# 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-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC |
| **Collaborative Applicant Name:** | Reinvestment in Communities of Gaston County, Inc. (RIC) |
| **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:** | Care Connection |
| **How often does the CoC conduct open meetings?** | Quarterly |
| **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)**

Agency or professional referrals through community engagement process leads to phone contact by either the Advisory Board chairperson or executive of Lead Agency in most cases. Invitation to quarterly or one of the appropriate subcommittee's next meetings. Follow up by committee chair to agency director,
along with follow up letter and packet of information to agency exec and board chair (if known) about CoC activities including an agency information packet that
is to be returned.

| | |
|---|---|
| **Are homeless or formerly homeless representatives members part of the CoC structure?** | Yes |
| **If formerly homeless, what is the connection to the community?** | Community Advocate |

**Does the CoC provide**

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

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

The CoC has identified 5 community agencies/organizations with existing infrastructure such as 24/7 phone lines and staffing patterns who also have a focus on housing and rapid re-housing. One agency has presented a proposal to begin development of an intake/assessment process at this point in time. The Long Range Planning committee is to create a separate ad-hoc group to begin reviewing coordination of critical assessment items that would be used in the process. An official RFP will be developed by the second quarterly meeting of the year to engage an organizational process.

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

Agendas: Constant contact via emails to agencies and their boards; news releases to local newspapers; posting on agency websites; tab on lead agency website; LME posting in weekly online and print version of "Monday Morning Coffee Break". ESG Monitoring: There is a 3-pronged approach. 1st is the threshold assessment of board and leadership capacity, followed by program capacity and the ability to meet stated objectives - intake, assessment, program delivery, and reporting abilities; 3rd to validate collaboration with community programs, layered funding ability. CoC then seeks to work with each piece to bring agency up to speed with the CoC goals and national goals. The advisory board receives update progress reports. Qrtly Performance and locally established performance reviews oversight by a Review Committee comprised of non-funded agencies. Meet with agencies not producing progressive outcomes, discuss ways to step up performance, meet with board members, and report to community.

## 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 |
|---|---|---|
| Advisory Board/Care Connection | Main decision-making body of the CoC. Group makes and approves policy or policy changes, monitors and acts upon sub-committee recommendations, sets and approves goals, determines community and program priorities, nominates leadership of main group as well as sub-committee chairs and co-chairs, sets meetings, agendas, reports activity changes, reports new or discontinued availability of services related to homeless participants, determines and monitors group outcoms. | quarterly (once each quarter) |
| Housing Support Committee | Coordinates housing availability for homeless and disabled consumers, works to address and develop additional housing options(focusing primarily on permanent and permanent supportive housing). This tri-county committee includes service support agencies that are both profit and non-profit. Committee also coordinates available targeted units through the State Dept. of Health nd Human Seravices. | Bi-monthly |
| CHIN (HMIS) Support Committee | Monitors local HMIS participation, data quality for each participating agency, addresses system issues, coordinates local training with CHIN staff, plans and implements PIT Counts and CoC Housing Inventory. Chairperson serves on Statewide CHIN Advisory Cmte. | Bi-monthly |
| Strategic Planning Committee | Establish the long term strategy based on HUD regulations and HEARTH Act | quarterly (once each quarter) |
| Review Committee | Monitors grantees' Quarterly Performance Report which contains cumulative information taken directly from the HMIS APR. Mid-year, the agencies' performances is rated using a scorecard which evaluates performance based on HUD goals and objectives for both CoC Competition and ESG funds. Mid-year visits to become familiar with grantees' operations and to offer technical assistance based on the findings of the evaluation. This along with the renewal scorecard greatly enhances our ability as a Committee and consequently as a CoC to make better funding recommendations and decisions based on project priorities and unbiased review performance. | Bi-monthly |

## 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 |
| Individual |
| Private Sector |

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

## Instructions:

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

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

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

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

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

### Number of Public Sector Organizations Represented in Planning Process

| | Law Enforcement/ Corrections | Local Government Agencies | Local Workforce Investment Act Boards | Public Housing Agencies | School Systems/ Universities | State Government Agencies | Other |
|---|---|---|---|---|---|---|---|
| **Total Number** | 1 | 2 | 1 | 1 | 1 | 0 | 19 |

### Number of Public Sector Organizations Serving Each Subpopulation

| | Law Enforcement/ Corrections | Local Government Agencies | Local Workforce Investment Act Boards | Public Housing Agencies | School Systems/ Universities | State Government Agencies | Other |
|---|---|---|---|---|---|---|---|
| **Subpopulations** | | | | | | | |
| **Seriously mentally ill** | 1 | 1 | 1 | 3 | 0 | 2 | |
| **Substance abuse** | 1 | 2 | 1 | 3 | 3 | 2 | |
| **Veterans** | 1 | 1 | 1 | 3 | | 2 | |

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

### 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** | | | | 2 | | | |
| **Authoring agency for consolidated plan** | 0 | 0 | 1 | 0 | 0 | 1 | 0 |
| **Attend consolidated plan planning meetings during past 12 months** | 1 | 1 | 1 | 2 | 0 | 1 | 0 |
| **Attend consolidated plan focus groups/ public forums during past 12 months** | 1 | 2 | 1 | 0 | 0 | 0 | 1 |
| **Lead agency for 10-year plan** | 2 | 2 | 1 | 2 | 2 | 2 | 10 |
| **Attend 10-year planning meetings during past 12 months** | 1 | 1 | 1 | 1 | 1 | 1 | 0 |
| **Primary decision making group** | 0 | 2 | 1 | 1 | 1 | 1 | 18 |

# 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** | 1 | 1 | |

## Number of Individuals Serving Each Subpopulation

| | Homeless | Formerly Homeless | Other |
|---|---|---|---|
| **Subpopulations** | | | |
| **Seriously mentally ill** | 1 | | |
| **Substance abuse** | 1 | | |
| **Veterans** | | | |
| **HIV/AIDS** | | | |
| **Domestic violence** | | | |
| **Children (under age 18)** | | | |
| **Unaccompanied youth (ages 18 to 24)** | | | |

## Number of Individuals Participating in Each Role

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

# 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** | 4 | 10 | | 4 | 20 | |

### Number of Private Sector Organizations Serving Each Subpopulation

| | Businesses | Faith-Based Organizations | Funder Advocacy Group | Hospitals/ Med Representatives | Non-Profit Organizations | Other |
|---|---|---|---|---|---|---|
| **Subpopulations** | | | | | | |
| **Seriously mentally ill** | 3 | 9 | | 2 | 12 | |
| **Substance abuse** | 3 | 9 | | 2 | 13 | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Veterans** | 3 | 10 | | 3 | 14 | |
| **HIV/AIDS** | 3 | 9 | | 2 | 11 | |
| **Domestic violence** | 2 | 8 | | 2 | 11 | |
| **Children (under age 18)** | 1 | 7 | | 2 | 11 | |
| **Unaccompanied youth (ages 18 to 24)** | 1 | 6 | | 2 | 12 | |

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

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

## Instructions:

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

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

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

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

Applicants are subject to thresholds which includes, list of board members, board minutes, most recent annual audit, current operating budget, reimbursement statements, letter of intent to apply for funding signed by board chairperson; in operation for at least 3 years; staff/service capacity with listing of staff % of dedicated time to project; HMIS participation; leveraging and match letters; HUD monitoring findings. If threshold criteria are met, applicant is invited to submit a pre-application similar to the actual HUD project application. Review Com rates entries via funding request scorecard. Minimum score of 65% to be eligible. Applications are prioritized based on HUD priorities and community data based needs. Permanent housing and Rapid Re-Housing are given consideration 1st.

| | |
|---|---|
| **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):** | d. One Vote per Organization, a. Unbiased Panel/Review Commitee, f. Voting Members Abstain if Conflict of Interest |
| **Is the CoC open to proposals from entities that have not previously received funds in the CoC process?** | Yes |

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

Any party interested in funding must be a member of Gaston/Cleveland/Lincoln County Continuum of Care for one year and an agency in good standing in the community and with the CoC. If provider meets all threshold requirements, he/she are notified by the Review Committee and invited to complete a Pre-Application for funding. This applies to both CoC and ESG competitive funding considerations. Technical assistance is provided as requested in completing the Pre-Application. Once completed, the Review Committee reviews and scores each section as outlined on the application scorecard. Agency must score a minimum percentage of total applicable points to be recommended for funding. Applicant is notified by Review Committee the outcome of the application process. Recommendations outcomes are presented to the CoC membership for voting.

| | |
|---|---|
| **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)**

Decrease of 10 ES beds. Men's homeless shelter in Cleveland County changed hands and new management requested their information not to be considered by the CoC. Also, CoC facilitated the return of a previous member who reported beds during this time period.

