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-516 - Northwest North Carolina CoC

Collaborative Applicant Name: Hospitality House of the Boone Area, Inc

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: Northwest CoC

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)

The NWCoC serves 7 rural mountain counties and has representation for all 7 counties on the board. All members are either volunteering their time or representing the agency they work for. The CoC has built strong collaborative partnerships with community partners and CoC members routinely extend verbal invitations to all providers of services to the homeless, homeless advocates, and parties concerned about the issue of homelessness (mental health, VA reps, local housing authority, local school systems, Department of Social Services, law enforcement, etc.) to become members of the NWCoC. CoC members also work closely with community partners that are unable to attend CoC meetings. All meetings are open and new members are always welcome.

Are homeless or formerly homeless representatives members part of the CoC structure? No

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

Does the CoC provide

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

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

The CoC is getting ready to implement the new ESG program (contract just awarded) and has not established formal monitoring procedures. The CoC has a Fiscal Sponsor and is in the process of developing policies and procedures for the financial management of the funds. In addition, the CoC is working with the HMIS lead on data entry and management procedures which will include data quality procedures. The CoC will also put in place procedures to monitor the number being served through all ESG programs including the number achieving housing stability.

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

Written Agendas of Meetings: Currently the CoC lead prepares agendas for each meeting and sends out meeting reminders to all CoC members. As the CoC develops more formal CoC operation procedures this coming year, we will develop a written procedure for development and distribution of the agenda for each meeting.

Centralized Assessment: The CoC has developed a centralized assessment process. The CoC serves 7 rural mountain counties; however, there is only one non-DV comprehensive homeless service provider so all non-DV referrals come to one agency. Each DV program uses the centralized assessment to determine the best intervention and makes referrals to the non-DV homeless service provider as needed for Rapid Rehousing or other homeless services. The centralized assessment can be done in person or over the phone since the CoC covers such a large area.

Does the CoC have the following written and approved documents:

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

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
NWCoC Steering Committee	The NWCoC Steering Committee is the primary coordinating and decision making group. The group is comprised of homeless service providers, supportive housing program providers, the Northwest Regional Housing Authority, homeless advocates and other community agencies concerned about the issue of homelessness in the region. The group meets monthly and more often if needed to coordinate and plan services, identify gaps in service, monitor progress and develop short term and long term goals.	Monthly or more
Chronic Homeless and Permanent Supportive Housing Committee	The Chronic Homeless and Permanent Supportive Housing Committee was established to focus on the hard to serve homeless who are in need of permanent supportive housing and additional mainstream services, particularly mental health and substance abuse services. The dramatic decrease in mental health services has created significant challenges. The members of this committee work closely with Smoky Mountain Center (the lead mental health entity) to develop and provide supports and services for the chronically homeless in shelters, permanent supportive housing programs and those who are unsheltered. This committee also pursues funding to expand permanent supportive housing.	quarterly (once each quarter)
Point in Time Committee	The PIT Committee coordinates the annual point in time count. The PIT Committee educates community service providers that may come in contact with the homeless about the annual point in time count to track and identify sheltered and unsheltered homeless in the NWCoC. The PIT Committee recruits these providers to assist with the point in time count. The PIT Committee provides information and training to on how to conduct the point in time count including the guidelines and tools for the count. Data is collected and then compiled by the PIT Committee, which then distributes the data to participants and uses the data to create public awareness of the issue of homeless in our communities.	quarterly (once each quarter)

Review and Evaluation Committee	The Review and Evaluation Committee reviews and tracks program outcomes. Data from the HMIS lead agency Carolina Homeless Information Network (CHIN) is reviewed at least quarterly. Annual Progress Reports are reviewed by the committee once they have been submitted to HUD. The data from the APRs is tabulated and compared to CoC Strategic Planning Objectives. Data is considered when ranking projects annually.	quarterly (once each quarter)
Public Awareness and Homeless Prevention Committee	The Public Awareness and Homeless Prevention Committee works to make the local communities aware of the homeless issue in our communities, the needs of the homeless and ways for the community to become involved in providing support and solutions. Hospitality House and OASIS both coordinate activities for Homeless Awareness Month and Domestic Violence Awareness Month each year. This committee and other CoC members meet with elected officials, civic organizations, faith communities, community groups, etc. to educate the community needs, gaps and resources. These efforts are also used to recruit volunteers and raise local financial support.	Monthly or more

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

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

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	0	0	0	1	0	0	0

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				1			
Substance abuse				1			
Veterans				1			

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

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				1			
Authoring agency for consolidated plan				0			
Attend consolidated plan planning meetings during past 12 months				1			
Attend consolidated plan focus groups/ public forums during past 12 months				1			
Lead agency for 10-year plan				0			
Attend 10-year planning meetings during past 12 months				0			
Primary decision making group				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	0	0	0	3	4	2

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				3	4	2
Substance abuse				3	4	2
Veterans				3	4	2
HIV/AIDS				3	4	2
Domestic violence				3	4	2
Children (under age 18)				0	4	2
Unaccompanied youth (ages 18 to 24)				3	4	2

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				3	4	2
Authoring agency for consolidated plan				0	1	0
Attend consolidated plan planning meetings during past 12 months				1	4	2
Attend Consolidated Plan focus groups/ public forums during past 12 months				1	4	2
Lead agency for 10-year plan				0	0	0

Attend 10-year planning meetings during past 12 months				0	0	0
Primary decision making group				1	4	2

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): b. Letters/Emails to CoC Membership, e. Announcements at CoC Meetings

Rating and Performance Assessment Measure(s) (select all that apply): l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, i. Evaluate Project Readiness, a. CoC Rating & Review Commitee Exists, o. Review CoC Membership Involvement, e. Review HUD APR for Performance Results

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

The CoC reviewed performance on all current projects eligible for renewal. The CoC members decided that all were eligible for renewal as all projects were meeting or exceeding performance standards with the exception of one permanent housing program that was transferred to another agency this year and that there were no projects that needed to be reallocated as all current projects are meeting a critical need in our CoC. All projects are with organizations that are active CoC members and who have the experience and the capacity to implement the projects. The CoC gave priority to renewals over new projects since they are performing well and meeting a critical need.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community? No

Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds? No

Voting/Decision-Making Method(s) (select all that apply):   e. Consensus (general agreement)

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 lead sent out an announcement to all CoC members on the 2012 NOFA and highlighted the application process including the criteria and process to submit an application. With the exception of the permanent housing bonus funds and the CoC planning project funds, all projects were up for and eligible for renewal. This year, an agency that has not previously received funding in this CoC (the agency has received funding and operated successfully several projects under the Balance of State CoC where the agency also has representation for the counties served by that CoC) but who has been actively involved in the NWCoC, did apply for the permanent housing bonus to provide housing in this region and this project was approved to be submitted.

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 DV Emergency Shelter bed count stayed the same. Hospitality House built a new facility and increased the Emergency Shelter beds from 20 to 24 and increased overflow beds to 10 year round (used to have 4 overflow and 2 seasonal).

HPRP Beds: Yes

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

Due to the HPRP grant winding down, the number served by HPRP decreased from 37 to 14.

Safe Haven: Not Applicable

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

Transitional Housing: Yes

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

Hospitality House built a new facility that includes a family transitional housing unit with 12 beds and a second transitional housing unit for individuals and families with 17 beds which replaced the previous 18 transitional beds in the old facilities that were closed so there was an increase of 11 transitional beds at Hospitality House. The other DV transitional housing program had the same bed count.

In addition, 2 projects included in the 2011 HIC were removed as they were transitional housing projects but not limited to serving the homeless. These projects include Evergreen & Family Solutions. In July 2012, State funding was cut for these transitional substance abuse housing programs and ceased to exist shortly thereafter.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing? No

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

Permanent Housing: Yes

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

Hospitality House built a new facility which included a permanent housing unit with 9 new beds for the hard to serve homeless. WAMY was unable to administer the scattered site permanent housing program and transferred this project to Hospitality House. There was a reduction in beds from 10 to 8 due to fair market rent. The Edgecliff project was transferred to OASIS as New River Behavioral Healthcare closed. The beds went from 8 to 7 to better accommodate household sizes including individual and families. In addition, 2 projects included in the 2011 HIC were removed as they were low income housing projects available to the homeless but not limited to serving the homeless. These projects include Winterstone and Hawthorne House.

**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): Updated prior housing inventory information, Instructions, HMIS

Must specify other:

Indicate the type of data or method(s) used to determine unmet need (select all that apply): Unsheltered count, Local studies or non-HMIS data sources, Housing inventory

Specify "other" data types:

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

In addressing unmet needs within the CoC the CoC first considers the data in the annual point-in-time count, which is compared to the Housing Inventory Count. The CoC also considers existing low income housing developments including those under development as well as data from the NC Housing Finance Agency on unmet housing needs. A critical need in the region is a lack of affordable housing which directly contributes to the homeless issue in our region. Based on a compilation of the above data, the CoC has been focused on increasing permanent housing options. Recently local government units have also started addressing the issue of affordable housing.

