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-511 - Fayetteville/Cumberland County CoC

Collaborative Applicant Name: County of Cumberland

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: Cumberland County Continuum of Care on Homelessness

How often does the CoC conduct open meetings? Monthly

Are the CoC meetings open to the public? Yes

Is there an open invitation process for new members? Yes

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

The CoC maintains an open door membership strategy which allows all interested in improving our community network to have access to participation and decision making authority. Annual review of members by the Executive/Planning Committee allows the CoC to assess membership gaps.

Gaps identified and nominations from the general membership are forwarded to the Membership Committee. Nominations are solicited from the full CoC Planning Council body to serve as Executive Members of the Council. The nominees are then elected to positions via majority rule vote. The Executive Committee, in turn, may solicit volunteers from the full continuum of care planning council body to serve as volunteers on other committees as needed.

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

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

Does the CoC provide

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

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

The CCCoC has put into place a plan for a multisite coordinated intake system. The CoC has begun coordinating a centralized intake system for the ESG program. However, the CCCoC is currently working on obtaining funding resources to integrate the community-wide, coordinated intake process with the HMIS system. This will help improve the CCCoC's efforts in tracking and monitoring the community's progress in providing services and housing to clients. The CCCoC is hoping to have the multisite coordinated intake system in place by fall/winter of this year. The updated HMIS system will be in place by summer 2014 if funding for this process can be secured.

The ESG program has not begun operations as of yet. However, the CCCoC has an Evaluation/Needs Assessment Committee with the responsibility of monitoring the progress of funded programs within the CCCoC's area. In addition, Cumberland County Community Development will serve as the ESG lead agency/fiscal sponsor on behalf of the CCCoC and will have the responsibility to monitor the progress of ESG funded programs.

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

The CoC secretary maintains a written agenda/minutes for both the CoC general meeting and CoC Executive/Planning meetings. Both the CoC Executive/Planning and CoC general meeting are held every month.

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
Executive/Planning Committee	This committee is comprised of membership leadership (Chair, Vice-Chair, Secretary, and Treasurer). This committee oversees and coordinates the development of homeless services; develops annual goals and objectives; maintains by-laws and establish policy for CoC; and implements new homeless initiatives.	Monthly or more
Community Outreach Committee	This committee is responsible for the recruitment and retention of CoC membership. They develop CoC information packets to help new members navigate through the CoC structure; coordinate educational opportunities and conduct workshops; and designs and creates tools to increase community awareness of the CoC and the importance of membership.	Monthly or more
Grants/Funding Committee	This committee meets a minimum of two times each year to review, assess, and rank previously funded programs and current applicant's performance, experience, and services. The Ranking Committee reviews project leveraging, required match, CoC involvement, reviews APR performance, HMIS participation and Project presentation. The Committee accesses organizational capacity, provider experience, and program cost effectiveness. The Committee utilizes a graded scale to determine project ranking and submits results to the	Monthly or more
Homeless Prevention Committee	This committee is comprised of community stakeholders from the local government, faith-based organizations, homeless services providers, business and civic leaders whose primary role is to work on a strategy to end	Monthly or more
Evaluation/Needs Assessment Committee	This committee is responsible for assessing the annual goals and progress and the 10-Year Plan goals and objectives. The committee develops PiT survey tools; carry out the PiT survey; and develops a PiT analysis of data collected for presentation to the community and CoC planning. In addition, the committee is responsible for conducting program reviews of agencies receiving federal/local funds within the CCCoC area.	Monthly or more

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

The Grants/Funding Committee meets as needed to review and rate grant applications. Therefore, it is not necessary for this committee to meet frequently. In the past twelve months, the committee has met at least three times in response to proposals solicited for submission in the Continuum of Care Program and Emergency Solution Grants application.

1D. Continuum of Care (CoC) Member Organizations

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

Membership Type
Individual
Public Sector
Private Sector

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

Instructions:

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

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

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

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

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

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	2	1	12

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill			
Substance abuse	1		
Veterans	1		1
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	2	1	9
Authoring agency for consolidated plan			
Attend consolidated plan planning meetings during past 12 months		1	
Attend consolidated plan focus groups/ public forums during past 12 months		1	
Lead agency for 10-year plan			
Attend 10-year planning meetings during past 12 months	2	1	
Primary decision making group		1	1

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

Instructions:

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

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

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

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

Type of Membership: 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	2	16		2	3	1	1

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	1	3		1		1	1
Substance abuse	1	4				1	1
Veterans	1	4		1			1
HIV/AIDS	1	3		1			1
Domestic violence	1	4					
Children (under age 18)	1	2					
Unaccompanied youth (ages 18 to 24)	1	1					

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	1	14		2	3		1
Authoring agency for consolidated plan		2					
Attend consolidated plan planning meetings during past 12 months	1	11		2	2		1
Attend consolidated plan focus groups/ public forums during past 12 months	1	6		1	1		
Lead agency for 10-year plan		2					
Attend 10-year planning meetings during past 12 months	2	13		1	3	1	1
Primary decision making group	1	6		1	1		1

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

Instructions:

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

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

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

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

Type of Membership: Private Sector

Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	2	10	1	1	29	

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	1	1			6	
Substance abuse	1	1			9	

Veterans	1	3			13	
HIV/AIDS					7	
Domestic violence						
Children (under age 18)	1	1			3	
Unaccompanied youth (ages 18 to 24)						

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	8	1		16	
Authoring agency for consolidated plan						
Attend consolidated plan planning meetings during past 12 months		2			7	
Attend Consolidated Plan focus groups/ public forums during past 12 months		2			6	
Lead agency for 10-year plan						
Attend 10-year planning meetings during past 12 months	2	6	1		12	
Primary decision making group		1	1		6	

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, h. Survey Clients, 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, e. Review HUD APR for Performance Results, c. Review HUD Monitoring Findings

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

The CoC Grant Review Committee consists of voting members (with no conflict of interest) that are solicited during general CoC meetings and other meetings. The selected reviewers are provided with information on the date, time and location that the review will take place. The reviewers are provided with a brief training on how to use the scoring sheet and APRs and review project applications. Once the reviewers determine the scores for each application, the projects are then either accepted or rejected and ranked. In the 2012 competition, the project applicants were notified (in writing on January 2nd) whether their application was accepted or rejected. The letter also stated how their project(s) ranked.

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): b. Consumer Representative Has a Vote, c. All CoC Members Present Can Vote, e. Consensus (general agreement), a. Unbiased Panel/Review Commitee, f. Voting Members Abstain if Conflict of Interest

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

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

The CoC publishes the RFP to solicit proposals for new bonus projects each year. Because the HUD application process can be intimidating to service providers who never received CoC program funds, certain CoC members and agencies outside the CoC have made training available to homeless service providers that have expressed interest in applying for HUD funds. The rating and ranking of the project applications follows the same procedures as stated above.

