Develop relationships with our local, regional, & state agencies to advocate for increased permanent housing options for homeless individuals & families.

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

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

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

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

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

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 46

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 47

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 48

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 49

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).

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Our CoC continues to exceed the HUD employment threshold. Despite the down turn in the economy & high unemployment in our County, we hope our percentages remain steady next year. The plan is for Jim Frink, our employment liaison, to work with member agencies on these activities:

1. Continue to engage employers who will hire homeless clients.
2. Support & promote the activities of the following programs that are working on projects to help homeless clients with employment: the Homeless Employment Initiative Team, StepUP Jobs, Wake Community College, Employment Security Commission & Community Success Initiative(CSI).
3. Conduct Reverse Job Fairs with at least 5 employers
4. Conduct Employment Resource Fair for emergency shelter residents
5. Recognize employers who are hiring homeless clients with the Champion Employer Award.
6. Continued development of trades education for homeless clients through community college.
7. Coordinate employment workshops for agency staff.

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 CoC's long term focus is on increasing job placement and possibly more importantly increasing job retention:

1. Increase the number of businesses willing to interview employment ready candidates. (Jim Frink)
2. Increase the number of employment ready candidates by offering workshop presentations & industry specific expertise. (Jim Frink)
3. Build relationships with local business leaders who will participate & consult with our team. (Jim Frink)
4. Focus on Job retention with a 12-24 month employment program coupled with a 9-month life skills program. Current success: 81% were still on the job 12 months after placement. (StepUp Jobs)
5. Focus on "hard skills" training programs for carpentry, mechanics, electrical, heating/air conditioning and telecommunications. (StepUp Jobs & WCHS)
6. Employment efforts for Veterans. (StepUp Jobs)
7. Employment efforts for Ex-offenders. (Dennis Gaddy)

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

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

Instructions:

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

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

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

What is the current total number of homeless households with children as reported on the most recent point-in-time count?   96

In 12 months, what will be the total number of homeless households with children?   95

In 5 years, what will be the total number of homeless households with children?   94

In 10 years, what will be the total number of homeless households with children?   89

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

This past year we achieved and exceeded our goal to reduce families who are homeless from 113 to 96. This is a big achievement with our population increasing by 46% over the last 10 years. Our short term plan to continue to this decline is:

1. Secure funds to continue administering our HPRP early intervention and prevention projects.   To date, 184 households have been served with homeless prevention funds. (Triangle Family Services and The Women's Center)
2. Increase rental subsidies to serve families via S+C. (Michael Mescall)
3. Increase rental subsidies to serve families of homeless veterans. (Durham VA and Housing Authority of the County of Wake)
4. Introduce change in the homeless system of care to a Coordinated Intake model. (David Harris)

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

Long term strategies to decrease the number of homeless households with children include:

1. Fully Implemented Coordinated Intake. (David Harris)
2. Maintain and increase prevention funds in our HPRP program with ESG & other public and private funds. (Jean Williams)
3. Expand rental subsidies available (S+C, VASH vouchers, & leasing dollars) & affordable housing options for families. (Housing Solutions Committee)
4. Advocate that our housing authorities grant a priority to homeless families with children.
5. Increase the capacity of Support Circles to serve an additional 19 families.
6. Continue collaboration with Wake County Homeless Liaison in pubic system. Deflect families from shelters by providing outreach services and connecting families to community resources.

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3B. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

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

Foster Care (Youth Aging Out):

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

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Health Care:

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

Mental Health:

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

Corrections:

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

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3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

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

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

Yes

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

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

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

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

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

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

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

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Our COC was an active partner in the development of both the Raleigh and Wake County Homeless Prevention and Rapid Re-housing Programs, attending a joint meeting with both HPRP coordinators. Additionally, Wake County's April 3, 2009 HPRP meeting and Raleigh's April 16, 2009 HPRP public meetings were well attended by CoC members. Many of our comments were received and implemented in the Request for Proposals that was issued. Both the Wake County HPRP and the Raleigh HPRP coordinators are members of the CoC, and they have provided useful information to our membership. Community members were represented in the application review process, and this collaborative effort continues in the implementation and monitoring period. Raleigh and Wake County make regular reports to the WCoC at our regular meetings. Two agencies, the Women's Center of Wake County and Triangle Family Services, were chosen to administer the HPRP funds in our community. Both agencies are members of the CoC. To date, 184 households have been served with homeless prevention/rapid rehousing funds.

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)?

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The City of Raleigh was awarded $2,952,214 for NSP1 and $950,000 for NSP3.