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:	Service Point
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, Inadequate resources, Inadequate staffing

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 through standardized & customized reporting, end user certification & refresher training, and focused technical assistance. The Carolina Homeless Information Network (CHIN) produces a monthly data quality report. We struggle most with coverage in our small, rural programs. Most CoC agencies are DV programs and do not enter data into HMIS. There are 2 programs which do not receive McKinney-Vento funding which are small, volunteer-run organizations that do not have the resources, staff, or capacity to enter data into our HMIS. Without the requirement to participate for funding, these agencies are resistant to put financial or volunteer hours into HMIS. We will continue to educate these facilities about statewide and program benefits of HMIS. CHIN's fees were restructured this year, which resulted in a substantial fee increase for our CoC and we are unsure how we will come up with the funds to cover the new fee.

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	$0
ESG	$0
CDGB	$0
HOPWA	$0
HPRP	$1,379
Federal - HUD - Total Amount	$1,379

Funding Type: Other Federal

Funding Source	Funding Amount
Department of Education	$0
Department of Health and Human Services	$0
Department of Labor	$0
Department of Agriculture	$0
Department of Veterans Affairs	$0
Other Federal	$0
Other Federal - Total Amount	$0

Funding Type: State and Local

Funding Source	Funding Amount
City	$0
County	$0
State	$0
State and Local - Total Amount	$0

Funding Type: Private

Funding Source	Funding Amount
Individual	$0
Organization	$0
Private - Total Amount	$0

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	$1,300

Total Budget for Operating Year	$2,679

Is the funding listed above adequate to fully fund HMIS?   No

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)

The annual fee is expected to increase to $22,500 next fiscal year. We currently do not have a plan to cover this increase. We plan to look at funding through ESG as well as doing budget amendments with CoC program grants to take some funding from administrative and possibly from operations. Otherwise we will have to use private donations, which will be hard to obtain for this expense.

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**	No beds in CoC
* **Transitional Housing (TH) beds**	86%+
* **Rapid Re-Housing (RRH) beds**	86%+
* **Permanent Housing (PH) beds**	86%+

How often does the CoC review or assess its HMIS bed coverage? At least Semi-annually

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

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	99%
Rapid Re-Housing	100%
Supportive Services	99%

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	24
Transitional Housing	160
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	0%	0%
Date of birth	0%	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	0%	0%
Disabling condition	0%	0%
Residence prior to program entry	0%	0%
Zip Code of last permanent address	0%	0%
Housing status	0%	0%
Destination	28%	3%
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)

Only 2 agencies enter data into HMIS, the rest are DV providers and do not use HMIS. Monthly data quality reports are run to monitor data quality and to identify needs for any technical assistance from the HMIS lead so corrections can be made and data entered correctly in the future.

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	100%	100%	90%	10%
Transitional Housing	100%	100%	100%	50%
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)

In 2011 there were 131 sheltered homeless people and in 2012 there were 132 sheltered homeless people. We serve 7 rural mountain counties and attribute the fact there was no change to the continued high demand for shelter due to the fact our region continued to experience a high unemployment rate and continues to have an inadequate number of affordable housing units and section 8 housing vouchers.

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**	There is a critical need for more affordable housing including section 8 or other subsidized housing options in our CoC geographical area. The NC Housing Finance Agency released a report that shows that 69.9% of renters pay more than 30% for housing in Watauga County; 54.2% in Alleghany County; 48.8% in Avery County; 40.5% in Wilkes County; 39.7% in Ashe County; 29.1% in Mitchell County and 27.9% in Yancey County.
* **Services**	The biggest gap in services include mental health and substance abuse services, residential mental health and substance abuse services and long term facilities for those with disabling conditions that cannot live independently. The need for these services is due to a reduction of funding from the state.
* **Mainstream Resources**	The unemployment rate remains high so a current need is more employment and job placement resources.

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)

All domestic violence shelters as well as providers of emergency, transitional, and permanent supportive housing participated in the point-in-time count. A data form was completed for each individual staying at a non-HMIS shelter program the night of 1/25/12. A CoC rep contacted the 2 non-HMIS ES providers to collect data on the individuals that stayed in the shelter the night of the PIT count. Data from HMIS was used for shelters and programs participating in HMIS. The data forms from non-HMIS participating agencies and the HMIS data was then compiled and tallied for the shelter homeless PIT report.

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

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons. 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:	X
Interviews:	X
Non-HMIS client level information:	
None:	
Other:	

If Other, specify:

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)

All domestic violence shelters as well as providers of emergency, transitional, and permanent supportive housing participated in the point-in-time count. A data form which included the requested subpopulation data was completed for each individual staying at a non-HMIS shelter program the night of 1/25/12. A CoC rep contacted the 2 non-HMIS ES providers to collect data including subpopulation data on the individuals that stayed in the shelter the night of the PIT count. Data from HMIS including subpopulation data was used for shelters and programs participating in HMIS. The subpopulation data questions are included in agency intake forms and rely on the client interview and the intake staff person's expertise. The data forms from non-HMIS participating agencies and the HMIS data was then compiled and tallied for the shelter homeless PIT report.

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

Instructions:

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

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

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

If Other, specify:

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

All non-HMIS providers code each data form with the individual's initials and date of birth which is cross-referenced with other data forms in the unlikely event a sheltered individual is counted more than once. Since the sheltered homeless are staying in a shelter and a specific night is counted there is very little to no chance of an individual being counted at two different shelters or programs especially since there are so few shelters and programs in the CoC which covers over 2500 square miles. Agencies using HMIS verify on a daily basis each individual that utilized a bed and then insure the data in HMIS is correct and updated as needed.

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 CoC lead as well as provider agencies attended online PIT trainings prior to the PIT count. In addition, written resources and instructions from HUD were utilized. The data form used was the one developed and distributed by the state agency that oversaw the PIT count. The HMIS provider included the requested PIT data in the HMIS PIT report. All members of the CoC were trained on how to conduct both the sheltered and unsheltered count, including the documentation of data. The lead CoC agency distributed PIT instructions, the data forms and sent e-mail reminders to CoC provider agencies prior to the PIT count. Agencies that utilize HMIS insured that data for all that were sheltered the night of 1/25/12 were entered into HMIS and cross-referenced the report numbers with daily log sheets to insure accuracy. The data used was collected on the intake forms and was based on client interview and self-report as well as staff expertise. The CoC then followed up with each agency collecting data after 1/25/12 to collect the sheltered PIT data for tallying and reporting. As part of the tallying process, the codes (initials plus date of birth) on the data forms were compared to insure there were no duplications and this information was integrated with HMIS data for the final report.

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)

In 2011 there were 1061 unsheltered homeless people and in 2012 there were 1187 unsheltered homeless people. We serve 7 rural mountain counties and attribute the slight increase to better data collection techniques in addition to the fact our region continued to experience a high unemployment rate and continues to have an inadequate number of affordable housing units and section 8 housing vouchers.

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)

The only comprehensive provider of homeless services in the region completed a data form coded with initials and date of birth for each unsheltered individual that the agency was aware of which included counting the homeless in public places close to the agency. This agency was aware of many of the unsheltered as they use day services including meals and showers. The agency completed the data form based on history with the individual and/or interviews with individuals. In addition, the CoC lead worked with community service providers in all 7 counties in the CoC that covers 2511 square miles. PIT partner agencies included food banks, social service agencies, school systems, mental health agencies, and community action agencies. The PIT community partners were asked to complete a data form on homeless individuals and families that they were aware of. This is a rural area where the homeless are not as visible in public places as the unsheltered homeless are living in barns, abandoned cars, woods, wood sheds, storage sheds, other abandoned vehicles and campers so we made a greater effort to get more community service providers involved this past year. Each PIT partner agency was instructed on the definition of homelessness, provided with the data form, and instructed on how to collect the data including subpopulation data.

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

If Other, specify:

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

To reduce duplication the CoC counted the unsheltered for the same night (1/25/12). Since the CoC region covers 2511 square miles over 7 counties, the homeless generally do not access services across county lines. In addition, each data form was coded with initials and date of birth which was used when the data was tabulated to identify any duplicate individuals.