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

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

Not applicable.

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)

There was an increase in the number of beds in 2012. In 2011, there were 6 agencies reporting emergency shelter beds. In 2012, that number increased to 7 agencies which increased the beds by 8%.

HPRP Beds: Not Applicable

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

Not applicable.

Safe Haven: Not Applicable

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

Not applicable

Transitional Housing: Yes

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

The beds for transitional housing increased by 8% in 2012. The Robin's Meadow Transitional Housing program reported 32 beds in 2011. However, that number increased to 46 year round beds for 2012.

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)

The beds for permanent housing shows a 123% increase in 2012. Two of the three agencies reported the same number of beds. However, the HUD-VASH program reported 69 in 2011 and 130 in 2012.

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, Other, HMIS, Confirmation

Must specify other:

The HMIS/Information Committee Chair sent inquirees to agencies, organizations, or entities within the CoC jurisdiction involved in services to the homeless to ensure that their representation was included on the EHIC.

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

Specify "other" data types:

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

Select the HMIS implementation coverage area: Statewide

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

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

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

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

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

Has the CoC selected an HMIS software product? Yes

If 'No', select reason:

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

What is the name of the HMIS software company? Bowman Systems Iinc.

Does the CoC plan to change HMIS software within the next 18 months? Unknown/Unsure

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

Indicate the challenges and barriers impacting the HMIS implementation (select all the apply): No or low participation by non-HUD funded providers, Inability to integrate data from providers with legacy data systems, Inadequate resources, Inadequate staffing

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

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

The CoC is working with the Carolina Homeless Information Network (CHIN), the HMIS lead agency, to improve data quality and bed coverage. CHIN is improving data quality through standardized and customized reporting, end user certification and refresher training, and focused technical assistance. Most of the agencies who not do receive McKinney-Vento funding are small, volunteer-run organizations that do not have the resources, staff, or capacity to enter data into our HMIS. Without the requirement to participate for funding, these agencies are resistant to put financial or volunteer hours into HMIS. CHIN will continue to educate these facilties about statewide and program benefits of HMIS. CHIN's fees were restructured this year in order to address inadequate resources. Several CoCs within CHIN's network, including our CoC, are applying for CoC funding. CHIN is also purchasing an import tool to import data from legacy systems so that our CoC can increase our participation.

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	$0
Federal - HUD - Total Amount	$0

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	$5,010

Total Budget for Operating Year	$5,010

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)

After some discussions, the CoC learned that the cost structure for HMIS has changed to where the CoC (or the individual agencies within the CoC) will be responsible for covering the full cost for the CoC.   The CoC has looked into other funding sources (federal and local government) to cover the cost.

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

If Other, explain (limit 750 characters)

The CoC voted to select the HMIS lead agency.

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

Instructions:

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

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

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

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

* **Emergency Shelter (ES) beds**	65-75%
* **HPRP beds**	86%+
* **Safe Haven (SH) beds**	Housing type does not exist in CoC
* **Transitional Housing (TH) beds**	86%+
* **Rapid Re-Housing (RRH) beds**	No beds in CoC
* **Permanent Housing (PH) beds**	76-85%

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

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

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

Instructions:

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

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

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

Types of Services	Volume coverage percentage
Outreach	13%
Rapid Re-Housing	0%
Supportive Services	0%

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

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	36
Transitional Housing	10
Safe Haven	0

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	0%	1%
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	4%	0%
Disabling condition	3%	0%
Residence prior to program entry	4%	0%
Zip Code of last permanent address	4%	35%
Housing status	5%	0%
Destination	0%	69%
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 (HMIS lead agency) uses comparative reporting to assist agencies as they improve their client and program data. The primary report is the monthly Data Quality Report that provides agencies and our CoC with an overview of data completeness, utilization rates, and inventory. Additionally, agencies may request a report at any time during the month. Standardized ServicePoint reports are available continuously including: APR data, clients served, and clients not served. For agencies that need improvement, on-site and on-line data entry technical assistance and training are available at no charge to agencies. In extreme cases, contract data entry assistance is available for agencies to help them catch up on data entry.

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

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

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

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

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

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

Instructions:

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

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

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

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

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

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

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

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

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

Instructions:

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

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

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

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

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

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

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

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

HMIS Lead Agency	X
Contributory HMIS Organizations (CHOs)	

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

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

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

2G. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

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

Instructions:

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

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

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

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

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

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

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

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

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

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

There was an increase in the number of volunteers that were used in the 2012 count compared to the 2011 count. In previous years, volunteers were not able to interview as many homeless persons or collect as many client level surveys due to the low number of volunteers that participated in the 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	A total of 155 beds are needed for permanent housing; 185 for transitional housing; and 131 for emergency shelter. The CoC will need to designate more beds for chronically homeless persons. There is still a great need for shelter beds. The shelters are always full and have to use overflow beds.
* Services	More effort is needed to connect clients to services for clients who are veterans, diagnosed with mental illness and/or substance use.
* Mainstream Resources	More effort needed to be put into connecting clients to benefits especially for veterans and those with a mental illness or substance use.

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)

   Announcements were made preceeding the date. Training was provided to all Service Providers and on call support was also made available during the PiT Period. Data was collected within a 24 hr period PIT Count. Forms were distributed to all service providers, e-mail attached forms were also sent, and phone contact support was provided during the count period. Each submission was verified by phone and submitted to the designated recipient who then entered the cummulative data and submitted to the CoC for review and approval. A 100% return was attained for our CoC.

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

Instructions:

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

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

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

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	
Interviews:	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)

Service Providers had volunteers interview clients using a client level survey form which included subpopulation information. Service Providers tallied the subpopulation data from these forms and provided this data on the PIT Count and Survey form. This data was submitted to a central location where it was compiled and reviewed, then sent for verification by the CoC prior to submitting to the State. Training of Service Providers in the areas of subpopulation definitions was carried out prior to the PIT Count Date and CoC members were available to Service providers during the PIT Count Period.

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

Instructions:

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

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

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

If Other, specify:

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

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

Training was provided to all Service Providers and on call support was also made available during the PiT Period. Training of Service Providers in the areas of subpopulation definitions was carried out prior to the PIT Count Date and CoC members were available to Service providers during the PIT Count Period. Data was collected within a 24 hr period PIT Count. Forms were distributed to all service providers, e-mail attached forms were also sent, and phone contact support was provided during the count period. Each submission was verified by phone and submitted to the designated recipient who then entered the cummulative data and submitted to the CoC for review and approval. A 100% return was attained for our CoC. Service Providers provided subpopulation data for their clients on the PIT Count and Survey. This data was submitted to a central location where it was compiled and reviewed, then sent for verification by the CoC.

