

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

### Objective 1: Increase Progress Towards Ending Chronic Homelessness

**Instructions:**

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**In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.**

#### 3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		1,079	1,079	1,042
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	149	143	143	178
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		203	203	168
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		75%	90%	90%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	0	0

**3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (limit 1000 characters)**

PSH grantees are increasing their capacity to serve CH persons. Nine PSH renewals have changed non-dedicated beds to dedicated CH beds in this application, resulting in the inventory shift the CoC projects in 2015. Also, all PSH grantees have committed to prioritize 85-100% of their turnover units to CH. The Steering Committee adopted a policy formalizing this CH prioritization & laying guidelines for providers. In areas with a high CH population, PSH programs already prioritize CH & many programs are exclusively serving CH. Providers meet regularly to review referrals & target open units to CH consumers most in need. Because most grants are already PSH (48 PSH & 6 TH grants in 79-county CoC), there is limited opportunity to reallocate from TH to PSH. The CoC will focus on maximizing current inventory through prioritization, better targeting, & creating turnover by graduating clients as appropriate to other PH through relationships with local landlords & PHAs.

**3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness. (limit 1000 characters)**

The Balance of State Steering Committee is ultimately responsible for increasing the number of PSH beds for CH. The Steering Committee has charged the BoS Permanent Supportive Housing Subcommittee with recommending strategies and policies. This committee is composed of the CoC's PSH grantees and is staffed by the NC Coalition to End Homelessness. The committee will set methods and guidelines for adherence to the CH prioritization policy adopted by the Steering Committee, local review of PSH referrals and improved targeting of open PSH units to chronically homeless consumers, and PSH graduation processes for participants who can exit to another PH destination.

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

### Objective 2: Increase Housing Stability

**Instructions:**

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**In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.**

**3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013?** No

#### 3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	1151	1158	1108
3A-2.2b Enter the total number of participants that remain in CoC-funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	1070	1089	1053
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	93%	94%	95%

**3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)**

In 2013, the CoC achieved 93% housing stability. To increase this percentage the CoC will focus on improving data quality and program evaluation. In 2012, the CoC learned that over 30% of exits from CoC-funded projects were to unknown destinations or missing. The CoC identified programs with missing exit data and targeted them for technical assistance. This work increased the number of known exit destinations reported and the CoC's rate of exits to permanent destinations. The CoC will continue to target programs with missing exit destination data. To monitor progress towards its 2014-2015 proposed achievements, the CoC will collect data on a quarterly basis from grantees. The CoC will identify programs with poor performance and work with programs to develop performance improvement plans. These plans will include mentorship from other programs, education on best practices, and information about ways to achieve CoC and HUD goals. The CoC will also connect grantees to resources and trainings from HUD, the National Alliance to End Homelessness, and the USICH.

**3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)**

The Balance of State Steering Committee is ultimately responsible for increasing the rate of housing stability in all CoC-funded PSH projects. The Steering Committee has charged the BoS Permanent Supportive Housing Subcommittee with recommending strategies to increase the rate of housing stability that are based on best practices and benchmarks. This subcommittee is composed of PSH program providers within the Balance of State as well as other community stakeholders. The grantees of CoC-funded projects are responsible for implementing a housing first model that promotes housing stability, connecting program participants to the supports needed to ensure housing retention, facilitating connection to permanent housing upon exiting, and recording all participant exit information in HMIS.

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

#### Objective 3: Increase project participants income

**Instructions:**

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In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

**3A-3.1 Number of adults who were in CoC- funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:** 900

#### 3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	3%	7%	9%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	8%	13%	15%

**3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.**

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1
Earned Income	163	18.11 %
Unemployment Insurance	18	2.00 %
SSI	211	23.44 %

SSDI	90	10.00	%
Veteran's disability	3	0.33	%
Private disability insurance	0		%
Worker's compensation	1	0.11	%
TANF or equivalent	24	2.67	%
General Assistance	12	1.33	%
Retirement (Social Security)	9	1.00	%
Veteran's pension	2	0.22	%
Pension from former job	3	0.33	%
Child support	51	5.67	%
Alimony (Spousal support)	2	0.22	%
Other Source	13	1.44	%
No sources	385	42.78	%

**3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above. (limit 1000 characters)**

The CoC will focus on addressing data quality issues, program evaluation, providing information about benefits to grantees, and expanding the SOAR program.