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)

With the new HEARTH Act homeless definition and the availability of rapid rehousing funds (though limited), the homeless service providers are working closely with community providers to identify unsheltered households with children and to work with them on a housing stability plan. The new centralized intake process identifies households faced with a housing crisis and the agency completing the assessment works to access mainstream resources to prevent homelessness. If homelessness cannot be prevented, the household is then evaluated for the level of services they need to obtain housing stability, which could include rapid rehousing through ESG, emergency shelter, or transitional housing services. In addition, homeless households with children are evaluated for eligibility for permanent supportive housing programs in the CoC with beds for households with children included in 3 of the CoC's permanent supportive housing programs. Affordable housing has been identified by many communities in the CoC as a critical need and several new initiatives are underway to expand the availability of affordable housing options for households with children, which will provide an additional housing resource for unsheltered households with children. An increase in funding for section 8 housing vouchers and/or rapid rehousing would play a significant role in reducing the number of homeless households with children.

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

Due to the large geographical area of the CoC which includes 7 rural counties covering 2511 square miles in northwestern NC, reaching and identifying people residing in the woods, barns, abandoned vehicles, wood sheds, storage sheds, campers and other places not meant for human habitation is extremely challenging. Often agencies are unaware of unsheltered homeless individuals until a crisis occurs. The homeless service providers in the CoC provide outreach programs in the community to educate the community and to train service providers on how to assist the homeless in accessing housing support services. In addition, Hospitality House, the only comprehensive provider of homeless services in the region offers supportive services including meals, showers, laundry, mental health and substance abuse counseling, and mail service to the homeless that choose not to access shelter services. It is through these services that the agency is able to develop a relationship with the unsheltered homeless and some of the unsheltered homeless will work with agency staff on a housing plan which may include coming into the emergency shelter, a transitional or permanent supportive housing program, or possibly rapid rehousing with the addition of rapid rehousing funding through ESG.

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? 0

In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 0

In 5 years, how many permanent housing beds
designated for chronically homeless persons are planned and will be available for occupancy? 0

In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 0

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 NWCoC has steadily increased the number of Permanent Supportive Housing beds with the funding from HUD over the past 8 funding cycles. Currently NWCoC direct services agencies manage 38 PSH beds and though these beds are not restricted to be exclusively used by the chronically homeless, these beds will be targeted to homeless and disabled individuals and families and the chronically homeless. Currently more than 50% of funding through the NWCoC is dedicated the Permanent Housing.

The NWCoC was also a recipient of the HPRP grant funding for the past three years and has used the Rapid Rehousing component to assist the homeless (including the chronically homeless) in all 7 counties served and will continue this program at a reduced level through the Emergency Solutions grant.

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)

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

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

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)

The increase in the number of permanent supportive housing beds to 38 has helped support those who are homeless including chronically homeless and the hard to serve homeless. As part of the continuum of care from emergency shelter to permanent housing for all, the NWCoC will work with the NC Interagency Council for Coordinating Homeless Programs to expand and enhance resources to help our region end chronic homelessness by 2015.

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?   77%

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?   80%

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?   83%

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?   85%

**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)**

The CoC homeless service providers will continue to work with community agencies to maintain the high percentage of homeless persons remaining in permanent housing for at least six months through the provision of supportive services that help participants successfully remain in permanent housing. Currently 77% of homeless persons in permanent supportive housing remain in PSH for longer than six months. One of the program targets the hard to serve homeless and they had 3 out of 4 residents move from one PSH program to another more independent PSH prior to 6 months and the 4th person moved into subsidized permanent housing. Overall the CoC PSH programs are effectively serving residents in permanent housing for longer than 6 months. In 12 months, the CoC fully anticipates being at or above 80% based on past history. This is one of our most successful programs.

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)

The CoC will continue to work with community agencies to maintain the high percentage of homeless persons remaining in permanent housing for at least 6 months by continuing to extend supportive services to residents in permanent supportive housing that will help them remain in their housing. In the next 12 months, the NWCoC PSH program plans to increase the percentage of participants remaining in CoC-funded permanent housing to 80%. In 5 years, the NWCoC plans to increase to at least 83% or better. In 10 years, the NWCoC plans to keep the percentage of homeless persons staying longer than 6 months to at least 85%. Evaluation of supportive housing programs will be completed annually to identify any needed changes to assist participants in maintaining their permanent housing. Each PSHP works with residents ready to exit the program on exiting with permanent housing and most residents when they exit have a Section 8 housing voucher.

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?   84%

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?   84%

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?   86%

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?   88%

**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)**

COC agencies demonstrated a 84% success rate in moving homeless individuals and families from transitional housing into permanent housing. With limited Permanent Supportive Housing beds in the region, some participants were successfully housed through other housing subsidy programs including Section 8. Agencies also attribute the 84% success rate to the comprehensive case management provided to participants.

Case managers work with individuals and families in emergency shelters to determine eligibility for transitional housing and assist in the development of individual goal plans. The Hospitality House places all families immediately into transitional housing so they have a stable living situation. Participants meet with case managers on a regular basis and track progress toward goals. Goals can include enrollment in the Section 8 voucher program and/or to secure employment to save funds while in subsidized transitional housing.

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

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

This effort was expanded through the Homeless Prevention and Rapid Rehousing program which awarded $1.3 million dollars from Oct. 2009 to Aug. 2012 in assistance to NWCoC agencies to prevent homelessness and move homeless individuals and families into housing quickly. Partner agencies offered flexible financial assistance as well as case management support for more than 1300 households over the life of the HPRP program in the seven county region of the NWCoC.

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?   38%

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?   25%

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?   28%

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 will take the following steps to exceed our 38% employment rate at exit: 1) partner with area employment and training programs to develop workforce opportunities for this population; 2) work with area agencies providing soft skills (computer skills, job-seeking skills, interview skills, etc) to enhance employability; and 3) provide case management to help clients to make a first step toward employer contact. Hospitality House currently hosts onsite GED classes and computer training to actively support all individuals able to work on obtaining and maintaining employment.

Unemployment in the region Nov'12: Alleghany 9.5%, Ashe 10.0%, Avery 10.9%, Mitchell 11.6%, Watauga 7.9%, Wilkes 10.1%, & Yancey 10.4%: most above the state average of 9.1%. North Carolina Housing Finance Agency (NCHFA) reported that the average hourly wage needed to afford a two-bedroom apartment would be $13.80 per hour vs. the current $7.25 minimum wage.

Dec'12 County unemployment rates released 1/18/13.

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

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? 84%

in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit? 60%

in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit? 65%

in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit? 70%

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 NWCoC case managers provide guidance and support for the HUD program participants and were able to exit 84% connected to mainstream benefits. These benefits included: supplemental nutritional assistance programs, Medicare and Medicaid, State Children's Health program, veterans services, SSI and SSDI, WIC and Section VIII vouchers. Many participants received temporary housing assistance through the HPRP program.

Case managers have done an excellent job connecting participants to mainstream resources and several agencies sent case managers to the SOAR training in 2012. The short-term plan to increase the percentage of participants enrolled in mainstream benefits is to continue to network with mainstream service provider staff to understand eligibility, procedures to refer individuals and families, and to advocate for benefits like TANF for domestic violence victims be reinstated. This mainstream resource was cut in 2012-13.

**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)**

HUD program staff will continue their work to connect participants to resources and the NWCoC will advocate at the State and Federal level and the state legislature to understand the impact of program cuts to individuals, families and children.

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?	292%
In 12 months, what will be the total number of homeless households with children?	290%
In 5 years, what will be the total number of homeless households with children?	280%
In 10 years, what will be the total number of homeless households with children?	250%

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

The number of homeless families remains high in the region (i.e. Poverty doubled in the past decade from 12% to 24% in Watauga County). The North Carolina Housing Finance Agency (NCHFA) reported in 2012 that Watauga County has the highest rent to income burden of any county in the State at 69.9%. In addition to the end of HPRP funding and a lingering high unemployment rate, Section 8 housing vouchers, when not frozen, are slow to release to new households off the lengthy waiting list. Each NWCoC agency will continue to partner with community agencies to identify families experiencing homelessness or are at risk for homelessness and refer them to needed services. We anticipate individuals and families experiencing homelessness will either increase or remain flat despite of our efforts to reduce the number of homeless families due to the loss of HPRP funds, lack of economic improvement in this rural area, and an inadequate supply of section 8 housing vouchers for the housing need.

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

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

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:**   0

**Indicate the number of projects the CoC intends to submit
for reallocation on the next CoC Application (FY2013):**   0

**Indicate the number of projects the CoC intends to submit
for reallocation in the next two years (FY2014 Competition):**   0

**Indicate the number of projects the CoC intends to submit
for reallocation in the next three years (FY2015 Competition):**   1

**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)**

The NWCoC steering committee voted in December 2012 to maintain the existing structure of the Continuum and provide a full continuum of services for homeless individuals and families. The distribution of emergency beds, transitional beds and permanent beds currently available provides the various types of housing offering different lengths of support to help the diverse needs of the homeless served. The NWCoC knows that dedicated support services are key to the success of the chronically homeless and other homeless individuals and families. The assistance to accessing key mainstream resources in imperative if a homeless person is able to successfully maintain stable housing.