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

Instructions:

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

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

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

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

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

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

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

Fayetteville/Cumberland County is a unique area due to its location (off of Interstate 95), which makes it accessible for transients who would eventually make Fayetteville home. Also, Fayetteville/Cumberland County is home of one of the largest Army bases. We find many homeless persons camping not far from the military base (some even veterans themselves). This is where a large number of the unsheltered adults were counted. Representatives from the local VA were able to participate in the count and had turned in reports that also showed an increase. Another factor is that many more volunteers participated in the 2012 count than the 2011 count. With more volunteers on hand, the CoC was able to interview more homeless individuals.

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:	X
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)

Enumerators were designated for specific areas that they were familiar with and where they knew homeless persons would reside such as under bridges, abandoned buildings, cars, parks, etc. Enumerators were to do their PiT count during a specific timeframe to avoid duplication.

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: Known Locations

If Other, specify:

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

Instructions:

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

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

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

Training:	X
HMIS:	X
De-duplication techniques:	X
"Blitz" count:	
Unique identifier:	
Survey question:	
Enumerator observation:	
Other:	

If Other, specify:

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

All enumerators were assigned an area and a specific timeframe for that area. Service providers operating multiple programs (shelter/feeding) were assigned areas within their service area to avoid duplication counts. Utilizing service providers as enumerators helped with face recognition to help the CoC reduce duplication in 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)

The CoC is dedicated to the creation of additional emergency shelter beds, transitional housing beds, permanent housing with supportive services beds, and affordable housing opportunities. The HOPE VI program began leasing its units and are providing supportive services. The CoC continues to work on collaboration, HMIS usage, and direct referral to rapidly fill existing beds in all programs. A focus on prevention services in the CoC and assuring the CoC membership includes community agencies, organizations, and resources which focus on prevention and rapid rehousing efforts is a priority for the CoC. The CoC carries out an annual Homeless Connect Program to assist with increased information awareness, and the local public school system sends out a McKinney Vento Brochure with every child in the system to increase parent awareness of local homeless programs for their families. We have a designated PATH worker for families with children near or experiencing homelessness who provides direct referal to appropriate resources. The CoC continues to develop outreach efforts through community engagement and Public Service Announcements etc.

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)

Our CoC members engaged in feeding programs and our newly opened homeless daycenter are the primary methods of engaging our street population. During meals trained volunteers begin the work of getting to know persons visiting those programs and indentifying their needs. This is a non-office setting with people who are not situated behind a desk creating a more casual and comfortable setting similar to the Safe Haven concept of developing trust in a non program environment. This is a community wide effort with over a hundred volunteers on a rotation basis.

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? 61

In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 65

In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 70

In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 75

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)

1. The CoC will provide a series of workshops focused on development of permanent housing beds for chronically homeless targeting current and new housing developers.
2. The CoC has an established committee to work with affordable housing developers to set aside units for the population. The committee works in cooperation with the City & County developer incentive programs.
3. The CoC will continue to work closely with the local Veterans Administration to maintain and increase the number of HUD-VASH vouchers targeting at least 70% of chronically homeless households;
4. The CoC will continue to provide support to current providers to encourage expansion of permanent housing beds; Bonanza Permanent Housing Program and Safe Homes Program.
5. Cumberland County Community Development (lead agency) will encourage developers and managers of affordable housing initiatives to actively participate in the CoC to increase understanding of the needs of the chronically homeless.

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

1. Continue to encourage providers to apply for the CoC Homeless Assistance Permanent Housing Bonus, tax credit programs, and other supportive housing funding sources;
2. Support increasing the number of Veteran Administration vouchers for 2013 of which 70% will be targeted to chronically homeless veterans;
3. The Executive Committee will explore designating existing beds through the local Public Housing Authority and the Indian Housing Authority for chronically homeless individuals .
4. The Executive Committee will task a sub-committee to work directly with the Local Mental Health Authority to maximize resources to assist those working with chronically homeless persons.

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

The increase of beds will result in immediate resolution of homelessness for each person placed. Cumberland County NC has a small number of persons experiencing chronic homelessness and the number of beds needed to end chronic homelessness for those desiring to be housed is achievable. Additionally, the interaction and partnerships developed between housing providers, service providers, and the private community within the CoC helps assure appropriate housing retention services are in place to avoid high rates of recitivism. The development of permanent housing stock for this population will help assure that the beds necessary to house those meeting the chronically homeless definition are present. With the increased number of beds the CoC will focus on rapid rehousing and housing retention to help potential homelessness from occuring through ESG efforts along with current HUD initiatives.

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

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

Instructions:

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

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

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?   100%

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?   100%

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?   100%

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?   100%

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)

1. The Leath Commons Permanent Housing Program and the Bonanza Permanent Housing Program all together, have exceeded this goal with 100% of participants remaining in CoC funded permanent housing for at least six months. These programs will continue to maintain or exceed this goal. The Leath Commons Permanent Housing Program indicated that 100% of the participants stayed at least 6 months or longer.
2. The CoC Evaluation and Needs Assessment Committee will review all permanent housing programs regularly to ensure participants' needs are met.
3. The CoC Executive Committee will also encourage homeless representation in the decision/advisory capacity with all permanent housing providers as well as the CoC.
4. The CoC Evaluation/Needs Assessment Committee will regularly review and analyze reported data and annual reports to track performance. In addition, the committee will continue to research best practices for service provision.

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

The CoC is currently exceeding the 80% expectation. In order to maintain this success the CoC Evaluation and Needs Assessment Committee will continue to monitor performance in this area and continue to identify service needs and gaps that would assist individuals in remaining in permanent housing for at least six months. The committee will regularly review and analyze reported data and annual reports to track performance. The 10-Year Plan to End Homelessness Committee will research best practices for service provision.

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

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

Instructions:

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

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

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?   71%

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?   75%

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?   77%

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?   80%

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)

The CoC is currently exceeding this objective, with 71% of participants moving from transitional into permanent housing. To ensure that the CoC maintains this position, the CoC will hold sessions to invite agencies that are more successful with transitioning participants to permanent housing, to share their best practices with agencies that may be struggling. Information about affordable housing opportunies are being shared at CoC monthly meetings. The CoC Evaluation/Needs Assessment Committee will analyze data from reports such as the HMIS and APR¿s track performance. The Fayetteville Metropolitan Housing Authority will continue to collaborate with the Veterans Administration to obtain VASH subsidies.

