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

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

 - CoC Consolidated Application - CoC Project Listings

 CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

 Please Note:
 - Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements. - Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps. - As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

 For Detailed Instructions click here.

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): (dropdown values will be changed) NC-503 - North Carolina Balance of State CoC

Collaborative Applicant Name: NC Department of Health and Human Services

CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

  Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

  Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure: North Carolina Balance of State Continuum of Care

How often does the CoC conduct open meetings? Monthly

Are the CoC meetings open to the public? Yes

Is there an open invitation process for new members? Yes

If 'Yes', what is the invitation process?
(limit 750 characters)

Balance of State Steering Committee members, Regional Committee leads, and CoC staff regularly reach out to new members through open meeting announcements via email and at other public meetings. Targeted invitations are made to stakeholders that have been identified as essential in order to accomplish the CoC's strategic plan or to comply with HUD guidelines and the CoC HEARTH Interim Rule.

Are homeless or formerly homeless representatives members part of the CoC structure? Yes

If formerly homeless, what is the connection to the community? Agency employee

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	No
ESG monitoring?	Yes

If 'No' to any of the above what processes does the CoC plan to implement in the next year?
(limit 1000 characters)

The CoC will plan for and seek CoC and state funding for a centralized assessment system (CAS) in 2013. More guidance from HUD on how centralized assessment should work in a CoC that covers 79 counties is needed. Local implementations will be brought under the new CAS. The CoC plans to implement a coordinated system as a centralized phone hotline does not cover all BoS counties. A subcommittee will be established by March 2013 in order to establish assessment and screening forms and processes for data entry and referrals. Forms will be built with program input to ensure that households are placed in the most appropriate housing type. The subcommittee will also be charged with establishing an evaluation system for the CAS. The goals of the BoS CAS will be to help people move through the system faster, increase program referral appropriateness, reduce new homeless, and improve data on consumer needs. We will partner with other CoCs that cover North Carolina's urban areas, as many persons facing homelessness in rural areas may go to nearby urban areas for services.

Based on the selection made above, specifically describe each of the processes chosen
(limit 1000 characters)

The Balance of State CoC encourages the participation of homeless or formerly homeless representatives in all CoC activities. Participation is highest at the local regional committee level. The Steering Committee includes a formerly homeless individual. All Balance of State steering, regional, data quality, and programmatic committees are open to any interested party. Voting members of the Steering Committee are elected by regional committees. The CoC email list is an open list. Written agenda that include background information and needed action items are sent out to the full list of CoC participants. ESG is administered by the CoC lead agency, NC DHHS. NC DHHS monitors all ESG sub-recipients and coordinates with CoC staff. ESG spending is monitored on a monthly basis and performance is reported semi-annually.

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	No
Written process for board selection	Yes
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	Yes

1C. Continuum of Care (CoC) Committees

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, LGBT homeless issues, 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 meets less than quarterly, please explain.

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Steering Committee	The Steering Committee coordinates statewide activities on homelessness across all agencies and jurisdictions in the Balance of State CoC area (79 out of 100 counties in the state). Each Regional Committee elects a representative to serve on the Steering Committee. The Steering Committee determines the strategic plan for the CoC, oversees requirements for CoC and ESG grantees, oversees the CoC and ESG applications, coordinates with the HMIS Lead Agency, and coordinates with the NC Interagency Council on Coordinating Programs.	Monthly or more
Regional Committees	The Balance of State's work in local communities is organized by Regional Committees. These 25 regional committees are comprised of stakeholders that are responsible for coordinating local housing and services. Regional Committees hold monthly meetings and coordinate with the Steering Committee to achieve the goals listed in the Balance of State CoC Action Plan.	Monthly or more
Programmatic Subcommittees	The Balance of State began 2012 with three programmatic subcommittees focused on permanent supportive housing, transitional housing, and families. After a review of the CoC's needs and direction, these committees were changed to a committee on permanent supportive housing and another on rapid re-housing. These committees are mostly comprised of providers and meet quarterly to discuss best practices, review APR performance and set the Balance of State's performance goals.	quarterly (once each quarter)
Data Quality Subcommittee	The Data Quality Subcommittee is comprised of ESG and CoC grantees and other interested providers and works with our HMIS Lead Agency to ensure a high level of data quality. The subcommittee reviews the monthly data quality scores and works with agencies to improve.	quarterly (once each quarter)

Review Criteria and Project Review Subcommittees	The Review Criteria Committee creates a scorecard for reviewing project applications with threshold criteria and incentives. The Project Review Committee uses the scorecard to review and rank CoC and ESG project applications. The BoS uses this process to fund organizations that have the capacity to run effective programs, fund projects that meet the CoC's priorities for funding, incentivize agencies to be good partners, incentivize Regional Committees to strengthen their performance and capacity, and ensure that funded projects are being good stewards of BoS CoC funding and performing to BoS CoC standards.	semi-annually (twice a year)

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

The Review Criteria (Scorecard) and Project Review Committees meet as needed for the CoC and ESG applications.

1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Public Sector
Private Sector
Individual

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

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
    Enter the number of organizations that serve each of the subpopulations listed.
    Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
    Enter the number of organizations that serve each of the subpopulations listed.
    Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
    Enter the number of individuals that serve each of the subpopulations listed.
    Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector
Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Total Number	17	58	1	19	16	15	10

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	3	16	1	2	0	6	3
Substance abuse	3	25	1	4	0	3	2
Veterans	1	7	0	5	1	7	4

HIV/AIDS	1	4	0	5	0	2	1
Domestic violence	6	16	0	3	1	1	1
Children (under age 18)	6	17	0	2	11	0	1
Unaccompanied youth (ages 18 to 24)	4	10	0	1	2	1	0

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	14	50	1	17	13	11	9
Authoring agency for consolidated plan	0	0	0	0	0	1	0
Attend consolidated plan planning meetings during past 12 months	1	9	0	3	3	4	2
Attend consolidated plan focus groups/ public forums during past 12 months	4	8	0	3	1	3	1
Lead agency for 10-year plan	0	3	0	0	0	0	1
Attend 10-year planning meetings during past 12 months	1	4	0	1	1	3	1
Primary decision making group	1	11	0	1	1	3	1

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

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
   Enter the number of organizations that serve each of the subpopulations listed.
   Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
   Enter the number of organizations that serve each of the subpopulations listed.
   Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
   Enter the number of individuals that serve each of the subpopulations listed.
   Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Private Sector
Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	10	23	3	5	151	4

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill	7	5	2	3	42	2
Substance abuse	6	10	1	4	61	2
Veterans	0	5	0	0	38	2
HIV/AIDS	0	2	0	0	11	0
Domestic violence	0	7	0	1	44	0
Children (under age 18)	0	2	0	0	24	0
Unaccompanied youth (ages 18 to 24)	0	1	0	0	15	0

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	9	22	3	5	144	4
Authoring agency for consolidated plan	0	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	1	0	0	0	12	0
Attend Consolidated Plan focus groups/ public forums during past 12 months	0	0	0	0	11	0
Lead agency for 10-year plan	0	1	0	0	1	0

Attend 10-year planning meetings during past 12 months	1	1	0	0	10	0
Primary decision making group	0	2	0	0	12	0

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

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

 Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
   Enter the number of organizations that serve each of the subpopulations listed.
   Enter the number of organizations that participate in each of the roles listed.

 Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
   Enter the number of organizations that serve each of the subpopulations listed.
   Enter the number of organizations that participate in each of the roles listed.

 Individuals: Enter the number of individuals that are represented in the CoC's planning process.
   Enter the number of individuals that serve each of the subpopulations listed.
   Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Individual
Click Save after selection to view grids

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	2	3	12

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill	1	1	0
Substance abuse	1	0	0
Veterans	0	0	2

HIV/AIDS	1	0	0
Domestic violence	0	0	0
Children (under age 18)	0	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group	1	3	10
Authoring agency for consolidated plan	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0
Attend consolidated plan focus groups/ public forums during past 12 months	0	0	1
Lead agency for 10-year plan	0	0	0
Attend 10-year planning meetings during past 12 months	0	0	1
Primary decision making group	0	0	1

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

Instructions:

The CoC solicitation of project applications and the project application 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). Where applicable, describe how the process works.

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):	d. Outreach to Faith-Based Groups, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, f. Announcements at Other Meetings, e. Announcements at CoC Meetings
Rating and Performance Assessment Measure(s) (select all that apply):	m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, i. Evaluate Project Readiness, p. Review Match, o. Review CoC Membership Involvement, r. Review HMIS participation status, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, j. Assess Spending (fast or slow), b. Review CoC Monitoring Findings, a. CoC Rating & Review Commitee Exists, f. Review Unexecuted Grants, e. Review HUD APR for Performance Results, d. Review Independent Audit, c. Review HUD Monitoring Findings

Describe how the CoC uses the processes selected above in rating and ranking project applications.
(limit 750 characters)

Two committees, comprised of community representatives and CoC staff, rate & rank project applications. The Review Criteria Committee creates a scorecard that is used by an unbiased Project Review Committee to score & rank projects. Applicants cannot serve on the Project Review Committee. The scorecard is publicized before the application & throughout the year. The measures selected above are included in the scoring process & applicants must meet threshold criteria & a minimum score to be included in the CoC application. Staff regularly monitors grantee performance. Scores and CoC priorities are used to determine project priority & ranking. The BoS Steering Committee approves the final list of projects based on the Project Review Committee's recommendations.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community?   Yes

Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds?   Yes

Voting/Decision-Making Method(s) (select all that apply):   a. Unbiased Panel/Review Commitee, f. Voting Members Abstain if Conflict of Interest

Is the CoC open to proposals from entities that have not previously received funds in the CoC process?   Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

The CoC has an open call for application inquiries. Interested applicants are asked to complete an Intent to Apply Form that's posted on the CoC's website. After receiving a form, CoC staff assesses the proposed project and applicant for eligibility based on HUD's CoC rules. Emails are sent to applicants outlining whether the project is a good candidate and why. Applicants are also referred to the CoC's scorecard to assess of how the project would compete. If the project and applicant are eligible, CoC staff consults with the applicant & offers guidance & technical assistance in developing the project. The CoC issues a pre-application after the Pro Rata amounts are released by HUD. Projects are more thoroughly assessed during the pre-application & applicants are given additional assistance to develop the project in order to be included in the CoC application. The CoC adhered to HUD's deadlines for project application receipt & notification of inclusion in the final CoC application.

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

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

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

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: Yes

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

The emergency shelter bed inventory decreased primarily because of a reduction in overflow beds. The CoC emphasized only counting overflow beds that were in use during the PIT Count, so many programs reduced the number of overflow beds reported because they were not all used during the PIT. In addition, three seasonal shelters did not operate during the PIT Count and two programs changed from year-round to seasonal shelter, reducing number of year-round equivalent beds in the inventory. Also, two shelters closed since the 2011 HIC and one was closed for repairs on the night of the 2012 PIT.

HPRP Beds: Yes

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

The HPRP bed inventory decreased by 1 bed. This is attributable to fluctuations in the family sizes being served between the 2011 and 2012 housing inventory counts.

Safe Haven: Not Applicable

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

There are no Safe Haven beds in the 2012 inventory, and there were none in 2011.