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)

not applicable

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. The NWCoC coordinates with seven 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 who 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. NWCoC committee members collaborate with local school liaisons and DSS staff represented at meetings to coordinate necessary services.

**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 great 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, many individuals are not aware that they are eligible for these programs. NWCoC committee members and local homeless service providers will 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 programing done through local county Departments of Social Services. Other key stakeholders involved are NWCoC leadership, local homeless school liaisons, local Department of Social Services staff, 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" Other
mandated
policy or "CoC" adopted policy?

If "Other," explain:

All NWCoC agencies work closely with local hospitals on discharge planning. Since the hospitals are independent, and do not fall under a state office the same way that the MH hospitals, prisons, and foster care programs do, it has been more difficult to implement statewide procedures with hospitals in our NWCoC region as well as hospitals in other counties in North Carolina.

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

NWCoC agencies meet with hospital social workers on a regular basis. In addition, hospitals are encouraged to work with NWCoC agencies and other housing advocates to identify appropriate permanent housing placements for persons being discharged from the hospital.

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)

NWCoC agencies meet with hospital social workers and have identified the decrease in number of nursing home beds being funded by Medicaid as a significant gap in discharge planning and care for individuals needing a higher level of medical care. So the NWCoC partners continue to work with hospitals and other housing advocates to identify and track the level of unmet need and communicate with local and state level officials as to this problem in the community.

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 NWCoC Steering Committee members, homeless shelter staff, VA outreach workers, hospital social works and administrators and housing advocates.

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

Hospitals had discharged patients to nursing homes but due to changes in Medicaid reimbursements, the nursing homes will no longer be reimbursed for some of the patients they had served. In the past six months the emergency shelter has seen an increase in the number of calls from nursing homes to discharge patients they had accepted from health care facilities and in one case a patient was driven by adult protective services across county lines to drop off the patient at the emergency shelter.

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 NWCoC has 2 trained SOAR case managers targeting individuals with mental illness.

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 have moved to a managed care system and are looking to address this issue for individuals in their catchment areas. The NWCoC leadership will work with the Balance of State Regional Committees as they work with Managed Care Organizations 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 persons 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 Tenant-Based Rental Assistance 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, NWCoC leadership, 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 Continua; 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 NWCoC has 2 trained SOAR case managers who may work with individuals after they are discharged from corrections. 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, NWCoC steering committee, 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-offender 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.

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?   Not Applicable

If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan: The local jurisdictions that make up the NWCoC do not have Consolidated Plans.

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)

Since October of 2009 the CoC has partnered with Northwestern Housing Enterprises (NHE), the HPRP applicant organization, and designated several sub-contractors to serve each of the 7 counties and all domestic violence programs in the CoC. The CoC used their experience with HPRP to develop the coordinated centralized assessment system. In the summer of 2012 the NWCoC collaborated to support the application of the Emergency Solutions Grant (ESG) to apply for $120,000 to continue HPRP type activities. The NHE is the new fiscal sponsor to administer funds for Hospitality House, the agency implementing ESG for the CoC. All NWCoC partners have been trained and community agencies will be trained on the coordinated centralized assessment system and the tools used to refer households to community resources to prevent homelessness or to the new ESG program for Rapid Rehousing or shelter.

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 NWCoC region has been the beneficiary of CDBG grants in the past to expand emergency shelter beds. In addition the CoC was awarded ESG funding for emergency shelter services and rapid rehousing. Though NWCoC does not have a HUD VASH program, referrals are made to HUD VASH programs in the region. Veterans service staff provide education and training for the NWCoC partners regarding services and access. There are no local NSP initiatives at this time, and members of the CoC serves on two local affordable housing committees.

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

Yes

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

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

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 homeless assistance providers in the Northwest CoC through their case management staff maintain an ongoing relationship with the school systems for a seamless enrollment process for identified homeless school age children. Often it is school personnel who refer homeless families to homeless assistance providers for the provision of homeless services including shelter. At least annually, the case management staff meets with the school personnel that work with identified homeless students to review and discuss the policy and procedures for enrolling homeless children and to discuss coordination of other needed services. Case managers assist with the arrangement of transportation to and from school. Tutoring, if needed, is arranged and a quiet location for homework is provided at the shelters. Most shelters now provide school-age children access to a computer. All homeless assistance providers also connect families to resources for needed school supplies and clothing. In addition, extracurricular activities to foster social relationships and esteem building are arranged with the family's input.
Currently the Hospitality House is participating in an innovative after school program through Appalachian State University called Kaleidoscope. Kaleidoscope is a free ASU campus-based after-school tutoring/enrichment program offered by the Reich College of Education.

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)

Shelters in the NWCoC region are committed to serving homeless families and have policies not to separate families while in shelter. The transitional housing and permanent supportive housing give priority to families in the units as more homeless persons can be housed in the one unit.

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

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

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)

When a homeless youth presents, the practice is to contact the local Department of Social Services (DSS) and make a child protective service referral. Generally, the local DSS will attempt to make contact with the legal guardian and either take the youth into custody or allow the youth to reside at the shelter. This is especially the case with youth close to 18 years of age and for older run-away youth. All youth receive case management services. Case managers work with youth on developing goals and accessing needed services related to obtaining a stable source of income and a developing a housing plan.

Has the CoC established a centralized or coordinated assessment system?   Yes

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

The CoC has established a coordinated centralized assessment process that began with the HPRP program and was updated prior to the CoC's application for the Emergency Solutions Grant. The CoC serves 7 rural mountain counties; however, there is only one nonDV comprehensive homeless service provider, so all non-DV referrals come to one agency. 100% of the CoC partner agencies participate in the centralized assessment system which assesses the housing crisis and determines the most appropriate level of service. The centralized intake is physically housed at Hospitality House, the only non-DV comprehensive homeless service provider. Each DV program uses the centralized assessment to determine the appropriate intervention and makes referrals to Hospitality House as needed for Rapid Rehousing or other homeless services.

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

Since the agency coordinating ESG is also a member of the NWCoC steering committee (and currently the lead agency) the CoC provided input as to the development of the new Emergency Solutions Grant program when the grant application was submitted. It was determined that the most cost-effective use of the limited resources would be to house the program in one agency (minimizing staff overhead) and collaborate with the seven domestic violence shelters in the NWCoC region to assist with the centralized coordinated assessment system in each county. Northwestern Housing Enterprises serves as the fiscal sponsor for the $120,885 for rapid rehousing for families and individuals in the seven counties served. Each year the NWCoC will assess the outcomes of the program and ways that the $120,885 in ESG allocation to our seven counties can be most cost-effectively distributed in the region.

**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)**

Because the NWCoC is comprised of representatives from each of the homeless programs and target populations, many of the service providers in the region were involved in the application of the ESG proposal and are familiar with eligibility criteria and participate in the coordinated centralized assessment system. As part of the PIT in 2013, the coordinators when collecting data from community service providers who contribute, they will provide detailed information about the new ESG program, and how to access this resource.

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 vision of the Northwestern Continuum of Care to create a seamless, comprehensive continuum of services in a seven county region in the rural mountains of North Carolina to:
•   Prevent and end homelessness in Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes and Yancey counties.
•   Coordinate emergency shelters, transitional, rapid rehousing and permanent housing programs as well as supportive services for homeless individuals, families and at-risk populations.
•   Provide the skills, tools and access to mainstream resources necessary to foster self-sufficiency for the formerly homeless and other at-risk populations.
The NWCoC has been developing this system since 1992 when the first HUD transitional housing program opened in Boone. The NWCoC has been meeting monthly since to collaborate, coordinate, and develop the system to try and meet the demand for shelter and services in seven rural counties in northwestern North Carolina covering 2511 square miles.

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

The NWCoC does not have its own Consolidated Plan and most recently participated in The State of North Carolina Consolidated Plan 2011-2015. Each time the plan is updated or has a substantial amendment to the current plan, the NWCoC contributes information and data to be incorporated into the State Consolidated Plan through the public hearing or public comment process.

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

The NWCoC currently does not have a 10-year plan to end homelessness. This has been a challenge for the NWCoC since we serve 7 rural mountain counties covering 2511 square miles and do not have the staff or resources to develop a plan. The NWCoC uses the State Consolidated Plan as a guiding document to address affordable housing needs in the 7 counties we serve. In addition, the NWCoC works with the North Carolina Coalition to End Homelessness and implements best practices and new strategies to serve homeless households. The NWCoC adds permanent supportive housing units when funding is available as this has been a very successful model to help the homeless with a disabling condition achieve housing stability. Recent NWCoC initiatives include the HPRP program through ARRA and the Rapid Rehousing Program through the Emergency Solutions Grant program. The NWCoC works closely with the Northwestern Regional Housing Authority in planning and implementing affordable housing initiatives in each of the 7 counties that the NWCoC serves. One of the NWCoC members is also a Boone Town Council member and actively advocates for the needs of the homeless in this region at both the local and State level. One local jurisdictional partner (the Town of Boone) unanimously voted to support to approve the application of a low-income housing tax credit project to build 72 united in the town limits. There was zero opposition to this low income housing project.