**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 and the 10-Year Plan Steering Committee are taking a more active role
in creating more permanent housing options. The CoC lead agency, Cumberland County Community Development, will continue to encourage development of affordable permanent housing targeting special populations. The CoC Executive Planning Committee will continue to develop clear policies and procedures concerning referral of transitional housing residents to permanent housing programs. CoC members will continue to assist individuals in accessing mainstream economic resources and supportive services to obtain and maintain stable housing.

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

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

Instructions:

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

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

What is the current percentage of participants in all CoC-funded projects that are employed at program exit?
45%

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?
46%

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?
47%

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?
48%

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)

1. CoC funded programs such as Leath Commons Permanent Housing and Ashton Woods Transitional Housing work cooperatively with the North Carolina Division of Social Services Work First and the vocational rehabilitation programs.
2. The Re-Store Warehouse, Center for Economic Empowerment Development, and Cumberland Interfaith Hospitality Network are in the preliminary process of developing a system of cottage industries relevant to the employment needs of our CoC populations.
3. The CoC Community Outreach Committee will continue to work with the Employment Security Commission and Workforce Development to conduct annual training for providers.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more
(limit 1000 characters)

The CoC Community Outreach Committee will work to create new partnerships with employers to assist people in obtaining jobs. The CoC Community Outreach Committee will work with the local technical and community colleges for easier access to education programs that will lead to employment. They will review best practices with Faith Community Employment Referral programs and seek to implement them locally. The CoC Community Outreach Committee will provide community wide employment announcements to CoC funded projects to increase employment opportunity awareness.

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? 65%

in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit? 67%

in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit? 69%

in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit? 75%

**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 is currently exceeding the 20% expectation. In order to continue success the CoC will provide In-Service Trainings to participants at each Forum Meeting. The trainings will be led by mainstream benefit program staff. They will include types of benefit programs available, eligibility, and application process. The CoC Evaluation Committee will review agency performance in these areas annually and make recommendations to the CoC regarding performance in this area. Those found to be low performing will receive direct assistance from partnering agencies who have experienced successful performance.

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

The CoC will continue to provide quarterly mainstream benefit training and will establish bi-annual reviews of funded programs regarding performance. The CoC Executive Committee will establish corrective performance policies which will be implemented as policy within the CoC by 6/30/2013. The CoC will establish an ad hoc committee of mainstream benefit providers to provide timely updates of new or changes within mainstream benefit programs for distribution to CoC participants.

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?   233%

In 12 months, what will be the total number of homeless households with children?   200%

In 5 years, what will be the total number of homeless households with children?   150%

In 10 years, what will be the total number of homeless households with children?   50%

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

[NOTE: The values entered above should not be indicated in percentages. The esnaps system would not allow input of a number value without percentages. After clicking the "save" button, the percentages show up. The value should be 233, 200, 150, and 50 respectively]. The CoC has been approved for ESG funding which over 50% is dedicated to homeless prevention / rapid rehousing. CEED is the designated agency to manage this effort with oversite from the CoC Lead Entity Cumberland County Community Development. The Salvation Army manages the CIP (Crisis Intervention Program Funding from DSS) and are targeting homeless prevention. The HOPE VI development has made additional affordable housing units available and the Womens Giving Circle of Cumberland County, NC has made homeless families one of their priority funding areas. Each of these groups are represented in the CoC and are involved in the planning process.

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

CoC will continue to support on going efforts in the 12 month plan. In order to have greater success in decreasing the number of homeless households with children the CoC will strengthen the employment partners developing a ad hoc committee whose task will be the creation of employment opportunities for this population. The CoC sees the limited subsidized childcare programs as a significant barrier to homeless families being able to obtain/maintain employment which is necessary to avoid homelessness. The CoC Executive Committee will work thru an ad hoc committee with current subsidized childcare resources to target homeless families and families that are at risk of becoming homeless. The committee will strive to achieve 50 donated childcare slots through faith community providers by 2015 reducing the numbers of homeless families by 60% within 10 years.

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

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

Instructions:

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

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

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

Indicate the current number of projects submitted on the current application for reallocation: 0

Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013): 1

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

Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition): 0

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

The CoC does not intend on reallocating projects in this years' competition. However, the CoC is exploring the possibility of reallocating projects in the future to create new permanent housing projects, especially for the chronically homeless.

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

The CoC does not intend to reallocate in this year's competition.

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?   State Mandated Policy

If "Other," explain:

not applicable

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

CoC has representatives from Division of Social Services in the Continuum. Emergency assistance funding information related to help with paying past due rent or mortgage, security deposits, emergency home repairs, etc. are provided and eligiblity criteria to be considered homeless is dispersed to DSS via their representatives so that appropriate discharge plans for children exiting Foster Care can be met. DSS has the LINKS program specifically designed to assist children aging out of the Foster Care System which has a housing support component there by meeting the State Discharge policies related to their housing needs and supportive services needs. The CoC will continue to make the community aware of institutional barriers which impede the success of such households in efforts to avoid homelessness experiences related to services such as public transportation, subsidized childcare, affordable housing, living wages, underemployment and unemployment.

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)

The CoC utilizes the State Discharge Plan and has implemented it within the CoC.

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)

Cumberland County Division of Social Services Foster Care Section, the LINKS liaison or designated staff works with these young adults to assess their current situation, to develop plans if needed and desired by the young adult, and to agree upon the responsibilities of both the agency and the young adult to resolve identified barriers to self-sufficiency. They are responsible for ensuring that persons being discharged from Foster Care are made aware of the LINKs program and housing options within that program. This is an established program with a long history of assisting youth aging out of the Foster Care System.

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

North Carolina has established a separate funding resource using both Trust Funds and Chafee Funds to assist young adults with the costs of being on their own. All young adults who are LINKS eligible may receive limited financial assistance for
7 costs such as education or vocational training, furniture, work clothing, car repair, bus passes, etc. All young adults who age out of foster care are eligible for Transitional Housing Funds and Education Training Vouchers as well as other services that will help them to overcome barriers to self-sufficiency.The availability of up to $1000 in Transitional Housing Funds allows young adults to rent a home in their area of choice. These are usually private housing stock or non McKinney-Vento funded affordable housing programs.

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?   State Mandated Policy

If "Other," explain:

 not applicable

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

 The Cape Fear Valley Hospital System (CFVHS), the local health care agency, is accredited by the Joint Commission on Accreditation of Healthcare Organizations. The Accreditation process requires that hospitals establish procedures to address the needs for continuing care, treatment and services after discharge or transfer from the hospital. CFVHS is aware that appropriate placements do not include HUD McKinney-Vento funded programs, as indicated in the Memorandum of Agreement the hospital system has executed with the local CoC.

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)

 The CoC has implemented the State Comprehensive Discharge Plan and a local memorandum of agreement with the hospital system.

