Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

 The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:

 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
  - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
- Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

 For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1A-1. CoC Name and Number: NC-503 - North Carolina Balance of State CoC

1A-2. Collaborative Applicant Name: North Carolina Coalition to End Homelessness Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Michigan Coalition Against Homelessness

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	No
Local Jail(s)	No	No	No
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	Yes	Yes	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	No
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Veterans advocates	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area.   Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.
(limit 1000 characters)

The BoS CoC solicits and uses opinions from all agencies, has an inclusive structure and open application process, and conducts open public meetings. BoS works closely with Managed Care Organizations (MCOs) that contract with NC DHHS to manage mental health services. One MCO is Trillium, who gives BoS feedback on HMIS and local capacity. BoS also works with service providers like Homeward Bound of Western NC (HB). HB staff have given feedback on CoC application documentation and process, and PSH program management. Both Trillium and HB staff serve on the BoS CoC board, BoS Regional Committees, BoS Subcommittees, and workgroups. Trillium and HB helped to design coordinated assessment in NC, including developing guiding principles and choosing a common assessment tool. BoS issues open invitations to all community members to serve on workgroups. Subcommittees and dialogue calls are tailored to particular audiences to offer technical assistance on PSH, RRH, and coordinated assessment.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Barium Springs Home for Children	Yes	Yes	No
Sipes Orchard Home	No	Yes	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Shelter Home of Caldwell County	Yes	Yes
SAFE of Harnett County	Yes	Yes
Help, Inc.	Yes	Yes
Family Violence and Rape Crisis	Yes	Yes
Southeastern Family Violence Center	Yes	Yes
Carteret Co. Domestic Violence Program	Yes	Yes
My Sister's House DV Shelter, Diakonos	Yes	No
Haven House DV Shelter, Friend to Friend	Yes	No
Family Crisis Council	Yes	No
Family Abuse Services	Yes	No

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	No
End Chronic Homelessness by 2017	No
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
(limit 1000 characters)

NC BoS is working with task force on OPERATION HOME to end veteran homelessness. This statewide initiative will establish take-down numbers and streamline processes to end veteran homelessness. The BoS Steering Committee (SC) will use this process established to end veteran homelessness to identify strategies to end chronic homelessness (CH). BoS established a policy in 2014, in line with HUD Notice CPD-14-012, that prioritizes Permanent Supportive Housing (PSH) beds for households that are CH. The BoS SC and PSH grantees are responsible for prioritizing PSH beds for CH. BoS will work with the BoS Rapid Rehousing Subcommittee and youth service providers to establish policies and procedures to end family and youth homelessness. The BoS SC is responsible for continuing to refine the coordinated assessment process and using the data from HMIS and coordinated assessment to right-size our system such that we are able to end all homelessness by 2020.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015.
(limit 1000 characters)

CoC staff explained the intent to apply process at public, monthly Steering Committee meetings March–Sept. Staff sent the Intent to Apply form to the CoC email list (376 stakeholders) and to each Regional Committee each month, and described form and process during each meeting and announced BoS is open to proposals from previously unfunded entities. The CoC received 11 Intent to Apply submissions from 9 agencies, including 6 agencies that have not previously received CoC funds. The CoC received 5 new project applications from 4 agencies, 2 of whom have not previously received CoC funds. When determining which new projects would be included in the project listing, the CoC considered the same criteria for all agencies, regardless of previous CoC funding: project score, agency capacity, timeliness of submitting application materials, for PSH projects serving 100% chronically homeless households (PSH projects), and whether the agency was a current ESG RRH grantee (RRH projects).

1B-5. How often does the CoC invite new members   Bi-Monthly
to join the CoC through a publicly available invitation?

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	12	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	12	100.00%
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	12	100.00%
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00%

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00%

1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).
(limit 1000 characters)

CoC staff participate in the State's internal planning meetings for the Con Plan. CoC staff provide input on the priorities for the Con Plan through participating in planning meetings & public hearings and through emails, phone calls, and individual meetings with the Con Plan partners. The CoC provides Con Plan partners with updated information on homelessness numbers and evidence-based practices. The CoC's input and approval is requested by CDBG and HOME staff when awarding projects targeted for the homeless. The CoC interacts with State Con Plan partners on a regular basis, often weekly, but at a minimum monthly. CoC staff provide information to local Con Plan jurisdictions such as the PIT count and information on the CoC's priorities. Local agencies provide the majority of the connection to the local Con Plan jurisdictions by participating in their planning, providing input, and involving local Con Plan staff in Regional Committee work.

1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities.
(limit 1000 characters)

The ESG recipient (State DHHS) consulted with the CoC staff to design the application for funding. Applicants must apply as regions, not as individual agencies, that are overseen by the CoC, which strengthens the role of the CoC in the ESG funding process. The ESG office charges the CoC to set priorities for funding and to provide planning guidance for the regional applications. The ESG office and CoC staff talk weekly regarding ESG policies and procedures and consult together regarding issues with individual subrecipients. The ESG office and the CoC are partnering to develop a new performance measurement process to use outcomes focused on HEARTH measures for ESG subrecipients. The CoC partners with the ESG office to provide training to increase performance. The CoC's HMIS staff works with subrecipients to ensure accurate data is reported to the ESG office. Within the next year, the CoC will begin providing regular performance reports to the ESG office for each subrecipient.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

The CoC coordinated assessment process uses standardized assessments for all agencies within the CoC, including victim service agencies, to refer clients to appropriate services. Regardless of whether households present to a homeless service provider or a victim service provider, the same 3-part assessment tool is administered in all CoC agencies: (1) a prevention/diversion screen when people are presenting for shelter, (2) the VI-SPDAT to determine program referral (if any), and (3) a case management tool that agencies use after referral to a program, during program entry, and after exit. Safety of clients is of utmost importance – there are 2 questions in the prevention/diversion screen that assess household safety. If unsafe, all other questions cease and the household is referred immediately to a local victim service agency. Data about households shared during coordinated assessment (for example, on a program waitlist or during referrals,) is coded to protect identity.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Eastern Carolina Regional Housing Authority	0.00%	No
Housing Authority of the City of Lumberton	0.00%	Yes-Public Housing
Economic Improvement Council, Inc.	0.00%	No
Housing Authority of the City of Concord	0.00%	No
Isothermal Planning & Development Commission	3.00%	Yes-HCV

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.
(limit 1000 characters)

Some of the subsidized or low-income housing opportunities that target homeless households within the CoC are the Targeted/Key program, TBRA for HOME and the NC Transitions to Community Living Initiative (TCLI). The Targeted/Key program assists people with disabilities and an extremely low income who may be homeless to access set-aside units within the CoC. TBRA is used in a few HOME jurisdictions. Programs have paired ESG RRH service funds with TBRA rental assistance to maximize limited resources. The NC TCLI is part of an Olmstead Agreement with the U.S. Department of Justice and seeks to maximize client choice for housing and employment for individuals with serious mental illness, some of whom are currently homeless. The CoC works with the above projects to set homeless preferences.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	X
No strategies have been implemented:	

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	
Health Care:	
Mental Health Care:	X
Correctional Facilities	
None:	

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)

The CoC has 79 counties & 25 Regional Committees (RCs). The CoC requires RCs to operate coordinated assessment (CA) to identify and engage all pops. 16 CoC counties are not currently meeting RC standards. RCs design & implement CA and the CoC provides governance, standards, & oversight. CA elements same for all: plan approval, assessment tool, and reporting & oversight. RCs customize some CA elements: triage & referrals based on resources available locally, CA system advertisement, waitlist management, local grievance process. Using standard assessment tool ensures clients are directed to appropriate housing and services by diverting appropriate households by helping them think through other safe choices for housing (part 1). Part 2 is the VI-SPDAT, used to determine appropriate program referral. BoS will pair PIT and coordinated assessment data to design local outreach plans and will gather contact info to advertise. The CoC is not yet creating by-name lists.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable."   If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	X	X	X	X	X	
CDBG/HOME/Entitlement Jurisdiction	X	X				
Law Enforcement	X	X			X	
Local Jail(s)		X			X	
Hospital(s)	X	X	X	X	X	
EMT/Crisis Response Team(s)	X	X	X		X	
Mental Health Service Organizations	X	X	X	X	X	
Substance Abuse Service Organizations	X	X	X	X	X	
Affordable Housing Developer(s)	X	X	X		X	
Public Housing Authorities	X	X	X	X	X	
Non-CoC Funded Youth Homeless Organizations	X	X	X		X	
School Administrators/Homeless Liaisons	X	X	X	X	X	
Non-CoC Funded Victim Service Organizations	X	X	X	X	X	
Street Outreach Team(s)	X	X	X	X	X	
Homeless or Formerly Homeless Persons	X	X	X		X	

	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	44

How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0

How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	38

Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	86.36%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	X

Performance outcomes from APR reports/HMIS	
Length of stay	X
% permanent housing exit destinations	X
% increases in income	
Employment and/or mainstream benefits at exit	X

Monitoring criteria	
Participant Eligibility	X
Utilization rates	X
Drawdown rates	X
Frequency or Amount of Funds Recaptured by HUD	X

Need for specialized population services	
Youth	
Victims of Domestic Violence	
Families with Children	
Persons Experiencing Chronic Homelessness	X
Veterans	X
People with disabilities	X

None	

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The CoC's scorecard gives higher scores to projects serving populations with high needs and vulnerabilities. Projects receive 8 points for serving 100% participants who have a disability, including substance use, mental illness, or other impairments that require significant support to maintain housing. Projects receive up to 16 points for serving chronically homeless participants who have been homeless for long periods of time and are more susceptible to victimization, illness, or death. The CoC also uses program model as a criteria for prioritizing projects. The scorecard gives 20 points to new projects following the Housing First model. PSH projects are asked if they implement the six key elements of PSH from SAMHSA's Evidence-Based Practices KIT. Projects that follow SAMSHA's six key elements were prioritized above those that do not. Using the Housing First and SAMHSA models ensures that high-needs participants resistant to receiving services are still being served in PH programs.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)

The CoC uses 2 scorecards (1 for new projects and 1 for renewals) to review, score, & rank project applications. The scorecards were created by a committee & then approved by the CoC Steering Committee during a public meeting. The final versions of the scorecards were posted on the CoC lead agency's website on September 29. The scoring and ranking process was discussed at the CoC Steering Committee meeting on October 6. This was a public meeting, & CoC staff emailed a notice about the meeting & an agenda to CoC stakeholders on October 1. The minutes from this meeting were also posted on the CoC lead agency's website. The prior year's scorecards remain on the CoC website & interested applicants are referred to it throughout the year.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)   11/17/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)   No

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)   11/05/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?   Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients.
(limit 1000 characters)

The CoC monitors recipients as part of providing technical assistance. CoC staff review APRs prior to submission to HUD and assist recipients with timely APR submission. CoC staff also consult with HUD field office staff on the results of their APR reviews & any concerns about grant implementation. CoC staff work with recipients to correct identified problems to ensure compliance with CoC program requirements. CoC subcommittees are used as ways to disseminate best practices & successful performance models among grantees. The CoC has also incorporated program requirements into the project application review/ranking process. The scorecard assesses expenditure of awarded funds, resolution of monitoring findings, bed utilization, serving 100% eligible participants, employment and receipt of mainstream benefits, and exits to PH/retention in PH programs. Failure to meet certain goals requires a corrective action plan. Recipients not meeting all goals score lower and risk losing CoC funding.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps?   Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?   Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit.

Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.

pg. 8 of CoC Governance Charter

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.

Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?

Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)? Applicant will enter the HMIS software name (e.g., ABC Software).   ServicePoint

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Applicant will enter the name of the vendor (e.g., ABC Systems).   Bowman Systems Inc.

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Statewide

* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$519,299
ESG	$0
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$519,299

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
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

2B-2.3 Funding Type: State and Local

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

2B-2.4 Funding Type: Private

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

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$0
Other - Total Amount	$0

2B-2.6 Total Budget for Operating Year	$519,299

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy):   05/15/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	2,517	816	1,113	65.43%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	815	42	509	65.85%
Rapid Re-Housing (RRH) beds	236	25	211	100.00%
Permanent Supportive Housing (PSH) beds	1,490	0	1,394	93.56%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)

For both ES and TH programs, the CoC plans to increase HMIS bed coverage by targeting the agencies with the largest number of non-HMIS beds and offering them free HMIS licenses and training to come onto the system. We will examine the HIC to identify these agencies and develop materials to explain how using HMIS can be beneficial to agencies and to the community. We will identify a local contact person, either a member of the local Regional Committee or a CoC representative of the NC HMIS Governance Committee, to personally contact each agency to meet with them in person to discuss HMIS and understand the agencies' perspective on joining the system. The CoC will try to overcome agency objections, where possible. Out of the agencies not using HMIS, 65% of ES programs and 68% of TH programs are faith-based or youth-specific programs that tend to be resistant to outside requests. The CoC will work to address specific concerns and bring as many programs onto the system as possible.