**HPRP Beds:** Yes

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

Increase of 35 HPRP beds. HPRP agency completed funding requests during required time period, thus utilizing remainder of money.

**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)**

Increase of 26 TH beds due to one new TH CoC member now reporting data and one new grant funding allocated in 2011 CoC Competition, now reporting beds. Also an existing agency increased number of TH 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)**

Increase of 14 PH beds. New grants, with previously allocated funds, are now reporting beds.

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

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

**Instructions:**

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

| | |
|---|---|
| **Did the CoC submit the HIC data in HDX by April 30, 2012?** | Yes |
| **If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)** | |
| **Indicate the type of data sources or methods used to complete the housing inventory count (select all that apply):** | HMIS plus housing inventory survey |
| **Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply):** | Follow-up, Updated prior housing inventory information, Training, Instructions, HMIS, Confirmation |
| **Must specify other:** | |
| **Indicate the type of data or method(s) used to determine unmet need (select all that apply):** | National studies or data sources, Unsheltered count, HMIS data, Housing inventory, Stakeholder discussion, 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)** | |

We began with the PIT un-sheltered count, identified un-sheltered count sub-populations by individual, discussed with stakeholders the type of housing needed for each sub-population, reviewed un-sheltered that did not fall into any sub-population and then we subtracted under-utilized bed space for each housing type.

# 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:** | Single CoC |
| **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 |
| **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)** | 05/06/2006 |
| **Indicate the challenges and barriers impacting the HMIS implementation (select all the apply):** | No or low participation by non-HUD funded providers, Other, Inadequate resources |

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

n/a

**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 Resources - cost of the "per seat" license for the agencies is being increased from $325 per year to $1170 per year. There are few local financial resources available to supplement this added cost.
Other - There are three Domestic Violence (DV) shelters operated in the CoC region and are not allowed to report data due to federal regulations. This impacts the AHAR, Bed Utilization Rates, and Housing Inventory coverages. There are several faith-based shelter programs that are church/privately funded that refuse to report information to a federal data collection program. The NCCEH is offering CoCs competitive grant funding to supplement financial costs through the CoC planning dollars included in this year's CoC grant. Continued outreach and education of faith based organizations.

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

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

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

| | | |
|---|---|---|
| **Operating Start Month/Year** | July | 2012 |
| **Operating End Month/Year** | June | 2013 |

### Funding Type: Federal - HUD

| Funding Source | Funding Amount |
|---|---|
| **SHP** | $0 |
| **ESG** | $0 |
| **CDGB** | $0 |
| **HOPWA** | $0 |
| **HPRP** | $1,379 |
| **Federal - HUD - Total Amount** | $1,379 |

### Funding Type: Other Federal

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

### Funding Type: State and Local

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

## Funding Type: Private

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

## Funding Type: Other

| Funding Source | Funding Amount |
|---|---|
| **Participation Fees** | $4,550 |

| | |
|---|---|
| **Total Budget for Operating Year** | $5,929 |

**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)**

Our CoC participates in a statewide advisory panel led by the NCHC and NCCEH. We have one vote on their budget priorities.

**How was the HMIS Lead Agency selected by the CoC?** Agency was Appointed

**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** | 76-85% |
| *** HPRP beds** | 86%+ |
| *** Safe Haven (SH) beds** | No beds in CoC |
| *** Transitional Housing (TH) beds** | 51-64% |
| *** Rapid Re-Housing (RRH) beds** | No beds in CoC |
| *** Permanent Housing (PH) beds** | 86%+ |

**How often does the CoC review or assess its HMIS bed coverage?** At least Quarterly

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

The CoC's Carolina Homeless Information Network (CHIN) staff are working with individual regional committees and agencies to provide training and specific technical assistance and support to assist agencies in entering their beds into the inventory. Our CoC Review Committee reviews and will continue to review progress of existing grantees closely in their quarterly performance reviews. The CoC has also formed an HMIS Review Committee to review HMIS data quality bi-monthly, identify agencies in need of technical assistance, and engage agencies that are not currently using HMIS. Only the TH beds fell in the category of 0-64%. Only two of our 8 HMIS TH are funded through the NOFA. Our goal is to reallocate this funding next year.

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

## Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

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

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

| Types of Services | Volume coverage percentage |
|---|---|
| **Outreach** | 5% |
| **Rapid Re-Housing** | 30% |
| **Supportive Services** | 40% |

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

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

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

| Universal Data Element | Records with no values (%) | Records where value is refused or unknown (%) |
|---|---|---|
| **Name** | 0% | 0% |
| **Social security number** | 0% | 4% |
| **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** | 1% | 0% |
| **Disabling condition** | 2% | 0% |
| **Residence prior to program entry** | 1% | 0% |
| **Zip Code of last permanent address** | 1% | 3% |
| **Housing status** | 3% | 0% |
| **Destination** | 0% | 59% |
| **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 bi-monthly

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

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

| | |
|---|---|
| **Indicate which reports the CoC submitted usable data (Select all that apply):** | 2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR |
| **Indicate which reports the CoC plans to submit usable data (Select all that apply):** | 2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR |

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

## Instructions:

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

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

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

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

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

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

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

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

# 2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

## Instructions:

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

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

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

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

**How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices?** At least Annually

**How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)?** Never

**Does the CoC have an HMIS Policy and Procedures Manual?** Yes

### If 'Yes', does the HMIS Policy and Procedures manual include governance for:

| | |
|---|---|
| **HMIS Lead Agency** | X |
| **Contributory HMIS Organizations (CHOs)** | |

| | |
|---|---|
| **If 'Yes', indicate date of last review or update by CoC:** | 09/05/2012 |
| **If 'Yes', does the manual include a glossary of terms?** | No |
| **If 'No', indicate when development of manual will be completed (mm/dd/yyyy):** | 02/28/2013 |

# 2G. Homeless Management Information System (HMIS) Training

## Instructions:

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

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

| | |
|---|---|
| *** Privacy/Ethics training** | At least Monthly |
| *** Data security training** | At least Monthly |
| *** Data quality training** | At least Monthly |
| *** Using data locally** | At least Quarterly |
| *** Using HMIS data for assessing program performance** | At least Semi-annually |
| *** Basic computer skills training** | Never |
| *** HMIS software training** | At least Monthly |
| *** Policy and procedures** | At least Annually |
| *** Training** | At least Monthly |
| *** HMIS data collection requirements** | At least Monthly |

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

### Instructions:

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

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

| | |
|---|---|
| **How frequently does the CoC conduct the its sheltered point-in-time count:** | annually (every year) |
| **Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy):** | 01/25/2012 |
| **If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012?** | Not Applicable |
| **Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012?** | Yes |

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

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

| Housing Type | Observation | Provider Shelter | Client Interview | HMIS |
|---|---|---|---|---|
| **Emergency Shelters** | | 64% | | |
| **Transitional Housing** | | 36% | | |
| **Safe Havens** | | 0% | | |

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

During the 2012 PiT we were able to recruit homeless service providers that had not participated in the count in previous years thus increasing the number and generating a more accurate count.

