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-513 - Chapel Hill/Orange County CoC

Collaborative Applicant Name: Orange County, NC

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: Orange County Partnership to End Homelessness (OCPEH) Leadership Team

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)

Individuals who live and/or work in Orange County may apply year-round for membership in the Partnership's Leadership Team; the application is available on the Partnership's website and from the Homeless Programs Coordinator. Invitations to apply are sent out annually by the Coordinator and the county's Public Information Officer to the press and their listserve members (several thousand recipients in total). Each of the elected bodies of the 4 local governments appoint 1 of their members to the Leadership Team and the other members represent a balance of formerly homeless individuals, homeless service providers, faith-based communities, local businesses, developers/homebuilders, UNC-CH, UNC Hospitals, chambers of commerce, prison system, funders, and other homelessness stakeholders.

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

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

Does the CoC provide

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

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

In 2013 the Housing Workgroup of the Orange County Partnership to End Homelessness will oversee the process of developing a coordinated intake system for all homeless populations. The workgroup includes the shelter, transitional housing, rapid re-housing, veterans, Housing Authority and street outreach providers in our county. We will consult with other communities in NC that are implementing coordinated intake systems to learn from their experiences and use available resources such as the NAEH's Coordinated Assessment Toolkit.

Steps will include: determine whether we will initially target specific homeless sub-populations; identify one or more organization(s) that will host the coordinated assessment; work with our HMIS provider to be able to collect and report necessary data; provide strong incentives for agencies to participate in the coordinated assessment such as tying receipt of funds to participation; finalize the screening/assessment tool and referral process; and create a process for evaluating/adjusting the coordinated assessment process.

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

The Partnership's Leadership Team Chair, Vice-Chair, Homeless Program Coordinator and her supervisor develop and disseminate written Leadership Team meeting agendas; meetings are announced and open to the public. The 6 main subcommittees also have written agendas for monthly meetings; notes are taken for all meetings and distributed to and approved by members.

Orange County's ESG contract was signed within the last month and monitoring of recipients (RRH & ES) is anticipated to begin in February or March. Recipient monitoring plans have been outlined: HMIS data quality reports will be run monthly (along with AHAR Check Reports and APRs); timeliness of grant expenditures will be tracked; and performance measures will be tracked including exits to permanent housing, lengths of stay, returns to homelessness, new homelessness, and program costs per household at time of program exit. We will explore the possibility of measuring household stability 6 and 12 months after program exit.

Does the CoC have the following written and approved documents:

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

1C. Continuum of Care (CoC) Committees

Instructions:

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

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Housing Workgroup	The Housing Workgroup is responsible for achieving the housing-related goals and strategies of the Partnership's Plan to End Homelessness; the committee comprises representatives from homeless housing providers (ES, TH, PSH and RRH) as well as local governments. Its top priorities currently include: expanding RRH capacity; developing a coordinated intake/assessment system; developing more PSH as well as affordable rental units; increasing targeted exits from PSH to permanent housing, and creating/strengthening local discharge agreements. The committee is also responsible for CoC and ESG grant applications, overseeing and measuring the performance of HUD-funded projects, HMIS participation and data collection.	Monthly or more
Job Partners Workgroup	The Job Partners Workgroup is responsible for achieving the employment-related goals and strategies of the Partnership's Plan to End Homelessness; the committee comprises representatives from employment, job training and education providers, foster care service providers, the business community, chamber of commerce and local government. In 2012 it began implementation of the new Job Partners program which helps people experiencing or at risk of homelessness – with an emphasis on youth aging out of the foster care system - become job-ready and find employment. The committee is also researching and developing a proposal to establish a transitional employment program, possibly in the food production and/or food service sector.	Monthly or more
100,000 Homes Taskforce	The 100,000 Homes Taskforce is responsible for achieving many of the services-related goals and strategies of the Partnership's Plan to End Homelessness; the group comprises representatives from health, behavioral health, substance abuse treatment, veterans, social services, street outreach, housing, and shelter providers, law enforcement, and the UNC School of Social Work. The committee aggressively collaborates to develop housing and services plans for the vulnerable and chronically homeless, making our community one of the most successful that is participating in the 100,000 Homes Campaign. The Taskforce also oversees the PIT Count and works to increase services for the homeless including the number of SOAR workers in Orange County.	Monthly or more

Outreach Court Committee	In 2012 the Outreach Court Committee began implementing the first court in North Carolina to offer people experiencing homelessness the opportunity to follow individual treatment plans in return for avoiding jail and having misdemeanor charges dropped. It developed the court based on similar courts throughout the country as well as Drug Court and Community Resource Court models. Members of the committee include an Assistant DA, Judge, Public Defenders, court system staff, UNC School of Law Dean and students, Legal Aid of NC staff, and mental healthcare and substance abuse treatment providers. The team meets monthly before the scheduled Outreach Court to review the docket and discuss progress and develop strategies for each defendant.	Monthly or more
Support Circles Committee	After extensive research, program development and training, the Support Circles Committee launched its first two Support Circles in 2012. Support Circles are teams of volunteers, often from faith-based communities, that provide material, practical and emotional support to people – called "Partners" - who are transitioning from homelessness to permanent housing. The committee is responsible for developing and growing the program, the recruitment of new Support Circles, conducting trainings for new Support Circles and providing oversight of existing ones, selecting Partners, coordination with the Partners' case managers, and financial management of the program.	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
Individual

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

Instructions:

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

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

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

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

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

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Total Number	4	10	2	2	1	3	1

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	2	1	0	2	1	3	1
Substance abuse	2	1	0	0	1	3	1
Veterans	0	1	2	0	0	0	1

HIV/AIDS	0	1	0	2	0	3	1
Domestic violence	0	1	0	2	1	3	0
Children (under age 18)	0	1	0	2	1	3	0
Unaccompanied youth (ages 18 to 24)	0	1	0	2	1	3	0

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	4	10	2	2	1	3	1
Authoring agency for consolidated plan	0	1	0	1	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0	0	0	0	0
Attend consolidated plan focus groups/ public forums during past 12 months	0	0	0	0	0	0	0
Lead agency for 10-year plan	0	1	0	1	0	0	0
Attend 10-year planning meetings during past 12 months	3	10	2	2	1	3	1
Primary decision making group	2	5	0	1	1	3	0

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

Instructions:

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

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

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

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

Type of Membership: 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	8	7	1	1	11	

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	0	0	0	1	8	
Substance abuse	0	0	0	1	6	
Veterans	0	0	0	0	6	
HIV/AIDS	0	0	0	1	7	
Domestic violence	0	0	0	0	8	
Children (under age 18)	0	0	1	1	7	
Unaccompanied youth (ages 18 to 24)	0	0	1	1	10	

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	7	7	1	1	11	
Authoring agency for consolidated plan	0	0	0	0	0	
Attend consolidated plan planning meetings during past 12 months	0	0	0	0	0	
Attend Consolidated Plan focus groups/ public forums during past 12 months	0	0	0	0	0	
Lead agency for 10-year plan	0	0	0	0	0	

Attend 10-year planning meetings during past 12 months	7	7	1	1	11	
Primary decision making group	3	1	0	0	5	

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

Instructions:

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

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

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

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

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

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	0	5	10

Number of Individuals Serving Each Subpopulation

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

HIV/AIDS	0	1	0
Domestic violence	0	2	2
Children (under age 18)	0	1	0
Unaccompanied youth (ages 18 to 24)	0	2	2

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group	0	5	10
Authoring agency for consolidated plan	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0
Attend consolidated plan focus groups/ public forums during past 12 months	0	0	0
Lead agency for 10-year plan	0	0	0
Attend 10-year planning meetings during past 12 months	0	5	10
Primary decision making group	0	2	1

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

Instructions:

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

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

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

Rating and Performance Assessment Measure(s) (select all that apply): 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, r. Review HMIS participation status, f. Review Unexecuted Grants, q. Review All Leveraging Letters (to ensure that they meet HUD requirements)

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

Soon after the NOFA was released we began soliciting applications at Leadership Team and Housing Workgroup meetings; members of those groups announced the opportunity to other commmittees they participate in. We made deliberate efforts to encourage new organizations to apply so that more agencies will become engaged in the work of the Partnership to End Homelessness and in housing and serving the homeless in our community. Our Housing Workgroup identified an unbiased review panel and applicants were assessed for capacity & experience, timeliness of grant execution, quality of programs, reputation, participation in the Partnership planning committees, CHIN participation & data quality, and resources they could contribute to the projects.

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

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

Yes

Voting/Decision-Making Method(s) (select all that apply):

a. Unbiased Panel/Review Commitee

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)

We are fortunate in that our Partnership to End Homelessness has very strong participation & collaboration among homeless services providers and have made great strides in creating a more coordinated homelessness response system. Silos have readily been broken down and providers recognize the effectiveness and efficiencies of working together to end homelessness. We continually, actively work to recruit agencies that serve the homeless and virtually all of them now participate in the Partnership. As a relatively small, tight-knit community that embraces teamwork and collaboration, it is easier to get the word out about funding opportunities and welcome newcomers – the prevailing ethos is inclusion, not exclusion. As mentioned above, notice of the NOFA is quickly & widely spread through Partnership and other committees/faith-based groups; we also pro-actively inform groups that have not previously applied about the CoC Program and encourage them to participate.

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)**

In 2011 the total number of ES beds in Orange County was 66 (plus 22 overflow). In 2012 that number dropped to 64 beds (still with 22 overflow). The reason for the decline is that the women's shelter rearranged the layout to make it less crowded and to give the women a bit more privacy.

HPRP Beds: Yes

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

The Orange County HPRP program (budget of $1 million) ran from 2009 through 2012. In 2011 the total number of HPRP beds was 15; in 2012 that number increased to 43. The increase of 28 beds is primarily due to the fact that the program took a while to ramp up and peaked in late 2011/early 2012. Also, as more households participated in the program their numbers accumulated more quickly than the households that exited the program.

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)**

The actual number of TH units and beds haven't changed, it is our interpretation that has changed. We have one TH program in Orange County which serves women and their children. It has 10 units and occupancy numbers depend on the size of the families living in them. In 2011 we were advised to use the AVERAGE number of occupants at any one time in the HIC, which was approximately 29. In 2012 we were advised to use the MAXIMUM number of occupants which is 36 (an increase of 7 beds).

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)**

In 2011 Orange County had 93 PSH beds in its housing inventory; in 2012 it had 103 (an increase of 10). As with TH above, the actual number of units and beds did not change - the numbers reflected the number of people that were OCCUPYING the beds at the time of the 2011 and 2012 PIT Counts.

**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, Confirmation

Must specify other:

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

Specify "other" data types:

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

Select the HMIS implementation coverage area: Statewide

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

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

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

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

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

Has the CoC selected an HMIS software product? Yes

If 'No', select reason:

If 'Yes', list the name of the product: ServicePoint

What is the name of the HMIS software company? Bowman Systems Inc

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 05/01/2006

Indicate the challenges and barriers impacting the HMIS implementation (select all the apply): Inadequate resources, Inadequate staffing, Poor data quality

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

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

Inadequate service provider staffing/poor data quality: our ES, TH and PSH providers have steadily improved their data quality over the past several years though budget cut-backs and decreased agency staffing make that increasingly challenging. They continue to work with our HMIS provider (CHIN) to improve data entry by regularly reviewing monthly data quality and customized reports showing the quality of data at the program and agency level, certifying end users, refresher training, and focused TA. Inadequate resources: CHIN's fees drastically increased this year because former subsidies from the BOS were eliminated. Our CoC is not applying for an HMIS grant through the CoC application but is exploring the possibilities of funding from local governments, increased user fees, and/or ESG funding. We also struggle with inadequate guidance and training from HUD and are eagerly awaiting new guidance on HEARTH performance measures.

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

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

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

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

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	$0
ESG	$325
CDGB	$0
HOPWA	$0
HPRP	$2,759
Federal - HUD - Total Amount	$3,084

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	$1,300
Private - Total Amount	$1,300

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	$0

Total Budget for Operating Year	$4,384

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)

We selected "No" because of the changes in funding mentioned in 2A (the BOS will end subsidies for our HMIS usage starting July 2013), resulting in our HMIS costs drastically increasing (from approx. $2,300 for FY2011-12 to $21,000/year).   We are exploring options for funding this increase including increasing user fees, local government funding and/or funding from the 2013 ESG program.

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	86%+
* HPRP beds	86%+
* Safe Haven (SH) beds	Housing type does not exist 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:

NA

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?   No

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

Types of Services	Volume coverage percentage
Outreach	0%
Rapid Re-Housing	99%
Supportive Services	0%

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	3
Transitional Housing	10
Safe Haven	0

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	1%	14%
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%	1%
Housing status	2%	0%
Destination	0%	44%
Head of household	0%	0%

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

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

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

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

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): 01/23/2012

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

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

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

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

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

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 the 2011 PIT we counted 77 people in ES; this number dropped by 17 to 60 in 2012. The inventory of ES beds held constant at 76 plus 22 overflow; the decrease seems to have been an anomoly because the total number of people served by these programs over the year increased significantly from 2011 (434) to 2012 (559). The weather was somewhat worse during the 2011 PIT Count (rain and wind, though not colder)which could have increased the numbers that year.
There were 26 people in TH at the PIT in 2011; this number dropped by 4 to 22 in 2012. The number of TH units/beds remained constant; the decline of 4 people was primarily due to more rooms being empty for cleaning & transition to new families than in 2011. Again, the total number of people served with TH over the entire year increased from 2011 (70) to 2012 (76).

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	Based on PIT and unmet need analysis our CoC has sufficient ES and sigificant need for more PSH (30-40 units) and RRH. We need more subsidized housing for people w/zero income (10 units) such as those waiting for SSI, Housing First units (for people resistant to engaging in services) and more affordable rental units.
* Services	Free health & dental care for the homeless, prescription assistance, expanded MH services; substance abuse treatment, immigration, tenant-landlord & fair housing legal services, community-based assertive engagement service targeting homeless with primary substance-use disorders; SOAR workers.
* Mainstream Resources	Job-readiness and training; supportive employment opportunities; SSI/SSDI disability and assistance w/accessing veterans benefits; affordable public transportation to county areas outside urban Chapel Hill/Carrboro.