Transitional Housing: Yes

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

The CoC made a concerted effort to purge the HIC of any beds not specifically designated for homeless persons, resulting in the removal of some programs from the inventory. Four programs closed their TH beds since the 2011 HIC. In addition, one program is phasing out its facility-based TH program in anticipation of replacing it with a transition-in-place model.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing? Yes

If yes, how many transitional housing units in the CoC are considered "transition in place": 45

Permanent Housing: Yes

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

The PSH inventory has increased due to the CoC's prioritization of PSH programs for funding. Four new CoC PSH grants became operational since the 2011 HIC. In addition, one PSH program was able to stretch its funding to fill more units, leading to an increase in its bed inventory.

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

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

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24 hour period during the last ten days of January 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)

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

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply): Follow-up, Updated prior housing inventory information, Training, Instructions, HMIS, Confirmation

Must specify other:

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

Specify "other" data types:

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

The HUD unmet need formula was used to determine the basic amount of unmet need. The final unmet need was adjusted to reflect the CoC's program priorities and changes in bed inventory since 2011. The unmet need for emergency shelter reflects the fact that a number of geographic areas do not have any kind of shelter, while in other areas, the available shelter may be designated for specific needs (many for domestic violence). The lack of unmet need for transitional housing reflects the CoC's determination that transitional housing is not an intervention it wishes to invest resources in. The CoC would have rather been able to list an unmet need for rapid re-housing. Permanent supportive housing is a need in all geographic areas.

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.

Select the HMIS implementation coverage area: Statewide

Select the CoC(s) covered by the HMIS (select all that apply): NC-500 - Winston Salem/Forsyth County CoC, NC-507 - Raleigh/Wake County CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-516 - Northwest North Carolina CoC, NC-501 - Asheville/Buncombe County CoC, NC-504 - Greensboro/High Point CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-502 - Durham City & County CoC, NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC, NC-513 - Chapel Hill/Orange County CoC, NC-505 - Charlotte/Mecklenburg County CoC, NC-503 - North Carolina Balance of State CoC

Is there a governance agreement in place with the CoC? Yes

If yes, does the governance agreement include the most current HMIS requirements? Yes

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

Does the HMIS Lead Agency have the following plans in place? Data Quality Plan, Privacy Plan, Security Plan

Has the CoC selected an HMIS software product?	Yes
If 'No', select reason:	
If 'Yes', list the name of the product:	ServicePoint
What is the name of the HMIS software company?	Bowman Systems Inc.
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	05/01/2006
Indicate the challenges and barriers impacting the HMIS implementation (select all the apply):	No or low participation by non-HUD funded providers, Other, Inadequate bed coverage for AHAR participation, Inadequate staffing, Poor data quality

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

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

We are working to improve data quality & bed coverage. We are improving data quality through standardized & customized reporting, end user certification & refresher training, and focused technical assistance. CHIN produces a monthly data quality report at the program and agency level, which is reviewed by the Data Quality Subcommittee. We struggle most with coverage in our small, rural programs. Most of the agencies who do not receive McKinney-Vento funding are small, volunteer-run organizations that do not have the resources, staff, or capacity to enter data into our HMIS. Without the requirement to participate for funding, these agencies are resistant to put financial or volunteer resources into HMIS. The HMIS Lead Agency is purchasing an import tool to allow us to import data from legacy systems so that we can increase our participation. We also struggle with inadequate guidance and training from HUD. We are eagerly awaiting new guidance on HEARTH performance measures.

Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured?	Yes

2B. Homeless Management Information System (HMIS): Funding Sources

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

Operating Start Month/Year	July	2012
Operating End Month/Year	June	2013

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	$588,688
ESG	$43,512
CDGB	
HOPWA	
HPRP	$22,069
Federal - HUD - Total Amount	$654,269

Funding Type: Other Federal

Funding Source	Funding Amount
Department of Education	
Department of Health and Human Services	
Department of Labor	
Department of Agriculture	
Department of Veterans Affairs	
Other Federal	
Other Federal - Total Amount	

Funding Type: State and Local

Funding Source	Funding Amount
City	
County	
State	
State and Local - Total Amount	

Funding Type: Private

Funding Source	Funding Amount
Individual	
Organization	
Private - Total Amount	

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	$33,614

Total Budget for Operating Year	$687,883

Is the funding listed above adequate to fully fund HMIS?   Yes

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

CHIN, the statewide HMIS, will have a new fee structure in July 2013. The HMIS is changing from a user fee structure to a CoC fee structure. The restructuring was done to ensure equity in cost-sharing among the twelve CoCs that use CHIN, to maintain increased capacity that was built with HPRP funds, to ensure an adequate number of available HMIS user licenses per CoC, and to expand the reporting and data analysis capacity for HMIS. The Balance of State CoC has been paying a disproportionate amount for the statewide HMIS. The CoC's dedicated HMIS grant is being reduced through reallocation in light of these fee structure changes. The CoC also plans to use a portion of the grant to hire staff to assist with data analysis and performance measurement.

How was the HMIS Lead Agency selected by the CoC?   Agency Applied

If Other, explain (limit 750 characters)

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume 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.

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

* **Emergency Shelter (ES) beds**	65-75%
* **HPRP beds**	86%+
* **Safe Haven (SH) beds**	Housing type does not exist in CoC
* **Transitional Housing (TH) beds**	51-64%
* **Rapid Re-Housing (RRH) beds**	No beds in CoC
* **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:

The CoC's Carolina Homeless Information Network (CHIN) staff are working with individual Regional Committees and agencies to provide training and specific technical assistance and support to assist agencies in entering their beds into the inventory. The NC Balance of State CoC Steering Committee has increased the scoring incentives for HMIS participation for project applicants in CoC competitions. The BoS subcommittees review and will continue to review progress of existing grantees closely in their quarterly performance reviews. The CoC has also formed an HMIS Data Quality Committee to review HMIS data quality, identify agencies in need of technical assistance, and engage agencies that are not currently using HMIS.

Our transitional housing bed coverage is low largely due to the number of small programs in our region that do not receive McKinney-Vento funding. Of the 37 TH agencies that do not use HMIS, 31 (84%) have 15 or fewer beds, including 19 (51%) with 10 or fewer beds. Many of them are volunteer run and do not have staff or other necessary resources or capacity to participate in HMIS. Without the requirement to participate in HMIS for funding, these agencies are resistant to put financial or volunteer resources into a computer system that tracks information that many of them are not tracking for their programs. We plan to continue to educate these facilities about the statewide benefits of HMIS and how HMIS data can impact the households they are assisting. We will also explore strategies such as regional staff who can assist with data entry for these agencies in order to effectively compensate for resources that they do not have.

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, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS?   Yes

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	0%
Rapid Re-Housing	0%
Supportive Services	100%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	5
Transitional Housing	10
Safe Haven	0

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	1%	5%
Date of birth	1%	0%
Ethnicity	0%	0%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	0%	0%
Gender	0%	0%
Veteran status	1%	0%
Disabling condition	4%	0%
Residence prior to program entry	1%	0%
Zip Code of last permanent address	2%	11%
Housing status	12%	0%
Destination	0%	29%
Head of household	0%	0%

How frequently does the CoC review the quality of project level data, including ESG?   At least Monthly

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

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

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

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS?   Yes

Indicate which reports the CoC submitted usable data (Select all that apply):   2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR

Indicate which reports the CoC plans to submit usable data (Select all that apply):   2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

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

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

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

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

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security 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 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 and other HMIS Notices?   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', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency		X
Contributory HMIS Organizations (CHOs)		

If 'Yes', indicate date of last review or update by CoC: 09/05/2012

If 'Yes', does the manual include a glossary of terms? No

If 'No', indicate when development of manual will be completed (mm/dd/yyyy): 02/28/2013

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.

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
* **Policy and procedures**	At least Annually
* **Training**	At least Monthly
* **HMIS data collection requirements**	At least Monthly

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count: annually (every year)

Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/25/2012

If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012? Not Applicable

Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

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

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	100%	0%	26%
Transitional Housing	0%	100%	0%	46%
Safe Havens	0%	0%	0%	0%

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

The CoC saw a 1% decrease in its sheltered homeless population. The CoC regards this decrease as a result of natural fluctuations in the count from one year to another and considers that its sheltered count has generally remained unchanged in the past year, which is consistent with national data. While the CoC increased its permanent housing inventory over the past year, it has also had to contend with continuing economic hardship and lack of employment, which delays many homeless individuals and families from exiting the homeless system. Some of the CoC's HPRP programs were also downscaling or closing as of the Point-in-Time Count, reducing the resources available to prevent people from entering homelessness or to re-house them after becoming homeless.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
* Housing	Providers identified a need for more resources for short and medium-term rental assistance. In addition, in many areas, there is a lack of affordable housing stock, and waiting lists for Housing Authority units are years long. There is high competition for the few affordable units that do exist. In some of the most rural areas, the rental market is so small that there is a lack of existing units in which to place people with rental assistance subsidies.
* Services	There is a lack of public transportation throughout the CoC, which creates a barrier to education/employment opportunities for homeless people.
* Mainstream Resources	Some providers need additional capacity to systematically assist homeless people with navigating the applications for mainstream resources. Providers see a need for funding to support staff positions that would assist, monitor, and follow up with clients during this process.

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

Instructions:

Accuracy of the data reported in the sheltered point-in-time count 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 sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count
(Select all that apply):

Survey providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data
(limit 1500 characters)

The NC Interagency Council for Coordinating Homeless Programs (NC ICCHP) determined the date for the statewide point in time count (January 25, 2012). The NC Coalition to End Homelessness (NCCEH) staff provided training and technical assistance to agencies in the CoC to prepare them for the count and provided follow-up. The HUD Guide for Counting Sheltered People was utilized, as well as assistance from HUD TA providers. Agencies used HMIS, other administrative records, and client surveys to determine the number and subpopulation type of clients sheltered on January 25, 2012. Many agencies were able to use HMIS to obtain their data or to verify their counts. NCCEH collected PIT surveys that included the numbers of sheltered homeless and Housing Inventory information for all participating agencies in the Balance of State CoC. BoS CoC leadership then compared the manual PIT results to the HMIS PIT report to ensure data quality and used this information to strengthen our HMIS use.

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. Sheltered chronically homeless persons are those living in emergency shelters only.

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.

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:	
Interviews:	
Non-HMIS client level information:	X
None:	
Other:	X

If Other, specify:

Administrative records were used to obtain clients' subpopulation information.

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations
(limit 1500 characters)

Agencies used HMIS data, other administrative records, and client demographic & needs surveys to determine the number and subpopulation type of clients sheltered on January 25, 2012. The client demographic & needs survey was designed with HUD TA provider assistance. Many agencies were able to use HMIS to obtain or verify their subpopulation data. The NC Coalition to End Homelessness (NCCEH) collected PIT Count surveys with subpopulation data from all participating agencies in the Balance of State CoC.

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.

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:	X
None:	
Other:	

If Other, specify:

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

Only agencies that have beds designated for homeless persons were asked to report for the sheltered count. During service-based counts, if surveyors interviewed homeless households that were sheltered on the night of the count, the household was only reported by the agency that provided shelter.