### 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** | We show needs in all areas of housing for individuals without children. ES 52; TH 68; PSH 259. Among families with children we show a need of 31 PSH beds. This information was gathered using bed counts on HIC, PiT information and estimates of persons in need of various forms of housing. Our PiT count almost doubled in the number of un-sheltered persons. This was due in part to more providers participating in the count than the previous year. |
| *** Services** | Our 2012 PiT count did not factor information needed to calculate need/gap in the area of services. This will be incorporated in our data collection at the start of 2013. |
| *** Mainstream Resources** | Our 2012 PiT count did not factor information needed to calculate need/gap in the area of mainstream resources. This will be incorporated in our data collection at the start of 2013. |

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

### Instructions:

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

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

| | |
|---|---|
| **Survey providers:** | X |
| **HMIS:** | X |
| **Extrapolation:** | |
| **Other:** | |

### If Other, specify:

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

As with the prior year, homeless clients can opt out of having their information entered into HMIS so it is important for survey providers to ensure a 100% sheltered count. All agencies were provided with count sheets for clients without consent for entry into HMIS. When count sheets were retrieved from agencies a follow-up telephone survey was conducted with each agency to ensure accuracy. Our percentage of clients opting into the HMIS system increased significantly due to the education efforts and follow up procedures that had been implemented.

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

### Instructions:

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

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

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

| | |
|---|---|
| **HMIS** | X |
| **HMIS plus extrapolation:** | |
| **Sample of PIT interviews plus extrapolation:** | |
| **Sample strategy:** | |
| **Provider expertise:** | X |
| **Interviews:** | X |
| **Non-HMIS client level information:** | X |
| **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)**

CoC used HMIS for all sub-population counts plus manual counts for those without consent to be entered into HMIS. Service providers used a combination of one-on-one interviews with clients staying in the shelter on the night of the count as well as referring to client records to insure accuracy of information. Ongoing efforts by the CoC to keep agencies abreast of HUD element updates needed for CHIN entry have progressed and are included in the bi-monthly data quality meetings. CoC funded agencies utilize the intake data form provided by CHIN to ensure that all required data is collected

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

### Instructions:

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

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

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

**If Other, specify:**

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

Client initials and date of birth were used to compare across the board of reporting agencies in all three counties. Where date of birth was the same, first name and last initials were then used. We felt that we eliminated a number of duplicated individuals who may have shown up at one shelter and later in the same day at a soup kitchen.

**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)**

CoC used HMIS for data quality and communicate thoroughly with those agencies that participated in the manual counts of those that opted out of HMIS. Training was offered on an as needed basis. The CoC used strategies to ensure that each sheltered homeless person was not counted more than once during the point-in-time.

# 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?** | semi-annually (twice a year) |
| **Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy):** | 01/25/2012 |
| **If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012?** | Not Applicable |
| **Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012?** | Yes |

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

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

There was an increase of unsheltered homeless due to more service providers in the communities agreeing to submit data to PiT.

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

### Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

| Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply): | |
|---|---|
| **Public places count:** | X |
| **Public places count with interviews on the night of the count:** | X |
| **Public places count with interviews at a later date:** | |
| **Service-based count:** | X |
| **HMIS:** | X |
| **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)**

A manual count was done on this population group; service providers were supplied with count sheets for clients without consent for entry into HMIS. When count sheets were retrieved from agencies a follow-up telephone survey was conducted with each agency to ensure accuracy. The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count were asked where they were sleeping on the night of the most recent point-in-time count.

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

### Instructions:

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

| | |
|---|---|
| **Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count:** | Non-Shelter Services |
| **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:** | X |
| **De-duplication techniques:** | X |
| **"Blitz" count:** | |
| **Unique identifier:** | |
| **Survey question:** | X |
| **Enumerator observation:** | |
| **Other:** | |

**If Other, specify:**

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

With the service-based count we used de-duplication factors, which are: person's full initials, age, race, gender, family status, grade completed in school and location where they stated they slept on the night of the count. Our CoC captures 85%+ unsheltered homeless data in HMIS through their use of the local day center in Gastonia; therefore, we compared HMIS data with unsheltered counts.

**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)**

Outreach is through the day center for homeless, the local hospitals, local emergency shelters, local homeless prevention programs and the local school system social workers and counselors. Reinvestment in Communities administers a comprehensive TBRA program that has been used to quickly re-house families who have the potential to become self-sufficient quickly. The Gastonia Housing Authority gives preference to families with children. In Cleveland County, the local housing authority works with the local shelter to re-house families quickly. In Lincoln County, the Dept. of Social Services has a program to quickly re-house homeless families with children. Gaston/Lincoln and Cleveland Counties applied and were granted HPRP funds over a three-year period to help reduce unsheltered homeless households with children.

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

Through the regional MH/DD/SA Area Authority (Pathways LME), street outreach has been a high priority to meet, identify and connect homeless individuals with services. Additionally, Pathways LME have staff that work in the local jail system to ensure those released have appropriate meds and housing when they are released. The Gastonia day shelter is a low demand program that provides the opportunity to identify homeless, their disabilities and connect them with services. Through CoC members there has been a concentrated effort to identify street homeless with disability income, refer them to services, identify housing units targeted for persons with disabilities and work toward housing placement.

# 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?** | 55 |
| **In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** | 63 |
| **In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** | 65 |
| **In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** | 65 |

**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)**

During this funding cycle an application is being submitted which, if allocated, will provide an additional 8 PH beds for CH. The CoC is preparing to make reallocation decisions for the next funding cycle from TH and SSO to PH. The number of beds this will provide is not determined at this time. CoC is making application for funding to both U.S. Dept. of HUD and the State of N.C. to construct housing with rental subsidy and to advocate with other funding sources to provide leasing assistance for market rate apartments. HOME Set-Aside for CHDO's will be used to leverage public and private dollars to create housing opportunities for homeless. The planning initiatives will be coordinated through the Housing Support Committee and the Main Decision-Making Group. In addition and as an alternative, CoC will continue to advocate to public housing authorities to make homelessness a preference.

**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)**

Partners BHM LME has committed to provide pre-development costs on proposed
construction and/or rehabilitation projects developed for persons with disabilities. Tenant preference will be given to homeless and chronically homeless. Local CHDO for Gaston Consortium uses HOME funds to increase rental units for disabled, giving preference to homeless and chronic homeless. CoC will continue to apply for S+C units and Housing First Units. CoC is developing private partnerships with profit corporations to build affordable housing units.

**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)**

Locally, we believe that stable housing for individuals and families is the foundation to eliminate chronic homelessness. Wrap around supportive programs and services tailored to the needs of the individual or family become the second leg of the three-legged stool. Permanent housing beds supported by long-term rental assistance and coupled with good, smart performance measures work to create a positive accountability for the consumer of the services. Certainly the third leg of the housing stability "stool" is increased or income security, whether the security is achieved through employment activity or a safety net benefit program. Every permanent housing bed within a program needs to have a proactive housing plan and self sufficiency component, without those elements, that ends up becoming a form of entitlement enabling process. The CoC review committee is set up to focus on the performance of each agency, and make its decisions based on that higher expectation of accountability.

# 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.

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| **What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?** | 91% |
| **In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** | 80% |
| **In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** | 80% |
| **In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** | 80% |

**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)**

Through the Main Decision-Making Group stakeholders and PH providers ensure that all actions that may cause eviction are addressed with tenants prior to entry and reinforced frequently by tenant's community support worker. Strong community support is key and will continue to be a key success component. As backup, CoC members are proactive in advocacy issues with landlords and rental subsidy sources as well as maintain open dialogue with providers. The CoC has also included Legal Aid and Fair Housing experts into the stakeholder group.

**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)**

CoC will continue to engage and educate landlords/property owners that are supportive of success in permanent housing for homeless populations. CoC will continue to ensure strong community support for tenants in permanent housing. CoC will continue to maintain policy of reinforcement with tenants on need to remain housed and ensure good tenant/landlord relations. CoC will continue to maintain strong and open dialogues with providers, consumers, and landlords/property owners through special events and forums.