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

The NWCoC will work toward the goals outlined in the Federal Open Door plan through the following strategies:
*Increasing leadership and collaboration: The NWCOC agencies will meet with local elected officials to provide information about the local need, numbers served, challenges and opportunities.
*Increasing access to stable and affordable housing: The NWCoC has partnered with the High County United Way in their 2 year strategic planning Vision Councils to outline housing and income needs for Watauga and Avery counties.
*Increasing economic security: The new ESG program will provide this type of financial support while case managers work with individuals to increase their access to community resources (Employment Security Commission and Vocational Rehabilitation programs in each county i.e. like Watauga Opportunities to increase skills and employability.
*Improving health and stability: The Hospitality House has partnered with the Community Care Clinic to expand mental health services for those living in their homeless shelter.

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 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)**

Since the agency coordinating ESG is also a member of the NWCoC steering committee (and currently the lead agency) the CoC provided input as to the development of the new Emergency Solutions Grant program when the grant application was submitted. It was determined that the most cost effective use of the limited resources would be to house the program in one agency (minimizing staff overhead) and collaborate with the seven domestic violence shelters in the NWCoC region to assit with the centralized coordinated assessment system in each county. Each year the NWCoC will assess the outcomes of the program and ways that the $120,000 in ESG allocation to our seven counties can be most cost effectively distributed in the region.

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)**

not applicable

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

not applicable

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?   No

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	2	**Beds**	0	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	87	**%**	77	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	75	**%**	84	**%**
Increase the percentage of homeless persons employed at exit to at least 20%	22	**%**	38	**%**
Decrease the number of homeless households with children	200	**Households**	296	**Households**

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

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 we did not reach our goal to create 2 new chronically homeless permanent beds in 2011, we did add 9 new permanent housing beds in March 2011 after construction delays. Those beds are for hard to serve disabled homeless, including but not limited to chronically homeless individuals and families. We also anticipated a homeless advocacy group to create 3 additional permanent housing beds but their plans did not work out this year with the economy still feeling the affects of the recession. Our Permanent Supportive Housing Programs remain very successful in helping persons stay in permanent housing. Though we are reporting 77% based on our APR numbers, another 12% were new to the program at the time of the APR but went on to stay over 6 months. Also, four out of five leavers under 6 months moved either to another more independent permanent supportive housing program or into subsidized permanent housing. Their movement before 6 months affected our APR numbers negatively but met the intended goal of remaining in permanent housing longer than 6 months.

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

In October the annual APRs were evaluated by independent reviewers and tabulations of outcomes presented to the NWCoC steering committee. The 2012 approval and ranking of projects was based on APR performance.

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

The NWCoC recipient agencies utilize best practices research when developing case management training for all staff who provide support and referral for clients in housing programs. The CoC is working to develop more effective screening tools to ensure the best applicants are selected for housing programs.

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

In one instance a project was transferred to another agency that had the capacity to more effectively implement the program.

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
0	0	$0
0	0	$0
0	0	$0
0	0	$0
0	0	$0
	Total	$0

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

The HMIS system is utilized to track all client information. The domestic violence shelters have individual database systems that track the length of stay for each clients and family.

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)

As the NWCoC partner agencies are the primary homeless service providers in the region, their offices are the front line for contacts and referrals from the community when homeless individuals and families present. In addition to HMIS, agencies maintain a person served worksheet or data base which tracks each epsiode of homelessness. The CoC has experiences very little repeat episodes of homelessness for those in THP or PSHP.

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 annual Point-in-Time count serves two purposes - one is to collect data from community partners as to the level of homelessness in each County and two - as an outreach opportunity by NWCoC partner agency staff to educate community partners and school systems as to new programs (such as when the HPRP program began) and again with the next point in time count (January 2013) to provide information about the new Emergency Solutions Grant program. WeCAN a homeless prevention program actively solicits communities of faith for both resources as well as raising awareness of the need and how to access services.

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 NWCoC meets with local elected officials to raise awareness as to the effect of the collapse of local mental health services and the impact this has had on increasing homelessness in the region. The rural mountains have experienced a doubling of the poverty level since 2000 and this has dramatically increased the needs for housing assistance. Unfortunately, the continued high unemployment despite some economic recovery and philosophy of our elected officials in our state legislature to cut programs and critical funding has trickled down to the local front lines. The Vision Council, an initiative of the High Country United Way, is addressing health care, education, and income issues. The income group is focusing on affordable housing and is planning a housing summit for late spring 2013.

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

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)

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

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	30	2
2011	6	2
2012	91	0

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

The CoC utilizes the federal definitions and tracks this data in the CHIN system except for the Domestic Violence shelters. They utilize their internal database and have been educated as to the Federal definition of chronically homeless and report this information during the annual point in time count reporting as well on the APRs.

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:   0

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

The increase in the number of chronically homeless in the region is attributed to several factors. A major 50-year old MH/SA/DD service provider went bankrupt in the fall of 2011 and state funding cuts to new and remaining providers of services to persons with MH/SA/DD were severe in 2012 with the elimination of funds to support the operation of housing specifically for persons in substance abuse treatment. In addition, the legal aid office that had operated in Boone for more than 30 years closed in September of 2011 and now individuals do not have any legal recourse with landlords. The doubling of poverty in these rural mountain communities in the last 10 years has impacted those who struggle for housing and stability.

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	$0	$0	$0	$0	$0
Total	$0	$0	$0	$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)	16
b. Number of participants who did not leave the project(s)	31
c. Number of participants who exited after staying 6 months or longer	11
d. Number of participants who did not exit after staying 6 months or longer	25
e. Number of participants who did not exit and were enrolled for less than 6 months	6
TOTAL PH (%)	77

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	55
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	46
TOTAL TH (%)	84

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: 45

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	21	47%
Unemployment insurance	1	2%
SSI	4	9%
SSDI	6	13%
Veteran's disability	0	0%
Private disability insurance	0	0%
Worker's compensation	0	0%
TANF or equivalent	0	0%
General assistance	0	0%
Retirement (Social Security)	1	2%
Veteran's pension	1	2%
Pension from former job	0	0%
Child support	0	0%
Alimony (Spousal support)	0	0%
Other source	3	7%
No sources (from Q25a2.)	15	33%

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: 45
Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	32	71%
MEDICAID health insurance	6	13%
MEDICARE health insurance	3	7%
State children's health insurance	0	0%
WIC	1	2%
VA medical services	0	0%
TANF child care services	0	0%
TANF transportation services	0	0%
Other TANF-funded services	0	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	3	7%
Other source	2	4%
No sources (from Q26a2.)	7	16%

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:

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

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

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

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

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

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

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

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

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

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

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

Has the CoC participated in SOAR training? Yes

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

2/29-3/1/12 - Hickory

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:	100%
Service providers meet with individuals to evaluate eligibility for programs and facilitate access to	

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

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

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

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?   No

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?   No

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	NWCoC516Certifica...	01/17/2013
CoC-HMIS Governance Agreement	No	HMISAgreement2012...	01/17/2013
Other	No	CentralizedIntake...	01/17/2013
Other	No	NOFAAnnouncementa...	01/17/2013
Other	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: NWCoC516CertificationofConsistency

Attachment Details

Document Description: HMISAgreement2012-2013

Attachment Details

Document Description: CentralizedIntakeForm

Attachment Details

Document Description: NOFAAnnouncementandProjectRequest

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/16/2013
1C. Committees	01/07/2013
1D. Member Organizations	01/06/2013
1E. Project Review and Selection	01/16/2013
1F. e-HIC Change in Beds	01/16/2013
1G. e-HIC Sources and Methods	01/16/2013
2A. HMIS Implementation	01/11/2013
2B. HMIS Funding Sources	01/16/2013
2C. HMIS Bed Coverage	01/10/2013
2D. HMIS Data Quality	01/16/2013
2E. HMIS Data Usage	01/10/2013
2F. HMIS Data and Technical Standards	01/11/2013
2G. HMIS Training	01/10/2013
2H. Sheltered PIT	01/16/2013
2I. Sheltered Data - Methods	01/16/2013
2J. Sheltered Data - Collections	01/16/2013
2K. Sheltered Data - Quality	01/11/2013
2L. Unsheltered PIT	01/11/2013
2M. Unsheltered Data - Methods	01/16/2013
2N. Unsheltered Data - Coverage	01/11/2013
2O. Unsheltered Data - Quality	01/11/2013
Objective 1	01/16/2013
Objective 2	01/16/2013
Objective 3	01/16/2013
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	01/16/2013
3B. CoC Discharge Planning: Corrections	01/16/2013
3C. CoC Coordination	01/16/2013
3D. CoC Strategic Planning Coordination	01/16/2013
3E. Reallocation	01/07/2013
4A. FY2011 CoC Achievements	01/16/2013
4B. Chronic Homeless Progress	01/11/2013
4C. Housing Performance	12/17/2012
4D. CoC Cash Income Information	12/17/2012
4E. CoC Non-Cash Benefits	12/17/2012
4F. Section 3 Employment Policy Detail	12/17/2012
4G. CoC Enrollment and Participation in Mainstream Programs	01/16/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/03/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/17/2013
Submission Summary	No Input Required