The City of Raleigh was awarded $648,128 for CDBG-R and the County of Wake was awarded $380,721 for CDBG-R.

The City of Raleigh was awarded $991,091 for HPRP and the County of Wake was awarded $582,164 for HPRP.

Raleigh NSP's goal is to acquire at least 30 foreclosed residential properties, rehabilitate 15 units for resale to LMMI homebuyers or for rental opportunities for households at or below 50 percent of area median income. Through partnerships with local nonprofit CoC member agencies Raleigh is on target to meet NSP goals. Passage Home, a CoC member agency, has purchased a total of 9 single family homes. Eight (8) of the nine homes were in foreclosure, one was vacant and abandoned and considered blight by the City. Passage Home has rehabbed 8 of the homes for affordable resale or rental. Two homes have been sold, one has been made available for rental and two properties are under contract and expected to close before the end of 2011.
In addition, Passage Home has purchased 42 units of multifamily housing because of NSP. These units will be rehabbed and provide affordable permanent housing to Wake County residents. Passage Home anticipates units will be available late 2012.

Our CoC Member Agency, Wake County Human Services (WCHS), is working quite successfully with the Durham VA Center (DVAC). 165 VASH vouchers have been issued to the DVAMC over the past 3 years. The HVSO identifies and refers eligible Veterans to the DVAMC for further screening and placement into the HUD/VASH program. The HUD/VASH Team identifies and refers eligible Veterans to the Wake County Housing Authority. The program has placed 187 Veterans/Veteran families into permanent housing. For fiscal year 2011, the Durham VAMC will be getting an additional 50 vouchers to be utilized for the most vulnerable of the chronically homeless veteran population. The Durham VAMC will continue partnering with the Wake County Housing Authority to improve veterans and veterans' families health and mental health and access safe, decent affordable housing.

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

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If yes, please describe the established policies that are in currently in place. The Partnership has approved a policy and implemented a strategic plan for school age children that includes: 1. Supporting the strategies and outcome goals of Project CATCH (Community Action Targeting Children Who Are Homeless); 2. At intake, all homeless agencies ensure that homeless families are informed of the Homeless Liaison in public schools and the special rights to services homeless children have; 3. All homeless agencies post McKinney-Vento School-Age Student information in all service areas; and, 4. All homeless children are directed toward tutoring programs located at CoC member agencies, Salvation Army, Passage Home, Wrenn House, Interact, and Raleigh Rescue Mission.

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)

The Wake County Public School Superintendent appoints a School Liaison for Homeless Students. The Homeless Liaison is an active member of the Wake County CoC. The Homeless Liaison provides training annually for staff at CoC agencies providing emergency and transitional housing to ensure the educational needs of children are met while in shelter as well as continuous training to all school personnel departments. All seventy four Wake County Public School System Social Workers are trained to identify homeless students and remove barriers to those children's educational success. The Homeless Liaison also is responsible for immediately identifying homeless students; providing immediate access for enrollment and equal opportunity to succeed in school; providing immediate access to appropriate services by removing barriers; making referrals to health care providers; assisting unaccompanied youth with enrollment, transportation and disagreements with schools; ensuring that homeless students are not stigmatized or segregated from students or services; reviewing school policies that may be in conflict with McKinney Vento Act; and, responsible for ensuring, implementing and overseeing all policies. During the 2010-2011 school year Wake County Public Schools served 2,294 students identified as homeless according to the McKinney-Vento Act definition of homelessness.

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)

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Each agency within the CoC providing emergency or transitional shelter has a policy that all school aged children in their programs must be enrolled in school. Agencies work with the Homeless Liaison and school personnel to ensure children stay enrolled and attend their school of origin or help them to enroll if they are not already enrolled. Each agency serving homeless children is required to post McKinney-Vento posters informing students and families of their educational rights under the law. The Homeless Liaison provides training annually to staff and as needed for CoC agencies providing emergency and transitional housing to ensure the educational needs of children are met while in shelter.

All area shelters serving homeless families with children and unaccompanied youth participate in Project CATCH (Community Action Targeting Children Who Are Homeless). Project CATCH receives referrals from shelters and transitional housing programs and provides protocols for children upon program entry, provides training for shelter staff on trauma-informed services, ensures continuation of or engagement in services and on-site services for families within programs to support healthy parent/child relationships. CATCH also facilitates tutoring programs at local CoC shelters to ensure children receive services needed to maintain grade level achievement.