# 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.

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| **What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** | 100% |
| **In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** | 65% |
| **In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** | 65% |
| **In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** | 65% |

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

CoC Monitoring Committee shall provide courtesy reviews of TH programs every six months and maintain open dialogue with providers and stakeholders to address any challenges or barriers. Additionally, TH program providers ensure an appropriate screening process for potential participants to determine motivation for success. CoC members and stakeholders also consider the challenge of difficult populations in determining success potential. These multiple steps shall assure a degree of success that will increase the percentage moving to permanent housing.

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

The CoC members and stakeholders shall maintain open dialogues, working as a team to refine existing programs and implement best national practices within transitional housing programs. As a long-term goal, CoC members may consider transitioning to all permanent supportive housing in lieu of transitional housing programs.

# 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.

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| **What is the current percentage of participants in all CoC-funded projects that are employed at program exit?** | 20% |
| **In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?** | 20% |
| **In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?** | 20% |
| **In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?** | 20% |

**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)**

With unemployment averaging 10.6% for this CoC area (January - September 2012), CoC managed to meet the HUD threshold of 20% Programs will improve access to job opportunities and increase access to job training, career services, etc. through information sharing and coordination with federal, state,and local entities and other means. All HMIS agencies quarterly performance reports will be monitored by the Review Committee. Lead agency will work with agencies who are having difficulty finding employment for clients.

**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)**

CoC member agencies and stakeholders are concerned with creating sustainable community benefits for low income residents of HUD-assisted housing. The CoC will continue to partner with Federal, State, and Local entities to improve transportation access and to research other economic development organizations and by leveraging federal and private resources. Program participants will continue to be challenged with certain requirements that must be accomplished as part of the program criteria. This includes job readiness training and job search. CoC members and stakeholders shall provide participants receiving disability (SSI, SSDI, VA) with information on SSA Ticket to Work Program since 38% of participants are disabled

# 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?** | 63% |
| **in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** | 50% |
| **in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** | 50% |
| **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 through quarterly reporting features built into participation in this competition and the regular HMIS (CHIN committee) discussions will introduce training by program staff of the various benefits providers, such as Medicad applications, SSA access; and local DSS services such as WIA and Food Stamps. Locally there were 21 SOAR trained workers across a number of agencies. Re-engaging these people, many of whom are currently working successfully in a few agencies, will help speed up the process and the reporting of successful reception of mainstream benefits.

**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 vision of the CoC is to have an active, engaged provider system of care, and community collaborative that are highly visible in the community. When churches, school teachers, and employers know the signs of stress and indicators of homelessnes, the community agencies will become more successful in their delivery of services. Increased and highly developed performance measures will allow the CoC membership to effectively evaluate long-term program outcomes.

# 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?** | 14% |
| **In 12 months, what will be the total number of homeless households with children?** | 12% |
| **In 5 years, what will be the total number of homeless households with children?** | 10% |
| **In 10 years, what will be the total number of homeless households with children?** | 8% |

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

HPRP and other resources continued to create a decrease in homeless households with children. Through the HPRP grant awarded through the CoC, members and stakeholders shall utilize funds to reduce the number of homeless families with children. Additionally, the CoC has applied and received ESG grant dollars to fund Rapid Re-Housing programs. We look forward to results of this program to be similar and better than HPRP.

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

CoC members and stakeholders consider alternative ways to provide homeless prevention activities that will reduce the number of homeless families entering shelters and/or living in places not meant for human habitation. Members and stakeholders advocate with current homeless prevention programs to re-define existing programs and monitor effectiveness.

# 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.

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| **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):** | 2 |
| **Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition):** | 2 |
| **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)**

For the purpose of this application, we are not reallocating any projects. However, we do plan to reallocate our SSO projects in future NOFA grants. To answer this question, we need to meet with the affected providers to determine how the quality and quantity of supportive services will continue and thus remain in the Continuum.

**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)**

For the purpose of this application, we are not reallocating any projects. However, we do plan to reallocate our Transitional Housing project in the next NOFA grant. To answer this question, we need to meet with the affected providers to determine how the participants will obtain PH or move into another TH program. This conversation will begin during the 1st quarter to 2nd quarter of this year.

# 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?** Other

### If "Other," explain:

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

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

. Our CoC coordinates with our local DSS to ensure that children are not discharged into homelessness and have access to NC Links. NC Links provides funding for up to 3 years of housing and vocational supports. Furthermore, students aged out of NC foster care are eligible for scholarship assistance to pay the cost of attendance for in-state universities or any NC community college. In 2007, the State legislature approved funding to provide Medicaid coverage for youth who aged out of foster care at age 18, until the month of their 21st birthday, without regard to assets or income, to ensure access to services. Our CoC has local school liaisons and DSS staff represented at meetings to coordinate necessary services.

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

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

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

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

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

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

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

### Instructions:

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

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

### If "Other," explain:

The State has no governance over health care discharges in North Carolina.

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

Because hospitals are independent and do not fall under a state office, it is impossible to develop written formal protocols. However, the local hospitals, with member representation in the local CoC, has established protocols to address the need for continuing care, treatment and services after discharge to ensure patients are not discharged to homelessness. Through the combined resources of the hospital emergency social work staff and the non-profit providers appropriate housing is located. The CoC members agree that emergency prevention measures shall be taken for appropriate placement so that no person is discharged into a federally-funded homeless program. Additionally, through hospital emergency social work staff, persons receiving emergency room care who are identified as homeless are provided with a list of housing and service resources to address their need for permanent housing.

### 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)

Gaps include the lack of authorized or properly zoned shelter facilities. Many church-based facilities are often undermanned and underfunded. Discharge plans need to include transportation components and specific plans for follow up.
timing of discharges - many times late in a day, or on a weekend complicate the process for housing intake.

**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)**

Hospitals, local jails and detention facilities, juvenile justice programs, probation officers, public health departments, detox facilities, faith-based organizations, and service providers.

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

Families, friends, sometimes willing landlords will work with individuals for short periods of time. Churches.

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

### Instructions:

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

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

**If "Other," explain:**

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

State Hospitals signed agreements that patients will not be discharged to homeless shelters, referencing McKinney-Vento prohibitions. The Division of Facility Services requested that Hospitals sign the agreement and monitored the process. The NC Interagency Council on Coordinating Homeless Programs contracts with Socialserve.org to provide NCHousingSearch.com, a listing service for landlords and a search service for tenants that makes housing more accessible for persons with disabilities. The State contracts with the NC Coalition to End Homelessness to provide SOAR training for staff at State Hospitals and mental health agencies. Our CoC community has 21 trained SOAR workers targeting individuals with mental illness. The State is creating a TBRA program for persons who have serious and persistent mentally illness. The 3,000 housing slots include rental assistance and services. Some slots will be available to individuals who are homeless in State hospitals and those seeking admission to Adult Care Homes.

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

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

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

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

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

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

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

### Instructions:

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

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

### If "Other," explain:

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

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

The NC Interagency Council on Coordinating Homeless Programs (ICCHP) members include representatives from the Department of Public Safety (DPS) who have been participating in the Discharge Planning Workgroup for over 6 years. The ICCHP contracts with Socialserve.org to provide NCHousingSearch.com, a listing service for landlords and a search service for tenants that makes housing more accessible for persons with criminal histories. Prison staff use this system extensively to plan discharges. The State of North Carolina contracts with the NC Coalition to End Homelessness to provide SOAR training for caseworkers. The CoC has 21 SOAR caseworkers who may work with individuals after they are discharged from corrections. Our CoC invite jail staff to participate in regular meetings. Local jails also have liaisons that assist those being discharged with housing.