Certification of Consistency
with the Consolidated Plan

**U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con   solidated Plan.
(Type or clearly print the following information:)

Applicant Name:	Hospitality House of the Boone Area, Inc.
Project Name:	Northwestern Continuum of Care
Location of the Project:	Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, and Yancey Counties
	c/o Hospitality House
	PO Box 309, Boone, NC 28607
Name of the Federal Program to which the applicant is applying:	HUD Continuum of Care Homeless Assistance Program (CFDA 14.267)
Name of Certifying Jurisdiction:	State of North Carolina
Certifying Official of the Jurisdiction Name:	Richard B. Self
Title:	Acting Director, Community Assistance, NC Dept. of Commerce
Signature:	
Date:	1/15/2013

form **HUD-2991** (3/98)

Northwest Continuum of Care
CoC Projects Applications
2013 Renewals

	Grantee Name	Project Name	Project Number	Component	Location	Amount
1	Hospitality House of the Boone Area, Inc.	SSO Homeless Outreach Project Supportive Housing Program	NC0111B4F161104	SSO	338 Brook Hollow Road, Boone, NC	$29,735
2	Opposing Abuse with Service, Information and Shelter	Oasis Edgecliff Permanent Housing Program	NC0112B4F161104	PH	225 Birch St. Suite 4 Boone, NC	$70,841
3	Hospitality House of the Boone Area, Inc.	Rock Haven Permanent Housing Program	NC0114B4F161104	PH	338 Brook Hollow Road, Boone, NC	$32,567
4	Northwestern Housing Enterprises, Incorporated	Wintergreen Permanent Housing Program	NC0116B4F161104	PH	Wilkesboro, NC	$33,647
5	Opposing Abuse with Service, Information and Shelter	OASIS Transitional Housing	NC0113B4F161104	TH	225 Birch St. Suite 4 Boone, NC	$29,875
6	Hospitality House of the Boone Area, Inc.	Hospitality House Transitional Supportive Housing Program	NC0115B4F161104	TH	338 Brook Hollow Road, Boone, NC	$31,777
7	Hospitality House of the Boone Area, Inc.	Scattered Site Permanent Housing Program	NC0140B4F161103	PH	338 Brook Hollow Road, Boone, NC	$36,248
8	Hospitality House of the Boone Area, Inc.	Hospitality House Permanent Housing Program for the Hard to Serve Homeless	NC0168B4F160900	PH	338 Brook Hollow Road, Boone, NC	$17,936
	NWCoC Total HHN					$282,626

New Proposed Projects

	Grantee Name	Project Name	Project Number	Component	Location	Amount
9	Smoky Mountain Center	SMC North Permanent Housing Program Rental Assistance	New	PH Bonus	895 State Farm Road Suite 507 Boone, NC	$32,498
10	Hospitality House	Northwest CoC Planning Project	New	Planning	338 Brook Hollow Road, Boone, NC	$10,000
	NWCoC New Project Total					$42,498

Determination of Certification
Non-PHA

General Information

Organization Name: <u>Hospitality House of the Boone Area, Inc. on behalf of the Northwestern Continuum of Care (NWCoC)</u>

Executive Director/CEO Name and Phone # <u>Lynne Mason (828) 264-1237</u>
Email Address of Executive Director :
<u>director@hospitalityhouseofboone.org</u>

Fiscal Year Beginning (MM/YYYY) : <u>07/2012</u>

Type of Plan for Review: Other Special Project (Enter Name) <u>HUD Continuum of Care Homeless Assistance Program (CFDA 14.235) Supportive Housing Program</u>

___ Annual Plan Only ____ Five Year and Annual Plan ___ 5 Year Plan Only ____ ROSS GRANT

Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
X	CDBG	Hospitality House	$600,000	2009-10
X	Emergency Solutions Grant	Hospitality House	$142,290	2012-2013
	HOME Funds	Northwestern Housing Enterprises, Inc.	$885,000	2011
	IDA Funds			
	HOPWA			
	Tax Credit Financing	Northwestern Housing Enterprises, Inc.	$4,602,671	2011
	Down Payment Assistance			

Is your agency a non-profit agency _____ YES __X__ NO
a) Year Started :   <u>1992</u>
b) Board Chair   <u>Lynne Mason</u>

If not please describe type of agency: _Our Continuum is a group of non-profit service providers in Region D and the NWCoC is not a legal entity._

c) **Briefly Describe the mission of the agency and funding sources used to support agency.**
   The Northwestern Continuum of Care is a group of homeless service providers serving Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, and Yancey counties in the North Western mountains of North Carolina. The agencies include: Hospitality House of the Boone Area, Inc., Smoky Mountain Center, Easter Seals, OASIS, Inc. (Opposing Abuse with Service, Information and Shelter) and Northwestern Regional Housing Authority, W.A.M.Y. (Watauga, Avery, Mitchell and Yancey) Community Action. Each agency receives Federal, State, Local, governmental grants, United Way funds and donations from individuals, and community groups to support the mission of each agency which is to provide support and housing services for homeless and low-income individuals and families in our region .

Affordable Housing

1) What is your agency currently doing to promote affordable housing?
   Our NWCoC works to create housing opportunities for the chronically homeless, homeless individuals and homeless families in a seven county region. Service providers working on this effort include: the local homeless shelter; domestic violence shelters; mental health service provider; housing authority and a community action agency; housing development agency; elected officials; as well as homeless advocates and other community volunteers. The Housing Authority has worked within the Continuum and has developed four supportive housing projects in the region creating 30 new units for the homeless in the past 8 years. NHE sponsored and developed 41 dwelling units for seniors and persons with disabilities one block off of Main Street in Historic Downtown Wilkesboro, NC known as HISTORIC WILKESBORO SCHOOL. The development involves full historic renovation of the old school with a complimentary new construction component. NHE successfully garnered the NCHFA funding amounts shown as "HOME Funds", the "Tax Credit Financing" and State "Tax Credits" for this initiative which was completed and occupied mid 2012 The Town of Boone approved a proposed 72 unit affordable housing complex rezoning request which will be submitting an application through the NCHFA for the low income housing tax credit program spring 2013.

2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?
   The Housing and Urban Development Supportive Housing Program requires Compliance with the Consolidated Plan. In years past, individual agencies applying for funding requested individual certifications, last year the process changed and now the Continuum of Care applies for one certification to cover the Continuum projects of individual agencies.

FAIR HOUSING

1) How does your agency promote fair housing and ensure fair housing law is implemented?

Each agency in the NWCOC that provides housing services has guidelines and procedures in place to insure compliance with federal and state laws that apply to housing. In addition, the agencies attend trainings and provide in service trainings to staff members on fair housing laws. Our local Housing Authority works with over 600 landlords in the seven county region to promote fair housing practices. Homeless service providers work with individuals moving into housing and will refer clients to Legal Aid if they feel that their rights have been violated.

2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.

None

3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?

None

North Carolina Department of Commerce Community Investment and Assistance (CI)

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from CI but from the local government that received funding from CI. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
	Scattered Site			
	Infrastructure			
	Urgent Needs			
	IDA Funds			
	Capacity Building			
	Economic Development			

	Housing Development	$175,000	1999	Northwestern Regional Housing Authority (NRHA)
	NSP 1 Funding			
X	CDBG Contingency Funds	$ 600,000	2009	Hospitality House

Briefly describe how funding from CI to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.

The Hospitality House of the Boone Area used the funding to create: 9 new permanent supportive housing beds; 11 new transitional housing beds; and 7 new emergency shelter beds. The funding helped the Hospitality House increase their capacity by 77%.