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 Wake County CoC is dedicated to ending homelessness among veterans. The CoC has assessed the needs of this population and identified agencies within its structure that could assist in meeting those needs. As a result, partnerships between various CoC agencies and the Durham VA Medical Center (DVAMC) were established to provide veteran specific services in the community. Through such collaborations, The Healing Place of Wake County has served 36 veterans through the DVAMC's Grant Per Diem (GPD) Program since February 2011. In addition, The South Wilmington Street Shelter has identified, supported and served as a referral source for veterans seeking admission to all of the Healthcare for Homeless Veterans (HCHV) programs, such as GPD and the HUD/VASH program. The collaboration between HUD, the DVAMC, and the Wake County Housing Authority have made it possible for the DVAMC HUD/VASH program to house 187 homeless veterans in Wake County since 2008.

CoC member agency, Passage Home, has been awarded a grant from the Department of Veterans Affairs to provide supportive services to veteran families. This grant will enhance housing stability of homeless and at-risk veterans. In addition, Passage Home working in collaboration with Wake County Human Services provides support services for homeless veterans who are placed on new S+C rental subsidies starting in Fall 2011.

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

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Haven House Inc. (HHI) works with homeless youth ages 10-23. Wrenn House is HHI's emergency shelter for homeless ages 10-17. HHI's Outreach Center for street dependent youth ages 17-23 allows clients to receive basic need supplies and services as well as life skills classes. Clients are identified for the apartment living program which provides transition-in-place housing for single and singles with dependents in market rate apartments with leasing assistance. HHI has an Outreach team that works to identify homeless youth through assertive outreach while collaborating with CoC Members. The community-based program Project CATCH works with Pan Lutheran Ministries, Raleigh Rescue Mission, Wake Interfaith Hospitality Network, Interact, Passage Home, The Carying Place, Circle of Support Program, SouthLight, The Healing Place and Haven House to coordinate services for homeless youth. Core components of CATCH are: protocols for children upon program entry, training for shelter staff on trauma-informed services, ensuring continuation of or engagement in services and on-site services for families within programs to support healthy parent/child relationships. Project STAND (Start Talking About Non-Violent Dating) is a collaboration between Haven House and InterAct providing direct services while working with the community to create a screening tool to assist agencies in identifying youth at risk for homelessness or dating violence.

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3D. Hold Harmless Need (HHN) Reallocation

Instructions:

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

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

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

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

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

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process?   No

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

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4A. Continuum of Care (CoC) 2010 Achievements

Instructions:

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

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

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

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

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	87	**Beds**	88	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	90	**%**	98	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	76	**%**	88	**%**
Increase the percentage of homeless persons employed at exit to at least 20%	28	**%**	46	**%**
Decrease the number of homeless households with children.	113	**Households**	96	**Households**

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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)**

Our CoC met outcomes in all areas. We, however, have made 2 notes to provide fuller explanations of our outcomes.

1. Regarding permanent beds for chronic clients, HDX shows 86 beds. During the process of gathering data to submit this application we verified our numbers & found an error. The number that should have been reported was 88. We were able to create these beds because we added new S+C units within existing programs.

2. Regarding permanent stability, Our CoC excludes clients in housing that have not been there for 6 months from the calculation because stability is unknown at this point. We do include clients who lose their housing without maintaining it for 6 months. Last year, 2 percent of our clients were not successful in maintaining their housing for at least 6 months. 98% of our clients included in the calculation maintained their housing for 6 months or longer and were determined to be stably housed.

55 clients were newly placed in housing (enrolled for fewer than 6 months). They are still in housing, and their stability has not been determined yet.

The 4c automatic calculation includes those new clients in its computation. When calculated in this manner, our actual numeric achievement is 83% because we had a large number of new clients.

When we created our proposed targets in 2010, we did not take in consideration how new clients might impact this outcome. This year we revised our targets factoring in this information.

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

Instructions:

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

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

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2009, FY2010, and FY2011.