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations
(limit 1500 characters)

The NC Coalition to End Homelessness (NCCEH) staff provided training and technical assistance to agencies in the CoC to prepare them for the count. The HUD Guide to Counting Sheltered People was utilized, and assistance from HUD TA providers was shared with CoC agencies. NCCEH staff included instructions and definitions of terms on the PIT Count forms that agencies used to report sheltered homeless persons. Agencies used HMIS data, other administrative records, and client surveys to determine the number and subpopulation type of sheltered clients. Many agencies used HMIS to obtain their data or to verify their counts. NCCEH collected PIT Count surveys that included population and subpopulation data from all participating agencies in the CoC. NCCEH staff systematically followed up with all agencies that did not submit timely PIT Count surveys to ensure the maximum response rate. NCCEH staff also verified reported data with agency staff and compared the manual PIT
counts to HMIS data to ensure accuracy.

2L. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

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

Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy):   01/25/2012

If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012?   Not Applicable

Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012?   Yes

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011
(limit 750 characters)

Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change
(limit 750 characters)

The CoC saw a 4% decrease in its unsheltered homeless population during the PIT Count. This is attributable to the CoC's priority for creating new permanent housing beds, including beds for chronically homeless and unsheltered homeless persons. In each of the past several competitions, the CoC has incentivized permanent housing projects; as these units have come online, the CoC has had more resources to house unsheltered homeless persons. In addition, the CoC has emphasized targeting those that are hardest to serve, including unsheltered chronically homeless persons. Several communities have used the vulnerability index or similar tools to identify and engage the unsheltered homeless persons most in need of housing.

2M. 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 and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):

Public places count:	X
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	X
HMIS:	
Other:	
None:	

If Other, specify:

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and 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 unsheltered populations and subpopulations (limit 1500 characters)

On the night of January 25, 2012, communities conducted street counts that both canvassed designated areas and targeted locations unsheltered homeless persons are known to congregate. These counts incorporated agency staff, outreach teams, volunteers, and local law enforcement. Communities defined the geographic areas in which street counts took place to avoid multiple counts in the same area. On January 26, communities also conducted services-based counts at soup kitchens, day centers, DSS offices, and other locations unsheltered homeless persons receive services. Homeless persons were asked where they had slept the night before and were only counted if they reported sleeping in an area not meant for human habitation. During both the street and services-based counts, client surveys were used to collect accurate data from persons being counted. Homeless persons were asked if they had previously been interviewed and, if they had, were not re-counted. Surveys also included the first two letters of the person's first and last names, birthday, and gender to assist communities with de-duplication when calculating their region's total count.

2N. 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.

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:

2O. 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.

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:	X
Unique identifier:	X
Survey question:	X
Enumerator observation:	
Other:	

If Other, specify:

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

Training and technical assistance were provided to CoC agencies by the NC Coalition to End Homelessness. HUD's Guide to Counting Unsheltered People and assistance from HUD's TA Providers were used. Persons conducting the count were careful to define specific geographic areas in which to count to avoid multiple counts in a common area. Then, homeless persons being interviewed were specifically asked if they had previously been interviewed, and if so, were not re-counted. Local regions printed their surveys on brightly colored paper to be easily recognizable; homeless persons were asked if they recognized the colored form. Surveys also included the first two letters of the person's first and last names, birthday, and gender to assist staff and volunteers with de-duplication when compiling their region's total 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)

The NC Balance of State CoC works through agencies, schools, community partnerships, and volunteers to engage and assist unsheltered homeless households with dependent children. The CoC includes state and local public school system representatives, and agencies providing housing and services partner with their school systems to identify and assist unsheltered households with dependent children. During the Point-in Time-Count, persons conducting interviews provide outreach and referrals. In addition, many agencies and faith-based groups provide ongoing outreach efforts to engage and assist unsheltered households with dependent children. Once households are being assisted, agencies provide case management, counseling, and advocacy either directly or through partner agencies (including the school systems) to prevent a return to homelessness.

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)

The NC Balance of State CoC has numerous agencies and faith-based groups that provide street outreach on an ongoing basis to identify and engage unsheltered persons. These programs include PATH teams, ACT teams, local DSS branches, and outreach teams from rescue missions, shelters, law enforcement, and nonprofit agencies. In addition, a strong outreach effort is undertaken during the Point-in-Time Count, in which persons performing the count seek out and attempt to engage unsheltered persons. Communities partner with law enforcement agencies to locate the greatest possible number of unsheltered homeless persons, and those located are provided information about housing programs and services for which they are eligible. Many Regional Committees also hold Project Homeless Connect and VA Stand-Down events that draw in unsheltered homeless people from the community and connect them to housing and needed services.

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.

CoCs will 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.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

How many permanent housing beds are currently in place for chronically homeless persons? 149

In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 157

In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 168

In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 179

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)

The CoC is reallocating money in order to create a new PH project under Homeward Bound, which has reduced chronic homelessness in another CoC by 75% through its programs. The new project will serve a previously unserved area where the number of CH people is not known, but it will target the hardest to serve. In addition, our CoC is applying for two new projects to create 41 new PH beds in under-served areas. Furthermore, CoC leadership is providing technical assistance to current grantees regarding Housing First practices, grant utilization and targeting PH beds for those who are chronically homeless. CoC leadership is providing technical assistance and training to BoS communities, guiding them through opportunities to create and repurpose beds to serve the chronically homeless including setting Housing Authority preferences.

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

The CoC continues to seek federal, state & local funding to create new beds and works with programs to repurpose existing beds for chronically homeless, collaborate with the Governor's Office through the NC ICCHP, & implement policies aimed at ending homelessness. The Housing Finance Agency provides additional PSH funds using HOME & the NC Housing Trust Fund. CoC leadership successfully advocated for homeless individuals to be included in the recent DOJ settlement for Olmstead infractions. Homeless individuals with mental illness who are discharged from state hospitals and diverted from adult care homes will be eligible for TBRA and support services. CoC leadership is working with the State and is in the final stages of implementing a Crosswalk analysis of Medicaid funding for PSH programs and will assist the State in evaluating the benefits of having tenancy supports as a billable Medicaid service. This will allow us to target existing housing resources to the chronically homeless.

**Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015
(limit 1000 characters)**

Our CoC will work to increase the number of PSH beds for chronically homeless individuals through seeking federal, state, and local funding to create new beds, working with Housing Authorities to secure long-term rental assistance and set a preference for chronically homeless individuals, and targeting PSH beds for those who are chronically homeless. The CoC will continue to expand and strengthen the SOAR program by developing more dedicated caseworker positions to connect chronically homeless individuals with income and benefits to obtain housing and services. Furthermore, the CoC will continue to work with agencies to implement new ESG and CoC funding available for rapid rehousing to prevent more individuals and families from becoming chronically homeless.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 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 CoC-funded permanent housing 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 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 for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then 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 80 percent.

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? 87%

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 88%

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 89%

**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 80 percent or higher
(limit 1000 characters)**

CoC leadership will continue to collect APR data on a quarterly basis from existing grantees to see how programs are progressing towards this goal. The CoC will continue to convene a Permanent Supportive Housing subcommittee to review this data and provide technical assistance to grantees. The CoC will continue to use scoring incentives for positive performance for agencies applying for new and renewal CoC funding. CoC leadership is encouraging the use of housing first principles and educating grantees about the support services people need to ensure housing stability. CoC leadership will implement a reallocation scoring process this year to identify under-performing grantees and develop performance improvement plans with the grantee to address discharge concerns. To address service needs, CoC leadership is working on securing Medicaid funding for tenancy supports.

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 80 percent or higher
(limit 1000 characters)

Our CoC has exceeded the objective, and we will continue to strengthen our performance through the PSH subcommittee meetings and ongoing reallocation evaluations. For those programs who are identified as under-performing, the CoC will work with the agency to develop a performance improvement plan to address housing stability issues. Peer mentoring and additional education about best practices will also be used to strengthen performance. CoC leadership will continue to grow and strengthen the SOAR program so that all participants in PH beds will have access to SOAR caseworker assistance to be connected to long-term income and supportive services.

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 transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report h(APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of transitional housing 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 for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?   79%

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?   82%

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?   83%

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

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

Our CoC has already exceeded this threshold, and will continue to strengthen performance by supporting programs that practice a transition-in-place model and encouraging other TH programs to move toward this model. The CoC leadership will continue to collect and monitor APR data on a quarterly basis and will also implement a reallocation scoring process this year to identify under-performing programs and create performance improvement plans for these grantees. The CoC provides education to providers on the benefits of the rapid re-housing model and plans to convert existing transitional housing programs to rapid re-housing programs.

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 CoC is committed to investing in solutions that reduce the length of stay of homelessness and result in stable permanent housing solutions. To that end, the CoC will continue to strengthen our performance by collecting and monitoring APR data from programs. The CoC will perform ongoing reallocation evaluations of under-performing programs to see if these programs can resolve concerns or have the CoC reinvest these monies into more suitable programs to reach the CoC's goals. Many of the CoC-funded TH programs operate using a transition-in-place model, and the CoC will continue to support this model and encourage other TH programs to move toward this model.

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) Cash Income.

 In this section, 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 (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then 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.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit?   22%

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?   28%

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?   29%

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?   30%

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

The CoC has surpassed the threshold for this objective, and we will continue to strengthen and improve our performance. Under the recent DOJ settlement for Olmstead infractions, the State will create a Supported Employment program for individuals with mental health issues. This program will start this year, and individuals in PH and TH programs with mental illness will be eligible. The CoC will continue to monitor grantee performance by collecting APR data on a quarterly basis and by designing a reallocation scoring process to identify under-performing programs and develop performance improvement plans to address performance concerns. Furthermore, CoC leadership will strengthen the link between employment programs (such as TANF) and CoC grantees to ensure eligible program participants receive support services to achieve employment.

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 1000 characters)

The CoC will continue to strengthen our performance and surpass this threshold by ensuring that program participants are connected to mainstream employment programs, such as TANF, WFD, and the State's new Supported Employment program. Over the next 8 years, the State will enroll at least 3,000 individuals into Supported Employment. Program participants with mental illness will be eligible for this state-wide program. CoC leadership will work with the NC ICCHP and the State's Division of Social Services to ensure that those who are eligible for TANF are connected to the program. The CoC will continue to monitor grantee performance by collecting APR data on a quarterly basis and by designing a reallocation scoring process to identify under-performing programs and develop performance improvement plans to address performance concerns.

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

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources 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 who received mainstream resources by 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 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, 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 (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit? 74%

in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit? 75%

in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit? 77%

in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit? 80%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more
(limit 1000 characters)

The CoC already surpasses this threshold and we will continue to strengthen our performance. The CoC has added 6 dedicated, full-time SOAR caseworker positions this year who will connect homeless individuals to SSI/SSDI benefits. CoC leadership will also work with the NC ICCHP to strengthen connections between the Division of Social Services and grantees to make sure that all participants who are eligible are enrolled in mainstream benefit programs. The CoC will continue to monitor grantee performance by collecting APR data on a quarterly basis and by designing a reallocation scoring process to identify under-performing programs and develop performance improvement plans to address performance concerns.

**Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more
(limit 1000 characters)**

While the CoC already surpasses this threshold, we will continue to strengthen our performance by identifying under-utilized mainstream benefit programs and educating grantees about the services available, eligibility criteria, and the application process for program participants. We have seen that similar education and training of individuals in the field through the SOAR program has resulted in an increase in the number of people connected to benefits. The CoC will continue to grow and strengthen the SOAR program by creating more dedicated SOAR caseworker positions who will connect individuals who are homeless with SSI/SSDI benefits.