Poor data quality may negatively impact the rate of increase in income from non-employment sources. The CoC will target programs with poor data for technical assistance.

To inform the CoC of its progress towards its goals, programs will be evaluated. The CoC will collect performance data on a quarterly basis from grantees. The CoC will use this data to identify poor performers, provide technical assistance, and develop performance improvement plans with grantees to address the low rate of increase in income from non-employment sources.

The CoC currently provides SOAR training and encourages programs to develop dedicated SOAR caseworker positions that will connect participants who are homeless with SSI/SSDI benefits. The CoC will continue to expand the SOAR program and inform grantees about other sources of non-employment income including eligibility criteria and how participants can apply.

**3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)**

The CoC will focus on improving reporting, addressing data quality on income reporting, evaluating programs, and providing information about employment programs to grantees.

Poor data quality may negatively impact the rate of increase in income from employment. The CoC will target programs with poor data for technical assistance.

To inform the CoC of its progress towards its goals, programs will be evaluated. The CoC will collect data on a quarterly basis from grantees. The CoC will use this data to identify poor performers, provide technical assistance, and develop a performance improvement plan with the grantee to address the low rate of increase in income from employment.

The CoC will encourage programs to connect their participants to employment programs in their communities including Vocational Rehabilitation and other supported employment programs. NC Department of Mental Health recently created a new supported employment program that is targeted at adults with mental health impairments and will serve a total of 750 individuals by 2015.

**3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)**

The Balance of State Steering Committee is ultimately responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. The Steering Committee has charged the BoS Permanent Housing and Rapid Rehousing Subcommittees with recommending strategies to increase the rate of income that are based on best practices and benchmarks. These subcommittees are composed of PSH, TH, and RRH program providers within the Balance of State as well as other community stakeholders. CoC grantees are responsible for ensuring that program participants are connected to mainstream employment programs, such as TANF, WFD, and North Carolina’s Supported Employment program and that any changes in program participants’ income are reflected in HMIS.

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

#### Objective 4: Increase the number of participants obtaining mainstream benefits

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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3A-4.1 Number of adults who were in CoC- 900 funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

#### 3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	65%	66%	67%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	525	58.33 %
MEDICAID health insurance	225	25.00 %
MEDICARE health insurance	7	0.78 %
State children's health insurance	2	0.22 %
WIC	27	3.00 %



VA medical services	5	0.56	%
TANF child care services	11	1.22	%
TANF transportation services	2	0.22	%
Other TANF-funded services	0		%
Temporary rental assistance	0		%
Section 8, public housing, rental assistance	11	1.22	%
Other Source	36	4.00	%
No sources	258	28.67	%

**3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)**

The CoC will focus on improving data quality, program evaluation, providing information, and strengthening relationships with stakeholders. Poor data quality may negatively impact the rate of mainstream benefit receipt. The CoC will target programs with data challenges for technical assistance. To inform the CoC of its progress towards its goals, programs will be evaluated and monitored. The CoC will collect data on a quarterly basis from grantees. This data will be used to identify poor performers, provide technical assistance, and develop a performance improvement plan with the grantee to address the low percentage of participants that access mainstream benefits in their program. CoC leadership will work with the state's Interagency Council on Homeless Programs to strengthen the relationship between the NC Division of Social Services and grantees. This relationship will assist programs in enrolling eligible participants into mainstream benefit programs. The CoC will also provide information about under-utilized mainstream benefit programs including eligibility criteria and how participants can apply.