Year	Number of CH Persons	Number of PH beds for the CH
2009	54	46
2010	183	78
2011	149	88

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. 10

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	$0		$0	$0	$0
Operations	$77,000	$0	$0	$0	$0
Total	$77,000	$0	$0	$0	$0

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

N/A

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4C. Continuum of Care (CoC) Housing Performance

Instructions:

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

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

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

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	47
b. Number of participants who did not leave the project(s)	316
c. Number of participants who exited after staying 6 months or longer	42
d. Number of participants who did not exit after staying 6 months or longer	261
e. Number of participants who did not exit and were enrolled for less than 6 months	55
TOTAL PH (%)	83

Instructions:

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

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

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

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	58
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	51
TOTAL TH (%)	88

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

Instructions:

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

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

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

Total Number of Exiting Adults: 158

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	24	15	%
SSDI	19	12	%
Social Security	4	3	%
General Public Assistance	0	0	%
TANF	2	1	%
SCHIP	1	1	%
Veterans Benefits	0	0	%
Employment Income	73	46	%
Unemployment Benefits	5	3	%
Veterans Health Care	9	6	%
Medicaid	60	38	%
Food Stamps	95	60	%
Other (Please specify below)	3	2	%
Child Support			
No Financial Resources	17	11	%

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

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

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

Instructions:

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

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

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

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

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4E. Section 3 Employment Policy Detail

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

   If Yes to above question, click save to provide activities

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

Establish a preference policy for Section 3 for competitive contracts >$100,000

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

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

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

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

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

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

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

October 6,2010-(Overview of Services for Unaccompanied Homeless Youth by Haven House); November 3,2010-(Substance Abuse Services by Healing Place of Wake County); December 1, 2010 (SSI/SSDI Outreach, Access & Recovery Overview and Training); January 5, 2011-(Overview of 2010 Homeless Data and Discernable Trends); February 2, 2011- (SSI/SSDI Outreach, Access & Recovery); March 2, 2011-(Supportive Housing: Screening of the documentary film "Keeping it in the Road: Second Chances at Lennox Chase"); April 6, 2011-(Update on The Raleigh/Wake Partnership: Ten Year Plan to End and Prevent Homelessness); May 4, 2011-(Services for Women by The Women's Center); June 1, 2011-(Supporting Housing by Catholic Charities Support Circle Program); July 6, 2011- (Services for Homeless Children by Project CATCH); August 3, 2011-(Homeless Emergency Assistance & Rapid Transition to Housing (HEARTH) Act; September 7, 2011- (Vocational Services by Employment Security Commission)

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

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

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. Monthly or more

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

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

Not Applicable

Has the CoC participated in SOAR training? Yes

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

Our CoC participated in SOAR training on the following dates:
January 24-25th, Raleigh, NC
August 24-25th, Raleigh, NC

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

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

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

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

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

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

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Continuum of Care (CoC) Project Listing

Instructions:

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

   To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Sunnybrook Phase 2	2011-10-24 12:38:...	1 Year	Community Alterna...	118,600	New Project	SHP	PH	F2
McKinney	2011-10-19 13:18:...	1 Year	Community Alterna...	188,248	Renewal Project	SHP	PH	F
Shelter Plus Care...	2011-10-21 11:50:...	5 Years	Wake County Human...	213,540	New Project	S+C	TRA	F3
Homeless Veteran ...	2011-10-20 11:13:...	1 Year	Wake County Human...	23,904	Renewal Project	SHP	SSO	F
Shelter Plus Care...	2011-10-21 07:33:...	1 Year	Wake County Human...	1,167,000	Renewal Project	S+C	TRA	U
Ruth's House II	2011-10-19 17:15:...	1 Year	Passage Home, Inc.	192,134	Renewal Project	SHP	PH	F
Sunnybrook Phase ...	2011-10-24 12:43:...	1 Year	Community Alterna...	217,113	New Project	SHP	PH	P1
Salisbury	2011-10-19 13:37:...	1 Year	Community Alterna...	21,677	Renewal Project	SHP	PH	F
Community Outreac...	2011-10-20 09:43:...	1 Year	Wake County Human...	220,238	Renewal Project	SHP	SSO	F
Pregnant & Parenting	2011-10-19 12:10:...	1 Year	Haven House Inc.	52,330	Renewal Project	SHP	TH	F
Essential Services	2011-10-19 15:15:...	1 Year	Passage Home, Inc.	205,752	Renewal Project	SHP	TH	F
Aurora/Harrington 2	2011-10-19 12:31:...	1 Year	Community Alterna...	50,176	Renewal Project	SHP	PH	F

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Families at Home	2011-10-19 12:50:...	1 Year	Communit y Alterna...	85,575	Renewal Project	SHP	PH	F
Carolina Homeless. ..	2011-10-20 13:42:...	1 Year	North Carolina Ho...	75,249	---	SHP	HMIS	F

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Budget Summary

FPRN	$1,447,423
Permanent Housing Bonus	$217,113
SPC Renewal	$1,167,000
Rejected	$0

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Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	pdf version of Ce...	10/20/2011

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Attachment Details

Document Description: pdf version of Certificates of Consistency

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