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:	
Extrapolation:	
Other:	X

If Other, specify:

We also asked emergency aid agencies including the Red Cross if they had distributed any hotel/motel vouchers (considered emergency shelter) for the night of the PIT Count, and if so, we would have attempted to contact and survey them (none had).

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)

We are a relatively small CoC – a county of about 120,000 people. We have one ES & TH provider that has worked with us for several years collecting PIT Count data and using HMIS. They've had very low staff turnover and have gotten better each year at entering/collecting data. With fewer than 100 total residents in their 2 ES and 1 TH housing programs at any time, their staff is familiar with each person including their particular conditions (subpopulation data) such as MH, SA, veterans status, etc. and whether they had been discharged from a public institution. At each PIT Count the Housing Director fills out the necessary forms, consulting other staff and records as necessary to provide complete and accurate data.

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

If Other, specify:

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)

As mentioned in 2I we are a relatively small CoC serving a relatively small number of people experiencing homelessness with only one ES & TH provider (serving fewer than 100 total residents at any time) that has worked with us for several years collecting PIT Count data and using HMIS. Their staff is familiar with each resident including their particular situation/conditions including health, mental health, substance abuse, veterans status and whether they are domestic violence victims. Their facilities provide case management and a free health clinic and partner closely with the local healthcare and mental healthcare providers and substance abuse treatment providers so they are informed about residents' needs. At each PIT Count the Housing Director fills out the necessary forms, consulting other staff and records as necessary to provide complete and accurate data.

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

Instructions:

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

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

Instructions:	X
Training:	
Remind/Follow-up	
HMIS:	
Non-HMIS de-duplication techniques:	
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)

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)

Since our CoC has only one ES & TH provider and that agency has participated in PIT counts for several years (and experienced low staff turnover) the agency's staff is proficient in providing complete and accurate PIT data. The Housing Director compiles the data herself which further ensures quality control and she produces the report in a timely fashion. Each year we provide the agency with the NC Point-in-Time Count SHELTERED COUNT form provided by the NC Coalition to End Homelessness (NCCEH) which provides an excellent template that is clear and easy to use, provides detailed instructions about required data and includes a Definition of Terms. In addition, NCCEH is available to any agency that requires assistance.

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): 01/23/2012

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

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

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

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

The unsheltered PIT count in 2011 was 33 people; this number decreased by 5 people (15%) to 28 in 2012. As mentioned in 2H the weather was somewhat worse in 2011 which might have driven some people indoors, so we do not believe weather was a factor in the decrease. In 2012 we combined the 100,000 Homes Registry Week with our PIT Count, so if anything our count was better executed in 2012 than in 2011. We attribute the decline in unsheltered homeless at least partially to: increased effectiveness of the CoC over the past few years in providing housing and services to chronic and vulnerable homeless; a gradual, steady increase in the number of PSH units; the RRH program implemented from 2009-12; and increased services/housing for veterans in recent years.

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:	
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	X
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)

Public places count w/interviews: in 2012 Orange County combined its PIT Count with the 100,000 Homes Campaign Registry Week. This resulted in a ramped up count with more teams, volunteers, leaders and increased participation by law enforcement, EMS and service providers. It also involved sending the teams out from 4:00-7:00am to try to find people where they were sleeping in unsheltered locations and again during daylight to the camps that were considered less safe. Outreach workers, law enforcement, EMS, and service providers mapped out all the known locations where homeless people were known to sleep unsheltered which were all visited. The Campaign's Vulnerability Index Survey was combined with the PIT survey so that a great deal of information was captured about people's health, mental health, substance abuse and services needs in the interviews.

Service-based locations: teams of volunteers interviewed people at the locations that were identified as likely for homeless people to frequent including meals distribution sites, day labor site and social service provider. The count was coordinated with agency staff to make sure that all potentially homeless people were interviewed, that there was sufficient time and space to conduct the interviews and to minimize disruption of services. Interviews were conducted both the night of the PIT Count and the following day to be sure to capture as many people as possible.

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:	X
Enumerator observation:	X
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)

It's important to know that Orange County is a small CoC; a total of 28 people were identified as unsheltered homeless during the 2012 PIT Count.
Training: volunteers attended a training before the PIT Count to familiarize them with the survey and were instructed to fill them out completely so that we would have as much information as possible for each person interviewed.
De-duplication techniques/unique identifier: Since we were using the 100,000 Homes Campaign Vulnerability Index Survey combined with our PIT survey, most of the homeless people surveyed provided their names; those that did not were identified by initials, the location where they were interviewed and by information about health, behavioral health, age, and other personal information provided on the survey. This year we are including an identifier for people who don't want to give their names: first initials of first and last names and last 4 digits of Social Security numbers if known.

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

The last time Orange County counted an unsheltered homeless household with dependent children during a PIT count was a family living in a car 4 or 5 years ago; the rarity of unsheltered homeless families with children is due to the fact that we are a small county with relatively robust services that prioritizes housing households with children. Thus, when a homeless family with children is identified – whether by PATH outreach, DSS or other provider - all resources are brought to bear on housing them – either in our TH program, PSH program, HPRP or other subsidized housing program.

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)

After participating in the 100,000 Homes Registry Week during last year's PIT Count, Orange County formed a committee called the 100,000 Homes Taskforce which meets monthly and works to develop housing and services plans for the vulnerable and chronically homeless people in our community. The committee comprises representatives from the health, behavioral health, substance abuse treatment, veterans, social services, street outreach, housing and shelter providers, law enforcement, and the UNC School of Social Work. The committee operates by having all members identify the vulnerable/chronically homeless people in Orange County; having them sign consent agreements; appointing committee members to be the leads for each person identified; ranking each homeless person's vulnerability; and then working collaboratively to target scarce resources to helping them become housed and receive needed services. The group has been highly effective over its year of operation, making our community one of the most successful that is participating in the 100,000 Homes Campaign and inspiring the committee members to have hope in finding solutions for the homeless folks that had been considered impossible to help.

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? 17

In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 20

In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 30

In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 40

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 2012 PIT count included a total of 29 persons who are chronically homeless. The CoC combined the PIT count with the 100K Home Campaign Initiative so we did a very extensive count over 2 days. We used the Vulnerability Index to prioritize the persons outreached to assist with providing housing resources. The CoC's short term plan to create new permanent units is to combine the balance of HUD funds and the permanent housing bonus. The UNC-Center for Excellence is applying for a leasing project in the 2012 NOFA that will serve 2 persons who are chronically homeless.

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

The Partnership's Housing Work Group has determined that its top long-term priority is to increase the stock of PSH units for the chronically homeless by at least the 40 stipulated in our 10 Year Plan. Agencies responsible are CASA, Housing for New Hope and the 4 municipalities. Our participation in the 100,000 Homes Campaign has brought focus, expertise and momentum to these efforts. Our 100K Home Task Force strategy is changing the way current systems work so that chronically homeless people become a top priority for all providers. The 2nd highest priority of the CoC is to partner with private landlords to offer reduced rents in high vacancy units for this population. The Partnership is also exploring the possibility of merging our CoC with either another county or the Balance of State so we can access more potential funding for PSH. Our CoC continues to ensure that at least 15% of the existing SPC and SHP are occupied by the chronically homeless.