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

Objective 6: Decrease the number of homeless individuals and families:

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.

What is the current total number of homeless households with children as reported on the most recent point-in-time count?	410%
In 12 months, what will be the total number of homeless households with children?	340%
In 5 years, what will be the total number of homeless households with children?	310%
In 10 years, what will be the total number of homeless households with children?	300%

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

As HPRP assistance ended, the CoC has seen an increase in the number of homeless households with children. Our CoC saw success with implementing rapid rehousing programs, and we are excited that the State's ESG funds have allowed us to maintain some of the infrastructure for rapid rehousing developed through HPRP. In addition, CoC leadership will advocate for other funding, such as CDBG and HOME funds, to be reinvested into ESG and rapid rehousing within the CoC. CoC leadership is currently working to create homeless preferences for Housing Authority units and will also work to identify existing housing that could be repurposed for use by homeless families.

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

The CoC has adopted the Federal Strategic Plan, and we are working on retooling our crisis response system to center on housing stabilization with an emphasis on rapid rehousing. In 10 years, the CoC may still have 300 homeless families, but the CoC's goal is that none of them will be homeless for more than 30 days. Building upon the relationships with landlords that were developed through the HPRP program, the CoC continues to identify existing housing units that can be used to serve homeless families and use ESG funding to support rapid rehousing programs. CoC leadership will continue to work with the State to look at reinvesting other funds, such as CDBG, TANF, and HOME, to support rapid rehousing activities throughout the state.

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

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

 CoCs will indicate if they intend to reallocate projects during this year's competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocation it should enter '0' in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

**Indicate the current number of projects submitted
on the current application for reallocation:** 1

**Indicate the number of projects the CoC intends to submit
for reallocation on the next CoC Application (FY2013):** 3

**Indicate the number of projects the CoC intends to submit
for reallocation in the next two years (FY2014 Competition):** 3

**Indicate the number of projects the CoC intends to submit
for reallocation in the next three years (FY2015 Competition):** 2

**If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum
(limit 750 characters)**

In FY2012, the CoC is reallocating funds from an HMIS grant. North Carolina has a statewide HMIS. The HMIS cost structure was restructured this year to ensure a fair distribution of the cost across CoCs. The Balance of State has been providing a disproportionate amount of funds, so the CoC is reducing its HMIS grant in accordance with the new cost structure. The CoC is not reallocating an SSO project in FY2012. In our current grant inventory, we have only one SSO project and it is not up for renewal this year. This project provides services to persons in permanent supportive housing. We plan on changing this to a permanent supportive housing project and continuing the project in order to maintain these essential services.

If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project
(limit 750 characters)

The CoC has several transitional housing grants that use a transition-in-place model. The CoC plans to convert these grants to rapid re-housing projects, making them permanent housing projects. The CoC also intends to work with facility-based transitional housing projects to adopt transition-in-place/rapid re-housing models. The CoC hopes to be able to make these changes at the HUD Field Office level and looks forward to receiving HUD guidance on making these transitions.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

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.

**Is the discharge policy in place "State"   Other
mandated policy or "CoC" adopted policy?**

If "Other," explain:

There is not a State mandated policy regarding discharge planning from the foster care system. However, the NC Division of Social Services offers the NC Links program. The program provides services and resources to all youth in foster care age 16-18 and to those young adults between the ages of 18-21 who have Contractual Agreements for Residential Care (CARS). Counties are strongly encouraged to provide services to youth ages 13-15 and to youth and young adults who were discharged from their custody as teens.

**Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness
(limit 1000 characters)**

Foster care programs are implemented at the local level through the Division of Social Services. BoS Regional Committees coordinate with their local DSS to ensure that children are not discharged into homelessness and have access to NC Links. NC Links provides funding for up to 3 years of housing and vocational supports. Furthermore, students aged out of NC foster care are eligible for scholarship assistance to pay the cost of attendance for in-state universities or any NC community college. In 2007, the State legislature approved funding to provide Medicaid coverage for youth who aged out of foster care at age 18 until the month of their 21st birthday, without regard to assets or income, to ensure access to services. Regional Committees have local school liaisons and DSS staff represented at meetings to coordinate necessary services. Some Regional Committees have subgroups that focus on unaccompanied youth, including individuals discharged from foster care.

**If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan
(limit 1000 characters)**

While NC has many programs offered for individuals exiting the foster care system, children who are age 18 and exiting the foster care system have the option to use these programs, but they are not mandated to participate. Furthermore, individuals may not be aware that they are eligible for these programs. Balance of State Regional Committees and local homeless service providers must work to identify, educate, and connect all of those who are eligible to receive supports from their local DSS.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The Division of Social Services is responsible for discharge planning in the foster care system with implementation of programming done through local county Departments of Social Services. Other key stakeholders involved are CoC leadership, Regional Committee leadership, the NC Interagency Council on Coordinating Homeless Programs, local homeless school liaisons, homeless shelter and service providers, youth services agencies, local mental health agencies, and the juvenile justice system.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Individuals exiting foster care may go to a variety of places. Persons may enter market rate housing by renting an apartment, some may qualify for a housing subsidy, or others may rent a room in a boarding house. Some who need more support may enter into a transitional housing or recovery program, such as an Oxford House. Others who are connected to a mental health service provider may be referred to a Targeted Unit, a state program that provides units in affordable apartment complexes specifically for persons who are disabled. Persons are referred to Targeted Units by service providers who agree to provide services to support the person in maintaining housing. Still others who need a higher level of support may be discharged to a licensed setting, such as a family care home or group home.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

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.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?   Other

If "Other," explain:

Partnerships with hospitals and health care discharge planning happen at the local level. Regional committees have representatives from local hospitals and health care providers at meetings to address discharge issues. Some individual agencies within the Balance of State have MOAs with local health care systems to assist in taking referrals from local hospitals and planning discharges.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness
(limit 1000 characters)

Efforts to coordinate discharges from health care systems take place at the local level. Regional Committees have representatives from local hospitals and health care providers on their committees to address discharge issues. Some Regional Committees have a formal referral system in place and MOAs with local hospitals. One Regional Committee received a grant from the local hospital foundation to link homeless patients to primary care treatment to prevent repeated hospitalizations & treat chronic health conditions. The grant allows the community to assist homeless patients with transportation to appointments and medication copays. Furthermore, CoC staff submitted a proposal to at statewide foundation to create a program targeting PSH vouchers for frequent users of rural hospitals in order to stabilize health outcomes.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan
(limit 1000 characters)

One of the main challenges in coordinating health care discharges is the lack of time given to plan a discharge. Many hospital stays are for a few days, and agencies have a difficult time linking individuals to housing in such a short time frame. Another challenge is communicating with hospital systems to track individuals as they go in and out of the hospital. Many times agencies are not aware when an individual goes into the hospital until after they are discharged. After a patient is discharged, the hospital rarely follows up to provide care or financial support to the patient for care or housing.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness
(limit 1000 characters)

Balance of State leadership, staff, and Regional Committee leadership play a primary role in addressing health care discharges. Other key stakeholders include local hospitals and health systems, local health care providers, public health departments, Local Mental Health Managed Care Organizations, mental health provider agencies, substance use treatment agencies, community SOAR caseworkers, and Community Care of North Carolina (CCNC). CCNC provides care coordination and linkage to primary care for individuals with Medicaid in NC.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs
(limit 1000 characters)

Persons exiting the health care system may be discharged to treatment and recovery programs, such as Oxford Houses or other transitional housing. Individuals who also need mental health services can be referred to Targeted Units, a state program that provides units in affordable apartment complexes specifically for persons who are disabled. Persons are referred to Targeted Units by service providers who agree to provide services to support the person in maintaining housing. Persons may also enter market rate housing by renting an apartment, some may qualify for a housing subsidy, or others may rent a room in a boarding house.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

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.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?   State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

State hospitals signed agreements that patients will not be discharged to homeless shelters, referencing McKinney-Vento prohibitions. The Division of Facility Services requested that hospitals sign the agreement and monitored the process. The NC Interagency Council on Coordinating Homeless Programs contracts with Socialserve.org to provide NCHousingSearch.com, a listing service for landlords and a search service for tenants that makes housing more accessible for persons with disabilities. The State contracts with the NC Coalition to End Homelessness to provide SOAR training for staff at state hospitals and mental health agencies. The CoC has 7 full-time SOAR workers targeting individuals with mental illness. The State is creating a TBRA program for persons who have serious and persistent mental illness. The 3,000 housing slots include rental assistance and services. Some slots will be available to individuals who are homeless in State hospitals and those seeking admission to Adult Care Homes.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Due to decreasing state hospital beds, persons with mental illness are being hospitalized in private hospitals with short-term stays, which puts them at greater risk of homelessness. The area mental health authorities (MCOs) are moving to a managed care system and are looking to address this issue for individuals in their catchment areas. CoC leadership and Regional Committees will work with MCOs to address this gap. The State is focused on preventing discharges into homelessness from private settings, such as adult care homes, that are affected by CMS and other federal policies, including IMD status changes and changes in qualification for personal care services. It is estimated that 9,000 people will be affected by these changes. To understand and address this issue, the NC HMIS system is tracking how many individuals become homeless after recently residing in a private setting like an adult care home. These individuals will be eligible for the State TBRA program.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness
(limit 1000 characters)

The Division of Mental Health is responsible for discharge planning in the mental health system. Other key stakeholders include the Division of State Operated Facilities, the Office of Housing and Homelessness in the Division of Aging and Adult Services, local Mental Health Managed Care Organizations, State hospital staff, mental health provider agencies, CoC leadership, Regional Committees, and local shelter and homeless service providers.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs
(limit 1000 characters)

Persons may be discharged to Targeted Units, a state program that provides units in affordable apartment complexes specifically for persons who are disabled. Persons are referred to Targeted Units by mental health service providers who agree to provide services to support the person in maintaining housing. Persons may also be discharged to other permanent supportive housing programs as they are eligible, Oxford Houses for substance abuse recovery, and their own housing in fair market housing. Some individuals may be discharged to licensed settings such as adult care homes, family care homes, group homes, etc. FY2012 data indicates that 90.4% people discharged from mental health institutions go to other outpatient and residential non-state facilities or to private residences. The other 9.6% are discharged to other hospitals, skilled nursing facilities, and homeless shelters.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

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.

Is the discharge policy in place "State"   Other
mandated
policy or "CoC" adopted policy?

If "Other," explain:

There is no discharge policy in place for corrections. Prisons across NC are not allowed to sign MOAs with local CoCs; instead all MOAs must be coordinated with the Department of Public Safety itself. Unfortunately, this MOA process was put on hold this year while the Department of Corrections merged with two other departments to become the Department of Public Safety.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness
(limit 1000 characters)

The NC Interagency Council on Coordinating Homeless Programs (ICCHP) members include representatives from the Department of Public Safety (DPS) who have been participating in the Discharge Planning Workgroup for over 6 years. The ICCHP contracts with Socialserve.org to provide NCHousingSearch.com, a listing service for landlords and a search service for tenants that makes housing more accessible for persons with criminal histories. Prison staff use this system extensively to plan discharges. The State of North Carolina contracts with the NC Coalition to End Homelessness to provide SOAR training for caseworkers. The CoC has 9 full-time SOAR caseworkers who may work with individuals after they are discharged from corrections. BoS Regional Committees invite jail staff to participate in regular meetings, and some have created programs to educate offenders about housing and income before they are discharged from jail. Local jails also have liaisons that assist those being discharged with housing.