2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below. (limit 1000 characters)

VA Domiciliary (VA DOM):	
VA Grant per diem (VA GPD):	
Faith-Based projects/Rescue mission:	X
Youth focused projects:	X
HOPWA projects:	
Not Applicable:	

2C-4. How often does the CoC review or assess its HMIS bed coverage?   Semi-Annually

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	6%	3%
3.3 Date of birth	11%	0%
3.4 Race	12%	0%
3.5 Ethnicity	12%	2%
3.6 Gender	11%	0%
3.7 Veteran status	3%	1%
3.8 Disabling condition	2%	1%
3.9 Residence prior to project entry	2%	1%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	35%	9%
3.15 Relationship to Head of Household	22%	0%
3.16 Client Location	4%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	10%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	X
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	X
Annual Homeless Assessment Report (AHAR) table shells:	X

	☐
None	☐

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?   10

2D-4. How frequently does the CoC review data quality in the HMIS?   Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both?   Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	X
VA Grant and Per Diem (GPD):	☐
Runaway and Homeless Youth (RHY):	X
Projects for Assistance in Transition from Homelessness (PATH):	X
	☐
None:	☐

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date.
(limit 750 characters)

There are no VA Grant Per Diem (GPD) beds in the Continuum of Care.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for 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 the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count?   Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy):   01/28/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?   Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy):   05/15/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	X
Random sample and extrapolation:	
Non-random sample and extrapolation:	

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	X
HMIS plus extrapolation:	
Interview of sheltered persons:	X
Sample of PIT interviews plus extrapolation:	
Non-HMIS agency records/client files containing subpopulation data	X

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology.
(limit 1000 characters)

The CoC used a complete census count for the 2015 PIT Count. Agencies on HMIS ran the Sheltered/Unsheltered PIT report and conducted a hand count to collect data on participants. CoC staff compared the HMIS report to the hand count and followed up with agencies to correct discrepancies. Non-HMIS agencies collected data by conducting surveys with program participants and using non-HMIS client records. The survey form was developed by CoC staff and included all population and subpopulation characteristics required by HUD for the PIT. The CoC chose the complete census method to achieve the most complete and accurate count. The CoC includes many projects designated for a particular gender, household type, or subpopulation (like domestic violence victims), making it difficult to use a population sample to generate an accurate extrapolation. The census method ensured the CoC collected correct data instead of a projection that could disproportionately reflect particular population groups.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

Not applicable

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count?   Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

Fourteen programs were added to the 2015 PIT. This included 10 new programs that opened after the 2014 PIT, 2 programs that reported for the first time in 2015, and 2 programs that were under renovation in 2014 and re-opened prior to the 2015 PIT. Eighteen programs were removed from the 2015 PIT. Nine of these programs closed between the 2014 and 2015 PITs, including 3 overflow/seasonal shelters held at churches due to a winter storm in 2014. In addition, 1 hotel voucher program did not serve anyone on the 2015 PIT night and 2 shelters were closed for rehab. Four programs were determined not to meet HUD's criteria for dedicated homeless programs. Two CoC-funded programs changed from TH to RRH and were counted under RRH on the HIC.

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	X
Provider follow-up:	X
HMIS:	X
Non-HMIS de-duplication techniques:	X

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

CoC staff expanded PIT data review for HMIS agencies. In the months prior to the PIT, CoC staff worked with agencies to review and clean up data. Staff created a tutorial detailing how to run the HMIS Sheltered/Unsheltered PIT report and assisted agencies that requested help. During the PIT, HMIS agencies were asked to conduct a hand count as well as running the HMIS report. CoC staff reviewed both the hand count form and the HMIS report and worked with agencies to correct any discrepancies. This ensured that both the PIT data and the HMIS data were up-to-date and accurate. CoC staff also improved PIT training and forms. The training for BoS communities was updated according to HUD's new PIT Count Methodology Guide, and formulas were added to PIT data collection forms to auto-calculate totals, helping to avoid manual calculation errors.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/28/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/15/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	
Night of the count - known locations:	X
Night of the count - random sample:	
Service-based count:	X
HMIS:	

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology.
(limit 1000 characters)

The CoC chose a known locations count on the night of the PIT supplemented by a service-based count within the 7 days after the PIT. For the street count, enumerators canvassed designated areas where they were likely to locate unsheltered people (town/city centers) & targeted locations unsheltered people are known to stay (encampments, abandoned houses, etc.). Geographic areas were pre-defined to avoid double-counting the same area. In the next 7 days, communities held services-based counts at agencies where unsheltered people are likely to receive services. This combination of methodologies was chosen because the CoC covers a large geographic area (79 counties) that includes many rural areas where enumerators were unlikely to locate unsheltered people, making a complete coverage count impractical. By counting in different locations and at different times, the combination of a known location and a service-based count was the most likely method to result in a comprehensive count.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count).
(limit 1000 characters)

Not applicable

2I-4. Does your CoC plan on conducting   Yes
an unsheltered PIT count in 2016?

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	X
"Blitz" count:	X
Unique identifier:	X
Survey question:	X
Enumerator observation:	
None:	

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method).
(limit 1000 characters)

CoC staff improved PIT training and forms used during the unsheltered count. The training for BoS communities was updated according to HUD's new PIT Count Methodology Guide, with an emphasis on de-duplication techniques. The PIT survey form used during interviews with unsheltered homeless people was restructured to be clearer and quicker to administer, reducing the potential for inaccurate responses. In addition, formulas were added to PIT data collection forms to auto-calculate totals, helping to avoid manual calculation errors.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

		2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		3,195	3,021	-174
Emergency Shelter Total		1,813	1,827	14
Safe Haven Total		0	0	0
Transitional Housing Total		695	534	-161
Total Sheltered Count		2,508	2,361	-147
Total Unsheltered Count		687	660	-27

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons		6,702
Emergency Shelter Total		5,860
Safe Haven Total		0
Transitional Housing Total		842

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)

Coordinated assessment has a prevention/diversion screen that is completed at every entry point of the system. The screen allows communities to assist families in accessing safe housing options other than the shelter system while prioritizing shelter beds for those with no other options. ESG prevention assistance is expected to be used to support diversion efforts. As the screen is completed, communities are tracking the information gathered to be able to identify risk factors that lead to homelessness. Communities are also tracking the financial assistance a household needs to be diverted from the system, whether it is available or not. By tracking this, advocacy with current prevention programs to assist the diversion effort and for more funding to prevent households from becoming homeless is possible. Mainstream service systems such as mental health agencies, jails, and hospitals participate in local Regional Committees to prevent discharges into homelessness.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)

Coordinated assessment (CA) allows for the CoC and Regional Committees (RCs) to address the length of time homeless. RCs oversee the process in their community and submit quarterly reports to the Coordinated Assessment Council to indicate how many households accessed and exited the system and to report the length of current waitlists of housing programs. In order to avoid long waitlists, RCs assess for housing programs after allowing time for households to exit the system on their own, which avoids placing people into housing programs that they did not need to exit the system, and to use secondary referrals when the first choice has a long waitlist. All RCs keep community waitlists where length of time homeless is a consideration in the referral process. CA and length of time homeless will be monitored through HMIS in 2016. Other strategies implemented include increasing rapid rehousing resources, working with PHAs to create homeless preferences and using housing first approaches.

* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited		301
Of the persons in the Universe above, how many of those exited to permanent destinations?		254
% Successful Exits		84.39%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH		1,599
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?		1,531
% Successful Retentions/Exits		95.75%

3A-5. Performance Measure: Returns to Homelessness:

**Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness.
(limit 1000 characters)**

Coordinated assessment includes two strategies to reduce returns to homelessness. The Prevention/Diversion screen identifies households who are at risk of returning to homelessness within 72 hours in order to access resources to avoid another episode, and the case management tool used by participating agencies includes instructions for a one-year follow up with program participants to identify any risks in returning to homelessness. Other strategies used in the CoC include a RRH re-certification process that allows households to have access to case management after program exit to prevent evictions. CoC and ESG agencies also refer participants to mainstream benefits to access resources to prevent homelessness. The CoC reviews APRs to monitor exits to homelessness and uses program exits in scoring and ranking projects. When the HMIS software programs required reports in 2016, the CoC will be able to monitor returns to homelessness for TH, RRH and PSH projects.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy).
(limit 1000 characters)

The CoC emphasizes the use of SOAR to apply for SSA disability benefits to increase non-employment related income for those who have disabling conditions. Over the past year, 32 caseworkers across the CoC have been trained in SOAR & the CoC added 3.5 dedicated SOAR caseworker positions bringing the total to 5 FT & 4 PT dedicated SOAR caseworkers. Of the 280 applications that have been submitted by caseworkers in the CoC, 70% have been approved for benefits. The CoC encourages participation from employment programs (NC Works, Voc Rehab, DSS) in Regional Committees & many report active involvement. This participation has led to better communication about employment opportunities, onsite employment support for programs, job fairs for households in the homeless system, & resources to pay for needed supplies, testing & transportation for work. Employment has been discussed with grantees to improve outcomes in those programs. The CoC uses income outcomes in scoring & ranking projects.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)

The mainstream employment programs utilized by the CoC are NC Works, a program of the state employment security commission; Vocational Rehabilitation; and the Department of Social Services work programs including TANF. NC Works provides job placement, skills improvement, job fairs, GED classes and a Career Readiness Certificate. Vocational Rehabilitation provides assessments of employment barriers and support services to address these needs. DSS provides support with job searches, childcare and transportation. After surveying all CoC-funded PSH, RRH and TH projects, the CoC estimates that 100% of projects are regularly connecting participants with employment services through these programs.

3A-7. Performance Measure: Thoroughness of Outreach.

How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)

Most Regional Committees do not have street outreach teams. Those that do have teams use them to engage unsheltered people & refer them to services through the local coordinated assessment process. Those that do not have outreach teams use a "no wrong door" approach in which unsheltered people are identified & engaged at service agencies, including shelters, food programs, DSS, mental health and health services, housing authorities, & law enforcement. Services are advertised through media and community events to get the word out to unsheltered people. Regional Committees with active coordinated assessment systems use these to refer unsheltered people to housing programs. If housing is not immediately available, communities keep wait lists and engage unsheltered people in other available services to maintain contact until housing is available. Regional Committees share information at monthly provider meetings to identify and prioritize those with highest needs for services and housing.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?   No

3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)

n/a

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

		2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons		415	360	-55
Sheltered Count of chronically homeless persons		193	176	-17
Unsheltered Count of chronically homeless persons		222	184	-38

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed.
(limit 1000 characters)

Both the unsheltered count and the overall count of chronically homeless persons decreased from 2014 to 2015. The CoC has worked with PSH agencies to emphasize the importance of prioritizing their inventory for chronically homeless participants. Since the 2014 PIT Count, seven PSH agencies increased their number of beds dedicated for chronically homeless persons, including two programs that have now dedicated 100% of their beds. This resulted in a total increase of 35 dedicated beds, which can account for part of the 55-person decrease in CH people seen in the 2015 PIT. In addition, the CoC is seeing results from its prioritization policy for PSH beds made available through turnover, which the CoC Steering Committee updated in Sept. 2015 in accordance with HUD's Notice CPD 14-012. All PSH programs must prioritize 100% of turnover beds for CH participants, which provided additional housing for CH people who otherwise would have been counted in the 2015 PIT.

3B-1.2. From the FY 2013/FY 2014 CoC Application: 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. (read only)

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.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

The CoC has continued to maximize its PSH inventory through prioritization for chronically homeless persons. The CoC added 127 dedicated CH beds between the 2013 and the 2014 PIT Counts and another 35 dedicated CH beds in the 2015 PIT Count, for a total of 162 additional dedicated CH beds. In Sept. 2014, the Steering Committee also expanded the CoC-wide prioritization policy for PSH beds made available through turnover, which now requires 100% of turnover beds to be prioritized for chronically homeless participants. The CoC has also reclassified all its eligible CoC-funded TH projects as RRH, adding new permanent housing resources to the inventory and freeing PSH units to be targeted to those with the highest needs. At the local level, providers continue to meet to review referrals, target units to CH participants, and create turnover beds by graduating participants to appropriate PH destinations.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	270	305	35

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count.
(limit 1000 characters)

Six PSH programs increased their number of dedicated beds for chronically homeless persons since the 2014 HIC was completed. This includes three programs that previously had no dedicated beds and two programs that have now dedicated 100% of their beds to chronically homeless participants. In addition, one PSH program that dedicates a fixed percentage of its beds to chronically homeless persons had a higher overall bed count in 2015 than in 2014, resulting in an additional 10 dedicated CH beds.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ? Yes

3B-1.4a. If "Yes", attach the CoC's written p. 2-3
standards that were updated to incorporate
the order of priority in Notice CPD-14-012 and
indicate the page(s) that contain the CoC's
update.