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)

Cape Fear Valley Hospital System Administration, The Joint Commission and the NC Division of Health Service Regulation have the primary responsiblity to ensure persons being discharged from a NC system of care have not been discharged to the street.

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

When patients are transferred or discharged, appropriate information related to the care, treatment, and services provided is exchanged with the other service providers. To facilitate discharge or transfer, the hospital assesses the patient's needs, plans for discharge or transfer, facilitates the discharge or transfer, and helps to ensure the continuity of care, treatment and services is maintained. In addition, hospitals that receive Medicare reimbursements must comply with discharge planning requirements that include a written discharge planning process that reveals a thorough, clear, comprehensive process that is understood by hospital staff. The hospital must also identify at an early stage of hospitalization all patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning.

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:

 not applicable

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

 Requirements for discharge planning for individuals in state psychiatric hospitals and alcohol and drug abuse treatment centers (ADATCs) have been codified in administrative code (10A NCAC 28F .0209). Each facility and area program must develop a process for coordination and continuity of care for patients, particularly around treatment issues and issues related to discharge planning and community care that involves placements other than HUD McKinney-Vento funded programs. The facility, area program, and individual must collaborate on the development of a discharge plan for each individual leaving a facility. All individuals discharged have, at a minimum, intake appointments scheduled for community services prior to discharge.

**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)**

 The CoC has implemented the NC State Discharge Planning policy at the local level.

**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 area program's success at engaging individuals following discharge is monitored by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services on a quarterly basis. Additional policies related to individuals with long term hospitalizations (30+ day hospitalization or discharge from a long term unit) prohibit placement in shelters or other homeless conditions.

At the local level Cumberland County's Mental Health Department, as the Local Management Entity (LME), handles administration of mental health services in the community. The LME is aware that individuals are not to be released onto the street or into McKinney-Vento programs, as evidenced by the Memorandum of Agreement it has executed with the local CoC.

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

The LME contracted agencies typically discharge to group homes, rest homes, or other supportive care providers depending upon the individual needs of the patient. Additionally, there are limited funds available to assist with homeless prevention allowing patients to retain their existing housing or move into non McKinney funded affordable housing programs.

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?   State Mandated Policy

If "Other," explain:

 not applicable

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

 Under the guidance and support of the Secretary of Corrections, there is now shared responsibility between the 3 branches of N.C. Department of Correction (DOC), other state level agencies, and the community for the incarcerated community member. Discharge placements in appropriate housing options other than HUD McKinney Vento funded programs are always sought. The Division of Prisons has a computerized system of tracking aftercare planning in health services which will guarantee the appropriate staff has universal access to plans in progress at all times and will afford management the opportunity to review for quality those plans as well as gather data for future planning of service provision.

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 Coc has an implemented discharge plan

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)

At the local level, the Sheriff's Department is the responsible entity for the local jail system. Initial discussions have begun with jail officials, County Legal, and the CoC to explore viable options for implementing a formalized discharge plan in this area that does not conflict with each individuals court mandated order of release.

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

There are several step down programs offered in Cumberland County for re-entry of prisoners to the larger community. Additionally, there are faith community efforts to assist persons recently released from Dept. of Corrections facilities with housing and supportive services. Three Quarter Halfway houses located in Cumberland County also provide housing options for those coming out of prison.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Yes

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

The goal of the Continuum of Care is to address the needs of the homeless with a direct plan of action to increase housing and services available in the community. The Cumberland County Consolidated Plan lists the 2 core goals of the local continuum of care related to addressing homelessness in the community as follows:
Goal 1: Increase available funding for local homeless service/housing providers. This Goal also addresses 10-Year Plan to End Homelessness Priority 3 (Identify additional funding sources for local programs); and
Goal 2: Provide housing options by creating transitional housing beds for the homeless (chronic and/or families).
This Goal also addresses 10-Year Plan to End Homelessness Priority 9 (Develop Additional Affordable Housing Options).

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)

Those agencies which housed the HPRP programs are still directly involved with homeless and housing initiatives of the CoC. With the implementation of ESG and the HUD-VASH and the CoC targeted efforts to rapidly rehouse the homeless and prevention of homelessness under these funding streams the population will continue to be served. CoC will monitor progress and work to increase the

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

The local Veterans Administration office collaborates with the Fayetteville Metropolitan Housing Authority to provide rental subsidies and case management to qualified veterans who also meet HUD's definition of homelessness. So far the Fayetteville/Cumberland County area is using 90 vouchers.

The local City and County government agencies have set aside CDBG funds for public service activities which also include homeless activities. Every year, the County government has set aside a portion of its public services allocation to provide homeless providers with additional funding to address the needs of their clients.

The Cumberland County Community Development Department (CCCD) will serve as the lead agency/fiscal sponsor on behalf of the CoC in administering the ESG funds. CCCD will provide assistance within homeless prevention and rapid re-housing. CCCD will also subcontract to three other agencies to provide homeless prevention, rapid re-housing, and emergency shelter services.

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:

CoC McKinney-Vento funded agencies that serve homeless families are required to coordinate with the Cumberland County Schools Homeless Children's Program Staff on a regular basis regarding enrollement, transportaiton, and special needs related to each individual child enrolled in their programs.

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

Cumberland County Schools has a designated team of paid staff whose responsibilities include active participation and membership on the CoC, outreach and education of services provided by CC Schools to homeless children in McKinney-Vento programs and those not enrolled in such programs. The CoC agencies working with homeless families work jointly with CC Schools to provide auxillary supportive services to those children including school supplies, backpack buddies supplemental feeding programs, financial assistance for field trips and other school related activities. CC Schools publishes a McKinney-Vento Educational Services Guide which the CoC, CC Schools, and auxillary service providers distribute through the school system and the larger community.

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

The CoC has a shelter and housing system which specifically addresses the needs of homeless children and their families by assuring they remain housed together. These are dedicated family projects that require children to be present in the household in order to be eligible for such programs. The CoC examines the local homeless needs each year and encourages the development/expansion of services to populations which have the greater vulnerablity and need. Homeless families is one of the CoC priorities and the CoC continues to recruit,develop, train, and increase resources to meet their needs. The CoC will evaluate the bed usage rate in all shelter providers annually and in cases where significant under utilization rates occur the CoC will make recommedations for consideration of special population needs and assist with conversion of those beds where possible.

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

The homeless veteran population was identified (through point-in-time homeless counts and other assessments) as one of the priorities in the CoC strategic plan goals. The CoC works with the local VA representatives as well as with community representatives from the local military base (Fort Bragg) to identify the needs of our homeless veterans. The VA representatives are involved in the planning and implementation of the CoC strategic plan. Current housing and services are being provided through the HUD-VASH and Grant Per Diem programs. In addition, the community continues to apply for Supportive Services for Veteran Families to serve more veterans in the community.