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan
(limit 1000 characters)

The state of North Carolina has adopted structured sentencing, which means that an increasing percentage of offenders who are incarcerated serve their entire sentence without an opportunity for parole. Because of this, once persons have completed their sentence, the State has no authority over them and cannot follow-up on discharge plans or provide support. Therefore, if an ex-offender does not follow through with the discharge plans created before release, the State criminal justice system cannot get involved. High staff turnover in the local jail system makes ongoing discharge planning difficult.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The Department Public Safety (DPS) is responsible for discharge planning in the corrections system. DPS has sought State funding for step-down programs, or Corrections Transitional Housing, but those funds have not been appropriated. Other key stakeholders include ICCHP, Office of Housing and Homelessness within the Division of Aging and Adult Services, CoC and Regional Committee leadership, local shelter and homeless service providers, local jail staff, and local law enforcement officials.

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Persons exiting the corrections system may be discharged to halfway houses that provide transitional living to ex-offenders and treatment and recovery programs, such as Oxford Houses. Individuals who also need mental health services can be referred to Targeted Units, a state program that provides units in affordable apartment complexes specifically for persons who are disabled. Persons are referred to Targeted Units by service providers who agree to provide services to support the person in maintaining housing. Persons may also enter market rate housing by renting an apartment, some may qualify for a housing subsidy, or others may rent a room in a boarding house. CoC PIT data shows an 18% decrease in the number of homeless individuals who were recently discharged from the corrections system over the past four years.

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.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?   No

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

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s)
(limit 1000 characters)

The CoC is continuing rapid re-housing programs through ESG. While ESG funds are significantly less than HPRP, all HPRP programs that applied to continue under ESG were funded & new programs were created in areas not served by HPRP. The CoC followed HUD's guidance to invest in RRH over prevention. Of the CoC's ESG funding, the CoC invested $1.63 million or 65% to continue & increase RRH programs. Many lessons were learned from HPRP including the importance of the availability of short & medium-term rental assistance. Three of the transitional housing programs that the CoC funds are transition-in-place & hope to renew as RRH under HEARTH regulations. The CoC has a RRH subcommittee that educates providers about RRH best practices & improving performance. The CoC hopes to use other funding streams including CDBG, HOME, PHAs, TANF & private donations to expand RRH programs. The CoC expects RRH programs to reduce the number of people who become homeless & the length of homeless episodes.

Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG?
(limit 2500 characters)

The CoC is coordinating with other housing initiatives through the NC Interagency Council for Coordinating Homeless Programs, the Department of Veterans Affairs and the Division of Community Assistance. CoC leadership has educated CoC agencies about NSP, HUD VASH and CDBG opportunities. All recovery funds have been committed and most have been spent. Local CoC member agencies coordinated with NSP initiatives in their communities. Local members in HUD VASH areas coordinate with the Housing Authorities and VA in their communities to ensure a comprehensive system of housing and services for persons receiving HUD VASH assistance. The CoC has coordinated with ICCHP, the Governor's Focus on Veterans, the Consolidated Planning process, and the CDBG and NSP administrators to encourage several activities, not limited to: 1) using NSP rehabbed homes available for rental units as sites for rapid re-housing permanent rental housing; 2) identifying NSP neighborhoods as locations for rapid re-housing outreach; 3) using CDBG or CDBG-R renovated rental housing as possible sites for rapid re-housing permanent rental housing; 4) using HUD-VASH vouchers as permanent housing resources for homeless veterans served through the CoC. CoC staff assisted to educate all HOPWA programs on the CoC and SOAR. Through the North Carolina Coalition to End Homelessness, the CoC requested that the State invest CDBG services funding in housing stabilization services in order to grow ESG rapid re-housing efforts. The CoC will continue to advocate for a portion of CDBG funds to be used for effective programs to end homelessness.

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

Yes

If 'Yes', describe the established policies that are in currently in place:

The NC BoS CoC requires that providers ensure that homeless children in their programs are enrolled in school in accordance with state law and the McKinney-Vento Act. The CoC also requires that providers link these children to appropriate services in their community for which they are eligible. To ensure these requirements are met, the CoC encourages providers to designate a staff member to oversee the educational and service needs of homeless children. The staff's duties include 1) working with the school system's homeless liaison and/or social workers to assist in the identification of homeless children and coordinate the provision of services and 2) coordinating with parents and/or guardians to acquire necessary documentation and facilitate enrollment in school and service programs.

Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)

The CoC Regional Committees including ESG recipients build partnerships with local homeless school liaisons and social workers. School liaisons and social workers participate in Regional Committees and serve on local Ten-Year Plans, where they report on numbers of homeless and at-risk students and provide input on the planning and provision of services. Some providers recruit school liaisons to sit on their Board of Directors. These close partnerships ensure ongoing communication between the school system and the homeless service system and ensure that any issues that affect the community can be addressed efficiently and comprehensively. Local providers work directly with school homeless liaisons to identify homeless children, enroll them in school, and connect them to appropriate services. Providers contact school liaisons upon children's program entry and case managers ensure that proper documentation is quickly acquired and provide follow-up to finalize enrollment. In some regions, school social workers periodically visit shelters to ensure children are enrolled in school and receiving all needed education services. School liaisons also play an active role during the annual Point in Time Count in identifying homeless and at-risk children and reporting this data to the CoC.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

The CoC has notified emergency shelter, transitional housing, and permanent supportive housing providers of the new HEARTH rule that federally funded programs cannot deny entry to families or separate children from parents. Future funding applications will include this requirement in its CoC and ESG scorecards. While the CoC is unable to require non-HUD funded programs to change their programs to adopt this HUD rule, the CoC's coordinated assessment will be developed to refer families to programs that will not separate the family. The CoC is prioritizing rapid re-housing for ESG funds and encouraging providers to convert resources to rapid re-housing. The limitations that shelters and transitional housing face when serving families because of congregate living do not exist in rapid re-housing programs.

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

The CoC has aligned our goal of ending veterans homelessness with the goal of the Federal Strategic Plan. CoC leadership partnered with the VA to coordinate a statewide summit on ending veterans homelessness. The CoC is increasing its PSH inventory to house homeless veterans. Our scoring and project review process incentivizes projects to serve veterans by weighting the scores for projects targeting veterans. Regional Committees are pursuing housing for veterans funded by local municipalities, counties & the NC Housing Finance Agency. Currently there are two transitional housing for veterans projects being developed in the CoC area & one agency received a VA SSVF grant. The CoC coordinates HUD-VASH, GPD & HCHV with the VA & other veterans service/advocacy groups though Regional Committee leadership, which works directly with veterans representatives and coordinates community-wide systems of care. Non-profit and faith-based agencies provide outreach, disability advocacy, counseling, life skills and job training. The Employment Security Commission and JobLink Career Services provide education, training and job search services. SOAR caseworkers assist disabled veterans to apply for SSI/SSDI benefits. Regional Committees coordinate with local VAs to hold Stand Down and Project Homeless Connect events that provide service linkages for veterans. Regional Committees are conducting needs assessments to identify and fill any service gaps to ensure comprehensive care for veterans.

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)

The CoC has aligned with the Federal Strategic Plan's goal of preventing and ending homelessness for families, youth and children in ten years. Regional Committees collaborate with local foster care service providers and local Departments of Social Services to ensure that foster youth transition into housing and not homelessness through the NC Links program. NC Links provides services and resources to all youth in foster care age 16-18 and to those young adults between 18 and 21 who have Contractual Agreements for Residential Care (CARS). Counties are strongly encouraged to provide services to youth ages 13-15 and to youth and young adults who were discharged from their custody as teens. NC Links provides funding for housing and vocational supports for up to 3 years, and youth aging out of foster care are eligible for scholarship assistance to pay the cost of attendance for in-state universities or any NC community college. Regional Committees have local school homeless liaisons and DSS staff represented at meetings to coordinate necessary services for homeless youth. Some Regional Committees have subgroups that focus on unaccompanied youth. All Regional Committees work together with these agencies to assess any needs and gaps in providing housing and services to youths who are homeless.

Has the CoC established a centralized or coordinated assessment system?   No

**If 'Yes', describe based on ESG rule 576.400
(limit 1000 characters)**

**Describe how the CoC consults with the ESG jurisdiction(s) to determine
how ESG funds are allocated each program year
(limit 1000 characters)**

The State created a new application process that requires ESG applicants to apply through their CoC. This allows for improved coordination with the CoC and gives the CoC meaningful oversight on what is funded. The CoC is responsible for setting local funding priorities, working with community members and applicants to establish local recommendations, and submitting a community-wide application for funding. This application is completed at the Regional Committee level. Each Regional Committee is required to select a Lead Agency that submits the recommendation for ESG funds to the State on behalf of the entire region. The Regional Committee is expected to create and implement a local decision-making process for the distribution of funds that is fair and minimizes conflict of interest. The CoC Steering Committee and staff must approve all ESG applications. In addition, CoC staff assisted the ESG office in creating the new ESG application process including preparing the required substantial amendments.

**Describe the procedures used to market housing and supportive services
to eligible persons regardless of race, color, national origin, religion, sex,
age, familial status, or disability who are least likely to request housing or
services in the absence of special outreach
(limit 1000 characters)**

The CoC encourages broad advertisement of & access to programs to all consumers, regardless of their race, color, national origin, religion, sex, age, familial status, or disability. Programs report availability at all Regional Committee meetings where homeless service agencies, DSS staff, school liaisons, mental health agencies, outreach teams and community leaders are present. These agencies then notify staff of vacancies and referral processes to outreach and refer individuals who need housing and services using a "no wrong door" model. Communities also hold annual events, like Project Homeless Connect, that provide one-stop access to all agencies that provide housing and services. These events are well-advertised, open to anyone, and provide a way to directly sign up for housing and services. Transportation is often provided to those who cannot access the site. The CoC also partners with the NC Justice Center's Fair Housing Project to promote fair access to housing opportunities.

3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, "Opening Doors," and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan?   Yes

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

The CoC strives to provide options that meet the needs of homeless individuals & families. As of the PIT, the CoC had 2057 shelter beds, 1164 transitional housing beds, 172 RRH beds, and 925 PSH beds. Shelter beds and motel vouchers meet immediate need, TH provides more comprehensive services (much TH within the CoC is the equivalent of service-enriched shelter), RRH programs provide access to housing and services on a short or medium-term basis, and PSH is used to meet long-term needs of disabled homeless households. The CoC believes that RRH can be an effective solution for any sub-population. Disabled households with longer-term needs are connected to PSH at the end of RRH assistance. While the CoC decided to fund RRH over prevention with ESG funds, emergency assistance programs are available and the CoC is committed to targeted prevention. The largest barrier to providing adequate options is the CoC's large geography. While the CoC provides all necessary options and resources, there are locations within the CoC that have few or no resources.