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness		FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.		854
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.		139
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.		139
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.		100.00%

3B-1.6. Is the CoC on track to meet the goal No
of ending chronic homelessness by 2017?

This question will not be scored.

3B-1.6a. If "Yes," what are the strategies implemented by the CoC to
maximize current resources to meet this goal? If "No," what resources or
technical assistance will be implemented by the CoC to reach the goal of
ending chronically homeless by 2017?
(limit 1000 characters)

The CoC has increased its PSH dedicated beds for CH people & has prioritized all PSH turnover beds for CH. The CoC is also applying for additional dedicated CH beds in the 2015 application through the PH Bonus. The CoC's coordinated assessment process bases placement in PSH on participants' level of need, so those with the highest need are targeted for PSH instead of being screened out. Coordinated assessment will also help communities with outreach teams get quicker, more appropriate PSH placements for high-risk CH clients. The CoC struggles with the fact that most PSH grantees are state mental/behavioral health agencies that require mental health/substance use disabilities, resulting in a lack of PSH for CH participants with other disabilities. Also, the CoC struggles to achieve PSH coverage in all its 79 counties. The CoC will work with HUD to increase voucher portability to ensure PSH is available where CH people reside. RRH grantees will be encouraged to serve CH people.

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	X
Number of previous homeless episodes:	X
Unsheltered homelessness:	X
Criminal History:	X
Bad credit or rental history (including not having been a leaseholder):	X
Head of household has mental/physical disabilities:	X
N/A:	

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.
(limit 1000 characters)

The CoC vision is to return people who are homeless to permanent housing within 30 days. Homeless families enter through coordinated assessment (CA). After entering homeless services, agency staff administers the VI-SPDAT to determine an acuity score. Agencies refer families to appropriate programs based on their score using score ranges determined by the community. The CoC will use data from CA and HMIS to ensure that programs and services available in each Regional Committee are sufficient to meet local need. The CoC is increasing access to RRH by increasing the availability of RRH in the CoC coverage area and by decreasing eligibility barriers for RRH. The CoC is prioritizing ESG funding for RRH, and in the most recent awards, 61% of the initial ESG awards went to RRH programs. BoS maximized CoC funding by converting 4 CoC TH programs into RRH programs and applying for a new RRH program in this competition.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	61	52	-9

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	X
There is a method for clients to alert CoC when involuntarily separated:	
CoC holds trainings on preventing involuntary family separation, at least once a year:	
BoS CoC has notified grantees and other stakeholders about existing HUD policy and legislation prohibiting family separation	X
None:	

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: **Total PIT Count of sheltered and unsheltered homeless households with children:**	383	348	-35
Sheltered Count of homeless households with children:	341	310	-31
Unsheltered Count of homeless households with children:	42	38	-4

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The total number of homeless households with children decreased by 35 households (9%) from the 2014 PIT Count to the 2015 PIT Count. The CoC's PSH inventory for households with children increased by 19 beds between 2014 and 2015, creating more housing for families that otherwise would have been homeless in the 2015 PIT. While the CoC has invested heavily in RRH for families through ESG & SSVF, due to problems receiving reimbursements, many ESG programs were not serving at full capacity in the 2015 PIT, resulting in a decrease of 9 RRH units for families. The CoC hopes to see further decreases in homeless households with children in the 2016 PIT when all ESG programs are fully operational and CoC-funded TH programs reclassified as RRH in 2015 are operating as PH-RRH.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	☐
Increase housing and service options for youth fleeing or attempting to flee trafficking:	☐
Specific sampling methodology for enumerating and characterizing local youth trafficking:	☐
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	☐
Community awareness training concerning youth trafficking:	X
	☐
N/A:	☐

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	X
Length of time homeless:	X
Unsheltered homelessness:	X
Lack of access to family and community support networks:	X
	☐
	☐
N/A:	☐

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	132	111	-21

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why.
(limit 1000 characters)

The number of unaccompanied youth who were in an unsheltered situation prior to entry decreased by 21 youth, or 16%, from 2013 to 2014. While the actual number of youth served decreased, this is in proportion to an overall decrease in the CoC's homeless population. Homeless youth accounted for 9% of the total homeless population in 2013 and 8% in 2014.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	$591,725.00	$741,725.00	$150,000.00
CoC Program funding for youth homelessness dedicated projects:	$0.00	$0.00	$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	$591,725.00	$741,725.00	$150,000.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	128
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenille justice or out of school time) attended by CoC representatives:	12
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	30

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local eduction liaisons and State educational coordinators.
(limit 1000 characters)

The CoC and the State Homeless Ed. Coordinator have partnered to educate Regional Committees (RCs) on the work of the Local Education Agency (LEA) homeless education liaisons and liaisons on the work of the CoC by presenting at each other's meetings and creating informational materials. Staff have focused attention on the different definitions of homelessness, making this the start of collaboration together rather than the end of conversation. Liaisons are active members of most RCs and most RCs also report participation in LEAs. The State Coordinator asks RCs to alert her if local liaisons are not coming to meetings so she can encourage them to attend. CoC staff and the State Coordinator also work together to encourage liaisons to serve on BoS funding committees, participate in coordinated assessment, contribute to the PIT Count, and serve in other leadership positions on CoC subcommittees and workgroups. Agencies work with LEAs in RCs to identify and serve homeless families.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs.
(limit 2000 characters)

Local networks organized by BoS Regional Committees (RCs) and coordinated assessment (CA) are used to link homeless participants with appropriate educational services. As participants present for homeless services, agency staff inform families about educational services for students that are homeless and have local LEA contacts to make sure families have access to these services. Homeless service providers come together with youth and education partners at RCs and use the local program referral processes of CA to identify participants who are eligible for CoC or ESG programs. RCs case conference any issues that arise at in-person meetings and over email to link participants with services if they have fallen through the cracks or if there are emergencies that arise outside of normal operations. BoS has no policies for this work at this time, however local RC procedures are well established and BoS will use CA data to determine if these procedures operate effectively.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	183	137	-46
Sheltered count of homeless veterans:	130	99	-31
Unsheltered count of homeless veterans:	53	38	-15

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count.
(limit 1000 characters)

The CoC had a 25% decrease in veteran homelessness this year. This decrease is due to a number of factors including the issuance of the mayor's challenge in 2014 that created national energy around communities working to end veteran homelessness and the increase in resources through SSVF and HUD-VASH. In developing coordinated assessment in the CoC, staff educated Regional Committees about their local SSVF providers, and Regional Committees reported that they have a stronger relationship with SSVF programs now. All Regional Committees are required to include VA resources in their coordinated assessment plan. Finally, the creation of the Taskforce on Ending Veteran Homelessness that is a committee of the Governor's Working Group on Veterans and Their Families has provided a new focus on ending veteran homelessness in the state. Taskforce membership includes regional coordinators of HUD-VASH, SSVF, the VA, the NC Department of Military and Veterans Affairs and HUD field office.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF?
(limit 1000 characters)

CoC staff ensure that Regional Committees are informed about VA grantees in their area and that VA grantees are connected to Regional Committees. VA program administrators participate in Regional Committees, and all communities must have a process for making referrals through coordinated assessment to the VA system to determine eligibility for services with many SSVF grantees taking an active role in the process. Outreach teams in communities are linked to coordinated assessment and follow the referral process to the VA system as outlined by the community. To increase access, CoC staff provides maps and contact information for the CoC and SSVF programs to the NC Dept. of Military and Veterans Affairs for a resource guide that is distributed to veterans and agencies serving veterans. CoC staff field calls from the State's veteran call center to connect veterans who are homeless to the local referral process for housing.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population?
(limit 1000 characters)

If a veteran is not eligible for VA services and needs housing services, the veteran will be assessed using the universal assessment tool adopted by the CoC. The veteran's service needs and length of time homeless will be taken into account, and the veteran will receive an assessment score. The score will determine the housing program the veteran is referred to, and those veterans with highest service needs will be served first. The CoC was recently awarded TA and is working with the Vets@Home TA provider to develop prioritization policies and procedures for housing placements, create a by-name list of all veterans, and use HMIS data to connect veterans to VA and non-VA housing programs. The CoC will be participating fully in Operation HOME, the state's plan to end veterans homelessness. Funding has been identified to contract with the Rapid Results Institute to provide training for regional teams from the CoC in 2016.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	147	137	-6.80%
Unsheltered count of homeless veterans:	28	38	35.71%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.

No

This question will not be scored.

3B-3.5a. If "Yes," what are the strategies being used to maximize your current resources to meet this goal? If "No," what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

The CoC was recently chosen for the Vets@Home TA and will be working with the TA provider to see how the CoC can focus efforts to end veteran's homelessness. The CoC will be participating fully in Operation HOME, the state's plan to end veterans homelessness. Funding has been identified to contract with the Rapid Results Institute to provide training for regional teams from the CoC in 2016. Challenges for the CoC include coordinating efforts for the 79 counties in our coverage area and applying strategies that we know work for smaller CoCs (i.e. take down lists and HMIS data monitoring) for the Balance of State. Other challenges include coordinating with a large number of VA programs and hospitals in our catchment area, including 8 SSVF programs , 2 HUD-VASH programs and all 4 VA hospitals in our state.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients?   No

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	45
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	45
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants.
(limit 1000 characters)

NC is not a Medicaid expansion state, and CoC staff continues to advocate for Medicaid expansion. Despite this gap in coverage, Regional Committees work with local navigator agencies to facilitate health insurance enrollment in the federal marketplace, including: Catawba Family Care, Helping Hands, Happy Valley Medical Clinic, Pisgah Legal Services, LATCH, TRAIN, Community Care Clinic, Legal Aid of NC, the MEND Project, Randolph Family Healthcare, and Access East Inc. Working with these agencies helps to insure that individuals have the coverage they are eligible for, and one Regional Committee reports a local navigator was able to connect a severely disabled woman to health insurance to supplement her Medicare so she could receive treatment at an assisted living facility. Another Regional Committee reports that focusing on connecting clients to health insurance led to a partnership with the local DSS where Medicaid staff come to the shelter to complete applications.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	X
In-Person Trainings:	X
Transportation to medical appointments:	X
Assistance with Co-pays	X
Onsite Medical Education Classes	X
Not Applicable or None:	

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	45
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	42
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	93%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	45
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	32
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	71%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	X
Use of phone or internet-based services like 211:	X
Marketing in languages commonly spoken in the community:	X
Making physical and virtual locations accessible to those with disabilities:	X
Not applicable:	

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

		2014	2015	Difference
RRH units available to serve any population in the HIC:		98	102	4

4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?   No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
(limit 1000 characters)

n/a

4B-7. Is the CoC requesting to designate one   No
or more
of its SSO or TH projects to serve families
with children
and youth defined as homeless under other
Federal statutes?

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

n/a

4B-8. Has the project been affected by a   No
major disaster, as declared by President
Obama under Title IV of the Robert T. Stafford
Act in the 12 months prior to the opening of
the FY 2015 CoC Program Competition?

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

n/a

4B-9. Did the CoC or any of its CoC program   Yes
recipients/subrecipients request technical
assistance from HUD in the past two years
(since the submission of the FY 2012
application)? This response does not affect
the scoring of this application.