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)

One of the goals in the CoC's plan is to reduce homelessness among families which include youths. The school district Homeless Coordinator works with the local shelters and transitional housing providers to address the educational needs (school supplies, etc.) as well as other needs (transportation, counseling, etc.) to ensure that school aged youth are able to attend school without interruption. The CoC stays connected to other agencies such as the Department of Social Services and homeless providers who have clients that are homeless youth.

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

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

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

The CoC is receiving ESG funds for the first time this year. The CoC had several planning meetings to determine how the funds will be allocated. CoC members first met with the State ESG office to discuss the ESG program requirements and how funds will be allocated to each CoC Region. The local CoC coordinated an ESG Planning Group to meet and determine which activities should take priority. The ESG Planning Group determined that rapid re-housing followed by homeless prevention are the main priorities of the community. It was determined that the majority of the funds will go into these two activities. The 10-Year Plan and the CoC Action Plans were revised. The local governments revised its Annual Action Plan to include the ESG program and the activities to be undertaken.

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

The CoC uses several outreach methods to market housing and supportive services aside from outreach made through the PATH team, the homeless liaison from the police department, and the 211 number. The local cable company and radio stations allow the community to post public service announcements. The CoC has taken advantage of these media sources as well as the local newspapers. Word of mouth in the street is how many of the homeless individuals find out about services. The CoC also has members who are bi-lingual to reach out to those who do not speak or read English. Also the CoC interacts with the local Human Relations office and other agencies serving diverse groups.

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

Instructions:

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

Has the CoC developed a strategic plan? Yes

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

The CoC coordinates with housing and service providers (HUD-funded/non-hud funded) with prevention, outreach/assessment, emergency shelter , transitional housing, and permanent supportive housing and other permanent housing activities. The CoC updates it 10-year plan regularly and has recently revised it so that it merges with the CoC Action Plan.

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

The CoC in collaboration with the City and County governments, obtains information needed through needs assessment surveys from residents in the County and from local agencies that provide assistance to homeless persons. Based on the assessment, the goals and objectives are identified in the Consolidated Plan. The Consolidated Plan is provided to the public for comment and review prior to approval.

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

The CoC, City and County Government members update the 10-Year Plan at least annually or as-needed to correspond with the needs in the community.

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

The CoC will increase leadership, collaboration, and civic engagement, by a focus on providing and promoting collaborative leadership by increasing knowledge through quarterly trainings and community workshops about collaboration and successful interventions to prevent and end homelessness. The CoC will increase access to stable and affordable housing, by continuing to develop, expand, and provide affordable housing and permanent supportive housing.

The CoC will increase economic security, expand meaningful and sustainable employment and improve access to mainstream programs and services to reduce financial vulnerability to homelessness by adding an ad hoc committee made up of ESC, Workforce Development, Local Employers, and the Faith Community focused solely on job creation and effective utilization of current services provided through existing agencies.

The CoC will improve health and stability, by linking health care with homeless assistance programs and housing, advancing stability for youth aging out of systems such as foster care and juvenile justice, and improving discharge planning for people who have frequent contact with hospitals and criminal justice systems. The CoC has established Memorandums of Agreements detailing discharge policies and meets regularly with entities regarding continuing efforts needed to assure successful outcomes.

The CoC now has greater options available due to the ESG changes focused on funding towards prevention and rapid rehousing. These efforts in the transformation of homeless services in our community to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing.

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

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

The CoC Lead Agency has been awarded ESG funds which will be allocated among four agencies. Two agencies (one local government and one nonprofit) will provide homeless prevention and rapid re-housing activities. The nonprofit will serve most the eligible homeless populations while the local government agency will focus more on those who meet the definition of homeless but who are also severally mentally ill and/or disabled. Both agencies have developed a plan to determine what clients will have priority in using rapid re-housing services. There are two agencies (one local unit of government and the other a nonprofit) that will use ESG funds to provide shelter. One shelter is open to all eligible homeless individuals and families while the other services those fleeing from domestic violence. The CoC Lead Agency will monitor the performance of the other agencies (subgrantees) and has in place standards structured to conduct desk and onsite reviews. The CoC Lead Agency is also the fiscal sponsor with a reimbursement process in place. The subgrantees will receive ongoing technical assistance throughout the grant cycle to ensure that outcomes and expenditures are being met.

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

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

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

not applicable

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

not applicable

3E. Reallocation

Instructions:

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

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system?   No

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

 In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

   CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

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

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

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

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	48	**Beds**	61	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	83	**%**	100	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	75	**%**	71	**%**
Increase the percentage of homeless persons employed at exit to at least 20%	67	**%**	45	**%**
Decrease the number of homeless households with children	115	**Households**	49	**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)

It was anticipated that the majority of the persons served through the HUD-VASH program would increase. Since there is some discrepancies in the HMIS system, the CoC could not account for are all of the beds that were used for chronically homeless. It is currently being resolved. The CoC was able to obtain some numbers where it shows that the CoC reached its goal so far. According to the local VA representative, approximately 65% of the HUD-VASH program clients across the region are chronically homeless. The local area shows more than that.

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

The CoC has an Evaluation/Needs Assessment Committee with one its responsibilities being to monitor the progress of CoC programs and report the progress to the CoC Executive/Planning Committee. The CoC has updated its policy to ensure that the responsibilities of the members in the committee are carried out. The CoC has also updated its policy to include information on all aspects of the CoC process to include membership obligations, Homeless Assistance application selection, performance reviews, HMIS responsibilities, etc.

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

The CoC has begun a series of training workshops to assist providers in the community on areas that need improving. For example, the CoC had a workshop recently on case management training. This was just one of several in a series that will be forthcoming. A training on monitoring will be provided by a CoC member who has experience monitoring agencies.

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

CoC providers receive input from other members with regards to how that provider (who performs poor) can improve their performance. CoC providers are also encouraged to attend workshops or training (either provided by the CoC or outside of the CoC) that will help increase their capacity.

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
Not applicable	N/A	$0
Not applicable	N/A	$0
Not applicable	N/A	$0
Not applicable	N/A	$0
Not applicable	N/A	$0
	Total	$0

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

The CoC has planned to develop a community-wide, centralized intake system to better track clients receiving housing and services. The CoC has encouraged providers to join this effort in order to ensure that housing and services are not duplicated.

The CoC has discussed with the HMIS Lead Agency on ways to improve the HMIS system. The CoC is identifying ways to use the HMIS system as a web-based source to track clients. By improving the HMIS system, more providers in the community will be more willing to participate.