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

The CoC provides Point-in-Time Count, unmet housing need and other data from the CoC's HMIS for the Consolidated Plan. The CoC provided public comment to the 2012 Action Plan through the North Carolina Coalition to End Homelessness (NCCEH). NCCEH public comment included suggestions to use CDBG for services and HOME for TBRA for rapid re-housing programs in order to expand the impact that ESG funds are making. CoC staff have worked to establish relationships with all of the Consolidated Plan partners.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan
(limit 1000 characters)

The CoC does not have a 10-year plan. One regional committee (Pitt County) has a plan that is coordinated by Pitt County local jurisdictional partners (city and county). In lieu of a CoC adopted 10-year plan, the CoC has adopted Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness. The CoC updates the CoC Action Plan that includes strategies from the federal plan on an annual basis.

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s)
(limit 1000 characters)

The CoC has adopted Opening Doors as its strategic plan. The CoC used Opening Doors as the basis for its CoC Action Plan. Several individual Regional Committees have also adopted Opening Doors as their local plan in lieu of a 10-year plan to end homelessness. The CoC is currently focused on working with providers to increase permanent supportive housing options, retool our crisis response system, shorten length of stay while homeless, and reduce returns to homelessness. The CoC will work with shelters and transitional housing programs to focus on housing outcomes for clients exiting the programs. CoC programs will also target interventions to people who have been homeless the longest to reduce the CoC's overall length of stay.

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG):   Determines how to allocate ESG grant for eligible activities, Develop standards for evaluating the outcomes of activities assisted by ESG funds, Develop performance standards for activities assisted by ESG funds, Develop funding policies and procedures for the operation and administration of HMIS for ESG funded projects

Based on the selections above, describe how the CoC coordinates with the local ESG funding
(limit 1000 characters)

The CoC Lead Agency also administers ESG funding. Both projects are overseen by the Director of Housing and Homelessness at NC DHHS. The CoC and ESG office use the Federal Strategic Plan to guide funding priorities. ESG funds were used to fund shelters, maintain HPRP programs and create new rapid re-housing programs. Transitional housing funding is being phased out. CoC staff assisted in creating the new performance standards for ESG activities and plans to evaluate these standards for the next application with ESG staff. CoC staff was actively involved in deciding how the performance of ESG sub-recipients would be evaluated and will continue to work with the ESG office and HMIS Lead Agency to develop new measures once the HMIS data standards are published. The HMIS Lead Agency, CoC and ESG staffs coordinate the use of HMIS to track program performance.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?

If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

n/a

If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living (limit 1500 characters)

n/a

3E. Reallocation

Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs that choose to reallocate funds into new permanent supportive housing, rapid re-housing, or dedicated HMIS project(s) may do so by eliminating one or more of its expiring grants. CoCs that intend to create a new centralized or coordinated assessment system can only eliminate existing SSO project(s).

Amount Available for New Project: **(Sum of All Eliminated Projects)**				
Eliminated Project Name	**Grant Number Eliminated**	**Component Type**	**Annual Renewal Amount**	**Type of Reallocation**
This list contains no items				

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, or dedicated HMIS project(s) may do so by reducing the grant amount for one or more of its expiring grants. CoCs that are reducing projects must identify those projects here. CoCs that intend to create a new centralized or coordinated assessment system can only reduce existing SSO project(s).

Amount Available for New Project (Sum of All Reduced Projects)					
$80,620					
Reduced Project Name	**Reduced Grant Number**	**Annual Renewal Amount**	**Amount Retained**	**Amount available for new project**	**Reallocation Type**
Carolina Homeless...	NC0035B4F031104	$599,919	$519,299	$80,620	Regular

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Carolina Homeless Information Network (CHIN): Balance of State Portion
Grant Number of Reduced Project:	NC0035B4F031104
Reduced Project Current Annual Renewal Amount:	$599,919
Amount Retained for Project:	$519,299
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$80,620

3H. Reallocation - Proposed New Project(s)

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects may do so by reducing the grant amount for one or more of its expiring grants. CoCs must identify if the new project(s) it plans to create and provide requested information for each. Click on the to enter information for each of the proposed new reallocated projects.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

$80,620				
Current Priority #	**New Project Name**	**Component Type**	**Transferred Amount**	**Reallocation Type**
31	Pathways to ...	PH	$80,620	Regular

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing): 31

Proposed New Project Name: Pathways to Permanent Housing Henderson County

Component Type: PH

Amount Requested for New Project: $80,620

3I. Reallocation: Reallocation Balance Summary

Below is a summary of the information entered on forms 3D-3G for CoC reallocated projects. The last field, "remaining reallocation balance" should indicate "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new project(s).

Reallocated funds available for new project(s):	$80,620
Amount requested for new project(s):	$80,620
Remaining Reallocation Balance:	$0

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 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 FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 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 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, 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.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	157	**Beds**	149	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	87	**%**	83	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	82	**%**	79	**%**
Increase the percentage of homeless persons employed at exit to at least 20%	28	**%**	22	**%**
Decrease the number of homeless households with children	340	**Households**	410	**Households**

Did the CoC submit an Exhibit 1 application in   Yes
                              FY2011?

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

While the CoC exceeded HUD's goals, the CoC was unable to reach its FY11 goals despite having increased performance in recent years. Delayed announcements of new awards from the CoC competitions delayed new PSH projects that serve the chronically homeless. Mental health and substance abuse services have been cut severely in NC. Case management through behavioral health centers has been eliminated. This has made it more difficult for PSH providers who use State MH/SA funds to provide services and has resulted in a decreased housing retention rate in PSH. Providers are finding it increasingly difficult to find the resources to serve the chronically homeless. Rates of employment at exit dropped drastically in a strained job market. Employment is becoming increasingly hard to find in the rural CoC. HPRP assisted the CoC in previously sustaining high performance, but the end of HPRP has left fewer options for communities to serve an increasing number of homeless families. New ESG investments in RRH are not enough to combat rising housing prices, low wages, a lack of jobs and reduced state budgets for other mainstream resources and services.

How does the CoC monitor recipients' performance? (limit 750 characters)

The CoC collects APR data on a quarterly basis from all grantees to monitor how they are performing on CoC and HUD performance goals. CoC staff work with grantees one-on-one to address reporting & performance concerns. This data is also discussed during the quarterly permanent supportive housing and rapid rehousing subcommittee meetings. The CoC works closely with grantees and the local HUD field office to address issues with grantee performance. CoC staff also review meeting minutes of Regional Committees to see if grantee issues are discussed and addressed.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)

The Balance of State CoC exceeded all of the HUD-established performance goals. We continue to strengthen our performance by monitoring grantee performance through collecting quarterly APR data and providing information about best practices and ways to achieve performance goals through our permanent housing and rapid rehousing subcommittee meetings. Resources & trainings from HUD, NAEH, the USICH, and NCCEH are offered to grantees to educate them about means to achieve goals.

How does the CoC assist poor performers to increase capacity? (limit 750 characters)

CoC staff assist poor performers by providing one-on-one technical assistance and advocating for technical assistance from HUD. The CoC is creating a new reallocation scorecard process which will involve CoC staff visiting and scoring programs with a CoC approved scorecard that will look at grantee performance. Those programs who are identified as poor performers will develop a plan for corrective plan with the CoC to address performance issues.

Does the CoC have any unexecuted grants awarded prior to FY2011?   No

If 'Yes', list the grants with awarded amount:

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
none	n/a	$0
Total		$0

What steps has the CoC taken to track the length of time individuals and families remain homeless?
(limit 1000 characters)

Our HMIS Lead Agency is using an APR version that shows the average length of stay by program type to provide the CoC with a length of stay baseline. The CoC and ESG office have encouraged agencies to pay attention to the length of stay that is reported in individual program APRs. The ESG applications requested length of stay information at the request of CoC staff and the ESG report will include length of stay questions. The CoC is ensuring that programs accurately track program entry and exits through its data quality project with the HMIS Lead Agency in order to be able to obtain accurate length of stay reports. The HMIS Lead Agency and CoC staff have also worked with a private technical assistance firm to create CoC and agency performance dashboards that include length of stay data.

What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)

The HMIS Lead Agency is creating a returns to homelessness report. The CoC and HMIS Lead Agency worked with a private technical assistance firm to create CoC and agency peformance reports and a dashboard that includes a returns to homelessness report. The CoC and HMIS Lead Agency are eagerly awaiting new HMIS standards and hope these standards will provide guidance for defining returns to homelessness.

What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1500 characters)

The CoC has educated providers on assertive engagement and other outreach best practices. The CoC has numerous agencies and faith-based groups (such as PATH teams, ACT teams and local nonprofits) that outreach and engage individuals living on the streets or in wooded areas of the community. These outreach teams focus specifically on engaging individuals who are not already linked to CoC housing and service programs. Engagement efforts are reported to the Regional Committee, and these outreach teams are updated about referral processes and availability in housing and service programs in order to link those that they outreach to housing and services. Regional Committees also coordinate with local DSS staff, mental health agencies, jails, and other key stakeholders to ensure that homeless individuals and families who use these agencies are also outreached and engaged in housing and service programs using a "no wrong door" model.

What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans?
(limit 1500 characters)

The CoC has decided to focus efforts on rapid re-housing as directed by Secretary Donovan as we learn more about targeted prevention. The CoC is educating emergency assistance providers about targeted prevention and using lessons learned from HPRP to enhance prevention efforts. Prevention is an important piece of the retooled crisis response system and fits into that section of the CoC's strategic plan.

Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes?   No

If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless
(limit 1500 characters)

n/a

If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living
(limit 1500 characters)

n/a

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

 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 FY2010, FY2011, and FY2012 (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 FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

 Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

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 FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	262	81
2011	312	142
2012	256	149

What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

Providers use as many sources as possible to determine chronically homeless eligibility. Clients are asked to provide their history of homelessness and disability, and providers use partnerships with local agencies to confirm and expand on this data. Providers work with shelters and use available HMIS records to document the number and length of previous shelter stays. For unsheltered persons, providers that also run service programs may have records of previous homeless episodes. Providers also work with outreach teams and service agencies to establish dates of previous episodes. Some clients have disability determinations from SSA. For clients that can't provide disability documentation, providers seek out sources, including records from mental health/substance abuse agencies, health departments, and hospitals. SOAR caseworkers assist in tracking previous medical records. Some providers partner with MH/SA agencies to conduct assessments of potential chronically homeless clients.

**Indicate the number of new permanent housing
beds in place and made available for occupancy
for the chronically homeless between
February 1, 2011 and January 31, 2012:** 7

**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

**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, 2011 and January 31, 2012:**

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$0	$0	$0	$0	$0
Operations	$44,160	$39,744	$92,736		
Total	$44,160	$39,744	$92,736	$0	$0

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR 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 on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing 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 permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects 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)	126
b. Number of participants who did not leave the project(s)	789
c. Number of participants who exited after staying 6 months or longer	96
d. Number of participants who did not exit after staying 6 months or longer	659
e. Number of participants who did not exit and were enrolled for less than 6 months	132
TOTAL PH (%)	83

Instructions:

 HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR 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 on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing 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 the CoC have any transitional housing projects 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	98
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	77
TOTAL TH (%)	79

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will 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 cash income. Once the total number of exiting adults has 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 the CoC that should have submitted an APR.