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

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

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

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

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

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

# 3C. Continuum of Care (CoC) Coordination

### Instructions:

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

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| **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:** | Promote the elimination of Chronic Homelessness and long term Homeless families; support Homeless Prevention and Rapid Re-Housing of low income households. |

**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)**

It is tough, but a number of agencies have been tapping into the use of TBRA funds for many of their clients. Locally TBRA is restricted to Homeless, and with verified disability. The challenge is nurturing relationships with private landlords who are willing to accept government funded rental assistance. Once a good relationship with a landlord or property management firm is established, they generally become good referral sources

**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)**

HUD-VASH - local PHA which administers VASH by statutory authority sits on CoC Advisory Board, has not made application for vouchers citing the low-demand feature of the program. PHA and the VA (Salisbury), along with the DD/MH/SA LME have continual discussions as a result of their interactions through the CoC.
HOPWA - Three CoC agencies receive small HOPWA funding streams and report outcomes during quarterly meetings; NSP is very active through the City of Gastonia and the HOME program, the director of the Housing and Neighborhoods Division of the city government serves on the CoC board. The Citizen's Advisory Board funds a grant program to assist non-profit organizations within the CoC with small administrative grants. CDBG - funding assists the CoC in its coordination of technical assistance with the CoC Program, ESG, the production of the AHAR, coordination of PIT, and HIC.

| | |
|---|---|
| **Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?** | Yes |
| **If 'Yes', describe the established policies that are in currently in place:** | It is a threshold requirement for participation in the CoC Program competition. Agencies not serving youth, or families with children receive an exemption from this expectation. |

**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)**

CoC leaders meet annually with school social workers to describe program access and referral process. Assistance by designated school administrators in each county is critical for success. Refresher announcements are made periodically during the school year and just before the summer break.

**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)**

Individual agency policies regarding admissions is taken into consideration when engaging in participation with CoC processes. One agency this year, a faith-based organization serving women and with children under age 10, withdrew from funding consideration when presented with the separation question. the agency still participates with bed inventory and HMIS reporting however chooses not to pursue funding from this stream. DV shelters have separate issues particularly in the HMIS tracking processes mandated by federal statutes. All report bed inventories, and utilization rates, and most have private funding streams that assist their efforts. All CoC housing agencies use the shelters first and foremost for primary referrals to rapid re-housing and permanent housing.

**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)**

Our CoC is served by two VA regional catchment areas, Salisbury and Asheville. Representatives from the health care programs and housing programs serve on the Advisory Board of the CoC and are very active in quarterly meetings and on the housing subcommittee. There are three separate county Veteran Service Administrators within the CoC area, and each participate in VA Stand Downs, and local PIT efforts. In one county, efforts are underway to redevelop an old nurse's dormitory building into SRO units for homeless veterans. The existing building is on the campus of the LME and within walking distance of outpatient treatment facilities and other supportive services.

**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)**

5 organizations, Loray Girls Home, Discovery Home Care, With Friends, Adam's House, and LINKS), within the CoC membership focus specifically on youth homelessness. Three of the organizations work with specific demographic segments, females, males, or older youth. One agency called LINKS, works with youth aging out of foster care and serves as a primary referral agency for TBRA and Shelter Plus Care. Adam's house is a transitional housing program and is in the process of converting it's program focus to rapid re-housing and utilizing TBRA as an entry into permanent housing.

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

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

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

In our state, and particularly in our CoC region, ESG recipients would directly contract with the NC DHHS until this past round. The CoC instituted a similar process as done with the CoC program Competition. Using performance measures and thresholds, the recent ESG competition focused on a number of Rapid Re-housing projects.

**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)**

Local CoC agencies regularly produce public service announcements and have good relationships with local media outlets. We have had a number of stories written about individual programs, and the CoC produces a document called the, "Tri-County Resource Guide" which is distributed to churches, soup kitchens, crisis ministry agencies, school social workers, and the larger provider network. there are several businesses whose empployees serve on board of many of the non-profits that also distribute this guide through their businesses.

# 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)**

This is the program in development. The 10YP process began to address overall system of care issues, and the LME over the past year has merged with two other LME's and are in the process of becoming an Managed Care Organization (MCO). This process has allowed a number of service providers who coordinate care and case management to become more efficient at seeking proper services for individuals, most of whom have disabilities, and families who have heads of households with disabilities. This CoC is submitting a Planning Project grant application as part of this CoC Program competition to begin the coordination process necessary for successful implementation.

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

The CoC lead agency works closely with the Consortium team during the planning stages, through annual plan reviews and CAPR, assists in data collection and sharing through market analysis, and participates in public hearings.

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

During the annual CAPR review.

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

(1) Finish the job of ending chronic homelessness in five years; - Development of the Coordinated Assessment and Intake Program (CAIP) - through the use of RRH and TBRA, with increased efforts to provide proper and adequate care coordination.
(2) Prevent and end homelessness among Veterans in five years; - involvement with VA VISN plans annually after identifying scope of need, and receiving good data through participation activities as reported in HMIS.
(3) Prevent and end homelessness for families, youth, and children in ten years; through RRH, and better performance measures for all permanent housing programs, increased threshold requirments for agencies, and reallocation if performance measures are not met.
(4) Set a path to ending all types of homelessness. Community education and engagement efforts, better business and political relationships as a body of collaborative agencies speaking with a single voice rather than many voices.

| | |
|---|---|
| **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 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)**

This year is the first year that this CoC participated in the process. It allowed the CoC to engage with 2 agencies that had been on the periphery of participation.

| | |
|---|---|
| **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)**

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

# 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** | 43 | **Beds** | 55 | **Beds** |
| **Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%** | 77 | **%** | 91 | **%** |
| **Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%** | 68 | **%** | 100 | **%** |
| **Increase the percentage of homeless persons employed at exit to at least 20%** | 21 | **%** | 20 | **%** |
| **Decrease the number of homeless households with children** | 14 | **Households** | 14 | **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)**

CoC employment at exit goal fell short of the proposed achievement by only 1% but we achieved the national goal of 20%.

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

Quarterly progress reports taken directly from HMIS are submitted to the CoC lead agency. A written score sheet is used by the lead agency to monitor each project and verify if project participant maintained at least a pre-determined threshold scoring. If performance does not meet threshold, agencies receive a letter of concern from the CoC board chair and review committee. A meeting with project leaders is established, with project leaders outlining any remediation that may be necessary to maintain project above established thresholds.

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

HUD expectations are reviewed regularly at CoC quarterly meetings and other committee bi-monthly meetings. Round table discussions are held providing network opportunities with other providers. Ideas and suggestions are exchanged as well as sharing of processes by those who are more successful in reaching these goals. CoC Lead Agency staff is available at quarterly performance appointments and other times as needed and/or requested.

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

There is a three-pronged approach. The first is the threshold assessment of board and leadership capacity, followed by program capacity and the ability to meet stated objectives - intake, assessment, program delivery, and reporting abilities; third to validate collaboration with community programs, layered funding ability. The CoC then seeks to work with each piece to bring an agency up to speed with the CoC goals, and in turn the national goals. the advisory board receives update progress reports on all agencies.

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

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

| Project Awarded | Competition Year the Grant was Awarded | Awarded Amount |
|---|---|---|
| none | none | $0 |

| | | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | **Total** | $0 |

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

This is the first year to begin this data collection. The local CoC has an HMIS committee (CHIN committee) to review data elements, and bed utilization rates. Outreach for technical assistance to lower performing agencies is a mandated process.

**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)**

Again, first year of tracking as a data element within the HMIS program for this CoC.

**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)**

Use of Constant Contact to reach out to landlords who may have people on the edge of eviction, meeting with landlords at local PHA community gatherings; speaking to provider agencies, meeting with individuals and families at area soup kitchens and emergency shelters. Working with local police to direct individuals to proper agencies for assistance.

**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)**

Individual agencies have different levels of engagement plans and responses. The CoC through it's current Action Plan and the 10YP mandate is attempting to put together a coordinated assessment and intake program, that will direct people at first contact with services that are needed to remain housed.

**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)**

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

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

## Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

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

### Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2010, FY2011, and FY2012:

| Year | Number of CH Persons | Number of PH beds for the CH |
|---|---|---|
| **2010** | 178 | 25 |
| **2011** | 162 | 44 |
| **2012** | 141 | 55 |

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

Data is collected upon program entrance using the HMIS recommended intake form/procedure or one similar in nature.