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	
CoC Systems Performance Measurement:	
Coordinated Entry:	
Data reporting and data analysis:	
HMIS:	X
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	X
Maximizing the use of mainstream resources:	X
Retooling transitional housing:	
Rapid re-housing:	
Under-performing program recipient, subrecipient or project:	X
Not applicable:	

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
HMIS	11/01/2015	2
Housing & Health Care (H2)	04/28/2015	4
Vets@Home	10/02/2015	5
Match & Board help for recipient (Rockingham Help for the Homeless)	07/01/2014	4

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

 For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	NC-503 - Notifica...	11/08/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure	Yes	New project and R...	11/16/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	NC-503-Rating and...	11/16/2015
05. CoCs Process for Reallocating	Yes	NC-503 Reallocati...	11/17/2015
06. CoC's Governance Charter	Yes	NC Balance of Sta...	11/10/2015
07. HMIS Policy and Procedures Manual	Yes	NC HMIS Operating...	11/10/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	Excerpts from 2 P...	11/16/2015
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No	NC-503 HMIS MOU a...	11/17/2015
11. CoC Written Standards for Order of Priority	No	NC-503 Written St...	11/17/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

Attachment Details

Document Description: NC-503 - Notification to Rejected Projects

Attachment Details

Document Description:

Attachment Details

Document Description: New project and Renewal project scorecards for NC BoS CoC

Attachment Details

Document Description: NC-503-Rating and Review-Public Posting Evidence

Attachment Details

Document Description: NC-503 Reallocation Process

Attachment Details

Document Description: NC Balance of State Governance Charter

Attachment Details

Document Description: NC HMIS Operating Policies & Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: Excerpts from 2 PHAs with preferences in NC
                            BoS - Isothermal and HA of City of Lumberton

Attachment Details

Document Description: NC-503 HMIS MOU and Bylaws

Attachment Details

Document Description: NC-503 Written Standards for Order of Priority

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Submission Summary

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Submission Summary	No Input Required

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Nancy Holochwost <nancy@ncceh.org>

2015 BoS CoC Project Priority Listing

NC Balance of State CoC <bos@ncceh.org>　　　　　Thu, Nov 5, 2015 at 1:53 PM
To: Nikki Ratliff <nratliff@burlingtonha.org>, Joel Rice <joel.Rice@cardinalinnovations.org>, Suzanne Storch <suzanne.Storch@cardinalinnovations.org>, Patricia Bryant <Patricia.Bryant@cardinalinnovations.org>, Debbie Cole <debbiecuoc@triad.rr.com>, Brian Fike <brian.fike@trilliumnc.org>, "Dewitt, Nicole" <nicoled@communitylink-nc.org>, LaTasha McNair <Ltmcnair@eastpointe.net>, Amy Modlin <amy.Modlin@trilliumnc.org>, "Talaika G. Williams" <talaika.Williams@trilliumnc.org>, Bob Williams <bwilliams@greenvillecommunityshelter.org>, "Brian K. Alexander" <brian@homewardboundwnc.org>, Jenny Simmons <jenny@homewardboundwnc.org>, Michael Best <bestmo@ghanc.net>, Tujuanda Sanders <sanderstr@ghanc.net>, Mitch <mfahrer@newrha.org>, Faye Pierce <fpierce@newrha.org>, Teena Willis <TWillis@partnersbhm.org>, mtompkins <mtompkins@partnersbhm.org>, Amy Steele <amysteele67@gmail.com>, Cheryl Manuel <cmanuel@rtsalamance.org>, Nina Walker <ninawalker@nc.rr.com>, Tamara Veit <tamara.veit@yahoo.com>, Tammy Gray <Tammy.Gray@smokymountaincenter.com>, Sarah Lancaster <Sarah.Lancaster@smokymountaincenter.com>, Lori Watts <Lorelei.watts@smokymountaincenter.com>, Monica Frizzell <Monica.Frizzell@smokymountaincenter.com>, Linda Brinson <lfbrinson.lb@gmail.com>, Kim Crawford <kcrawford@alliedchurches.org>, Clintess Barrett <cbccha@embarqmail.com>
Cc: "bos@ncceh.org" <bos@ncceh.org>

Dear BoS CoC Project Applicants,

The BoS Steering Committee met earlier today to review and vote on the ranked list of project applications that was proposed by the Project Review Committee. The Steering Committee voted to approve the ranked list proposed by the Project Review Committee without making any changes. Balance of State will submit he following in the final CoC application to HUD:

- All renewal project applications
- The 2 new project applications that are eligible for funding
  - Permanent Supportive Housing project submitted by Homeward Bound of Western NC serving Henderson County
  - Rapid Rehousing project submitted by Allied Churches of Alamance County serving Alamance County

Balance of State rejected 3 project applications:

1. New Rapid Rehousing project submitted by Chatham County Housing Authority

   - Applicant is not a current ESG grantee and is thus ineligible to apply for CoC RRH funding per the BoS Scorecard

2. New Permanent Supportive Housing project submitted by Eastpointe serving Edgecombe, Greene, Nash & Wilson Counties

   - Project did not serve 100% chronically homeless and is thus ineligible to apply per the CoC NOFA

3. New Permanent Supportive Housing project submitted by Eastpointe serving Bladen, Columbus, Robeson and Scotland Counties

   - Project did not serve 100% chronically homeless and is thus ineligible to apply per the CoC NOFA

The ranked list of project applications as approved by the Steering Committee is posted on the BoS minutes webpage: http://www.ncceh.org/files/6359/

Thank you all for your continuing hard work on your applications.

Balance of State CoC Team
North Carolina Coalition to End Homelessness
(919) 755-4393
www.ncceh.org/bos
bos@ncceh.org

NCCEH staffs the NC Balance of State Continuum of Care

2015 Scorecard for CoC Funds: New Projects

This scorecard will be used by the Balance of State Project Review Committee to score applications for new projects. This scorecard has four goals:

- Fund organizations that have the capacity to run effective programs (can manage and administer the program, can operate on reimbursement basis, have experience serving this population or a similar one)
- Fund projects that reflect the Balance of State Continuum of Care & HUD's priorities: permanent supportive housing and serving the chronically homeless and veterans
- Incentivize agencies to be good partners (participating in community efforts to end homelessness, on HMIS, helping create infrastructure for their community's homeless service system to operate effectively throughout the year)
- Ensure that funded projects are being good stewards of BoS CoC funding and performing to BoS CoC standards

The BoS Project Review Committee may ask applicant agencies to provide additional information to determine agency capacity to: implement projects in a timely manner with successful outcomes, score well on the HUD Annual Performance Report (APR), and avoid jeopardizing overall agency stability or future funding for the NC BoS CoC.

[References in brackets indicate the section of the application that will be used to score each question. These references will be updated as needed after HUD has released the 2015 application.]

Reviewer:	
Applicant:	
Project Name:	
Project Type (circle one)	PH:PSH PH:RRH SSO
Reviewer Signature:	Date:

PROJECT QUALITY REQUIREMENTS		
New projects must receive at least the minimum score in each section. If a minimum is unmet, further review will be triggered. After further review, the Project Review Committee will determine potential consequences, including whether the project is ineligible for inclusion in the final BoS CoC	**Maximum Score Possible:**	**PSH: 186** **RRH: 171** **SSO: 136**

application.	**Project Score:**	

Combined Scoring

This section is scored by two reviewers, a member of the NC BoS Project Review Committee and an NCCEH staff person, and these two scores are averaged for each question. Find more information on the Project Review Committee in the NC BoS CoC Governance Charter: www.ncceh.org/bos

Section I: Organizational Capacity

Possible Points	Minimum	Project Score	
0	Standard Met		
Consistency with Mission		**Possible Score**	**Project Score**
Does the project fit within the mission of the agency? Does the agency currently serve homeless households in their community? *[Proj. App: 3B]*		Standard (met, unmet)	

Section II: Accuracy

Possible Points	Minimum	Project Score	
15	10		
Accuracy and Appropriateness of Response		**Possible Score**	**Project Score**
Is the project description completed and accurate? *[Proj. App: 3B]*		2	
Does the application describe prior experience serving homeless persons that has prepared the agency for administering this grant? *[Proj. App: 3B]*		2	
Are questions regarding services completed and accurate? *[Proj. App: 4A]*		2	

Are questions regarding outreach completed and accurate? [Proj. App: 5C]	2	
Are questions regarding housing for participants completed and accurate? [Proj. App: 4B]	2	
Are the standard performance measures completed? Are the goals appropriate for the project and are the descriptions complete? (Score includes both required Standard Performance Measures and any optional Additional Performance Measures) [Proj. App: 6A & 6B]	4	
Is the overall application complete, accurate, and error-free?	1	

Section III: BoS & HUD Priorities

Possible Points	Minimum	Project Score	
PSH: 110 RRH: 95 SSO: 60	PSH: 38 RRH: 15 SSO: Standards Met		
Targeting People with Disabilities			
What percentage of the **adults** served by the project are expected to be people with disabilities? [Proj. App: 5B]	Possible Score	Project Score	
Less than 100%	0		
100%	8		
Targeting Veterans			
What percentage of the **adults** served by the project are expected to be veterans? [Proj. App: 5B]	Possible Score	Project Score	
Less than 25%	0		
Between 25% and 49%	4		

	Between 50% and 74%	8	
	Between 75% and 99%	12	
	100%	16	

Targeting People Who Are Chronically Homeless			
What percentage of the people **(adults and children)** served by the project are expected to be chronically homeless? *[Proj. App: 5B]*	**Possible Score**		**Project Score**
	Less than 25%	0	
	Between 25% and 49%	4	
	Between 50% and 74%	8	
	Between 75% and 99%	12	
	100%	16	

Permanent Housing Projects (PSH and RRH)			
Is this a permanent supportive housing (PSH) project requesting any funds for housing? *[Proj. App: 3A, question 4 (should say PH); 3B, question 7 (should say PSH); 7J (should have leasing or rental assistance funds)]*	**Possible Score**		**Project Score**
	Yes	20	
	No	0	
Is this a rapid re-housing (RRH) project that is requesting any funds for housing? *[Proj. App: 3A, question 4 (should say PH); 3B, question 7 (should say RRH); 7I (should have leasing or rental assistance funds)]*			
	Yes	5	
	No	0	
Rental assistance projects are preferred to leasing projects as rental assistance projects adjust to FMR and provide tenants with a lease in their name. Projects that wish to provide leasing must submit a written statement that explains why the project is not applying as a rental assistance project.	Standard (met, unmet, N/A)		
For rapid re-housing projects: Applicants must be currently receiving Emergency Solutions Grant (ESG) RRH funds and in good standing	Standard		

with the ESG office.	(met, unmet, N/A)	
Supportive Services Only (SSO) Projects	**Possible Score**	**Project Score**
For SSO projects: Applicants must submit a statement demonstrating that the region has developed sufficient permanent supportive housing resources. The statement must clarify what elements of the SSO project make it preferable to a permanent supportive housing project.	Standard (met, unmet, N/A)	
Housing Over Services		
Total $ request for housing activities (acquisition, rehab, construction, rental assistance, leased units, and/or leased structures): *[Proj. App: 7J]*		
Total $ budget request: *[Proj. App.: 7J, line 8 or 9]*		
Percentage of total budget devoted to housing activities (housing activities request ÷ total request x 100):	**Possible Score**	**Project Score**
Less than 35%	0	
Between 35% and 54.9%	5	
Between 55% and 74.9%	10	
Between 75% and 84.9%	20	
Between 85% and 100%	30	
While services are an important component of supporting households in maintaining their housing, HUD prioritizes using CoC program funds for housing and using other sources of available funding to provide services. Projects requesting HUD funding to provide supportive services must provide a plan on how these services will be funded in the future from alternate sources. Please include these elements: • Other potential sources of funding that the project is working to secure to fund supportive services. • A plan for when the project will reduce its use of CoC funds for services.	Standard (met, unmet, N/A)	

Housing First	Possible Score	Project Score
Is this a Housing First project? *[Proj. App: 3B, 5d]*	20	
Key Elements of Permanent Supportive Housing		
If this project is a permanent supportive housing (PSH) project, does it include the following key elements of permanent supportive housing as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA)[1]? *[Program, eligibility requirements, sample lease, program rules, house rules (if any). NCCEH will provide a form for applicants to list services and indicate if they are required or optional.] If the standards are unmet, the applicant will have six months from the date of the CoC Application submission to comply with the all of the standards to the satisfaction of the BoS Steering Committee or its appointed subcommittee.*		
Leases or rental agreements do not have any provisions that would not be found in leases held by someone who does not have a disability.	Standard (met, unmet, N/A)	
Participation in services is voluntary and tenants cannot be evicted for rejecting services.	Standard (met, unmet, N/A)	
House rules, if any, are similar to those found in housing for people who do not have disabilities and do not restrict visitors or otherwise interfere with a life in the community.	Standard (met, unmet, N/A)	
Housing is not time-limited, and the lease is renewable at tenants' and owners' option.	Standard (met, unmet, N/A)	
Tenants have choices in the support services that they receive. They are asked about their choices and can choose from a range of services, and different tenants receive different types of services based on their needs and preferences.	Standard (met, unmet, N/A)	
As needs change over time, tenants can receive more intensive or less intensive support services without losing their homes.	Standard (met, unmet, N/A)	

[1] US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Center for Mental Health Services. (2010) Permanent Supportive Housing: Building Your Program (Evidence- Based Practices KIT). Retrieved from http://store.samhsa.gov/shin/content//SMA10-4510/SMA10-4510-06-BuildingYourProgram-PSH.pdf

Section IV: Scope of Services

Possible Points	Minimum	Project Score	
8	6		
Service Needs		**Possible Score**	**Project Score**
Do services adequately and appropriately meet anticipated service needs? *[Proj. App: 4A]*		4	
Employment Services		**Possible Score**	**Project Score**
Does the project provide or link participants to employment services? Does the program have employment goals? *[Proj. App: 4A]*		2	
Access to Mainstream Benefits		**Possible Score**	**Project Score**
Does the project include services to help participants access mainstream benefits, including but not limited to using SOAR trained caseworkers? *[Proj. App: 4A]*		2	

Staff Scoring

The following section is scored by NCCEH. Staff use standardized scoring methods to ensure fairness.