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

The CoC will use the community-wide, centralized system (once it is in place) to track the progress of homeless individuals and families. This system will cover the entire CoC's geography. This system will allow better tracking of data collected from both HUD-funded and nonHUD-funded programs and will encourage more participation from providers. This system will also allow providers to use it to search for mainstream resources in the area. The CoC reaches out to providers so that clients can connect to more mainstream programs. While it has been a challenge with the change in programs and resources, the local government has stepped in planning and identifying additional resources that may be provided to address the gaps and needs in the community.

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)

There are CoC members whose primary responsibility is to conduct street outreach and connect homeless persons with the services in the community. The members would include four staff persons through the Project for Assistance to Transition from Homelessness (PATH) program and a designated police officer who serves a homeless liaison for the City of Fayetteville Police Department.   There are plans to also explore designating a sheriff's deputy to serve as homeless liaison to ensure that the homeless living in rural areas are reached. The community also uses the 211 system in place. Posters with the 211 information are posted at different locations throughout the community. The CoC has also used social media such as facebook and developed a CoC website with information related to the CoC and other homeless programs and activities. The outreach efforts described will cover 100% of the CoC's geographic area.

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

The CoC has established goals and objectives to provide immediate housing for individuals and families to get them "off the street". The CoC will work with the community to provide the homeless with needed supportive services to remain in permanent housing (such as obtaining employment, education, etc.). The steps the CoC will take to accomplish these goals are:

1) Develop additional permanent housing units through the homeless prevention and rapid re-housing activities funded through ESG and the CoC Program;
2)Explore options to reallocate current CoC funded transitional housing programs to create permanent housing projects;
3)Development of SRO housing option for chronically homeless individuals;
4)Increase the number of affordable housing units by the City/County CD Departments requiring all future affordable housing developments to have at least 5% of total units developed set-aside for homeless families ready to transition into permanent housing;
5) City/County CD Depts. establish tenant based rental assistance program that will assist homeless families transitioning into permanent housing; and
6) Partner with appropriate agencies (such as Employment Security Commission, Workforce Development, FTCC, etc.) to ensure that homeless individuals have necessary skills to secure gainful employment.

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)

Not applicable

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

Not applicable

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	32	4
2011	273	19
2012	442	50

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

The CoC uses the federal definition of chronically homeless. The data is collected using the client level survey which asks specific questions related to the definition of chronically homeless.

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: 31

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)

It is uncertain whether the actual number of chronically homeless persons increased or decreased unless we are tracking the same individuals and their progress. Based on the Point-in-Time Count, the numbers increased from 2011 to 2012. However, during the 2011 PiT count, there were not as many volunteers completing client level surveys to capture the chronically homeless data. For the 2012 PiT Count, there were many more volunteers available to cover more areas and conduct interviews to complete the client level surveys.

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	$120,588				$38,750
Total	$120,588	$0	$0	$0	$38,750

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? No

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	7
b. Number of participants who did not leave the project(s)	22
c. Number of participants who exited after staying 6 months or longer	7
d. Number of participants who did not exit after staying 6 months or longer	22
e. Number of participants who did not exit and were enrolled for less than 6 months	0
TOTAL PH (%)	100

Instructions:

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

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

Does the CoC have any transitional housing projects for which an APR was required to be submitted? No

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	68
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	48
TOTAL TH (%)	71

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: 75

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	25	33%
Unemployment insurance	1	1%
SSI	9	12%
SSDI	0	0%
Veteran's disability	0	0%
Private disability insurance	0	0%
Worker's compensation	0	0%
TANF or equivalent	1	1%
General assistance	0	0%
Retirement (Social Security)	0	0%
Veteran's pension	0	0%
Pension from former job	0	0%
Child support	5	7%
Alimony (Spousal support)	0	0%
Other source	0	0%
No sources (from Q25a2.)	23	31%

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: 75

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	17	23%
MEDICAID health insurance	31	41%
MEDICARE health insurance	1	1%
State children's health insurance	0	0%
WIC	0	0%
VA medical services	0	0%
TANF child care services	0	0%
TANF transportation services	0	0%
Other TANF-funded services	0	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	0	0%
Other source	0	0%
No sources (from Q26a2.)	26	35%

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:

The CoC Ranking Committee reviews the progress of each applicant submitting an application during the NOFA process at least on an annual basis.
During this review, particular attention is paid to the percentage of residents that transitioned to and/or maintained permanent housing as well as the number and percentage of residents that have accessed mainstream resources at program exit. Points are given to each applicant based on the percentages reported in the APR; with the highest percentages receiving the highest points. The results of this review are used to assess those areas in which providers are encountering difficulty in assisting its clients; and results are reported to the CoC Executive Planning Committee for follow-up.

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 CoC Planning Committee meets quarterly to conduct regular business and on a monthly basis as needed to discuss issues pertinent to improving CoC wide participation in mainstream programs. 12/06/11, 01/24/12, 02/21/12, 03/26/12,04/10/12, 05/31/12, 06/26/12, 07/24/12, 08/21/12, 11/27/12, 01/10/13

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

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

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

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

If 'Yes', specify the frequency of the training: quarterly (once each quarter)

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

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

Has the CoC participated in SOAR training? Yes

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

May 30-31, 2012
January 25-26, 2011
May 26-27, 2010
August 4-5, 2008
June 25-26, 2008
August 28-29, 2007

4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	100%

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

Activity	Percentage
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	100%

Activity	Percentage
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	100%
4a. Describe the follow-up process:	

4I. Unified Funding Agency

Instructions

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

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

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

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

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

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

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

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

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Fayetteville/Cumb...	01/11/2013
CoC-HMIS Governance Agreement	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: Fayetteville/Cumberland County Certification of Consistency

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

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Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/18/2013
1C. Committees	01/11/2013
1D. Member Organizations	01/17/2013
1E. Project Review and Selection	01/18/2013
1F. e-HIC Change in Beds	01/18/2013
1G. e-HIC Sources and Methods	01/18/2013
2A. HMIS Implementation	01/18/2013
2B. HMIS Funding Sources	01/17/2013
2C. HMIS Bed Coverage	01/17/2013
2D. HMIS Data Quality	01/18/2013
2E. HMIS Data Usage	01/12/2013
2F. HMIS Data and Technical Standards	01/17/2013
2G. HMIS Training	01/12/2013
2H. Sheltered PIT	01/18/2013
2I. Sheltered Data - Methods	01/18/2013
2J. Sheltered Data - Collections	01/18/2013
2K. Sheltered Data - Quality	No Input Required
2L. Unsheltered PIT	01/18/2013
2M. Unsheltered Data - Methods	01/17/2013
2N. Unsheltered Data - Coverage	01/11/2013
2O. Unsheltered Data - Quality	01/18/2013
Objective 1	01/17/2013
Objective 2	01/18/2013
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Objective 5	01/18/2013
Objective 6	01/18/2013
Objective 7	01/18/2013
3B. Discharge Planning: Foster Care	01/18/2013
3B. CoC Discharge Planning: Health Care	01/17/2013
3B. CoC Discharge Planning: Mental Health	01/18/2013
3B. CoC Discharge Planning: Corrections	01/18/2013
3C. CoC Coordination	01/18/2013
3D. CoC Strategic Planning Coordination	01/18/2013
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4A. FY2011 CoC Achievements	01/18/2013
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4D. CoC Cash Income Information	01/17/2013
4E. CoC Non-Cash Benefits	01/17/2013
4F. Section 3 Employment Policy Detail	01/11/2013
4G. CoC Enrollment and Participation in Mainstream Programs	01/18/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/17/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/11/2013
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con   solidated Plan.