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 Orange County CoC will be closer to ending chronic homelessness by 2015, in 2 years. We are currently about 50% towards out goal. It is through the 100K Home Task Force that we will meet this goal. They are focused on housing persons who are the most vulnerable and have the most complex issues. Representatives span every institution in Orange County and the neighboring Durham county where the Veterans Hospital is located. In 2012 we housed 7 persons who were chronically homeless.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

Instructions:

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

  In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicted on form 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 99%

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

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

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

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher
(limit 1000 characters)

The number of homeless persons remaining in permanent housing for at least six months in Orange County has been consistently above the HUD goal of 80 percent. This number is high in part because each person residing in CoC funded
housing has support services. Also, the CoC has a Resident Screening Committee which works with participants who are at risk of losing their permanent supportive housing. The committee along with the tenant creates a plan-of-action that addresses issues impacting housing such as treatment or landlord-tenant issues. The plans are implemented by the tenant and their treatment provider(s) and the Resident Screening Committee monitors implementation.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher
(limit 1000 characters)

The CoC will continue to use the Resident Screening Committee to help keep people housed. The CoC continues to collaborate with UNC Hospital to create SOAR positions. These SOAR trained workers would help individuals access disability income through SSI and SSDI plus Medicaid and Medicare. These benefits will help persons access services to assist in being successful in permanent housing. Additionally, our Employment Work Group has created and launched a job readiness program to increase education, job training, and employment opportunities for homeless individuals.
This will result in a greater number of homeless individuals getting jobs and earning income, which further increases housing stability.
UNC-Center for Excellence has a new behavioral health team that provides much needed support to persons to successfully maintain their housing.

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?   0%

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

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

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

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

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

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

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

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

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

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) 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? 50%

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

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

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

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

The CoC's Employment Work Group includes representatives from JobLink, Durham Technical Community College, Chamber of Commerce, Chapel Hill Downtown Partnership, local business leaders and service providers' job coaches. We recently launched the Job Partners program whose participants become job-ready by developing Individualized Employment Plans and obtaining the education & training to achieve their employment goals. Participants document their job-readiness through resumes, Work Keys assessments and portfolios. We are recruiting local employers to hire Job Partners graduates and will sustain long-term relationships with them before and after hiring participants.

**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 Employment Work Group's highest priorities are to coordinate services among local employment, education and job training programs and to create employment opportunities for people experiencing or at risk of homelessness, with a particular focus on youth aging out of the Foster Care system. The committee's top 2 goals are: 1) to increase the number of Job Partner graduates and employers willing to hire them; and 2) the creation of a transitional employment program for this target population. We recently formed a Transitional Employment Subcommittee that is working with UNC planning and business students to research existing models/best practices, analyze their components, characteristics and outcomes, and develop a proposed program for Orange County. With input from the CoC, local businesses, experts and potential partners we will conduct a market study, business plan and implementation plan.

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? 100%

in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit? 40%

in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit? 40%

in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit? 50%

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

The CoC's short-term plan includes:
* to continue the collaboration with UNC Hospital to create SOAR positions.
These SOAR trained workers would help individuals access mainstream
benefits.
* Support service providers to assist their clients with mainstream benefits.
* When a person is awarded a S+C subsidy, it is a priority for the service
provider to assist the client access mainstream resources.
* Our CoC's annual Project Connect includes agencies that provide virtually the
entire scope of mainstream benefits, including a disability benefits attorney so
participants can begin the process of accessing resources.

**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)**

The CoC long term plan includes:
* increasing the number of SOAR trained workers in our community (UNC
Hospital).
* Partnering with The Community Empowerment Fund (CEF)that offers savings
opportunities, financial education, and assertive support to individuals who are
seeking employment, housing, and financial freedom. The opportunities for
employment and greater housing that CEF advances motivate participants to
build personal assets, gain higher income, engage in a healthy community, and
sustain transitions out of poverty.
CEF promotes sustained transitions out of homelessness and poverty. To do
so, CEF bridges two sectors that rarely, if ever, intersect: banks and shelters.
CEF connects low-income individuals to saving opportunities and banking
literacy, and works in communities that financial institutions historically will not
go anywhere near.

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?	7%
In 12 months, what will be the total number of homeless households with children?	6%
In 5 years, what will be the total number of homeless households with children?	5%
In 10 years, what will be the total number of homeless households with children?	5%

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

The number of homeless households with children at the PIT Count decreased by 2 (from 9-7) this year. Our CoC has not encountered unsheltered homeless families during PIT counts for the past 4-5 years and the only facility with beds designated for homeless families is IFC's Homestart. Homestart has 10 TH units for women and their children and at any given time is usually full with a waitlist because demand exceeds supply (Orange County does not have a domestic violence housing program). Homestart only accepts clients referred through the Department of Social Services which ensures that families are Orange County residents and that they are working with local service providers to receive mainstream benefits, thus increasing their chances of becoming stably housed. Additionally, Orange County's HPRP was extremely effective in preventing homelessness among households with children and we anticipate that our new RRH program funded through the ESG program will be equally successful.

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

The CoC's long-term plan for decreasing the number of homeless families with children includes the strategic use of ESG funds for RRH. The local ESG funding is overseen by the CoC's Housing Workgroup which is aligning this funding with the goals of our strategic Plan to End Homelessness. The Housing Workgroup coordinates all activities as they relate to the ESG funding such as soliciting projects, determining funding priorities, completing the application to the State, and developing goals, outcomes, and performance standards. Our ESG application ranked as one of the highest in the state to garner a significant amount of additional funds for Rapid Re-housing to be administered by Orange County DSS which is also the fiscal sponsor for the entire grant.

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): 0

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)

 NA,the CoC is not reallocating SSO projects.

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)

NA The CoC does not have any TH projects thus is not reallocating.

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" mandated policy or "CoC" adopted policy?   CoC Mandated Policy

If "Other," explain:

NA

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

The Orange County CoC has taken the following steps to ensure that persons are not routinely discharged into homelessness:
o Our CoC has an established MOA with the Orange County Department of Social Services (OCDSS) ensuring that no one will be discharged from foster care into homelessness.
o OCDSS has a LINKS coordinator for a program that builds a network of relevant services with youth in Foster Care so that they will have ongoing connections with family, friends, mentors, the community, employment, education, financial assistance, skills training, and other resources to facilitate the transition to adulthood.
Representatives from that network sit on CoC Housing and 100K Task Force/Services Coordination committees and the Partnership Leadership Team to provide continuity and updates.

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)

NA The CoC has a discharge plan for foster care.