**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:** 11

### 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)

## 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** | | | | | |
| **Operations** | $60,000 | $30,000 | | | |
| **Total** | $60,000 | $30,000 | $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)** | 14 |
| **b. Number of participants who did not leave the project(s)** | 92 |
| **c. Number of participants who exited after staying 6 months or longer** | 12 |
| **d. Number of participants who did not exit after staying 6 months or longer** | 84 |
| **e. Number of participants who did not exit and were enrolled for less than 6 months** | 8 |
| **TOTAL PH (%)** | 91 |

## Instructions:

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

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

**Does the CoC have any transitional housing projects for which an APR was required to be submitted?** Yes

| Participants in Transitional Housing (TH) | |
|---|---|
| a. Number of participants who exited TH project(s), including unknown destination | 8 |
| b. Number of SHP transitional housing participants that moved to permanent housing upon exit | 8 |
| **TOTAL TH (%)** | 100 |

# 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:** 166

**Total Number of Exiting Adults**

| Cash Income Sources (Q25a1.) | Number of Exiting Adults | Exit Percentage (Auto-Calculated) |
|---|---|---|
| Earned income | 25 | 15% |
| Unemployment insurance | 1 | 1% |
| SSI | 18 | 11% |
| SSDI | 7 | 4% |
| Veteran's disability | 0 | 0% |
| Private disability insurance | 0 | 0% |
| Worker's compensation | 0 | 0% |
| TANF or equivalent | 4 | 2% |
| General assistance | 0 | 0% |
| Retirement (Social Security) | 0 | 0% |
| Veteran's pension | 0 | 0% |
| Pension from former job | 0 | 0% |
| Child support | 9 | 5% |
| Alimony (Spousal support) | 1 | 1% |
| Other source | 0 | 0% |
| No sources (from Q25a2.) | 101 | 61% |

**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?** No

# 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:** 166

**Total Number of Exiting Adults:**

| Non-Cash Benefit Sources (Q26a1.) | Number of Exiting Adults | Exit Percentage (Auto-Calculated) |
|---|---|---|
| **Supplemental nutritional assistance program** | 100 | 60% |
| **MEDICAID health insurance** | 40 | 24% |
| **MEDICARE health insurance** | 7 | 4% |
| **State children's health insurance** | 1 | 1% |
| **WIC** | 1 | 1% |
| **VA medical services** | 2 | 1% |
| **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** | 6 | 4% |
| **Other source** | 0 | 0% |
| **No sources (from Q26a2.)** | 62 | 37% |

**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?** No

# 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:**

Projects submit a Quarterly Performance Report which contains cumulative information taken directly from the HMIS APR. Mid-year, the agencies' performances is rated using a scorecard which evaluates performance based on HUD goals and objectives. Mid-year visits to become familiar with grantees' operations and to offer technical assistance based on the findings of the evaluation. Quarterly CoC meetings offers opportunity to network with other agencies and learn more about mainstream benefits.

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

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

The Long Range Planning Committee for the CoC has incorporated some of the operating plans to include items such as access to Medicaid, WIA, and Veterans Health Care programs; Meetings were held on Feb 28, 2012; April 23, 2012; July 24, 2012; October 25, 2012; Lead Agency and participating agencies also participate in the LME provider network called System of Care through 3 distinct "Community Collaboratives", one for each county, and the Communnity Collaboratives meet monthly.

| | |
|---|---|
| **Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?** | No |

| | |
|---|---|
| **Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?** | Yes |
| **If 'Yes', identify these staff members:** | Provider Staff |
| **Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff:** | No |
| **If 'Yes', specify the frequency of the training:** | |
| **Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?** | Yes |

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

Supplemental nutritional assistance, MEDICAID, MEDICARE, State children's health insurance, WIC, VA medical services, temporary rental assistance, Section 8, public housing, rental assistance, disability,SSI, SSDI, unemployment, Veteran's disability or pension, private disability insurance,Worker's Compensation, TANF, General Assistance, SS retirement, child support, alimony, pension from former job.

| | |
|---|---|
| **Has the CoC participated in SOAR training?** | Yes |

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

A cumulative total of 21 individuals from our CoC have attended SOAR training.

# 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.** | 100% |
| **1a. Describe how service is generally provided:** | |
| Clients generally meet with an assigned case manager within a reasonable period of time, generally 48 hours. A service plan is generated based on the individual's needs. Application for mainstream benefits are completed on site or at DSS with assistance of provider staff. | |

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

| | |
|---|---|
| **3. Homeless assistance providers use a single application form for four or more mainstream programs:** | 0% |
| **3.a Indicate for which mainstream programs the form applies:** | |
| Dept. of Social Services is very compartmentalized and does not allow one application process | |

| | |
|---|---|
| **4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:** | 100% |
| **4a. Describe the follow-up process:** | |
| Clients' progress is monitored via various means, primarily through case manager reviews with client at follow-up appt. If denied, case manager assists consumer with appeal and attends appeal with client. | |

# 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)**

None

**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)**

N/A Not a UFA

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

N/A Not a UFA

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

N/A Not a UFA

**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)**

N/A Not a UFA

# Attachments

| Document Type | Required? | Document Description | Date Attached |
|---|---|---|---|
| Certification of Consistency with the Consolidated Plan | Yes | Certificate of Co... | 01/09/2013 |
| CoC-HMIS Governance Agreement | No | CHIN Agreement - ... | 01/15/2013 |
| Other | No | | |
| Other | No | | |
| Other | No | | |
| Other | No | | |
| Other | No | | |
| Other | No | | |

# Attachment Details

**Document Description:** Certificate of Consistency NC-509

# Attachment Details

**Document Description:** CHIN Agreement - Lead Agency CoC 2013

# Attachment Details

**Document Description:**

# Attachment Details

**Document Description:**

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**Document Description:**

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# Submission Summary

| Page | Last Updated |
|---|---|
| **1A. Identification** | No Input Required |
| **1B. CoC Operations** | 01/15/2013 |
| **1C. Committees** | 01/07/2013 |
| **1D. Member Organizations** | 01/08/2013 |
| **1E. Project Review and Selection** | 01/07/2013 |
| **1F. e-HIC Change in Beds** | 01/17/2013 |
| **1G. e-HIC Sources and Methods** | 01/17/2013 |
| **2A. HMIS Implementation** | 01/08/2013 |
| **2B. HMIS Funding Sources** | 11/27/2012 |
| **2C. HMIS Bed Coverage** | 01/09/2013 |
| **2D. HMIS Data Quality** | 01/15/2013 |
| **2E. HMIS Data Usage** | 01/07/2013 |
| **2F. HMIS Data and Technical Standards** | 01/07/2013 |
| **2G. HMIS Training** | 01/07/2013 |
| **2H. Sheltered PIT** | 01/17/2013 |
| **2I. Sheltered Data - Methods** | 01/09/2013 |
| **2J. Sheltered Data - Collections** | 12/27/2012 |
| **2K. Sheltered Data - Quality** | 12/27/2012 |
| **2L. Unsheltered PIT** | 01/09/2013 |
| **2M. Unsheltered Data - Methods** | 12/27/2012 |
| **2N. Unsheltered Data - Coverage** | 12/27/2012 |
| **2O. Unsheltered Data - Quality** | 12/27/2012 |
| **Objective 1** | 01/16/2013 |
| **Objective 2** | 12/04/2012 |
| **Objective 3** | 11/28/2012 |
| **Objective 4** | 01/07/2013 |

| | |
|---|---|
| **Objective 5** | 01/17/2013 |
| **Objective 6** | 01/07/2013 |
| **Objective 7** | 01/07/2013 |
| **3B. Discharge Planning: Foster Care** | 01/09/2013 |
| **3B. CoC Discharge Planning: Health Care** | 01/16/2013 |
| **3B. CoC Discharge Planning: Mental Health** | 01/09/2013 |
| **3B. CoC Discharge Planning: Corrections** | 01/09/2013 |
| **3C. CoC Coordination** | 01/16/2013 |
| **3D. CoC Strategic Planning Coordination** | 01/16/2013 |
| **3E. Reallocation** | 12/28/2012 |
| **4A. FY2011 CoC Achievements** | 01/16/2013 |
| **4B. Chronic Homeless Progress** | 01/15/2013 |
| **4C. Housing Performance** | 11/14/2012 |
| **4D. CoC Cash Income Information** | 12/28/2012 |
| **4E. CoC Non-Cash Benefits** | 12/28/2012 |
| **4F. Section 3 Employment Policy Detail** | 11/14/2012 |
| **4G. CoC Enrollment and Participation in Mainstream Programs** | 01/15/2013 |
| **4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs** | 01/07/2013 |
| **4I. Unified Funding Agency** | No Input Required |
| **Attachments** | 01/15/2013 |
| **Submission Summary** | No Input Required |