North Carolina Housing Finance Agency

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Urgent Repair			
X	Single Family Rehab	$200,000	2010	WAMY
	Housing 400 Initiative			
X	Tax Credits	$285,571	2006	Northwestern Housing Enterprises, Inc. (NHE)
X	Tax Credits	$1,546,611	2010	NHE
	Down Payment Assistance			
	IDA Loan Pool			
X	New Homes Loan Pool	$60,000	2006	NRHA
	Duke Home Energy Loan Pool			
X	Homeless Prevention and Rapid Re-Housing	$1,300,000	2009	NHE

X	Supportive Housing Development Program	$400,000	2002	Hospitality House
X	Supportive Housing Development Program	$1,000,000	2009	Hospitality House
X	Supportive Housing Development Program	$294,000	2011	OASIS

Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.

HPRP funding (funded by NCHFA and NCOERI) was awarded in 2009 to the Northwestern Housing Enterprises, Inc (NHE). NHE is the sub-grantee and OASIS, Hospitality House, WAMY and New River were the sub-contractors to NHE to provide homeless prevention and rapid rehousing services and financial assistance for the homeless or those at risk of becoming homeless if not for this assistance. NHE wrapped up this three year HPRP initiative September 2012.

The Hospitality House received two grants from NCHFA: in 2002 funds were used to develop a permanent housing program with 8 efficiency apartments and in 2009 the grant was awarded to consolidate three of Hospitality House's shelters into one new facility and increase capacity by 77%.

Northwestern Regional Housing Authority (NRHA) and NHE utilized funding to develop affordable rental housing and to develop affordable homeownership housing that was both energy efficient and environmentally friendly.

NRHA beginning late 2010 is annually funded for two home foreclosure prevention initiatives of NCHFA. The first is "MPP" the Mortgage Payments Program funded through US Treasury stimulus dollars which provides zero interest deferred second mortgages to qualified households. The second initiative, formerly housed at the Office of State Commissioner of Banks, is NCHFA's SHFPP program (State Home Foreclosure Prevention Program). It provides stays on foreclosure and mortgage modifications for qualified households.

OASIS completely rehabilitated and expanded the domestic violence shelter with the funding from NCHFA.

Emergency Solutions Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Homeless Prevention			
X	Operations	$120,885 Rapid Rehousing	2012-2013	Hospitality House
X	Operations	$28,405 Emergency Shelter	2011-2012	Hospitality House
	Supportive Services			
X	WAP	$273,358	2011	WAMY
X	CSBG	316,826	2009	WAMY
X	CSBG	$239,505	2011	WAMY

Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.

ESG funding is used to provide shelter for homeless individuals and families in the region and has added a Rapid Rehousing Program to rehouse homeless households.

WAMY Community Action receives CSBG funding to provide self-sufficiency support services (including case management, financial assistance and counseling) low income families in Watauga, Avery, Mitchell and Yancey counties. WAMY also administers the Weatherization Assistance Program for low income households in Watauga, Avery, Mitchell and Yancey counties.

HOPWA

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Rental Assistance			
	Short Term Supportive Housing			
	Community Residence			

Briefly describe how funding from HOPWA to your agency is used to promote goals and objectives of the 2011-2015 Consolidated Plan.

n/a funding not available in our Continuum.

_____

_____

_____

_____

_____

_____

Please list any other additional funding sources that your agency is receiving from any other **state agencies.** Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

Agency	Program/Funding Amount	Contact Person
OASIS, Inc.	Governors Crime Commission $120,000	Wes Walters
	Family Violence Prevention $19,000	Glorina Stallworth
	Council for Women $95,000	Kathleen Balough
	Rape Prevention Education $48,000	Ann Caughran
WAMY Community Action		
Department of Commerce /State Energy Office	Weatherization Assistance ARRA/ $853,052	Harold Davis
Department of Commerce /State Energy Office	Weatherization Assistance/ $155,299	Harold Davis
NC DPI	21st Century Community Learning Center / $58,500	Deborah Prickett
Department of Commerce /State Energy Office	Heating Repair and Replacement/$57,539	Harold Davis
DHHS/ Office of Economic Opportunity	CSBG ARRA/ $239,505	Verna P Best, Interim Director
US Small Business Admin.	MicroLoan $35,812	Daniel Upham
Northwestern Regional Housing Authority		
NC Commissioner of Banks	State Home Foreclosure Prevention Project $25,000	Tami Hinton
	MPP $1,800,000 (2011)	Rick Lee
	SHFPP $18,000 (2011)	Mary Holder
Attorney General Settlement	NC Housing Finance Agency $191,045	Kier Morton-Manley

Certification

I __Lynne mason_____ (Executive Director) certify that information reported in this form is accurate and true for __Hospitality House of the Boone Area, Inc. on behalf of the NWCoC__ (agency name) on __January 2013__ (mm/yyyy)

_____   ____1/2/13_____
Director   **Date**

Please mail forms back to:

North Carolina Community Investment and Assistance
Attn: L. Marcela Vargas, Community Development Specialist
100 E. Six Forks Road
4313 Mail Service Center
Raleigh, NC 27699-4313

NORTH CAROLINA
HOUSING
C O A L I T I O N

EDUCATING *and* ADVOCATING *for* CHANGE

NORTH CAROLINA HOUSING COALITION
CAROLINA HOMELESS INFORMATION NETWORK

HOMELESS PREVENTION RAPID RE-HOUSING / HOMELESS MANAGEMENT INFORMATION SYSTEM
AGENCY PARTICIPATION AGREEMENT

This Participation Agreement (this "**Agreement**") is entered into as of July 1, 2012 – June 30, 2013 between the North Carolina Housing Coalition (collectively, "**Lead Organization**") and Hospitality House of Boone ("Participating Agency") regarding access and use of the Carolina Homeless Information Network ("**CHIN**") Homeless Management Information System ("**HMIS**")

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 at Participating Agencies throughout the region to share information about common clients.

Goals of the CHIN HMIS include:
1. Expediting client intake procedures,
2. Increasing case management and available administrative tools,
3. Improving referral accuracy, and
4. Creating a tool to follow demographic trends and service utilization patterns.

Communities can use the 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 project is administered by the Lead Organization, which will serve as the liaison between Participating Agencies and Bowman Systems, Inc., the developer of the CHIN HMIS.

II. LEAD ORGANIZATION RESPONSIBILITIES

1.   Lead Organization 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. Lead Organization will provide the CHIN Statement of Privacy Practices, Client Release, and other forms for use, in conjunction with Participating Agency forms, in local implementation of the CHIN HMIS functions.
3. Lead Organization 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. Lead Organization will provide basic user support and technical assistance (i.e., general trouble-shooting and assistance with standard report generation) as more particularly described in CHIN's policies and procedures, as the same may be amended from time to time ("Policies and Procedures").
5. Lead Organization's publication practice 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 Agency will comply with all applicable federal and state laws regarding protection of client privacy.
2. The Participating Agency will 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 2010 Homeless Management Information System (HMIS) Data Standards.
3. The Participating Agency will 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 Agency will 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 Agency will comply with all Policies and Procedures pertaining to protection of client privacy.

B. Client Confidentiality

1. The Participating Agency agrees to have posted and make available a copy of the CHIN Statement of Privacy Practices to consumers. The Participating Agency will provide a written and/or verbal explanation of the CHIN HMIS and the CHIN Statement of Privacy Practices and will arrange for a qualified interpreter/translator in the event that an individual is not literate in English or has difficulty understanding the CHIN Statement of Privacy Practices or associated consent form(s).
2. The Participating Agency will 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 Agency will not 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 Agency will 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 Lead Organization, 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 Agency agrees that it will ensure that all persons issued a User ID and Password will complete a formal training on privacy and confidentiality and demonstrate mastery of that information, prior to activation of their User License.

6.   The Participating Agency agrees to accept electronic communications from the North Carolina Housing Coalition, Carolina Homeless Information Network concerning network operations, standard operating policies and procedures, and decisions of the Advisory and/or Steering Committees.

7.   The Participating Agency 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.

8.   The Participating Agency agrees to allow the North Carolina Housing Coalition to share de-identified, data quality reports with Continuum of Care leadership, HUD Greensboro Field Office staff, HUD Technical Assistance providers, the NC Department of Health and Human Services, the CHIN Advisory and Steering Committees, and other agencies that have a contractual agreement with the North Carolina Housing Coalition, as needed to assist the agency in reaching desired data entry milestones.

C. Inter-Agency Sharing of Information

1.   The Participating Agency acknowledges that all forms provided by Lead Organization 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 Lead Organization before being used. The Participating Agency will review and revise (as necessary) all forms provided by the Lead Organization to assure that they are in compliance with the laws, rules and regulations that govern its organization.

2.   The Participating Agency agrees 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 Agency acknowledges 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 Lead Organization.