Section V: Organizational Capacity

Possible Points	Minimum	Project Score
17	8	
Completed Similar Projects	**Possible Score**	**Project Score**
Has the agency successfully implemented a **CoC-funded** project of the same project type (PSH, RRH or SSO)? *[Proj. App: 3B; interview with agency]*		
Has successfully implemented the same project type	8	

Has not implemented the same project type	0	
If not, has the agency successfully implemented this same type of project (permanent supportive housing, rapid rehousing, coordinated assessment) using another funding source? *[Proj. App: 3B; interview with agency]*	4	
If the answer to either above question is yes, are the same staff that were operating the program at that time going to be operating the proposed project? *[Proj. App: 3B; interview with agency]*	2	
If none of the above, has the agency successfully implemented a different HUD-funded project (ESG, Section 8, HPRP, etc.)? *[Proj. App: 3B; interview with agency]*	2	
Agency Stability	**Possible Score**	**Project Score**
Has the agency been in operation for at least 3 years? *[Proj. App: 3B; interview with agency]*	Standard (met, unmet)	
Non-profits only: Did the applicant submit a signed audit letter and a copy of their budget from the most recent fiscal year? (Financial statements will be used to assess fiscal stability of the applicant agency. Financial statements that demonstrate instability may result in the agency not meeting requirements.) *[Audit letter and budget]*	Standard (met, unmet, N/A)	
Non-profits only: Does the agency have the financial capacity to operate this project on a reimbursement basis? *[Budget]*	Standard (met, unmet, N/A)	
Non-profits only: Has the agency submitted a list of their board of directors and a copy of the minutes from their three most recent board meetings? Does the agency have an active and engaged board of directors? *[Board list and minutes]*	Standard (met, unmet, N/A)	
Capacity to Provide Needed Services	**Possible Score**	**Project Score**
Does the agency have the capacity to provide the services that will be needed? a) Do the services described seem adequate and appropriate and b) is the staffing pattern or subcontract plan adequate and appropriate? Do program staff have sufficient experience and knowledge to effectively run the type of program being applied for? *[Proj. App: 3B and 4A; organizational chart]*	Standard (met, unmet, N/A)	

Administrative Capacity	Possible Score	Project Score
Is the administrative staff separate from the services staff? *[Organizational chart]*	3	
Is funding for the administrative staff stable? Is there adequate administrative staff to ensure agency stability throughout program implementation? *[Budget]*	3	
Energy Star	**Possible Score**	**Project Score**
Does the project use Energy Star appliances? *[Proj. App: 3A, question 5]*	1	

Section VI: Match & Leverage

Possible Points	Minimum	Project Score
8	**Standards met**	
Documentation of Match	**Possible Score**	**Project Score**
Do match letters sufficiently document the required match for the project type?	Standard (met, unmet)	
Leverage		
Total leverage: *[Proj. App: 7I]*		
Total $ request from HUD: *[Proj. App: 7J]*		
Ratio of leverage to request (leverage ÷ request):	**Possible Score**	**Project Score**
Ratio at least 1.5:1	Standard (met, unmet)	
Ratio 1.5 to 1.99:1	4	
Ratio 2:1 or more	8	

Section VII: Performance

Possible Points	Minimum	Project Score
28	**Standards met**	
APR Scores	**Possible Score**	**Project Score**
Does the agency have any additional projects that are meeting HUD's APR goals? *[APRs of other CoC-funded projects]*	8	
HMIS Participation (Per federal law, domestic violence programs are prohibited from using HMIS and are exempted from this section.)		
If the agency has additional beds (not a part of this project application), are those beds also being entered into the system? *[HMIS report; HIC]*	**Possible Score**	**Project Score**
Yes	5	
No	0	
Does the agency commit to enter 100% of the beds into HMIS (with client consent)? *[Interview with agency]*	Standard (met, unmet, N/A)	
HUD Monitoring Findings	**Possible Score**	**Project Score**
If the agency has other existing projects, are there any HUD monitoring findings currently associated with any of these projects? If so, findings must be resolved or explained to the satisfaction of the Review Committee for the application to meet the standard. *[Interview with agency]*	Standard (met, unmet, N/A)	
Previous Project Spending Rates These questions are for projects that have been operating for at least one year at the time of the NOFA release.	**Possible Score**	**Project Score**
Amount awarded *[LOCCS portfolio]*		
Amount spent (percentage rounded to the nearest whole number)		
Percentage 90+%	0	

	70-89%	-10	
	69% or less	-25	
How many grant extensions from HUD were given in for a reason other than merging grants? *[Interview with agency or information from HUD]*			
	0	15	
	1	0	
	2+	further review	

Section VIII: Agency's Relationship to Community

Possible Points	Minimum	Project Score
0	**Standards met**	
Participation in Regional Committee Activities **The following participation questions will be scored based on the project participation in all Regional Committees within their grant coverage area.**		
Did the applicant participate in 75% of Regional Committee meetings from July 2014 - June 2015? *[Conversation with RC lead; RC minutes]*	Standard (met, unmet)	
Application has been presented to Regional Committee and has been approved for consideration by the BoS Project Review Committee *[Conversation with RC lead]*	Standard (met, unmet)	
Participated in regional ESG application process *[Conversation with RC lead]*	Standard (met, unmet)	
Recipient agrees to participate in the local Coordinated Assessment process as designed by the Regional Committee *[Interview with applicant]*	Standard (met, unmet)	

Section IX: Deductions

Possible Points -	Minimum	Project Score	
-25	No more than loss of -15		
Budget		**Possible Score**	**Project Score**
If questions regarding the budget are not complete and accurate, subtract up to 5 points.		-5	
Deadlines		**Possible Score**	**Project Score**
If the online application was NOT completed correctly, subtract up to 10 points. (Specific dates for deadlines will be clarified as the NOFA timeline is discerned or published.)		-10	
If required accompanying documents are NOT turned in on time, subtract up to 10 points.		-10	
If the online application was not submitted by the deadline, the Project Review Committee will determine potential consequences, including whether the project is ineligible for inclusion in final BoS CoC application or will receive reduced funding.		Standard (met, not met)	

2015 Scorecard for CoC Funds: Renewal Projects

This scorecard will be used by the Balance of State Project Review Committee to score applications for renewal projects.

This scorecard has four goals:

- Fund organizations that have the capacity to run effective programs (can manage and administer the program, can operate on reimbursement basis, have experience serving this population or a similar one)
- Fund projects that reflect the Balance of State Continuum of Care & HUD's priorities: permanent supportive housing and serving the chronically homeless and veterans
- Incentivize agencies to be good partners (participating in community efforts to end homelessness, on HMIS, helping create infrastructure for their community's homeless service system to operate effectively throughout the year)
- Ensure that funded projects are being good stewards of BoS CoC funding and performing to BoS CoC standards

[References in brackets indicate the section of the application that will be used to score each question. These references will be updated as needed after HUD has released the 2015 application.]

Reviewer:	
Applicant:	
Project Name:	
Project Type (circle one)	PH:PSH PH:RRH TH
Reviewer Signature:	Date:

PROJECT QUALITY REQUIREMENTS		
Renewal projects must receive at least the minimum score in each section. If a minimum is not met, further review will be triggered. After further review, the Project Review Committee will determine potential consequences, including whether the project is ineligible for inclusion in the final BoS CoC application or will receive reduced funding.	**Maximum Score Possible:**	**PSH: 199** **RRH: 184** **TH: 179**
	Project Score:	

Combined Scoring

This section is scored by two reviewers, a member of the NC BoS Project Review Committee and an NCCEH staff person, and these two scores are averaged for each question. Find more information on the Project Review Committee in the NC BoS CoC Governance Charter: www.ncceh.org/bos

Section I: General Application

Possible Points	Minimum	Project Score	
15	10		
Accuracy and Appropriateness of Responses		**Possible Score**	**Project Score**
Is the project description completed and accurate? *[Proj. App: 3B]*		3	
Are questions regarding services completed and accurate? *[Proj. App: 4A]*		3	
Are questions regarding outreach completed and accurate? *[Proj. App: 5C]*		3	
Are the standard performance measures completed? Are the goals appropriate for the project and are the descriptions complete? (Score includes both required Standard Performance Measures and any optional Additional Performance Measures) *[Proj. App: 6A & 6B]*		4	
Is the overall application complete, accurate, and error-free?		2	

Section II: HUD and BoS Priorities

Possible Points	Minimum	Project Score	
PSH: 10 RRH: 5 TH: 0	0		
Permanent Housing		**Possible Score**	**Project Score**
Is this a permanent supportive housing (PSH) project that is requesting any funds for housing? *[Proj. App: 3A, question 5 (should say PH); 3B, question 5 (should say PSH); 7I (should have leasing or rental assistance funds)]*			
	Yes	10	
	No	0	
Is this a rapid re-housing (RRH) project that is requesting any funds for housing?			

[Proj. App: 3A, question 5 (should say PH); 3B, question 5 (should say RRH); 7I (should have leasing or rental assistance funds)]			
	Yes	5	
	No	0	
Key Elements of Permanent Supportive Housing		**Possible Score**	**Project Score**

If this project is a permanent supportive housing (PSH) project, does it include the following key elements of permanent supportive housing as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA)[1]? *[Program eligibility requirements, sample lease, program rules, house rules (if any). NCCEH will provide a form for applicants to list services and indicate if they are required or optional.] If the standards are not met, the applicant will have six months from the date of the CoC application submission to comply with the all of the standards to the satisfaction of the BoS Steering Committee or its appointed subcommittee.*		
Leases or rental agreements do not have any provisions that would not be found in leases held by someone who does not have a disability.	Standard (met, unmet, N/A)	
Participation in services is voluntary and tenants cannot be evicted for rejecting services.	Standard (met, unmet, N/A)	
House rules, if any, are similar to those found in housing for people who do not have disabilities and do not restrict visitors or otherwise interfere with a life in the community.	Standard (met, unmet, N/A)	
Housing is not time-limited, and the lease is renewable at tenants' and owners' option.	Standard (met, unmet, N/A)	
Tenants have choices in the support services that they receive. They are asked about their choices and can choose from a range of services, and different tenants receive different types of services based on their needs and preferences.	Standard (met, unmet, N/A)	
As needs change over time, tenants can receive more intensive or less intensive support services without losing their homes.	Standard (met, unmet, N/A)	

[1] US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Center for Mental Health Services. (2010) Permanent Supportive Housing: Building Your Program (Evidence-Based Practices KIT). Retrieved from http://store.samhsa.gov/shin/content//SMA10-4510/SMA10-4510-06-BuildingYourProgram-PSH.pdf

Services Funding Plan		
While services are an important component of supporting households in maintaining their housing, HUD prioritizes using CoC program funds for housing and using other sources of available funding to provide services. Projects requesting HUD funding to provide supportive services must provide a plan on how these services will be funded in the future from alternate sources. Please include these elements: • All funding sources that the project is currently using to provide supportive services and if these resources will be expanded. • Other potential sources of funding that the project is working to secure to fund supportive services. • A plan for when the project will reduce its use of CoC funds for services.	Standard (met, unmet, N/A)	

Staff Scoring

The following section is scored by NCCEH. Staff use standardized scoring methods to ensure fairness.

Section III: CoC Priorities

Possible Points	Minimum	Project Score
21	11	
Energy Star	**Possible Score**	**Project Score**
Does the project use Energy Star appliances? *[This question is not included on the 2015 Project Application]*	1	
Housing Over Services	**Possible Score**	**Project Score**
Total $ request for housing activities (leased units, leased structures, and/or rental assistance): *[Proj. App.: 7I]*		
Total Assistance Plus Admin requested (**not** including match): *[Proj. App.: 7I, line 8 or 9]*		
Percentage of total budget devoted to housing activities (housing activities request ÷ total assistance request x 100):		
Less than 35%	0	

	Between 35% and 54.9%	5	
	Between 55% and 74.9%	10	
	Between 75% and 84.9%	15	
	Between 85% and 100%	20	
Permanent Supportive Housing: Prioritizing Beds for Chronically Homeless Participants		**Possible Score**	**Project Score**
What percentage of the project's beds are prioritized for chronically homeless participants? *[Proj. App: 4B]*			
	90% or above	Standard (met, unmet, N/A)	

Section IV: Match & Leverage

Match and leverage amounts are based on documentation submitted by the applicant by the submission deadline. Information submitted after the deadline will not be included in the scoring of these sections.

Possible Points	**Minimum**		**Project Score**
8	Standards met		

Documentation of Match		**Possible Score**	**Project Score**
Do match letters sufficiently document the required match for the project type?		Standard (met, unmet)	

Leverage		**Possible Score**	**Project Score**
Total leverage: *[Proj. App: 7H]*			
Total $ request from HUD: *[Proj. App: 7I, line 8 or 9]*			
Ratio of leverage to request (leverage ÷ request):			
	Ratio at least 1.5:1	Standard	
	Ratio 1.5 to 1.99:1	4	
	Ratio 2:1 or more	8	

Section V: Project Performance

Possible Points +	Possible Points -	Minimum	Project Score
PSH: 145 RRH: 135 TH: 135	-40	PSH: 48 RRH: 30 TH: 30	

Unless otherwise noted, he following project performance scores are based on Annual Performance Reports (APRs) submitted to HUD through Esnaps. If projects did not submit the required APR for the previous year, the projects will receive either no points or the most negative points available for each question below.