**3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)**

The Balance of State Steering Committee is ultimately responsible for increasing the number of participants in all CoC-funded projects that obtain mainstream benefits. The Steering Committee has charged the BoS Permanent Housing and Rapid Rehousing Subcommittees with recommending strategies to increase the rate of participants that obtain non-cash benefits that are based on best practices and benchmarks. These Subcommittees are comprised of PSH, TH, and RRH program providers within the Balance of State as well as other community stakeholders. CoC grantees are responsible for ensuring that eligible program participants are connected to mainstream benefit programs, such as SNAP, Medicaid, and VA medical services, and updating HMIS to reflect any changes in participants' mainstream benefit receipt.

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

#### Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

**Instructions:**

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#### 3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	0
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	21	80	85
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	0	20	60

**3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)**

The CoC will encourage agencies to prioritize ESG funds for RRH over other ESG-eligible activities. BoS provides technical assistance & oversight for the ESG application process. RRH providers will be given guidance on shortening length of stay without sacrificing housing stability in order to serve more households. BoS will also form a committee to look at options for CoC funds. Several TH grantees want to convert their transition-in-place projects to RRH, but are unable to change because of the funding gap it would create. Regional Committees are identifying possible non-McKinney sources of funds that can be used for RRH. BoS staff will make connections between Regional Committees & SSVF programs operating in their geographic areas. BoS agencies plan to apply for new 2014 SSVF funds. The CoC will continue to advocate for CDBG to be used for housing stability services. Some Regional Committees are securing RRH funds from private & community foundations, HOME funds & other sources.

**3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)**

The BoS Steering Committee is ultimately responsible for increasing the number of households with children that are assisted with RRH. The Steering Committee has charged the Rapid Rehousing Subcommittee, made up of RRH program providers within the CoC, to serve as a programmatic expert advisory committee and to draft policies and procedures for Steering Committee approval. The Balance of State Regional Committees and rapid re-housing program managers work with the RRH Subcommittee to implement policies.

**3A-5.4 Describe the CoC’s written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)**

Current written standards for RRH allow for flexibility at the local level across the CoC's 79 counties. ESG applications are a collaborative community process done at the local level and more specific policies and procedures may be adopted locally, but must reviewed by the ESG office. The Rapid Rehousing Subcommittee of the Balance of State CoC will review RRH program performance through HMIS data to determine best practices for North Carolina. If there are clear high performers that appear to be based on these type of practices, the committee will draft policies and procedures that will govern RRH assistance for CoC and ESG recipients in 2014. These policies will include guidelines for determining and prioritizing which eligible households receive RRH funds and the amount or percentage of rent each program participant must pay. These policies will be presented to the CoC Steering Committee and ESG office for further discussion and adoption.

**3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs?  
(limit 1000 characters)**

RRH providers within the CoC vary with regard to the frequency that they provide case management. Some providers determine the frequency on a case-by-case basis depending on client need. Others provide case management on a schedule that is the same for each client. RRH providers within public housing authorities provide one year of case management. The NC ESG program requires case management at least one time per month in its regulations. RRH providers within BoS generally exceed this requirement by a large margin. In general, most providers check in by phone one time per week and have at least one face-to-face meeting each month. Case managers assess when households are ready to end RRH assistance on a case-by-case basis using the progressive engagement model.

**3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends?  
(limit 1000 characters)**

RRH providers within the CoC routinely follow up with previously assisted households, and clients similarly contact agencies when troubles arise. Methods for follow-up vary from provider to provider. Most providers conduct follow-up through phone calls to former clients. 3, 6, 9 and 12 months post exit are the most common timeframes for follow-up. To formalize the follow-up process the BoS Steering Committee passed the Rapid Rehousing Participant Follow-Up Policy in January 2014 which reads: NC Balance of State CoC recommends that all Rapid Rehousing programs operating within our 79-county geographic area follow up with households previously assisted with Rapid Rehousing funds within 12 months after assistance ends to evaluate returns to homelessness. This follow-up will help agencies evaluate one of the important aspects of program performance. Case managers will re-assess families who are at risk of returning to homelessness and offer assistance as available and appropriate.