OMB Approval No. 2506-0112 (Exp. 7/31/2012)

# 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: NC 509 Gaston/Lincoln/Cleveland Continuum of Care

Project Name: NC 509 Project Applications FY2012 CoC Program Competition

Location of the Project: City of Gastonia, Gaston County, Lincoln County, and Cleveland County

NC 509 is area covered by the City of Gastonia/Gaston Consortium

Consolidated Plan

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care (CoC) Program Competition

Name of Certifying Jurisdiction: City of Gastonia/Gaston Consortium

Certifying Official of the Jurisdiction Name: Ed Munn

Title: City Manager

Signature: 

Date: January 14, 2013

NORTH CAROLINA HOUSING COALITION
EDUCATING and ADVOCATING for CHANGE

**NORTH CAROLINA HOUSING COALITION**
**AND THE**
**CAROLINA HOMELESS INFORMATION NETWORK**

**CONTINUUM OF CARE PARTICIPATION AGREEMENT**

This Continuum of Care Participation Agreement (this "**Agreement**") is entered into as of July 1, 2012 between the North Carolina Housing Coalition (collectively, "**HMIS Lead Agency**") and the Gastonia/Cleveland, Gaston & Lincoln Ctys. NC-509 ("Participating Continuum of Care") regarding access and use of the Carolina Homeless Information Network ("**CHIN**") Homeless Management Information System ("**HMIS**") by its member agencies. The Participating Continuum of Care agrees that CHIN is the continuum's HMIS. Further, the Participating Continuum of Care agrees that all agencies within the continuum, that are subject to U.S. Department of Housing and Urban Development's HMIS participation requirements, should use CHIN to help determine an unduplicated count of homeless individuals and services delivered with the continuum.

## I. INTRODUCTION

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

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

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

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

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

1. HMIS Lead Agency will provide the Participating Agency 24-hour access to the CHIN HMIS data-gathering system, via Internet connection, subject to *force majeure* and routine maintenance procedures.
2. HMIS Lead Agency will provide HMIS Privacy Notices, Client Release of Information, client intake, and other forms for use, in conjunction with Participating Agency forms, in local implementation of the CHIN HMIS functions.
3. HMIS Lead Agency will provide both initial training and periodic updates to that training for core staff of the Participating Agency regarding the use of the CHIN HMIS, with the expectation that the Participating Agency will take responsibility for conveying this information to all Participating Agency staff using the system.
4. HMIS Lead Agency will provide basic user support and technical assistance (i.e., general trouble-shooting and assistance with standard report generation) as described in CHIN's policies and procedures, which may be amended from time to time as needed ("Policies and Procedures").
5. HMIS Lead Agency will not make public reports on client data that identify specific persons, without prior agency (and where necessary, client) permission. Public reports otherwise published will be limited to presentation of aggregated data within the CHIN HMIS.
6. HMIS Lead Agency's publication practices will be governed by policies established by the CHIN Steering Committee or relevant committees thereof for statewide analysis and will include qualifiers necessary to clarify the meaning of published findings.

## III. PRIVACY AND CONFIDENTIALITY

### A. Protection of Client Privacy

1. The Participating Continuum of Care will assist CHIN in monitoring agency usage within the continuum and to comply with applicable federal and state laws regarding protection of client privacy.
2. The Participating Continuum of Care will assist CHIN in monitoring agencies within the continuum to comply specifically with the requirements set forth in the Homeless Management Information Systems (HMIS); Data and Technical Standards Final Notice, 69 Fed. Reg. 45,903 (July 30, 2004) and related regulations promulgated by the U.S. Department of Housing and Urban Development ("**HUD**") with respect to Homeless Management Information Systems, specifically the March 2011 Homeless Management Information System (HMIS) Data Standards.
3. The Participating Continuum of Care will assist CHIN in monitoring agencies within the continuum comply specifically with Federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2, regarding disclosure of alcohol and/or drug abuse records.
4. The Participating Continuum of Care will assist CHIN in monitoring agencies within the continuum comply specifically with the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R., Parts 160 & 164, and corresponding regulations established by the U.S. Department of Health and Human Services, as applicable.
5. The Participating Continuum of Care will assist CHIN in monitoring agencies within the continuum comply with all Policies and Procedures pertaining to protection of client privacy.

### B. Client Confidentiality

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

2. The Participating Continuum of Care will assist CHIN to monitor that Participating Agencies within the continuum do not solicit or enter information from clients into the CHIN HMIS unless it is essential to provide services or conduct evaluation or research.
3. The Participating Continuum of Care will assist CHIN to monitor that Participating Agencies within the continuum not to divulge any confidential information received from the CHIN HMIS to any organization or individual without proper written consent by the client, unless otherwise permitted by applicable regulations or laws.
4. The Participating Continuum of Care will assist CHIN to monitor that Participating Agencies within the continuum to ensure that all persons who are issued a User Identification and Password to the CHIN HMIS enter into a User Agreement in a form approved by the HMIS Lead Agency, and that all such persons abide by this Agreement and the Policies and Procedures, including all associated confidentiality provisions. The Participating Agency will be responsible for oversight of its own related confidentiality requirements.
5. The Participating Continuum of Care will assist CHIN to monitor that Participating Agencies within the continuum make certain that all persons issued a User ID and Password will complete a formal instruction on privacy and confidentiality and demonstrate mastery of that information, prior to activation of their User License.
6. The Participating Continuum of Care acknowledges that ensuring the confidentiality, security and privacy of any information downloaded from the system by the Participating Agency is strictly the responsibility of the Participating Agency.

**C. Inter-Agency Sharing of Information**

1. The Participating Continuum of Care acknowledges that all forms provided by HMIS Lead Agency regarding client privacy and confidentiality are shared with the Participating Agency as the baseline forms. The forms may be modified to indicate the more stringent HMIS sharing restrictions of the Participating Agency. The modified forms must receive approval from HMIS Lead Agency before being used. The Participating Agency will review and revise (as necessary) all forms provided by the HMIS Lead Agency to assure that they are in compliance with the laws, rules and regulations that govern its organization.
2. The Participating Continuum of Care and Participating Agencies within the continuum agree to develop a plan for all routine sharing practices with partnering agencies. CHIN recommends that Participating Agencies document that plan through a fully executed ***[Qualified Service Organization Business Associate Agreement, hereafter known as QSOBA(s)].***
3. The Participating Continuum of Care and Participating Agencies within the continuum acknowledge that informed client consent is required before any basic identifying client information is shared with other agencies in CHIN. The Participating Agency will document client consent on a CHIN Client Release of Information Form acceptable to the HMIS Lead Agency.
4. If the client has given approval through a completed consent form, the Participating Agency may elect to share information according to QSOBA(s), or other document(s) that complies with applicable laws, rules and regulations, that the Participating Agency has negotiated with other partnering agencies in CHIN.
5. The Participating Agency will obtain a separate release from clients regarding release of restricted information if the Participating Agency intends to share restricted client data within the CHIN HMIS. Sharing of restricted information must also be planned and documented through a QSOBA, or other document(s) that complies with applicable laws, rules and regulations.
6. Agencies with whom information is shared are each responsible for obtaining appropriate consent(s) before allowing further sharing of client records.

7. The Participating Continuum of Care acknowledges that the Participating Agency, itself, bears primary responsibility for oversight for all sharing of data it has collected via the CHIN HMIS.
8. The Participating Agency agrees to place all client consent and authorization forms related to the CHIN HMIS in a file to be located at the Participating Agency's business address and that such forms will be made available to the HMIS Lead Agency for periodic audits. The Participating Agency will retain these CHIN-related client consent and authorization forms for a period of **7** years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.
9. The Participating Agency acknowledges that clients who choose not to authorize sharing of information cannot be denied services for which they would otherwise be eligible.