Populations Served		Possible Score	Project Score
What percentage of the **households** served by the project were comprised of at least one person with a disability? *[Proj. App: 5B]*			
	Less than 100%	0	
	100%	8	
What percentage of the **adults** served by the project were veterans? *[APR]*			
	Less than 25%	0	
	Between 25% and 49%	4	
	Between 50% and 74%	8	
	Between 75% and 99%	12	
	100%	16	
What percentage of the people **(adults and children)** served by the project were chronically homeless? *[Proj. App: 5B]*			
	Less than 25%	0	
	Between 25% and 49%	4	
	Between 50% and 74%	8	
	Between 75% and 99%	12	
	100%	16	

Performance Data	Possible Score	Project Score
What is the program's unit utilization rate?		
95% or higher	5	
80-94%	0	
0-79%	-5	
Did 100% of program participants enter the program from an eligible homeless situation?		
Yes	0	
No	-5	
Transitional Housing and Rapid Re-Housing Applicants: What percentage of program participants exited to a permanent housing destination? (Note: First-time RRH applicants will be scored on their most recent APR, which reflects TH program performance)		
Performance met HUD Goal: At least 65%	5	
Performance met BoS Goal: At least 82%	15	
Permanent Supportive Housing Programs: what percentage of program participants exited to a permanent housing destination? (If no exits, 10 points is automatically awarded)		
80% or higher	10	
What percentage of program participants exited to a known destination?		
95% or higher	5	
80-94%	0	
0-79%	-5	
What percentage of program participants were employed at program exit?		
Performance met HUD Goal: At least 20%	5	
Performance met BoS Goal: At least 28%	15	
What percentage of program participants were receiving mainstream benefits at program exit?		
Performance met HUD Goal: At least 20%	5	
Performance met BoS Goal: At least 75%	15	
Permanent Supportive Housing programs: what percentage of program participants remained in the program for 6 months or longer?		
Performance met HUD Goal: At least 80%	5	
Performance met BoS Goal: At least 94%	15	
HMIS Participation **(Per federal law, domestic violence programs are prohibited from using HMIS and are exempted from this section.)**	**Possible Score**	**Project Score**
HMIS Data Completeness *[NC HMIS report]*		
81-100%	15	
80%	10	
Below 80%	0	

If the agency has additional beds (not a part of this project application), are those beds also being entered into the system? *[NC HMIS report; HIC]*		
Yes	5	
No	0	

Does the APR that has been submitted to HUD match the APR as pulled from NC HMIS?		
Yes	5	
No	0	

HUD Monitoring Findings	**Possible Score**	**Project Score**
Is the recipient free of HUD monitoring findings for any agency projects? If no, findings must be resolved or explained to the satisfaction of the Project Review Committee for the application to meet standards. *[Interview with agency]*	Standard (met, unmet)	

Previous Project Spending Rates These questions are for projects that have been operating for at least one year at the time of the NOFA release. (percentage rounded to the nearest whole number)	**Possible Score**	**Project Score**
Amount awarded *[LOCCS portfolio]*		
Amount spent *[LOCCS portfolio]*		
Percentage 90+%	0	
70-89%	-10	
69% or less	-25	

How many grant extensions from HUD were given in for a reason other than merging grants? *[Interview with agency or information from HUD]*		
0	15	
1	0	
2+	further review	

Section VI: Deductions

Possible Points -	**Minimum**	**Project Score**	
-25	No more than loss of -15		
Budget		**Possible Score**	**Project Score**
If questions regarding the budget are not complete and accurate, subtract up to 5 points.		-5	

Deadlines	Possible Score	Project Score
If the online application was NOT completed correctly, subtract up to 10 points. (Specific dates for deadlines will be clarified as the NOFA timeline is discerned or published.)	-10	
If required accompanying documents are NOT turned in on time, subtract up to 10 points.	-10	
If the online application was not submitted by the deadline, the Project Review Committee will determine potential consequences, including whether the project is ineligible for inclusion in final BoS CoC application or will receive reduced funding.	Standard (met, not met)	

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Practice

Continuums of Care

Balance of State CoC

HMIS

NC SOAR Initiative

Point-in-Time Count Resources

Balance of State CoC Application Information

Current CoC Application

The Continuum of Care (CoC) application is released by HUD on an annual basis. The 2015 CoC NOFA was released on September 17. Materials for the 2015 application will be posted here as they become available.

Balance of State agencies that are interested in applying for new (not renewal) funds in the 2015 CoC competition were asked to fill out the Intent to Apply form no later than September 25, 2015.

Resources for Completing the 2015 Project Application

2015 Scorecard for New Projects *(updated 9.29.15 with references for where to find answers)*	view pdf
2015 Scorecard for Renewal Projects *(updated 9.29.15 with references for where to find answers)*	view pdf

GMail
by Google

Nancy Holochwost <nancy@ncceh.org>

BoS Steering Committee Mtg. Tuesday 10/6

NC Balance of State CoC <bos@ncceh.org>　　　　　Thu, Oct 1, 2015 at 10:04 AM
To: boslist <boslist@ncceh.org>
Cc: "bos@ncceh.org" <bos@ncceh.org>

Hi all,

This is a reminder that our monthly Balance of State Steering Committee meeting is **next Tuesday, October 6, at 10:30 AM**.

To join the call:
1. Dial 1-218-895-9693
2. Enter the conference code 805232#

To view the presentation:
1. Go to https://join.me/nccehrocks
2. Enter your name and click the "Knock" button

The presentation will also be posted on our website at http://www.ncceh.org/bosminutes/.

The agenda for this meeting and the minutes from last month are posted on the website for you to review at http://www.ncceh.org/bosminutes/.

We look forward to talking with you then!

Balance of State CoC Team
North Carolina Coalition to End Homelessness
(919) 755-4393
www.ncceh.org/bos
bos@ncceh.org

NCCEH staffs the NC Balance of State Continuum of Care

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Balance of State Meeting Minutes

Steering Committee Meeting Minutes, Presentations, and Related Documents		
Date	**Documents**	**Topics**
11.5.15	• Agenda • Presentation • DRAFT 2015 Project Priority Listing • DRAFT Changes to NC BoS Governance Charter	Coordinated assessment, CoC grant competition funding decision, ESG application, NCCEH Data Center and HMIS update
10.6.15	• Agenda • Presentation • VI-SPDAT for Families, Version 2 • VI-SPDAT for Single Adults, Version 2 • VI-SPDAT v. 2.0 Backgrounder • CoC Written Standards • HMIS Gov. Cmte. By-Laws • Minutes	Coordinated assessment, CoC grant competition, ESG application, NCCEH Data Center and HMIS update
9.1.15	• Agenda • Presentation • Fair Housing Meetings • Updated Renewal Scorecard • Minutes	Coordinated assessment, CoC grant competition, Regional Committee spotlight, ESG update, NCCEH Data Center and HMIS update

North Carolina
Balance of State Continuum of Care

bos@ncceh.org   919.755.4393   www.ncceh.org/BoS

Balance of State Steering Committee Meeting
10.6.15

Regional Leads Present:
Donna McCormick (for Wanda Feldt and Debbie Cole), Kim Crawford, Marc Recko, Teena Willis, Alvin Foster, Casey McCall, Clintess Barrett (for Asia Elzein), LaTasha McNair, Sharon Poarch, Brian Alexander, Roxanne Curry (for Melissa Payne), Joel Rice, Susan Pridgen, Nicole Dewitt, Marlene Harrison, Sarah Lancaster, Jennifer Molliere, Linda Brinson (for Chris Battle), Mary Mallory

Regional Leads Absent:
Mollie Tompkins, Marie Watson, Juliet Rogers, Gus Smith, Emily Locklear

Interested Parties Present:
Bob Bourke, Faye Pierce, Janice Sauls, Lori Watts, Mark Owen, Pat Byrd, Sarah West, Suzanne Storch, Talaika Williams, Amy Modlin, Tamara Veit, Amy Upham, Monica Frizzell, Amy Steele, Patricia Bryant, Jim Cox, Lynne James, Robin Shue, Ursula Ingram, Mary Pat Buie, Tammy Gray

NCCEH Staff Present:
Beth Bordeaux, Emily Carmody, Nancy Holochwost, Denise Neunaber, Corey Root, Tia Sanders-Rice

Approval of September Minutes
There being no changes needed, the minutes were approved by common consent.

Coordinated Assessment
- The BoS is expecting 26 coordinated assessment plans, one from each Regional Committee. At this time:
    - fourteen plans have been approved by the Steering Committee and are being implemented
    - one plan has received recommendation from the Coordinated Assessment Council (CAC) and is in the revisions process (Twin County)
    - two plans will be presented for Steering Committee approval today (Beaufort and Johnston)
    - nine plans are ready for further CAC action
- For Regional Committees still working on their plans, NCCEH has created a new resource that compiles good examples from other approved plans. This document is posted on the BoS coordinated assessment webpage at www.ncceh.org/bos/coordinatedassessment/.
- The plans from Beaufort and Johnston Regional Committees were presented for Steering Committee review.
    - The CAC noted the strong points of the Beaufort plan:

- good job discussing continuing engagement for programs
- has weekly referral meetings
- has clear grievance policy
    - o The CAC noted the strong points of the Johnston plan:
        - did good job of incorporating feedback they received from CAC
        - identified known "side doors" of entering homeless system
        - Regional Committee is planning forum to educate community about CA
    - o The Steering Committee was asked for any discussion about these two plans; none was raised. A motion was made and approved to approve the Beaufort and Johnston coordinated assessment plans [Alexander, Harrison]. All in favor; none opposed.
- The first outcome report for communities implementing coordinated assessment is due October 15. The report must include aggregate data from July through September. The reporting tool and a training on how to use the tool is posted on the BoS coordinated assessment webpage at www.ncceh.org/bos/coordinatedassessment.
- The Coordinated Assessment Council has recommended changing from version 1 to version 2 of the VI-SPDAT. Version 2 incorporates feedback that Orgcode, the creator of the VI-SPDAT, received from the field. Version 2 is shorter and has fewer questions, and the subjective questions were removed.
    - o There is an explainer on NCCEH's website at www.ncceh.org/files/6130 that provides background information about this change.
    - o The CAC recommends making the change to Version 2 on, and not before, January 1, 2016. NCCEH will provide more tools to help Regional Committees make the transition.
    - o The Steering Committee was asked for discussion about this change; none was raised. A motion was made and approved to change from Version 1 to Version 2 of the VI-SPDAT as of January 1, 2016 [Molliere, Dewitt]. All in favor; none opposed.
- There is a standing Coordinated Assessment Dialogue Call on the second Tuesday of each month from 3:00 to 4:00. The October 13 call will feature a live training on how to make changes to NC211 information to meet requirements for coordinated assessment. Participants can register at www.ncceh.org/events/918.

CoC Grant Competition
- HUD released the Continuum of Care NOFA on September 17 and the grant competition is now underway. The consolidated application consists of three parts:
    1. The CoC application, which consists of CoC-wide information. NCCEH completes this with input from agencies, Steering Committee members, and other stakeholders. Regional Committee leads will be asked to complete a survey form to provide some of this needed information. The form is due October 13.
    2. Project applications from agencies applying for new projects, renewal projects, and CoC planning funds.
    3. The project priority listing, which is a ranked list of all project applications. The ranking is recommended by the Project Review Committee and approved by the Steering Committee.
- The application process is managed at the CoC level by NCCEH (the CoC collaborative applicant). Project applications come from local agencies to NCCEH for review, scoring,

and ranking, and then NCCEH submits the entire consolidated application to HUD.