Total Number of Exiting Adults: 163

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	36	22%
Unemployment insurance	4	2%
SSI	26	16%
SSDI	27	17%
Veteran's disability	0	0%
Private disability insurance	0	0%
Worker's compensation	1	1%
TANF or equivalent	7	4%
General assistance	0	0%
Retirement (Social Security)	0	0%
Veteran's pension	0	0%
Pension from former job	0	0%
Child support	16	10%
Alimony (Spousal support)	0	0%
Other source	2	1%
No sources (from Q25a2.)	85	52%

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

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

4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

 Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will 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 non-cash benefits. Once the total number of exiting adults has 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 the CoC that should have submitted an APR.

Total Number of Exiting Adults: 163

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	93	57%
MEDICAID health insurance	64	39%
MEDICARE health insurance	8	5%
State children's health insurance	0	0%
WIC	5	3%
VA medical services	0	0%
TANF child care services	3	2%
TANF transportation services	2	1%
Other TANF-funded services	0	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	6	4%
Other source	3	2%
No sources (from Q26a2.)	43	26%

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

4F. 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: www.energystar.gov .

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

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

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

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting $200,000 or more?

4G. 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 NC BoS CoC requires grantees to turn in quarterly APRs. The Permanent Supportive Housing subcommittee and Rapid Re-housing subcommittee each meet on a quarterly basis to assess progress based on APRs of projects in their areas; the Steering Committee is informed of the results and holds further discussion. Additionally, a staff member reviews APRs from each BoS grantee as they are turned in to HUD and notes any gaps or issues in programs. The project applicants are advised and a phone meeting is scheduled to discuss solutions and evidence-based practices that can be implemented. Additional technical assistance is given as needed.

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

If 'Yes', indicate all meeting dates in the past 12 months:

The NC BoS CoC Permanent Housing, Transitional Housing, and Rapid Re-housing subcommittees each discuss access to mainstream benefits and other sources
of increasing income; the Steering Committee is informed of results and also discusses this issue regularly. Meetings of the subcommittees this year were held February 14 & 21 ; May 15 ; August 14 & 21; and November 13 & 20.

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

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

If 'Yes', identify these staff members: Provider Staff

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

If 'Yes', specify the frequency of the training: Monthly or more

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

If 'Yes', indicate for which mainstream programs HMIS completes screening:

Has the CoC participated in SOAR training? Yes

If 'Yes', indicate training date(s):

CoC providers sent 41 staff members to SOAR trainings held by the CoC leadership on December 13-14, 2011, February 29-March 1, 2012, May 30-31, 2012, April 22-23, 2012, and December 5-6, 2012. In addition, CoC leadership provides ongoing support and technical assistance for NC SOAR. SOAR caseworkers participate in a monthly meeting where they report outcomes, receive updates on the SOAR process, and troubleshoot SOAR applications. In addition to providing training and support to program staff, there are 10 full-time, dedicated SOAR positions in the BoS CoC.

4H. 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:**	58%
Most agencies assist people in completing applications, including assisting with the paperwork needed to apply for benefits. In addition, several programs have SOAR trained caseworkers who are able to use the SOAR methodology to assist with SSI/SSDI applications. Currently, two counties have dedicated SOAR staff (9 FTE and 2 PTE).	

2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	61%

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:**	15%
Food Stamps, Medicaid, SSI, SSDI, TANF, Other Department of Social Services financial assistance including rental payment, prescription assistance, and utility payments	

4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	77%
4a. Describe the follow-up process:	
77% of our agencies report that they conduct some form of follow up to ensure that benefits are received. The majority of the follow-up involves agencies' case managers conducting telephone follow-up with the benefits case manager to inquire about the status of the application and determine if additional information is needed. In some programs case managers follow-up by attending appointments with individuals, at the permission of the individual, to ensure that benefits case managers have complete information and needed documentation for their programs.	

4I. Unified Funding Agency

Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?

Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?

What experience does the CoC have with managing federal funding, excluding HMIS experience?
(limit 1500 characters)

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?
(limit 1500 characters)

Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.
(limit 1500 characters)

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	NC-503 Consolidat...	01/15/2013
CoC-HMIS Governance Agreement	No	NC 503 CoC HMIS G...	01/11/2013
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: NC-503 Consolidated Plan Certification

Attachment Details

Document Description: NC 503 CoC HMIS Governance Agreement

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

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Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/16/2013
1C. Committees	01/15/2013
1D. Member Organizations	12/06/2012
1E. Project Review and Selection	01/16/2013
1F. e-HIC Change in Beds	12/06/2012
1G. e-HIC Sources and Methods	11/14/2012
2A. HMIS Implementation	01/16/2013
2B. HMIS Funding Sources	01/15/2013
2C. HMIS Bed Coverage	01/16/2013
2D. HMIS Data Quality	01/14/2013
2E. HMIS Data Usage	01/03/2013
2F. HMIS Data and Technical Standards	01/07/2013
2G. HMIS Training	01/03/2013
2H. Sheltered PIT	01/16/2013
2I. Sheltered Data - Methods	11/14/2012
2J. Sheltered Data - Collections	01/15/2013
2K. Sheltered Data - Quality	01/15/2013
2L. Unsheltered PIT	12/18/2012
2M. Unsheltered Data - Methods	01/15/2013
2N. Unsheltered Data - Coverage	11/14/2012
2O. Unsheltered Data - Quality	01/16/2013
Objective 1	01/16/2013
Objective 2	01/16/2013
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Objective 4	01/16/2013

Objective 5	01/16/2013
Objective 6	01/16/2013
Objective 7	01/16/2013
3B. Discharge Planning: Foster Care	01/16/2013
3B. CoC Discharge Planning: Health Care	01/16/2013
3B. CoC Discharge Planning: Mental Health	01/15/2013
3B. CoC Discharge Planning: Corrections	01/15/2013
3C. CoC Coordination	01/16/2013
3D. CoC Strategic Planning Coordination	01/16/2013
3E. Reallocation	01/15/2013
3F. Eliminated Grants	No Input Required
3G. Reduced Grants	01/15/2013
3H. New Projects Requested	01/15/2013
3I. Reallocation Balance	No Input Required
4A. FY2011 CoC Achievements	01/16/2013
4B. Chronic Homeless Progress	01/15/2013
4C. Housing Performance	12/11/2012
4D. CoC Cash Income Information	12/20/2012
4E. CoC Non-Cash Benefits	12/20/2012
4F. Section 3 Employment Policy Detail	01/10/2013
4G. CoC Enrollment and Participation in Mainstream Programs	01/16/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	12/03/2012
4I. Unified Funding Agency	No Input Required
Attachments	01/15/2013
Submission Summary	No Input Required

NORTH CAROLINA HOUSING COALITION
AND THE
CAROLINA HOMELESS INFORMATION NETWORK

CONTINUUM OF CARE PARTICIPATION AGREEMENT

This Continuum of Care Participation Agreement (this "**Agreement**") is entered into as of July 1, 2012 between the North Carolina Housing Coalition (collectively, "**HMIS Lead Agency**") and the NC Balance of State NC-503 ("Participating Continuum of Care") regarding access and use of the Carolina Homeless Information Network ("**CHIN**") Homeless Management Information System ("**HMIS**") by its member agencies. The Participating Continuum of Care agrees that CHIN is the continuum's HMIS. Further, the Participating Continuum of Care agrees that all agencies within the continuum, that are subject to U.S. Department of Housing and Urban Development's HMIS participation requirements, should use CHIN to help determine an unduplicated count of homeless individuals and services delivered with the continuum.

I. INTRODUCTION

The CHIN HMIS is a client information system that provides a standardized assessment of client needs, creates individualized service plans and records the use of housing and services. This shared database allows authorized personnel from Participating Agencies within the Continuum of Care to share information about common clients.

Goals of the CHIN HMIS include:
1. Unduplicated count of homeless individuals in North Carolina,
2. Highest standards for data integrity,
3. Expediting client intake procedures,
4. Increasing case management and available administrative tools,
5. Improving referral accuracy, and
6. Creating a tool to follow demographic trends and service utilization patterns.
7. Accurate federal, state, and CoC reports

Continua can use CHIN data to determine the utilization of services of Participating Agencies, identify gaps in the local service network and develop outcome measurements. When used correctly and faithfully by all involved parties, the CHIN HMIS is designed to benefit the community, social service agencies, and the consumers of social services, through a more effective and efficient service delivery system.

The program is administered by the HMIS Lead Agency, which will serve as the liaison between the Continuum of Care, Participating Agencies, and Bowman Systems, Inc., the developer of the CHIN HMIS.

II. HMIS LEAD AGENCY RESPONSIBILITIES TO PARTICIPATING AGENCIES WITHIN THE CONTINUUM OF CARE

1. HMIS Lead Agency will provide the Participating Agency 24-hour access to the CHIN HMIS data-gathering system, via Internet connection, subject to *force majeure* and routine maintenance procedures.

2. HMIS Lead Agency will provide HMIS Privacy Notices, Client Release of Information, client intake, and other forms for use, in conjunction with Participating Agency forms, in local implementation of the CHIN HMIS functions.

3. HMIS Lead Agency will provide both initial training and periodic updates to that training for core staff of the Participating Agency regarding the use of the CHIN HMIS, with the expectation that the Participating Agency will take responsibility for conveying this information to all Participating Agency staff using the system.

4. HMIS Lead Agency will provide basic user support and technical assistance (i.e., general trouble-shooting and assistance with standard report generation) as described in CHIN's policies and procedures, which may be amended from time to time as needed ("Policies and Procedures").

5. HMIS Lead Agency will not make public reports on client data that identify specific persons, without prior agency (and where necessary, client) permission. Public reports otherwise published will be limited to presentation of aggregated data within the CHIN HMIS.

6. HMIS Lead Agency's publication practices will be governed by policies established by the CHIN Steering Committee or relevant committees thereof for statewide analysis and will include qualifiers necessary to clarify the meaning of published findings.

III. PRIVACY AND CONFIDENTIALITY

A. Protection of Client Privacy

1. The Participating Continuum of Care will assist CHIN in monitoring agency usage within the continuum and to comply with applicable federal and state laws regarding protection of client privacy.

2. The Participating Continuum of Care will assist CHIN in monitoring agencies within the continuum to comply specifically with the requirements set forth in the Homeless Management Information Systems (HMIS); Data and Technical Standards Final Notice, 69 Fed. Reg. 45,903 (July 30, 2004) and related regulations promulgated by the U.S. Department of Housing and Urban Development ("HUD") with respect to Homeless Management Information Systems, specifically the March 2011 Homeless Management Information System (HMIS) Data Standards.

3. The Participating Continuum of Care will assist CHIN in monitoring agencies within the continuum comply specifically with Federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2, regarding disclosure of alcohol and/or drug abuse records.

4. The Participating Continuum of Care will assist CHIN in monitoring agencies within the continuum comply specifically with the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R., Parts 160 & 164, and corresponding regulations established by the U.S. Department of Health and Human Services, as applicable.

5. The Participating Continuum of Care will assist CHIN in monitoring agencies within the continuum comply with all Policies and Procedures pertaining to protection of client privacy.

B. Client Confidentiality

1. The Participating Continuum of Care will assist CHIN to encourage Participating Agencies within the continuum to provide written and/or verbal explanation of the CHIN HMIS and to arrange for a qualified interpreter/translator in the event that an individual is not literate in English or has difficulty understanding the Privacy Notice or associated consent form(s), as applicable.

2. The Participating Continuum of Care will assist CHIN to monitor that Participating Agencies within the continuum do not solicit or enter information from clients into the CHIN HMIS unless it is essential to provide services or conduct evaluation or research.