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)

These are the collaborating agencies that are responsible for ensuring that persons being discharged from the Foster Care system are not routinely discharged into homelessness:
o OCDSS - LINKS Coordinator
o Cardinal Innovations Healthcare Solutions/PBH - System of Care Coordinator for Youth aging out of Foster Care and a Housing Specialist
o Vocational Rehabilitation
o Durham Technical Community College
o Orange County Public Schools
o Community Empowerment Fund – Job Partners

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

Upon discharge, youth routinely go to the following places:
o Continue in the foster home or therapeutic foster home placement
o Re-unite with biological family
o Targeted Units, a program of subsidized rental units in tax credit apartment communities that is funded through the North Carolina Housing Finance Agency
o Market rate units

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

Instructions:

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

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

If "Other," explain:

 NA

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

 The Orange County CoC has taken the following steps to ensure that persons are not routinely discharged into homelessness:
o   The CoC has consistently engaged health care staff from UNCH to participate on CoC 100K Task Force/Services Coordination committee and the Partnership Leadership Team.
o   Cardinal Innovations Healthcare Solutions/PBH has a Care Coordinator designated for persons that have both physical health and mental health needs. This Care Coordinator works in conjunction with Community Care of North Carolina to link, oversee, and follow up on connections to physical health and mental health services. They also have a liaison between UNCH and the community and a Housing Specialist. These staff participate on the Partnership Leadership Team and the 100K Home Task Force.
o   UNCH is in the planning phase of developing a robust SOAR caseworker program to assist homeless persons with severe physical/mental health conditions in obtaining disability benefits and Medicaid/Medicare.

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)

 NA, The CoC has a discharge plan for health care.

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)

These are the collaborating agencies that are responsible for ensuring that persons being discharged from the Health Care system are not routinely discharged into homelessness:
o UNCH - Complex Care Coordinators and Hospital Social Workers
o Cardinal Innovation Healthcare Solutions - Care Coordinator/Hospital Liaison between UNCH and the community and a Housing Specialist
o 100,000 Home Campaign Task Force Committee

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

Upon discharge, persons routinely go to the following places:
o Rehabilitation Centers
o Assisted Living
o Skilled Nursing facilities
o Family Care Homes and Group Homes
o Return to their homes or apartments
o Affordable rental housing through the North Carolina Housing Finance Agency: Tax Credit Apartment Communities and Targeted Units, a program of subsidized rental units in tax credit apartment communities
    Market Rate Rental Housing

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:

 NA

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

 The Orange County CoC has taken the following steps to ensure that persons are not routinely discharged into homelessness:
o   The CoC has an MOA with Central Regional Hospital (CRH) that outlines protocols related to discharge planning.
o   The CoC partner agencies have staff who are specifically liaisons from the hospital to the community. These staff are members of CoC 100K Task Force/Service Coordination and Housing committees and the Partnership Leadership Team to provide continuity and updates.
o   The North Carolina Coalition to End Homelessness continues to work with the North Carolina Division of MH/DD/SA Services to create appropriate housing for persons being discharged from mental health institutions and to educate hospital staff on discharge regulations to avoid routine discharge into homelessness.

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)

 NA, The CoC has a discharge plan for mental health.

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)

These are the collaborating agencies that are responsible for ensuring that persons being discharged from the Mental Health system are not routinely discharged into homelessness:
o Central Regional Hospital
o Cardinal Innovations Healthcare Solutions/PBH - Care Coordinator who is the liaison to CRH and UNC Hospital psychiatric unit; Regional Hospital Care Clinician who is embedded at CRH specifically for discharge planning; and a Housing Specialist.
o Center for Behavioral Healthcare - Hospital Transition Team that provide 1-3 months of bridging services from the hospital to the community.
o UNC Center of Excellence in Community Mental Health - Critical Time Intervention Team that provides 9 months of intensive services to bridge persons from the hospital to the community.

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

Upon discharge, persons routinely go to the following places:
o Supportive Housing rental units
o Targeted Units, a program of subsidized rental units in tax credit apartment communities that is funded through the North Carolina Housing Finance Agency
o Family Care Homes, Adult Care Homes and Group Homes
o Return to family members
o Their own homes or apartments
   Market Rate Units

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" mandated policy or "CoC" adopted policy?   CoC Mandated Policy

If "Other," explain:

NA

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

The Orange County CoC has taken the following steps to ensure that persons are not routinely discharged into homelessness:
o   The Orange County Assistant District Attorney is a member of the Partnership Leadership Team. He leads the effort of the Outreach Court where persons who are homeless accused of minor crimes can opt for behavioral health services versus jail.
o   Orange Correctional Center's Re-entry Partners Program has a member on the Partnership Leadership Team. He also chairs the Employment Committee.
o   Members of the Chapel Hill and Carrboro Police Departments are members of the 100K Task Force/Services Coordination Committee who identify repeat offenders to break the cycle of homelessness.

**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)**

NA, The CoC has a discharge plan for corrections.

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)

These are the collaborating agencies that are responsible for ensuring that persons being discharged from Correctional facilities are not routinely discharged into homelessness:
o Orange County Court System – Assistant District Attorney and Outreach Court
o Orange Correctional Center Re-entry Partners Program
o UNC School of Law
o UNC Center of Excellence in Community Mental Health – Community Resource/Mental Health Court; behavioral health staff
o Police Departments of Chapel Hill and Carrboro

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

Upon discharge, persons routinely go to the following places:
o Re-unite with family
o Friend's home
o Their own home
o Affordable rental housing through the North Carolina Housing Finance Agency: Tax Credit Apartment Communities and Targeted Units, a program of subsidized rental units in tax credit apartment communities
o Market Rate Rental Housing

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? Yes

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

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

The CoC is working with service providers to continue to address the population types served by the HPRP program by the following:
* Orange County Department of Social Services (OCDSS) administered our HPRP program. An OCDSS staff member sits on the CoC's Housing Workgroup so there is continuity and the group can continue to address the needs.
* The ESG funding also comes through the Housing Workgroup and it was determined that Rapid Re-housing is a priority for our community. So in the 2012 ESG application OCDSS applied for ESG funds for this purpose. Our application scored well and we received additional funds for Housing Stability Services. Orange County was awarded $194,914 in ESG funding and Orange County DSS will administer the grant. DSS received $134,324 for Housing Stability services (also known as Rapid Re-Housing) and will subcontract with Inter Faith Council for Social Services (IFC) for $60,590 for its emergency shelters for men and women.

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 Orange County CoC is participating in or coordinating with the following: HUD-VASH: The CoC has a good relationship with the VA. VA VASH social workers participate on two CoC committees: Housing and the 100,000 Homes Taskforce. As service providers identify veterans they contact the VASH social workers for an assessment for eligibility of VA benefits and the VASH program. CASA, a non-profit housing developer, contacts the VASH staff when they have vacancies, as they have a preference for veterans and have leased 3 units with VASH Vouchers.
CDBG: The Town of Chapel Hill receives entitlement CDBG funding while the County participates in the Small Cities Community Development Program at the state level. The Continuum of Care includes representation from both government entities and participates in their Annual Update Process for the Consolidated Plan by providing input at their annual Housing Needs Public Hearing and advocates for CDBG funding for housing projects designed to provide permanent housing for the homeless.
ESG: The local ESG funding is a part of our CoC and sits on the Housing Committee. We are able to align this funding with the goals of our Strategic Plan. The Housing Workgroup coordinates all activities as they relate to the ESG funding such as solicits projects, determines funding priorities, completes the application to the State, and develops goals, outcomes, and performance standards. Our application ranked well in our state to garner additional funds for Rapid Re-housing. Orange County was awarded $194,914 in ESG funding and Orange County DSS will administer the grant. Representatives from DSS and IFC are members of the Housing Workgroup and the Partnership Leadership Team. They provide data to the Housing Workgroup quarterly so project goals and outcomes can be reviewed.
Neighborhood Stabilization Program (NSP), HOPWA: Neither the County nor the Towns are eligible to participate in the NSP nor the HOPWA Program thus the CoC is ineligible to participate as well.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?   No

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

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 Orange County CoC has taken the following steps:
* The Partnership Coordinator has met with the school social workers. Each public school in Orange County has a social worker that identifies homeless families and works with the Department of Social Services (DSS) and service providers to ensure they have housing and are connected to needed services.
* The Homeless Programs Coordinator has met with the Exceptional Children Services Coordinators from our two school systems to inform them about the services available for homeless and at-risk children and to learn about the needs of homeless children in the schools. Both school systems send representatives to our annual Project Connect to make these services available to participants.
* The CoC's main provider of housing for homeless children is the Inter-Faith Council for Social Service(IFC) which has a transitional housing facility for women and children. IFC and the other providers of housing to homeless families in our CoC each have policies requiring that all children, without exception, be enrolled in day care or school or head start. Each family is given the choice to enroll their children in the local school district or their home school and transportation is provided.