- There is funding available for new projects under the Permanent Housing Bonus. There are two types of eligible projects:
  - o Permanent supportive housing projects serving 100% chronically homeless people
  - o Rapid re-housing projects serving homeless individuals, families, or unaccompanied youth coming directly from the streets, emergency shelters, or who are fleeing domestic violence or other people meeting the criteria of paragraph 4 of the definition of homeless
- HUD will release CoCs' Final Pro Rata Needs (FPRN) on October 9. The FPRN is the "fair share" that CoCs are eligible to apply for, but due to national funding limits, the full amount will not be available for the 2015 competition. The BoS' FPRN is expected to be $9,803,304. FPRN determines the amount that the CoC can apply for in two categories:
  - o Permanent Housing Bonus is 15% of FPRN ($1,470,496).
  - o CoC planning is 3% of FPRN ($294,099). The CoC planning grant is a non-ranked project that the CoC Collaborative Applicant (NCCEH) is eligible to apply for. Because this project is not ranked, including it in the CoC application will not affect any of the other project applications that will be submitted.
- The Annual Renewal Demand (ARD) is the amount of funding needed to renew all eligible renewal applications. The ARD is $6,815,972.
- HUD is again requiring CoCs to place projects into tiers this year. Tier 1 is the relatively "safe" tier because HUD expects to be able to provide this amount of funding. Projects in Tier 2 are at risk of not being funded.
  - o Tier 1 is 85% of ARD ($5,793,576)
  - o Tier 2 is 15% of ARD plus the PH Bonus amount ($2,492,891)
- Project applications and all other required application materials are due to NCCEH by 5:00 p.m. on Friday, October 16. Resources and detailed project application instructions are posted on the NCCEH website at www.ncceh.org/bos/currentcocapplication. NCCEH will notify applicants on November 5 if their projects will not be included in the final application.
- The Project Review Committee reviews and scores project applications using the scorecards posted at www.ncceh.org/bos/currentcocapplication and recommends a ranked list of projects to the Steering Committee for final approval.
  - o The first meeting of the Project Review Committee is October 15 from 1:30 to 3:00 via conference call and webinar. This is a mandatory orientation meeting. Any representative who cannot attend this meeting cannot serve on the Project Review Committee. Representatives must register at www.ncceh.org/events/937.
  - o The Project Review Committee will score applications from October 19 to 23. Each representative will be assigned 2 to 5 applications.
  - o Project Review Committee reps will have phone calls with NCCEH staff October 26 to 28 to review scores.
  - o The final Project Review Committee meeting is November 3 from 10:30 to 12:30. During this meeting the Project Review Committee will review scores of all projects and created the ranked list of projects for Steering Committee approval. Representatives must register at www.ncceh.org/events/938.

- Regional Committees are required to review and approve new project applications from their areas. Regional Committees must complete the New Project Review Form posted at www.ncceh.org/bos/currentcocapplication/. This form is due to NCCEH by Friday, October 23.
  - o Renewal projects are expected to present their applications to Regional Committees for review, but approval is not required.
  - o Because there is a very short turnaround on applications, the review process can be done in whichever manner fits the Regional Committee's needs and schedule (at an in-person meeting, via email, on a conference call, etc.).
- The November Steering Committee meeting has been moved from Tuesday, November 3, to Thursday, November 5, from 10:30 to noon. The Steering Committee will be asked to approve the final ranked list of projects. Any Regional Lead who is a project applicant must ensure the alternate can attend and vote in order to avoid a conflict of interest.

ESG Update
- The ESG application is managed at the Regional Committee level. Agencies submit their applications to their Regional Committees, which make funding recommendations and complete the regional ESG application. The Regional Committees then submit all materials to the State ESG Office. The CoC lead (NCCEH) has approval rights; NCCEH staff review the applications after they have been submitted to the ESG office.
- Regional Committees are expected to run an open, transparent, and competitive process for the ESG application. Regional Committees must avoid conflict of interest by ensuring that:
  - o Agencies receiving funding do not make decisions about funding
  - o There is a process used for those with a conflict of interest torecuse themselves from voting
  - o The Regional Committee minutes clearly record the review and decision-making process for ESG funding decisions
- Regional Committees can use different criteria to make ESG funding recommendations:
  - o Project outcomes and performance
  - o Number of clients served
  - o Community need (what programs already exist and what gaps are unfilled)
  - o Whether applicants are good community partners
- NCCEH has an ESG Intent to Apply form posted at http://bit.ly/1NRH7Xx. This is an optional form that Regional Committees can use if they wish. NCCEH staff will forward all responses to Regional Leads once a week. NCCEH will not contact people who complete the form; this is the responsibility of the Regional Committee.
- All projects that are applying for ESG funds, even if they are not recommended for funding, must submit contract certifications to the State ESG Office by Friday, October 16. This is what the State ESG Office has been calling its "intent to apply" process. This is separate from the optional Intent to Apply form on NCCEH's website.
- The ESG application materials have been posted on the NCCEH website at www.ncceh.org/esgapplication. NCCEH will post BoS-specific information for the ESG application at www.ncceh.org/bos/esg/. The ESG application is due to the State ESG Office by 4:00 p.m. on Friday, November 6.

- o NCCEH is creating a document containing BoS ESG application recommendations for funding. It will also explain the minimum/maximum levels for emergency response and housing stabilization activities: http://www.ncceh.org/files/6273/
  - o NCCEH will also provide information for some parts of the regional application (posted here: http://www.ncceh.org/bos/esg/):
    - CoC policies and procedures (Section 5)
    - HMIS bed coverage
- Section 5 of the Regional ESG application asks for the CoC's written standards. These are also required by HEARTH legislation. The BoS formed a written standards workgroup in March 2015, but its work was postponed because the CoC NOFA was expected to be released over the summer. Since ESG written standards are needed in time to meet the November 6 ESG application deadline, these must be completed now. The written standards workgroup will work to complete written standards for CoC and and update ESG projects written standards in the coming months.
  - o NCCEH staff have drafted a document for the ESG application. The document is posted on the BoS minutes and agendas page at www.ncceh.org/files/6202/.
  - o Corey read through the document and reviewed major points for each of the three activities covered (emergency shelter, rapid re-housing, and prevention). After each section, Steering Committee members were asked for questions or comments.
    - Nicole asked how agencies' compliance with coordinated assessment standards can be tracked. Emily noted that this is expected to be monitored at the Regional Committee level with any issues can be reported to the CAC, and agencies applying for ESG funds should be made aware of them. Denise also noted that one reason NCCEH is applying for CoC planning funds is to expand capacity to help monitor as well.
    - Nicole asked if HUD still recommends that people spend no more than 30% of income for rent. Denise noted that this is the standard for affordable housing, but this level is not a requirement for rapid re-housing program. Most participants will pay more than 30%.
    - Marlene asked if regions that are not applying for prevention funds still need to include the prevention portion of the written standards document in their application. Corey replied that they do need to include the entire document.
  - o Corey asked Steering Committee members if they felt ready to approve the draft of the written standards. Steering Committee members agreed that they were.
  - o A motion was made to approve the written standards [Alexander, Harrison]. All in favor; none opposed.
  - o NCCEH will post the final version at www.ncceh.org/bos/esg/ for Regional Committees to use in their regional applications.

NCCEH Data Center & HMIS Update
- The BoS HMIS migration process, which involves the set-up of agencies' provider pages, is in process.
- At this time, 53 of 60 BoS agencies have submitted all their agency agreements.
  - o Six agencies have not submitted any agreements: Caldwell County Yokefellow, Greenville Community Shelter, Harbour House, Partners

Behavioral Health Management, Surry Homeless and Affordable Housing Coalition, The Haven of Transylvania County

- o For agencies that have submitted their agreements, NCCEH has forwarded them to MCAH for signatures.
- o The participation agreement with MCAH is one of the required attachments for the ESG application. The NCCEH Data Center will send out a communication next week when they are ready to send out these agreements after getting them back from MCAH.

- 43 of 52 non-EAN agencies attended a BoS migration training.
  - o Agencies that did not attend training and have not started page set-up should contact hmis@ncceh.org immediately: Caldwell County Yokefellow, Infinite Possibilities, Salvation Army of New Bern, Surry Homeless and Affordable Housing Coalition, Sandhills Community Action Program, Harbour House

- The migration of user licenses was finished over Labor Day weekend. The BoS now has 162 user licenses (150 active and 12 inactive). Data center staff has also completed an audit of available licenses. During the migration and audit, there was a hold on license transfers; that hold has been lifted, so agencies that have had staff turnover can now move licenses from old staff to new staff. There is still a hold on new licenses.

- All active users must log in to ServicePoint right away. Agency administrators received an email with a list of all users in their agency. Agency administrators can reset passwords for users. The NCCEH help desk can reset passwords for agency administrators. All users must update their contact info in their user profile (including email address and phone number).

- HUD made a change to the HMIS data standards that went into effect October 1. Resources regarding these changes include:
  - o MCAH 16-minute training video on collecting chronic homeless status: available here
  - o Presentation from NCCEH's 9/25/15 agency administrator call-in meeting: www.ncceh.org\files\6111

- The Annual Homeless Assessment Report (AHAR) is a comprehensive report on homelessness submitted by HUD to Congress. The AHAR includes HMIS and Point-in-Time Count data from all CoCs nationally and presents a picture of year-to-year trends in homeless populations. NCCEH submits AHAR data on behalf of the BoS CoC.
  - o HUD will reject poor quality data. CoCs must report in the CoC application whether their data was accepted or not.
  - o There are seven data categories, called "shells". In 2013, 4 of the BoS' shells were accepted; in 2014, 5 were accepted. The shell for transitional housing for individuals was not accepted either year because of low HMIS coverage among these types of programs.
  - o NCCEH data staff will be contacting HMIS users soon to begin working on data quality in preparation for the AHAR.

- The NC HMIS Governance Committee passed new bylaws for our NC HMIS system. The revisions incorporated advice from HUD and requests from the HMIS lead agency (MCAH) and include significant restructuring of committees.
  - o The new bylaws must be approved by CoCs. They are posted at www.ncceh.org/files/6133 and will be presented for approval at November Steering Committee meeting.

Upcoming Meetings and Reminders

- No October BoS Subcommittee meetings
- CoC Project Review Committee meetings
  - Oct. 15, 1:30-3:00 pm – Orientation (REQUIRED): ncceh.org/events/937
  - Nov. 3, 10:30 am-12:30 pm – Score review and ranking: ncceh.org/events/938
- CoC Project Applications
  - All materials due to NCCEH by 5:00 p.m. on Fri., Oct. 16
  - NCCEH will notify applicants if project not included in final application on Nov. 5
- CoC Review/approval forms for new projects
  - Regional Committees submit these to NCCEH by Fri., Oct. 23
  - New CoC projects only, not required for renewal projects
- CoC Application Regional Committee Survey
  - Regional Committee leads please complete and submit by Tuesday, Oct. 13
- ESG Application process takes place at the Regional Committee level
  - Consult 2015 ESG application recommendations from BoS
  - Begin completing project and regional ESG applications
  - Distribute BoS ESG Intent to Apply form or implement local intent to apply process
  - Make sure local application and funding process avoids conflict of interest
  - Submit all ESG application materials to the State ESG Office by 4 pm on Fri., Nov. 6
- BoS Coordinated Assessment Dialogue Group
  - Tues. 10/13, 3:00-4:00 p.m.: ncceh.org/events/918/
- Coordinated Assessment Outcome Report
  - All Regional Committees implementing coordinated assessment
  - Due October 15 for July-September 2015
  - Training and forms: ncceh.org/bos/coordinatedassessment
- Regional Committees working on Coordinated Assessment Plans
  - Use these good examples of elements to help complete plan: ncceh.org/files/6081
- November BoS Steering Committee
  - Moved to Thurs., November 5, 10:30-12:00

Next Meeting: CHANGE FROM REGULAR MEETING DAY - Thursday, November 5, 2015, 10:30 a.m.
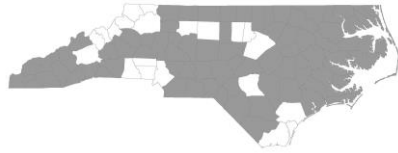
Attachment: Reallocation Process

The CoC did not use the reallocation process in the FY 2015 CoC Program Competition, and this document does not apply.
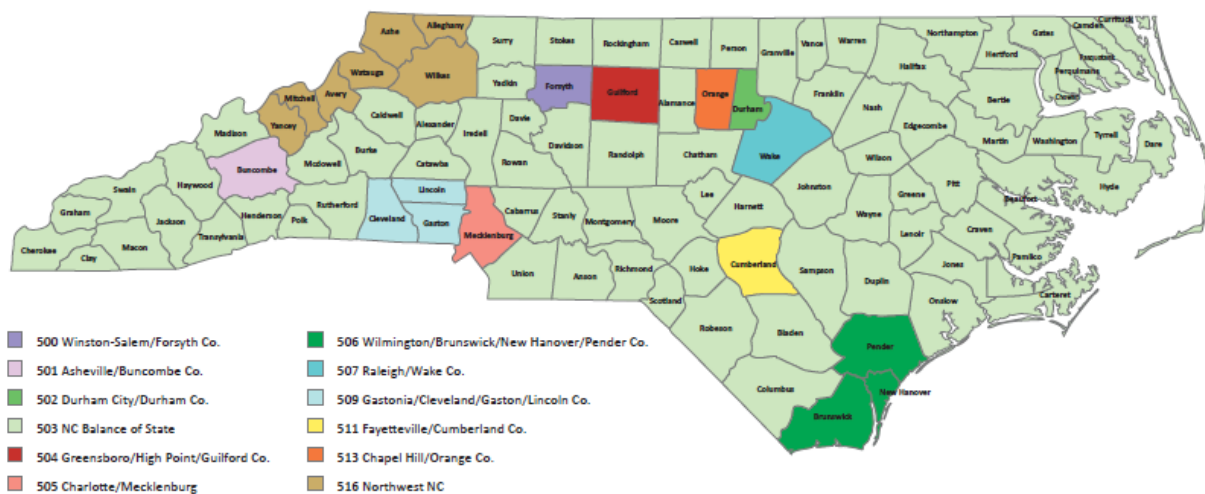
SECTION I. BACKGROUND

In 1995, the U.S. Department of Housing and Urban Development (HUD) originally developed the concept of a Continuum of Care (CoC). The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 says that a CoC "is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate." The HEARTH Interim Rule states "a CoC is the coordinating body for homeless services and homelessness prevention activities across the geographic area." (24 CFR Part 578)

The NC Balance of State Continuum of Care (NC BoS) is one of 12 CoCs in North Carolina. NC BoS includes 79 of North Carolina's 100 counties.