3. The Participating Continuum of Care will assist CHIN to monitor that Participating Agencies within the continuum not to divulge any confidential information received from the CHIN HMIS to any organization or individual without proper written consent by the client, unless otherwise permitted by applicable regulations or laws.

4. The Participating Continuum of Care will assist CHIN to monitor that Participating Agencies within the continuum to ensure that all persons who are issued a User Identification and Password to the CHIN HMIS enter into a User Agreement in a form approved by the HMIS Lead Agency, and that all such persons abide by this Agreement and the Policies and Procedures, including all associated confidentiality provisions. The Participating Agency will be responsible for oversight of its own related confidentiality requirements.

5. The Participating Continuum of Care will assist CHIN to monitor that Participating Agencies within the continuum make certain that all persons issued a User ID and Password will complete a formal instruction on privacy and confidentiality and demonstrate mastery of that information, prior to activation of their User License.

6. The Participating Continuum of Care acknowledges that ensuring the confidentiality, security and privacy of any information downloaded from the system by the Participating Agency is strictly the responsibility of the Participating Agency.

C. Inter-Agency Sharing of Information

1. The Participating Continuum of Care acknowledges that all forms provided by HMIS Lead Agency regarding client privacy and confidentiality are shared with the Participating Agency as the baseline forms. The forms may be modified to indicate the more stringent HMIS sharing restrictions of the Participating Agency. The modified forms must receive approval from HMIS Lead Agency before being used. The Participating Agency will review and revise (as necessary) all forms provided by the HMIS Lead Agency to assure that they are in compliance with the laws, rules and regulations that govern its organization.

2. The Participating Continuum of Care and Participating Agencies within the continuum agree to develop a plan for all routine sharing practices with partnering agencies. CHIN recommends that Participating Agencies document that plan through a fully executed *[Qualified Service Organization Business Associate Agreement, hereafter known as QSOBA(s)]*.

3. The Participating Continuum of Care and Participating Agencies within the continuum acknowledge that informed client consent is required before any basic identifying client information is shared with other agencies in CHIN. The Participating Agency will document client consent on a CHIN Client Release of Information Form acceptable to the HMIS Lead Agency.

4. If the client has given approval through a completed consent form, the Participating Agency may elect to share information according to QSOBA(s), or other document(s) that complies with applicable laws, rules and regulations, that the Participating Agency has negotiated with other partnering agencies in CHIN.

5. The Participating Agency will obtain a separate release from clients regarding release of restricted information if the Participating Agency intends to share restricted client data within the CHIN HMIS. Sharing of restricted information must also be planned and documented through a QSOBA, or other document(s) that complies with applicable laws, rules and regulations.

6. Agencies with whom information is shared are each responsible for obtaining appropriate consent(s) before allowing further sharing of client records.

7.   The Participating Continuum of Care acknowledges that the Participating Agency, itself, bears primary responsibility for oversight for all sharing of data it has collected via the CHIN HMIS.

8.   The Participating Agency agrees to place all client consent and authorization forms related to the CHIN HMIS in a file to be located at the Participating Agency's business address and that such forms will be made available to the HMIS Lead Agency for periodic audits. The Participating Agency will retain these CHIN-related client consent and authorization forms for a period of 7 years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.

9.   The Participating Agency acknowledges that clients who choose not to authorize sharing of information cannot be denied services for which they would otherwise be eligible.

D. Custody of Data

1.   The Participating Agency acknowledges, the Continuum of Care, and HMIS Lead Agency agrees, that the Participating Agency retains ownership over all information it enters into CHIN.

2.   In the event that the CHIN HMIS ceases to exist, Participating Agencies will be notified and provided reasonable time to access and save client data on those served by the Participating Agency, as well as statistical and frequency data from the entire system. Thereafter, the information collected by the centralized server will be purged or appropriately stored.

3.   In the event that HMIS Lead Agency ceases to exist, the custodianship of the data within the CHIN HMIS will be transferred to another organization for continuing administration and all CHIN Participating Agencies will be informed in a timely manner.

IV. DATA ENTRY AND REGULAR USE OF THE CHIN HMIS

1.   The Participating Continuum of Care upholds that the Participating Agency will not permit User ID's and Passwords to be shared among users.

2.   The Participating Continuum of Care upholds that if a client has previously given the Participating Agency permission to share information with multiple agencies and then chooses to revoke that permission with regard to one or more of these agencies, the Participating Agency will contact its partner agency/agencies and explain that, at the client's request, portions of that client record will no longer be shared. The Participating Agency may request that CHIN designate a client's record as "Inactive" and remove it from system-wide view or revoke existing Client Consent Form for that Participating Agency.

3.   The Participating Continuum of Care upholds that if the Participating Agency receives information that necessitates a client's information be entirely removed from CHIN, the Participating Agency will work with the client to complete a form provided by HMIS Lead Agency with respect to the deletion of the record, which will be sent to HMIS Lead Agency for de-activation of the client record.

4.   The Participating Continuum of Care agrees that the Participating Agency will enter all minimum required universal data elements as defined for all persons who are participating in services funded by HUD Supportive Housing Program, Shelter + Care Program, or HUD Emergency Shelter Grant Program as permitted by the client using the CHIN Client Release of Information form.

5.   The Participating Continuum of Care agrees that the Participating Agency will enter data in a consistent manner, and will strive for real-time, or close to real-time, data entry.

6.   The Participating Continuum of Care agrees that the Participating Agency will routinely review records it has entered in the CHIN HMIS for completeness and data accuracy in accordance with the Policies and Procedures.

7.   The Participating Continuum of Care agrees that the Participating Agency will not knowingly enter inaccurate information into the CHIN HMIS.

8. The Participating Continuum of Care agrees that the Participating Agency will utilize CHIN for business purposes only.

9. The Participating Continuum of Care agrees that the Participating Agency will keep updated virus protection software on Agency computers that accesses CHIN.

10. The Participating Continuum of Care agrees that the transmission of material in violation of any United States Federal or state regulations is prohibited.

11. The Participating Agency will not use the CHIN HMIS with intent to defraud the Federal, State, or local government, or an individual entity, or to conduct any illegal activity.

12. The Participating Agency will incorporate procedures for responding to client concerns regarding use of CHIN into its existing grievance policy.

13. The Participating Continuum of Care agrees that the notwithstanding any other provision of this Agreement, the Participating Agency agrees to abide by all Policies and Procedures.

V. PUBLICATION OF REPORTS

1. The Continuum of Care and Participating Agencies within the continuum agrees that it may only release aggregated information generated by the CHIN HMIS that is specific to its own services.

2. The Continuum of Care and Participating Agencies within the continuum acknowledges that the release of aggregated information will be governed through the Policies and Procedures.

VI. DATABASE INTEGRITY

1. The Participating Continuum of Care agrees that the Participating Agency should not share assigned User ID's and Passwords to access CHIN with any other organization, governmental entity, business, or individual.

2. The Participating Continuum of Care agrees that the Participating Agency should not intentionally cause corruption of the network, software, or data in any manner. Any unauthorized access or unauthorized modification to computer system information, or interference with normal system operations, will result in immediate suspension of services, and, where appropriate, legal action against the offending entities.

VII. HOLD HARMLESS

1. The HMIS Lead Agency makes no warranties, expressed or implied. Except to the extent arising from the gross negligence or willful misconduct of the HMIS Lead Agency, the Participating Agency, and Continuum of Care at all times, will indemnify and hold HMIS Lead Agency harmless from any damages, liabilities, claims, and expenses that may be claimed against the Participating Agency; or for injuries or damages to the Participating Agency or another party arising from participation in the CHIN HMIS; or arising from any acts, omissions, neglect, or fault of the Continuum of Care and Participating Agencies within the continuum or its agents, employees, licensees, or clients; or arising from the Participating Agency's failure to comply with laws, statutes, ordinances, or regulations applicable to it or the conduct of its business.

2. The Continuum of Care and the Participating Agencies within the continuum will also hold HMIS Lead Agency harmless for loss or damage resulting in the loss of data due to delays, nondeliveries, mis-deliveries, or service interruption caused by Bowman Systems, Inc., by the Participating Agency's or other Participating Agencies' negligence or errors or omissions, as well as natural disasters, technological difficulties, and/ or acts of God. HMIS Lead Agency shall not be liable to the Participating Agency for damages, losses, or injuries to the Participating Agency or another party

other than if such is the result of gross negligence or willful misconduct of HMIS Lead Agency. HMIS Lead Agency agrees to hold the Participating Agency harmless from any damages, liabilities, claims or expenses to the extent caused by the gross negligence or misconduct of HMIS Lead Agency.

3. The Participating Continuum of Care upholds that the Participating Agency should keep in force a comprehensive general liability insurance policy with combined single limit coverage of not less than five hundred thousand dollars ($500,000). Said insurance policy shall include coverage for theft or damage of the Participating Agency's CHIN-related hardware and software, as well as coverage of Participating Agency's indemnification obligations under this Agreement.

4. Provisions of this Article VII shall survive any termination of the Agreement.

VIII. GENERAL TERMS AND CONDITIONS

1. The parties hereto agree that this Agreement will remain in effect for (12) months beginning upon acceptance of this agreement by signature. This Agreement will automatically renew for successive twelve (12) month periods unless canceled or modified within thirty (30) days of the end of the term. Any modifications must be submitted in writing to the other party and agreed to by the other party.

2. The parties hereto agree that this Agreement is the complete and exclusive statement of the agreement between parties and supersedes all prior proposals and understandings, oral and written, relating to the subject matter of this Agreement.

3. The Continuum of Care and the Participating Agencies within their continuum shall not transfer or assign any rights or obligations under the Agreement without the written consent of HMIS Lead Agency.

4. This Agreement shall remain in force until revoked in writing by either party, with 30 days advance written notice or until the end date noted in item VIII.6; provided, however, that the HMIS Lead Agency may immediately suspend Participating Agency's access to the CHIN HMIS in the event that allegations or actual incidences arise regarding possible or actual breaches of this Agreement by Participating Agency or any users for which Participating Agency is responsible hereunder until the allegations are resolved in order to protect the integrity of the system.

5. This agreement may be modified or amended by written agreement executed by both parties.

6. HMIS Lead Agency may assign this Agreement upon written notice to the Participating Agency.

Please sign this contract and return to NCHC at your earliest convenience. A signed contract must be on file in our office for compliance with HUD HMIS requirements.

North Carolina Housing Coalition | Carolina Homeless Information Network
118 St. Mary's Street | Raleigh, NC 27605

Or   FAX Signature Page to: (919) 881-0350

BY SIGNING BELOW, THESE PARTIES HAVE ENTERED INTO A

2012-2013 CONTINUUM OF CARE PARTICIPATION AGREEMENT:

HMIS LEAD AGENCY

NORTH CAROLINA HOUSING COALITION, a North Carolina non-profit corporation

By: _Chris Estes_

Name: CHRIS ESTES

Title: EXECUTIVE DIRECTOR

CONTIUUM OF CARE LEAD AGENCY

Date: _7/1/12_

DHHS. DAAS - Hsg d Hmless (Agency Name),

A _State Agency_ (Program Type).

By: _Martha Are_ (Signature)

Name: _MARTHA ARE_

Title: _Housing & Homelessness Unit Manager_

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