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

The CoC will collaborate with the continuum of housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing by the following:
The Orange County Department of Social Services (OCDSS) provides referrals to the Inter-Faith Council for Social Service(IFC) who operates the only shelter and transitional housing in the Orange County CoC. OCDSS has a priority to keep families intact. Community House is a shelter for adult men, ages 18 and older. Home Start is a transitional housing facility for women and children. CASA and EmPowerment are two affordable housing providers and they use occupancy standards of two persons per bedroom to fill their units. Their staff are trained annually on the Fair Housing Law.

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

The CoC is dedicated to ending homelessness among veterans.
* The CoC is currently reviewing and updating our Strategic Plan to End Homelessness. Part of the process is reviewing and sharing the Federal Plan and aligning our plan with the Federal goals. We added and adopted overarching goals from "Opening Doors" which includes prevent and end homelessness for veterans in 5 years.
* The following CoC organizations are serving veterans: Durham Veterans Administration (VA) Center, the Orange County Veteran Service Officer, the local Employment Security Commission, Cardinal Innovations Behavioral Health, Vocational Rehabilitation and the InterFaith Council for Social Service, CASA, Housing for New Hope, Community Empowerment Fund, Piedmont Community Health, and UNC-Center for Excellence.
* The County's Veteran Services Officer, housed in the Orange County Department of Social Services serves as the initial point of contact for county residents who are veterans in need of a particular service including housing, veteran's benefits and other essential items.
* A new CoC committee, 100,000 Homes Taskforce, aggressively collaborates to develop housing and services plans for the most vulnerable and chronically homeless in our community. One of the priorities of the group is veterans. The VASH social worker is a member and she assesses all persons who identify themselves as veterans so they can be linked to healthcare, benefits and housing.

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

The Orange County CoC does not have an agency that specifically serves youth who are homeless. Many partner agencies target youth in foster care and behavioral health agencies also have mental health and substance abuse services for youth.
There have been some efforts to identify the youth homeless population in our community, however, most service providers are concerned that the true extent of the problem remains unknown. Nevertheless, agencies such as the Department of Social Services, Volunteers for Youth, the local school systems, police crisis social workers and others continue to work with the unsheltered homeless youth that they encounter. Much of that work centers around building relationship with the youth and directing them to the available resources and services in the community.
Our community also has resources for youth that are preventative. There are 4 Family Resource Centers that include a variety of activities for youth, such as after school educational programs, Teen Youth Councils, health and drug prevention. They partner with the following UNC-Chapel Hill programs for youth: Street Scene Teen Center, Helping youth Providing Enrichment (HYPE), and Kappa Alpha Psi-a Black Service Fraternity.
The CoC has currently adopted the overarching goals from the Federal Strategic Plan "Opening Doors". We are consistent with the goal to prevent and end homelessness for families, youth and children in 10 years.

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

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

NA

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

The local ESG funding is a part of our CoC and sits in the Housing Workgroup.
We are able to align this funding with the goals of our strategic Plan. Our
Strategic Plan is adopted by the 4 jurisdictions: Orange County, Town of Chapel
Hill, Carrboro and Hillsborough. Elected officials from each jurisdiction are
members of the Partnership Leadership Team.
The Housing Workgroup coordinates all activities as they relate to the ESG
funding such as solicits projects, determines funding priorities, completes the
application to the State, and develops goals, outcomes, and performance
standards. This committee presents their recommendations to the Leadership
Team.
Our application ranked well in our state to garner additional funds for Rapid Re-
housing.

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

The CoC's stakeholders market housing resources and services in a variety of
ways. Within programs like shelters and transitional housing, individual case
managers work one-on-one with homeless clients. Outreach efforts outside the
shelter setting are also a part of the CoC's work through the PATH Outreach
worker. Local congregations and nonprofits throughout the community network
to identify persons in need or at-risk. Meal sites provide information about
services. The United Way 2-1-1 Network promotes housing and support
services. The annual Project Connect brings together housing and service
providers with persons who are homeless and those at risk of becoming
homeless who are not yet linked to services. Fair housing materials are
disseminated. 268 individuals attend the event in October 2012.

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)

Yes, our CoC strives to successfully coordinate the implementation of a housing and service system that meets the needs of individuals and families by the following:
•   We adopted a strategic Plan to End Homelessness in 2007 with three main goals to address housing, services and employment. Work groups were formed that match the goals to implement the strategies and action steps. The work groups meet monthly and report back at the monthly Partnership Leadership Team meeting
•   The 100,000 Homes Taskforce is responsible for achieving many of the goals and strategies of the Plan. We participated in the Campaign January 2012. The group includes representatives from health, behavioral health, veterans, social services, street outreach, housing, and shelter providers, law enforcement, and the UNC School of Social Work. The committee aggressively collaborates to develop housing and services plans for the vulnerable and chronically homeless, making our community one of the most successful that is participating in the Campaign. We have housed 7 persons over the 11 months of its operation.

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

During the last Orange County Consolidated Planning Citizen Participation Process a series of local community meetings were held to discuss the planning process and to solicit input using a Primary Needs Assessment Survey. Three community meetings and one public hearing were held for this purpose. Additionally, the County's consulting company representative had face-to-face and telephone interviews with other public and private agencies to identify and prioritize community needs, to develop strategies and action plans, to identify community resources and to promote the coordination of resources. Agency members of the Continuum of Care were included in these individualized efforts to determine needs and develop strategies to address the needs of the homeless.

Also, in an effort to promote collaboration regarding this sensitive community need, the final Orange County Consolidated Plan document incorporated the goals of the County's 10 Year Plan to End Homelessness as its Homeless Strategic Plan. In that way, the Continuum of Care, the 10 Year Plan to End Homelessness and the Consolidated Plan Homeless Plan are the same.

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

Our jurisdictional partners are Orange County, the Town of Chapel Hill, Carrboro and Hillsborough. The Partnership Leadership Team has four appointed members for elected officials from each municipality. We currently are in the process of updating our Plan. We held community meetings in October and November 2012 to review, update and prioritize the goals and strategies in the areas of housing, services and employment. The committees are now refining the action steps. Once the draft is finalized it will be presented to each elected body to adopt.

We are fortunate to have elected officials who attend the monthly Partnership meetings and hear the committee updates so they are informed of successes, challenges and needs.