(Type or clearly print the following information:)

Applicant Name: See Attached list

Project Name: See Attached list

Location of the Project: See Attached list

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

Name of Certifying Jurisdiction: CITY OF FAYETTEVILLE, NC

Certifying Official of the Jurisdiction Name: VICTOR SHARPE

Title: COMMUNITY DEVELOPMENT DIRECTOR

Signature: *[signature]*

Date: 1/9/13

form **HUD-2991** (3/98)
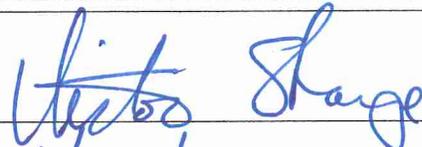
ATTACHMENT 1
2012 SuperNOFA Projects

Project Name / Description	Project Address	Applicant (Grantee)	Project Sponsor	Amount Requested / Grant Term
Renewal: Ashton Woods 20 units of transitional housing and services for homeless families	113 Stein Street Fayetteville, NC	Cumberland Interfaith Hospitality Network	Cumberland Interfaith Hospitality Network	$267,745 / 1 year
Renewal: Bonanza 7 units of permanent housing and services for disabled homeless persons	114 Woodrow Street Fayetteville, NC	The Salvation Army	The Salvation Army	$81,626 / 1 year
Renewal: Leath Commons 5 units of permanent housing and services for disabled homeless families	5007/5008 Clyde Street Fayetteville, NC	Cumberland Interfaith Hospitality Network	Cumberland Interfaith Hospitality Network	$122,884 / 1 year
Renewal: Robin's Meadow 12 units of transitional housing and services for homeless families	515 & 519 Candleberry Court Fayetteville, NC	Cumberland County Community Development Department	Cumberland County Community Development Department	$85,817 / 1 year
Renewal: Step Up 6 units of transitional housing for single homeless men	245 Alexander Street Fayetteville, NC	The Salvation Army	The Salvation Army	$36,167 / 1 year
Renewal: The Care Center Transitional Housing Program 14 units of transitional housing and services for victims of domestic violence	Location Suppressed due to client safety / confidentiality	The Salvation Army	The Salvation Army	$150,915 / 1 year
Renewal: Safe Homes for New Beginnings 5 units of permanent supportive housing and services for chronically homeless individuals.	117 Dick Street Fayetteville, NC	Cumberland County Community Development Department	Cumberland County Community Development Department	$50,168 / 1 year
Total Projects (Renewals): 7				**$795,322**
CoC Planning Project Coordinated, Community-wide Intake System	707 Executive Place Fayetteville, NC 28305	Cumberland County Community Development Department	Cumberland County Community Development Department	$9,942
CoC Program Funding (Estimate)				**$805,264**

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: ___See Attached list___

Project Name: ___See Attached list___

Location of the Project: ___See Attached list___

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

Name of
Certifying Jurisdiction: ___Cumberland County, NC___

Certifying Official
of the Jurisdiction
Name: ___James E. Martin___

Title: ___COUNTY MANAGER___

Signature: ___James E. Martin___

Date: ___12-4-12___

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form HUD-2991 (3/98)

Project Name / Description	Project Address	Applicant (Grantee)	Project Sponsor	Amount Requested / Grant Term
Renewal: Ashton Woods 20 units of transitional housing and services for homeless families	113 Stein Street Fayetteville, NC	Cumberland Interfaith Hospitality Network	Cumberland Interfaith Hospitality Network	$267,745 / 1 year
Renewal: Bonanza 7 units of permanent housing and services for disabled homeless persons	114 Woodrow Street Fayetteville, NC	The Salvation Army	The Salvation Army	$81,626 / 1 year
Renewal: Leath Commons 5 units of permanent housing and services for disabled homeless families	5007/5008 Clyde Street Fayetteville, NC	Cumberland Interfaith Hospitality Network	Cumberland Interfaith Hospitality Network	$122,884 / 1 year
Renewal: Robin's Meadow 12 units of transitional housing and services for homeless families	515 & 519 Candleberry Court Fayetteville, NC	Cumberland County Community Development Department	Cumberland County Community Development Department	$85,817 / 1 year
Renewal: Step Up 6 units of transitional housing for single homeless men	245 Alexander Street Fayetteville, NC	The Salvation Army	The Salvation Army	$36,167 / 1 year
Renewal: The Care Center Transitional Housing Program 14 units of transitional housing and services for victims of domestic violence	Location Suppressed due to client safety / confidentiality	The Salvation Army	The Salvation Army	$150,915 / 1 year
Renewal: Safe Homes for New Beginnings 5 units of permanent supportive housing and services for chronically homeless individuals.	117 Dick Street Fayetteville, NC	Cumberland County Community Development Department	Cumberland County Community Development Department	$50,168 / 1 year
Total Projects (Renewals): 7				$795,322
CoC Planning Project Coordinated, Community-wide Intake System	707 Executive Place Fayetteville, NC 28305	Cumberland County Community Development Department	Cumberland County Community Development Department	$9,942
CoC Program Funding (Estimate)				$805,264

Cumberland County Community Development
Consolidated Plan Objectives for PY2010-2015

➢ **Homeless Needs**
Priority Need: Human Services (specifically health care and homeless services)

Goal 1: Increase available funding for local homeless service/housing providers.

Goal also addresses 10-Year Plan to End Homelessness Priority 3 (Identify additional funding sources for local programs).

Goal 2: Provide housing options by creating transitional housing beds for the homeless (chronic and/or families).

Goal also addresses 10-Year Plan to End Homelessness Priority 9: (Develop Additional Affordable Housing Options).

➢ **Non-Housing Community Development Needs**
Priority Need: Human Services 9specifically health care and homeless services)

Goal 1: Maximize use, coordination, and delivery of human services.

➢ **Special Populations Needs**
Priority Need: Services for the Disabled

Goal 1: Increase supportive services and activities in Cumberland County for the disabled (mental and physical).