**D. Custody of Data**

1. The Participating Agency acknowledges, the Continuum of Care, and HMIS Lead Agency agrees, that the Participating Agency retains ownership over all information it enters into CHIN.
2. In the event that the CHIN HMIS ceases to exist, Participating Agencies will be notified and provided reasonable time to access and save client data on those served by the Participating Agency, as well as statistical and frequency data from the entire system. Thereafter, the information collected by the centralized server will be purged or appropriately stored.
3. In the event that HMIS Lead Agency ceases to exist, the custodianship of the data within the CHIN HMIS will be transferred to another organization for continuing administration and all CHIN Participating Agencies will be informed in a timely manner.

**IV. DATA ENTRY AND REGULAR USE OF THE CHIN HMIS**

1. The Participating Continuum of Care upholds that the Participating Agency will not permit User ID's and Passwords to be shared among users.
2. The Participating Continuum of Care upholds that if a client has previously given the Participating Agency permission to share information with multiple agencies and then chooses to revoke that permission with regard to one or more of these agencies, the Participating Agency will contact its partner agency/agencies and explain that, at the client's request, portions of that client record will no longer be shared. The Participating Agency may request that CHIN designate a client's record as "Inactive" and remove it from system-wide view or revoke existing Client Consent Form for that Participating Agency.
3. The Participating Continuum of Care upholds that if the Participating Agency receives information that necessitates a client's information be entirely removed from CHIN, the Participating Agency will work with the client to complete a form provided by HMIS Lead Agency with respect to the deletion of the record, which will be sent to HMIS Lead Agency for de-activation of the client record.
4. The Participating Continuum of Care agrees that the Participating Agency will enter all minimum required universal data elements as defined for all persons who are participating in services funded by HUD Supportive Housing Program, Shelter + Care Program, or HUD Emergency Shelter Grant Program as permitted by the client using the CHIN Client Release of Information form.
5. The Participating Continuum of Care agrees that the Participating Agency will enter data in a consistent manner, and will strive for real-time, or close to real-time, data entry.
6. The Participating Continuum of Care agrees that the Participating Agency will routinely review records it has entered in the CHIN HMIS for completeness and data accuracy in accordance with the Policies and Procedures.
7. The Participating Continuum of Care agrees that the Participating Agency will not knowingly enter inaccurate information into the CHIN HMIS.

8. The Participating Continuum of Care agrees that the Participating Agency will utilize CHIN for business purposes only.
9. The Participating Continuum of Care agrees that the Participating Agency will keep updated virus protection software on Agency computers that accesses CHIN.
10. The Participating Continuum of Care agrees that the transmission of material in violation of any United States Federal or state regulations is prohibited.
11. The Participating Agency will not use the CHIN HMIS with intent to defraud the Federal, State, or local government, or an individual entity, or to conduct any illegal activity.
12. The Participating Agency will incorporate procedures for responding to client concerns regarding use of CHIN into its existing grievance policy.
13. The Participating Continuum of Care agrees that the notwithstanding any other provision of this Agreement, the Participating Agency agrees to abide by all Policies and Procedures.

## V. PUBLICATION OF REPORTS

1. The Continuum of Care and Participating Agencies within the continuum agrees that it may only release aggregated information generated by the CHIN HMIS that is specific to its own services.
2. The Continuum of Care and Participating Agencies within the continuum acknowledges that the release of aggregated information will be governed through the Policies and Procedures.

## VI. DATABASE INTEGRITY

1. The Participating Continuum of Care agrees that the Participating Agency should not share assigned User ID's and Passwords to access CHIN with any other organization, governmental entity, business, or individual.
2. The Participating Continuum of Care agrees that the Participating Agency should not intentionally cause corruption of the network, software, or data in any manner. Any unauthorized access or unauthorized modification to computer system information, or interference with normal system operations, will result in immediate suspension of services, and, where appropriate, legal action against the offending entities.

## VII. HOLD HARMLESS

1. The HMIS Lead Agency makes no warranties, expressed or implied. Except to the extent arising from the gross negligence or willful misconduct of the HMIS Lead Agency, the Participating Agency, and Continuum of Care at all times, will indemnify and hold HMIS Lead Agency harmless from any damages, liabilities, claims, and expenses that may be claimed against the Participating Agency; or for injuries or damages to the Participating Agency or another party arising from participation in the CHIN HMIS; or arising from any acts, omissions, neglect, or fault of the Continuum of Care and Participating Agencies within the continuum or its agents, employees, licensees, or clients; or arising from the Participating Agency's failure to comply with laws, statutes, ordinances, or regulations applicable to it or the conduct of its business.
2. The Continuum of Care and the Participating Agencies within the continuum will also hold HMIS Lead Agency harmless for loss or damage resulting in the loss of data due to delays, nondeliveries, mis-deliveries, or service interruption caused by Bowman Systems, Inc., by the Participating Agency's or other Participating Agencies' negligence or errors or omissions, as well as natural disasters, technological difficulties, and/ or acts of God. HMIS Lead Agency shall not be liable to the Participating Agency for damages, losses, or injuries to the Participating Agency or another party

other than if such is the result of gross negligence or willful misconduct of HMIS Lead Agency. HMIS Lead Agency agrees to hold the Participating Agency harmless from any damages, liabilities, claims or expenses to the extent caused by the gross negligence or misconduct of HMIS Lead Agency.
3. The Participating Continuum of Care upholds that the Participating Agency should keep in force a comprehensive general liability insurance policy with combined single limit coverage of not less than five hundred thousand dollars ($500,000). Said insurance policy shall include coverage for theft or damage of the Participating Agency's CHIN-related hardware and software, as well as coverage of Participating Agency's indemnification obligations under this Agreement.
4. Provisions of this Article VII shall survive any termination of the Agreement.

## VIII. GENERAL TERMS AND CONDITIONS

1. The parties hereto agree that this Agreement will remain in effect for (12) months beginning upon acceptance of this agreement by signature. This Agreement will automatically renew for successive twelve (12) month periods unless canceled or modified within thirty (30) days of the end of the term. Any modifications must be submitted in writing to the other party and agreed to by the other party.
2. The parties hereto agree that this Agreement is the complete and exclusive statement of the agreement between parties and supersedes all prior proposals and understandings, oral and written, relating to the subject matter of this Agreement.
3. The Continuum of Care and the Participating Agencies within their continuum shall not transfer or assign any rights or obligations under the Agreement without the written consent of HMIS Lead Agency.
4. This Agreement shall remain in force until revoked in writing by either party, with 30 days advance written notice or until the end date noted in item VIII.6; provided, however, that the HMIS Lead Agency may immediately suspend Participating Agency's access to the CHIN HMIS in the event that allegations or actual incidences arise regarding possible or actual breaches of this Agreement by Participating Agency or any users for which Participating Agency is responsible hereunder until the allegations are resolved in order to protect the integrity of the system.
5. This agreement may be modified or amended by written agreement executed by both parties.
6. HMIS Lead Agency may assign this Agreement upon written notice to the Participating Agency.

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

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

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

**BY SIGNING BELOW, THESE PARTIES HAVE ENTERED INTO A**

**2012-2013 CONTINUUM OF CARE PARTICIPATION AGREEMENT:**

**HMIS LEAD AGENCY**

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

By: Chris Estes

Name: CHRIS ESTES

Title: EXECUTIVE DIRECTOR

**CONTIUUM OF CARE LEAD AGENCY**

Date: January 11, 2013

Reinvestment in Communities of Gaston Cty (Agency Name), (RIC)

A CoC Lead Agency NC 509 ( Program Type).

By: _____(Signature)

Name: Stephen Crane

Title: Executive Director

Address: P.O. Box 2466

Address: Gastonia, NC 28053-2466

E-mail: stevecr@cityofgastonia.com

Phone : 704-866-6766

FAX : 704-866-6067