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

Currently we are formally reviewing and updating our Plan to End Homelessness as described above. Part of the process was reviewing and sharing the Federal Plan and aligning our plan with the Federal goals. We added and adopted overarching goals from "Opening Doors":
- Finish the job of ending chronic homelessness in 5 years
- Prevent and end homelessness among Veterans in 5 years
- Prevent and end homelessness for families, youth and children in 10 years
- Set a path to ending all types of homelessness

And also added overarching strategies from the HEARTH legislation to measure the success of programs/projects by
- Reducing length of time people are homeless
- Reducing returns to homelessness
- Reducing new homelessness

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

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

The local ESG funding is a part of our CoC and sits in the Housing Committee. We are able to align this funding with the goals of our strategic Plan. The Housing work group coordinates all activities as they relate to the ESG funding such as solicits projects, determines funding priorities, completes the application to the State, and develops goals, outcomes, and performance standards. Our application ranked well in our state to garner additional funds for Rapid Re-housing. Orange County was awarded $194,914 in ESG funding and Orange County DSS will administer the grant. DSS received $134,324 for Housing Stability services (also known as Rapid Re-Housing) and will subcontract with Inter Faith Council for Social Services (IFC) for $60,590 for its emergency shelters for men and women.
Representatives from DSS and IFC are members of the the Housing Committee and the Partnership Leadership Team. They provide data to the Housing work group quarterly so project goals and outcomes can be reviewed.

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)

NA

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

NA

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	17	**Beds**	17	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	90	**%**	99	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	0	**%**	0	**%**
Increase the percentage of homeless persons employed at exit to at least 20%	40	**%**	50	**%**
Decrease the number of homeless households with children	8	**Households**	7	**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)

Our CoC exceeded all objectives.

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

Our CoC currently has only one provider with active projects (the other is waiting for grant agreements to be signed). That provider reviews monthly data quality reports and the CoC is updated on the provider's APR performance on an annual basis for AHAR reports and the CoC application. This year we will begin reviewing data more regularly at the CoC level in the Housing Workgroup of the Partnership to End Homelessness (our CoC), reviewing both the CoC and ESG programs recipients. We will begin reviewing HMIS quarterly progress reports to determine performance and timeliness of spending.

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

The Orange County CoC recently updated its Plan to End Homelessness and adopted HEARTH and Federal Strategic Plan to Prevent and End Homelessness goals and strategies as an overarching framework. We are working with other NC CoCs and our statewide HMIS provider to be able to track data on those performance measures in order to determine program effectiveness. By prioritizing these goals and evaluating programs by them, we have made it clear to HUD grantees what they should strive for. The CoC also actively encourages grant recipients to seek technical assistance from the HUD field office, HMIS Lead Agency and the NC Coalition to End Homelessness (NCCEH) and shares information from the USICH, NAEH and NCCEH.

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

Our sole CoC grantee with currently active grants is high performing and has not needed assistance to increase capacity. We have been assisting our second, and newest, grantee with unexecuted grants by providing information and guidance to help the agency begin implementing the grants as soon as possible.These grants were delayed in execution due to an agency merger that occurred with the grantee after they were awarded.

Does the CoC have any unexecuted grants awarded prior to FY2011?   Yes

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

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
XDS Leasing Project 2 SHP	2010	$18,698
XDS Leasing Project 1 SHP	2010	$28,047
	Total	$46,745

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

The CoC's HMIS Lead Agency uses the APR version that tracks length of stay in homelessness programs for CoC and ESG grantees to review in monthly reports. The CoC Lead Agency provided this information in its ESG application and will begin reporting this data regularly at Housing Workgroup meetings during discussions of HMIS and program performance evaluations.

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

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

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

The CoC has a PATH outreach worker, nurse outreach worker and housing placement specialist who participate in our 100,000 Homes Taskforce which meets monthly and works to develop housing and services plans for the vulnerable and chronically homeless people in our community. The committee comprises representatives from the health, behavioral health, substance abuse treatment, veterans, social services, street outreach, housing and shelter providers, law enforcement, and the UNC School of Social Work. The committee operates by having members identify the vulnerable/chronically homeless people in Orange County; having them sign consent agreements; appointing committee members to be the leads for each person identified; ranking each homeless person's vulnerability; and then working collaboratively to target scarce resources to help them become housed and receive needed services. The group has been highly effective over its year of operation, making our community one of the most successful that is participating in the 100,000 Homes Campaign and inspiring the committee members to have hope in finding solutions for the homeless folks that had been considered impossible to help.

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

The CoC received an HPRP grant of $1 million dollars which ran from 2009-2012; the program enabled the CoC to develop prevention and rapid re-housing/housing stabilization procedures and to prove their effectiveness as strategies to end and prevent homelessness. For our ESG appplication we took HUD's and our state's advice and applied solely for RRH/Housing Stabilization funding and no prevention funding while the nation works to better understand how to effectively identify those who would actually become homeless and to prevent their homelessness. The CoC is partnering closely with emergency assistance providers to target aid to those who are imminently at risk of homelessness and has included this strategy in our Plan to End Homelessness. Also The four jurisdictions in our area adopt the CoC's strategic plan which is currently being reviewed and updated.

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

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

NA

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

NA

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	38	16
2011	50	15
2012	29	17

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

Every time a client is enrolled into an agency program (including CoC, ESG and non-HUD funded providers) & entered into HMIS our users complete an Entry Assessment that guides the user through a determination process to check to see if the client meets the chronicity criteria. This data point is included as one of the subpopulations in our HMIS system, and we can run a report for any time period.

During our PIT counts we collect subpopulation data for chronicity. Emergency shelter and transitional housing providers document each individual they provide housing to on the night of the PIT count via HMIS or paper opt-out forms and submit their documentation to a coordinator. Our unsheltered counts are conducted as an actual face-to-face count of each homeless person encountered on the streets, in camps and in places where homeless individuals are known to congregate in the early morning before shelters check their guests out. Each person is screened for chronicity.

**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:** 2

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

The number of chronically homeless persons decreased and the number of
permanent beds increased. Prior to the 2011 renewal of SPC C project
NC0189C4F131001, the original project was funded to serve 2 chronically
homeless participants. Through grant savings during the original grant, we were
able to serve 4 chronically homeless participants. It was then renewed in the
2011 competition to serve 4 participants.

**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	$18,000				
Operations					
Total	$18,000	$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)	4
b. Number of participants who did not leave the project(s)	102
c. Number of participants who exited after staying 6 months or longer	3
d. Number of participants who did not exit after staying 6 months or longer	1
e. Number of participants who did not exit and were enrolled for less than 6 months	0
TOTAL PH (%)	4

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?   No

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

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: 4

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	2	50%
Unemployment insurance	0	0%
SSI	2	50%
SSDI	0	0%
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)	0	0%
Veteran's pension	0	0%
Pension from former job	0	0%
Child support	0	0%
Alimony (Spousal support)	0	0%
Other source	0	0%
No sources (from Q25a2.)	0	0%

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?   Not Applicable

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: 4

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	4	100%
MEDICAID health insurance	2	50%
MEDICARE health insurance	1	25%
State children's health insurance	0	0%
WIC	0	0%
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	2	50%
Other source	0	0%
No sources (from Q26a2.)	0	0%

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?   Not Applicable

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

Instructions:

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

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

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

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

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

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

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

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

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

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

The CoC began reviewing CoC-wide APR's on an annual basis three years ago. The Housing Work Group reviews the funded agencies' APRs during a regularly-scheduled meeting, usually during the AHAR reporting and the CoC application funding process. The CoC is prioritizing APR data as a valuable tool in measuring performance.