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 Agency 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 Lead Organization 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, and Lead Organization 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 with a minimum of ninety days notice. CHIN HMIS will provide assistance to Participating Agencies during this time frame to ensure that the Participating Agencies have appropriate access to client data and to statistical and frequency data that would enable them to obtain and store the data in an accessible electronic format. In the event that the Participating Agency is unable to obtain the data on its own, CHIN HMIS will provide the data in an agreed electronic format on acceptable media prior to the archival of the system. Upon approval from the Participating Agency that the stored data has been transfered , the information collected by the centralized server will be purged or appropriately stored. In the event that Lead Organization 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 Agency will not permit User ID's and Passwords to be shared among users.

2.   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 . will make the appropriate change to the client consent in the CHIN HMIS and if unable or unsure of how to do so, will contact the Lead Organization, which will then make the change.

3.   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 Lead Organization with respect to the deletion of the record, which will be sent to Lead Organization for de-activation of the client record.

4.   The Participating Agency will enter all minimum required 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 Agency will enter data in a consistent manner, and will strive for real-time, or close to real-time, data entry.

6.   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 Agency will not knowingly enter inaccurate information into the CHIN HMIS.

8.   The Participating Agency will utilize CHIN for business purposes only.

9.   The Participating Agency will keep updated virus protection software on Agency computers that accesses CHIN.

10. 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. Notwithstanding any other provision of this Agreement, the Participating Agency agrees to abide by all Policies and Procedures.

V. PUBLICATION OF REPORTS

1. The Participating Agency agrees that it may only release aggregated information generated by the CHIN HMIS that is specific to its own services.

2. The Participating Agency acknowledges that the release of aggregated information will be governed through the Policies and Procedures.

VI. DATABASE INTEGRITY

1. The Participating Agency will not share assigned User ID's and Passwords to access CHIN with any other organization, governmental entity, business, or individual.

2. The Participating Agency will not intentionally cause corruption of CHIN 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 Lead Organization makes no warranties, expressed or implied. Except to the extent arising from the gross negligence or willful misconduct of the Lead Organization, the Participating Agency, at all times, will indemnify and hold Lead Organization 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 Participating Agency 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 Participating Agency will also hold Lead Organization 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. Lead Organization 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 Lead Organization. Lead Organization 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 Lead Organization.

3. The Participating Agency agrees to 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. 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.

2. The Participating Agency shall not transfer or assign any rights or obligations under the Agreement without the written consent of Lead Organization.

3. 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.7; provided, however, that the Lead Organization 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.

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

5. Lead Organization may assign this Agreement upon written notice to the Participating Agency.

6. Participating Agency will be billed separately for applicable basic network access, technical support and service, and reports. Advanced technical support and service may be billed separately on a cost recovery basis, pending CHIN Advisory and Steering Committee approval. Participating Agency will make payment to the North Carolina Housing Coalition.

7. This contract covers the period of **July 1, 2012 to June 30, 2013.**

Please sign this contract and return to our office at your earliest convenience. A signed contract <u>must be on file</u> in our office to ensure compliance with HUD HMIS/HPRP requirements.

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

Or

FAX Signature Page to: (919) 881-0350

BY SIGNING BELOW, these parties have entered into this **2012-2013** agreement:

LEAD ORGANIZATION

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

By: _Chris Estes_

Date: July 1, 2012

Name: <u>CHRIS ESTES</u>

Title: <u>EXECUTIVE DIRECTOR</u>

PARTICIPATING AGENCY

Date: _August 1 2012_

Hospitality House of Boone (Agency Name),

A _Homeless Shelter_ (Program Type).

By: _Lynne O Mason_ (Signature)

Name: _Lynne O Mason_

Title: _Executive Director_

Address: _PO Box 309 / 338 Brook Hollow Road_

Address: _Boone NC 28607_

E-mail: _director@hospitalityhouseofboone. org_

Phone : _828-364-1237_

FAX : _828-265-2541_

Name: _____ County: _____ Date: _____

Triage for Emergency Housing

Homeless Assessment

1. What brought on your current housing crisis? (Describe on back of this form)
2. Where did you stay last night? _____
3. **Cat. 1** Literally Homeless: Are you living in a public or private place not meant for human habitation(car, park, streets, abandoned buildings) _____ or in a publicly or privately operated shelter _____
4. **Cat. 2** Imminent Risk of Homelessness: Will you lose your primary nighttime residence within the next 14 days? _____
5. **Cat. 3** Homeless under other Federal Statutes (unaccompanied youth and families with children and youth defined as homeless under other federal statutes): Have you not had permanent housing over the past 60 days and have you stayed in at least 2 different locations over the past 60 days? _____
6. **Cat. 4** Fleeing/Attempting to Flee DV: Are you a person fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the yourself or a family member? _____
7. Are you safe in your current living situation? _____
8. Is there anyone else you and your family could stay with for at least the next 3 – 7 days if you were able to receive case management services ____transportation assistance ____limited financial support _____? _____
9. Do you have resources or support networks needed to obtain other permanent housing? _____

If in unsafe living situation and homeless under Category 4 refer to local DV program for further triage and to Hospitality House for Categories 1-3.

No one to Stay With and	**Someone to Stay With**
Lacks resources and support networks	
Category 1: Refer to Hospitality House	**Category 2 or 3: Refer to Hospitality House**
Category 4: Refer to local DV program	**For further assessment for Rapid Rehousing,**
For further triage	**SSO or Shelter**

Plan:

_____

_____

Homeless Prevention/ Diversion
For those currently housed and categories 1-4 above do not apply

1. If you are currently housed what is your
   a. Income: _____ Source: _____ Rent: _____ Utilities: _____
   b. Non-cash benefits currently receiving: SNAP(Food Stamps) _____ Medicaid _____ Medicare _____ VA medical _____
      WIC _____ Other: _____
2. What barriers stand between you and permanent housing?
   Poor reference from landlord ____Unpaid rent or utilities ____Lack of or poor credit history ____One or more misdemeanors _____
   One or more felonies ____ Please specify: _____
3. What barriers stand between you and self-sufficiency? Lack of steady, full-time employment _____ Lack of employability skills_____
   Lack of GED or high school diploma ____ Limited English proficiency _____ Lack of reliable transportation ____ Lack of reliable/ affordable child care _____ Please specify: _____
4. What services do you need to be self-sufficient?

Rental assistance	$_____		Mortgage assistance	$_____
Deposit / 1st month's rent	$_____		Utility payment	$_____

_____ Medical assistance	____ Domestic Violence services	____ Child care
_____ Transportation	____ Car repair	____ Documents (birth certificate, ID, SS card)
_____ Mental Health services	____ Substance Abuse services	____ Telephone
_____ Permanent address for mail	____ Education/ training	____ Other (please explain)

_____

_____

Refer to local community resources to stabilize housing
Plan:

_____

_____

Completed by: _____ Date: _____

Announcement from the
Northwest Continuum of Care (NWCoC)
FY2012 CoC Program Competition is Now Open as of
November 9, 2012

FY2012 CoC Program Competition NOFA Published & Application Available in e-snaps which can be accessed at www.hudhre.info . The CoC Application and the Project Application are available online through e-snaps. The application deadline is Friday, January 18, 2013 at 7:59:59 PM.

Project Applicants for all new, renewal and CoC Planning projects are due to the CoC c/o the Collaborative Applicant: Lynne Mason c/o Hospitality House at 338 Brook Hollow Road, Boone, NC 28607, 828-264-1237, director@hospitalityhouseofboone.org. on or before December 20, 2012 for review and ranking by the CoC.

Project Applications will be reviewed and written notification regarding whether their project application(s) would be included as part of the CoC Consolidated Application submission to all project applicants no later than January 3, 2013.

All parts of the CoC Consolidated Application will be available to the community for inspection by verbal or written request to the Collaborative Applicant: Lynne Mason c/o Hospitality House at 338 Brook Hollow Road, Boone, NC 28607, 828-264-1237, director@hospitalityhouseofboone.org. Arrangements will be made to provide and review any or all parts of the CoC Consolidated Application in a manner that is effective for persons with disabilities and person with limited English proficiency.

All agencies interested in submitting an application for a new or CoC Planning project must notify the Collaborative Applicant: Lynne Mason, NWCoC Chair of their interest in submitting an application. To be eligible to submit an application for a new or CoC Planning Project the applicant/agency must
1. Be an active CoC member or commit to attending monthly meetings and serving on at least one committee and commit to working on the CoC Application, due January 18, 2013,
2. Agree to reporting requirements including HMIS participation for non DV applicants,
3. Complete the on line Project Application and submit it to the CoC by December 20, 2012 for review and ranking by the CoC, and
4. Be responsible for any match requirement.

Additional information can be found at www.hudhre.info or you may contact Lynne Mason at director@hospitalityhouseofboone.org or at 828-264-1237.