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:

There are two entities that address enrollment in mainstream programs: the 100,000 Homes Task Force for chronically homeless and the most vulnerable of the homeless population; the Housing Workgroup for the larger homeless population,not to exclude the chronically homeless, and those at risk of homelessness. The 100,000 Homes meetings occurred on the 4th Wednesday of each month: 2/22/12; 3/28/12; 4/25/12; 5/23/12; 6/27/12; 7/25/12; 8/22/12; 9/26/12; 10/24/12; 11/28/12.

The Housing Workgroup meets on the second Wednesday monthly: 1/11/12; 2/8/12; 3/14/12; 4/11/12; 5/9/12; 6/13/12; 7/11/12; 8/8/12; 9/12/12; 10/10/12; 11/14/12.

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: annually (every 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):

September 2007: SOAR Training; May 2009: SOAR Essentials Training; June 2009: SOAR Training; SOAR Training December 2011.

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%
Case managers working with homeless persons through transitional housing, PATH, and mental heath providers report that during the intake process a needs assessment is conducted to determine the types of benefits a person needs.A treatment plan is developed in which the case manager and client decide which benefits to priortize and pursue. The case manager provides information, referral and transportation when needed.A large part of our CoC has free public transportation, so this resource is frequently used to attend appointments. Case managers transport when necessary.	

Activity	Percentage
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	50%

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

Activity	Percentage
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	100%
4a. Describe the follow-up process:	
Providers report that during weekly or monthly meetings with clients, a progress review is conducted to determine whether benefits have been accessed and they work together to address barriers to obtaining benefits.	

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)

NA

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)

NA

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

NA

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

NA

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)

NA

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	NC-513 Certificat...	01/16/2013
CoC-HMIS Governance Agreement	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: NC-513 Certification of Consistnecy with Con Plan

Attachment Details

Document Description:

Attachment Details

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Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/06/2013
1C. Committees	01/08/2013
1D. Member Organizations	01/08/2013
1E. Project Review and Selection	01/14/2013
1F. e-HIC Change in Beds	01/08/2013
1G. e-HIC Sources and Methods	01/09/2013
2A. HMIS Implementation	01/17/2013
2B. HMIS Funding Sources	01/11/2013
2C. HMIS Bed Coverage	01/11/2013
2D. HMIS Data Quality	01/17/2013
2E. HMIS Data Usage	01/11/2013
2F. HMIS Data and Technical Standards	01/11/2013
2G. HMIS Training	01/11/2013
2H. Sheltered PIT	01/12/2013
2I. Sheltered Data - Methods	01/12/2013
2J. Sheltered Data - Collections	01/11/2013
2K. Sheltered Data - Quality	No Input Required
2L. Unsheltered PIT	01/12/2013
2M. Unsheltered Data - Methods	01/12/2013
2N. Unsheltered Data - Coverage	01/12/2013
2O. Unsheltered Data - Quality	01/13/2013
Objective 1	01/18/2013
Objective 2	01/18/2013
Objective 3	01/15/2013
Objective 4	01/18/2013

Objective 5	01/18/2013
Objective 6	01/17/2013
Objective 7	01/17/2013
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	01/17/2013
3D. CoC Strategic Planning Coordination	01/17/2013
3E. Reallocation	01/08/2013
4A. FY2011 CoC Achievements	01/18/2013
4B. Chronic Homeless Progress	01/18/2013
4C. Housing Performance	01/16/2013
4D. CoC Cash Income Information	01/18/2013
4E. CoC Non-Cash Benefits	01/18/2013
4F. Section 3 Employment Policy Detail	01/16/2013
4G. CoC Enrollment and Participation in Mainstream Programs	01/16/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/16/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/16/2013
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: Cardinal Innovations OPC

Project Name: Chrysalis SHP Renewal

Location of the Project: Orange County, NC

Name of the Federal
Program to which the
applicant is applying: Continuum of Care Program

Name of
Certifying Jurisdiction: Orange County, North Carolina

Certifying Official
of the Jurisdiction
Name: Frank W. Clifton, Jr.

Title: County Manager

Signature: _____

Date: 1 - 15 - 13

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

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 Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Cardinal Innovations OPC

Project Name: S+C Concern of Durham (renewal)

Location of the Project: Orange County, NC

Name of the Federal Program to which the applicant is applying: Continuum of Care Program

Name of Certifying Jurisdiction: Orange County, North Carolina

Certifying Official of the Jurisdiction Name: Frank W. Clifton, Jr.

Title: County Manager

Signature:

Date: 1-15-13

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

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 Consolidated Plan. (Type or clearly print the following information:)

Applicant Name: Cardinal Innovations OPC

Project Name: S+C C (renewal)

Location of the Project: Orange County, NC

Name of the Federal Program to which the applicant is applying: Continuum of Care Program

Name of Certifying Jurisdiction: Orange County, North Carolina

Certifying Official of the Jurisdiction Name: Frank W. Clifton, Jr.

Title: County Manager

Signature:

Date: 1-15-13

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

Certification of Consistency
with the Consolidated Plan

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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: Cardinal Innovations OPC

Project Name: S+C C3 (renewal)

Location of the Project: Orange County, NC

Name of the Federal
Program to which the
applicant is applying: Continuum of Care Program

Name of
Certifying Jurisdiction: Orange County, NC

Certifying Official
of the Jurisdiction
Name: Frank W Clifton, Jr

Title: County Manager

Signature: _____

Date: 1 - 15 - 13

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: Cardinal Innovations OPC

Project Name: S+C C2 (renewal)

Location of the Project: Orange County, NC

Name of the Federal
Program to which the
applicant is applying: Continuum of Care Program

Name of
Certifying Jurisdiction: Orange County, NC

Certifying Official
of the Jurisdiction
Name: Frank W Clifton, Jr

Title: County Manager

Signature: _____

Date: 1-15-13

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 Consolidated Plan (Type or clearly print the following information:)

Applicant Name: UNC Center for Excellence in Community Mental Health

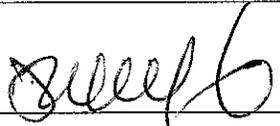Project Name: CECMH Rental Assistance (new)

Location of the Project: Orange County, NC

Name of the Federal Program to which the applicant is applying: Continuum of Care Program

Name of Certifying Jurisdiction: Orange County, NC

Certifying Official of the Jurisdiction Name: Frank W. Clifton, Jr

Title: County Manager

Signature:

Date: 1-15-13

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: Orange County, NC

Project Name: CoC Planning Activities

Location of the Project: Orange County, NC

Name of the Federal
Program to which the
applicant is applying: Continuum of Care Program

Name of
Certifying Jurisdiction: Orange County, NC

Certifying Official
of the Jurisdiction
Name: Frank W Clifton, Jr

Title: County Manager

Signature:

Date: 1-15-13

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