NC BoS counties: Alamance, Alexander, Anson, Beaufort, Bertie, Bladen, Burke, Cabarrus, Caldwell, Camden, Carteret, Caswell, Catawba, Chatham, Cherokee, Chowan, Clay, Columbus, Craven, Currituck, Dare, Davidson, Davie, Duplin, Edgecombe, Franklin, Gates, Graham, Granville, Greene, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Macon, Madison, Martin, McDowell, Montgomery, Moore, Nash, Northampton, Onslow, Pamlico, Pasquotank, Perquimans, Person, Pitt, Polk, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrell, Union, Vance, Warren, Washington, Wayne, Wilson, and Yadkin.

North Carolina Continuum of Care (CoC) Primary Areas

500 Winston-Salem/Forsyth Co.	506 Wilmington/Brunswick/New Hanover/Pender Co.
501 Asheville/Buncombe Co.	507 Raleigh/Wake Co.
502 Durham City/Durham Co.	509 Gastonia/Cleveland/Gaston/Lincoln Co.
503 NC Balance of State	511 Fayetteville/Cumberland Co.
504 Greensboro/High Point/Guilford Co.	513 Chapel Hill/Orange Co.
505 Charlotte/Mecklenburg	516 Northwest NC

NC BoS was formed by the Interagency Council for Coordinating Homeless Programs (ICCHP) and submitted its first application as a CoC in 2006. The new NC BoS included counties that were previously smaller CoCs and counties that had never before applied for CoC funding.

NC BoS was initially coordinated through the NC Department of Health and Human Services (NC DHHS). NC DHHS remains the Lead Agency and Collaborative Applicant for the NC BoS. In 2009, NC DHHS contracted with the NC Coalition to End Homelessness (NCCEH) to coordinate the NC BoS. NCCEH continues in that role today through an annual contract.

SECTION II. PURPOSE

a. Vision

To ensure that individuals and families who become homeless return to permanent housing within 30 days.

b. Mission

The North Carolina Balance of State Continuum of Care, composed of a 79-county region, uses evidenced-based strategies to implement solutions to prevent and end homelessness in the most efficient, effective and ethical manner.

c. Overall

NC BoS coordinates and implements a comprehensive system to address homeless issues in its 79 county area. As a CoC, NC BoS is responsible for four main areas:

1. Administering NC BoS governance and working committees
2. Submitting funding applications
3. Coordinating data collection and assessment
4. Planning for the future of the CoC

SECTION III. COMMITTEE STRUCTURE

a. BoS Steering Committee

1. Purpose

The BoS Steering Committee serves as the primary decision-making body and board for NC BoS. The Steering Committee is responsible for all matters pertaining to the structure, purpose, performance, and activities of NC BoS.

2. Structure

Each Regional Committee elects one Regional Lead who serves on the NC BoS governing body, the Steering Committee. The Regional Committee should also elect an alternate to fill in for the Regional Lead when needed. Regional Committees should select Regional Leads and alternates at the local level using local criteria each January. Regional Leads and alternates serve for one year, and their election must be reflected in Regional Committee meeting minutes. The Steering Committee meets monthly, normally via conference call and at least one time per year in person. All meetings are public meetings, open to any interested party with meeting agendas and minutes posted on the internet in a timely manner. This process was formally established by NC BoS in August 2013 and will be reviewed at least every five years.

3. Roles & Responsibilities

The Steering Committee is staffed and led by NCCEH.

The Steering Committee is responsible for:

- Promoting communitywide commitment to the goal of ending homelessness
- Providing funding for efforts to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness
- Promoting access to and effective utilization of mainstream programs by homeless individuals and families
- Providing direction on funding priorities and project application review criteria
- Creating a network of providers for:
  - Outreach, engagement, assessment
  - Shelter, housing, & supportive services for persons experiencing a housing crisis
  - Homelessness prevention services
- Consulting with recipients of Emergency Solutions Grants funds regarding:
  - Allocation of funds
  - Reporting & evaluating performance
- Monitoring recipient and subrecipient performance, evaluating outcomes, and taking action against poor performers
- Establishing performance targets appropriate for population and program type in consultation with recipients and subrecipients
- Establishing and operating a coordinated assessment system, in consultation with the recipients of Emergency Solutions Grants program funds
- Establishing and consistently following written standards for providing CoC assistance, in consultation with the recipients of Emergency Solutions Grants program funds

Regional Leads are responsible for:

- Representing their Regional Committees in all matters pertaining to NC BoS
- Regularly attending monthly Steering Committee and other NC BoS meetings. Regional Leads, or their official designated alternates or stand-ins must attend at least 75% of Steering Committee meetings in order for their Regional Committee to be eligible to apply for CoC funds. If the Regional Lead or official alternate are unable to attend the meeting, the Regional Lead should email NCCEH with contact information for a stand-in attendee.

4. Avoiding Conflict of Interest

In order to maintain high ethical standards, HUD requires Regional Leads and alternates to comply with Conflict of Interest requirements. Regional Leads and alternates may not participate or influence any discussions or decision regarding an award of financial benefit to an organization that s/he represents. Regional Leads and alternates complete and sign a Conflict of Interest Information Form (APPENDIX 2) each year with updated information about organizations that s/he represents as an employee, donor, volunteer, member, board member, trustee, or any other affiliation.

5. Voting & Quorums

Each Regional Committee gets one vote in voting matters. Regional Leads can vote, make motions and second motions on matters before the Steering Committee. Official elected alternates can also make or second motions and vote for the Regional Committee if the Regional Lead is not present or recuses him/herself. In the case a Regional Lead is also the alternate for a second Regional Committee and needs to register a vote, this person will get a vote for each Regional Committee.

Official elected alternates count for Steering Committee attendance and towards reaching a quorum in the absence of the Regional Lead. In the event that the Regional Lead or the alternate cannot represent their Regional Committee at a Steering Committee meeting, another person may attend as a stand-in and count for Steering Committee attendance, but cannot make or second motions, vote for the Regional Committee if the Regional Lead or alternate is not present or recuses him/herself. Stand-ins do not count towards reaching a quorum.

A quorum within the Steering Committee membership must be present to hold a vote at regular Steering Committee meetings. A quorum is the minimum number of eligible voting members (51%). According to Robert's Rules of Order Newly Revised, Tenth Edition, the "requirement for a quorum is protection against totally unrepresentative action in the name of the body by an unduly small number of persons." If a quorum is not present, votes cannot be conducted. Subcommittee meetings and working groups do not require a quorum.

b. Regional Committees

1. Purpose

NC BoS is broken down into local Regional Committees, which represent the totality of homeless services and providers in a given area. Regional Committees serve as a community resource for coordination and networking on the local level.

2. Structure

Please find a current list and map of NC BoS Regional Committees in APPENDIX 3.

3. Formation of an NC BoS Regional Committee

NC BoS Steering Committee votes to approve new Regional Committees in order for them to be formally recognized within NC BoS. All Regional Committees of NC BoS (new and ongoing) must:

- Have a regular meeting time and place(s)
- Publish notices of their meeting agendas and minutes and open meetings to any interested party
- Have participation from a large swath of providers, stakeholders, and subpopulations from each county within the physical bounds of the proposed Regional Committee
- Design Coordinated Assessment systems within parameters set forth in the NC BoS Coordinated Assessment toolkit
- Administer Coordinated Assessment systems
- Submit meeting agendas and minutes to NC BoS staff on a timely basis
- Annually elect a Regional Lead during January to represent the Regional Committee on the NC BoS Steering Committee

4. Roles & Responsibilities

Regional Committees are responsible for annually appointing:

- A Regional Lead to the Steering Committee (more on this above, Section V.(a) BoS Steering Committee)
- An official elected alternate
- One representative to the CoC Scorecard Committee
- One representative to the CoC Project Review Committee (keeping in mind conflict of interest restrictions, *i.e.,* that a member of this committee cannot also represent an agency applying for funding)
- Representatives to working groups as necessary

NC BoS Regional Committees must also provide accurate and complete information on an annual basis, including:

- Point-in-Time population count and bed inventory from each member agency
- Listing of member agencies and services provided

Regional Committees encourage broad-based community stakeholder participation in their meetings. They also promote data quality among their members to include submitting timely and accurate:

- Annual Performance Reports (APR) to HUD
- High-quality data within NC HMIS

Regional Committees are also responsible for:

- Coordinating the region's Emergency Solutions Grants program
- Encouraging Regional Committee members to participate in NC BoS Subcommittees
- Coordinating local temporary and permanent housing, services, and other resources
- Ensuring adequate HMIS bed coverage
- Supporting priorities set by the NC BoS Steering Committee

c. Subcommittees

1. Purpose

The Steering Committee currently has three standing working group subcommittees which are open to any interested party. The subcommittees review performance measures, assess progress, and discuss best practices.

2. Permanent Supportive Housing Subcommittee

- Meets quarterly
- Reviews performance of agencies receiving HUD CoC Permanent Supportive Housing funding
- Encourages high APR and HMIS performance by agencies receiving HUD CoC Permanent Supportive Housing funding
- Discusses evidence-based and best practices in Permanent Supportive Housing

3. **Rapid Re-Housing Subcommittee**
   - Meets Quarterly
   - Reviews performance of agencies receiving HUD Rapid Re-Housing funding
   - Encourages high APR and HMIS performance by agencies receiving HUD Rapid Re-Housing funding
   - Discusses evidence-based and best practices in Rapid Re-Housing

d. **Funding Application Committees**

The Steering Committee currently has two standing subcommittees that inform the CoC's funding decisions. These committees meet on an as-needed basis.

1. **Scorecard Committee**
   - Comprised of one representative from each NC BoS Regional Committee
   - Determines criteria and scoring guidelines for new and renewal project scorecards

2. **Project Review Committee**
   - Comprised of one representative from each NC BoS Regional Committee (members cannot be from agencies applying for funding)
   - Reviews and rates each project application according to the current scorecard
   - Recommends ranked list of project applications for CoC collaborative application to the Steering Committee

e. **Coordinated Assessment Council**

The Steering Committee appoints a standing Coordinated Assessment Council to review, provide feedback on, and ultimately recommend approval of coordinated assessment plans written by Regional Committees. The Coordinated Assessment Council is made up of representatives from across our CoC and other state-level experts.

f. **Working Groups**

The Steering Committee forms short-term, outcome-focused working groups on an as-needed basis. The scope of work and proposed group duration will be determined by the Steering Committee. Working Group membership will vary depending on the particular needs of the group, but generally should represent the totality of the Steering Committee (region, subpopulation, etc.) as feasible.

SECTION IV. FUNDING APPLICATIONS

The NC BoS is responsible for preparing and overseeing the application process for HUD CoC grants (applied to HUD by CoC) and HUD ESG grants (applied to NC DHHS by Regional Committees). The NC BoS does this by establishing funding priorities via a transparent and inclusive process and designing, operating and following a collaborative process. The NC BoS encourages all eligible applicants to submit project applications.

a. CoC Grants

NC DHHS is the designated collaborative applicant that submits the CoC grant application and manages the application process at the CoC level. NC BoS Steering Committee, staff, project applicants, and funding application committees work together to prepare and submit the Collaborative Application. Project applicants are responsible for individual project applications. Each year the application timeline is contingent on HUD.

b. ESG Grants

HUD provides block grant funds to each state for the Emergency Solutions Grants program (hereafter ESG). The State of North Carolina, through DHHS, Division of Aging and Adult Services, Adult Services Section determines and distributes ESG money to each CoC in North Carolina and to Regional Committees within NC BoS. Regional Committees manage the project application process for ESG. The NC BoS has the authority to review and approve ESG applications.

SECTION V. DATA COLLECTION & ASSESSMENT

a. HMIS

NC BoS CoC is a part of the NC HMIS System and a member of the NC HMIS Governance Committee. As such NC BoS has four primary responsibilities:

1. **Designate an HMIS Lead Agency:** At the recommendation of the NC HMIS Governance Committee, the NC BoS Steering Committee shall approve an HMIS Lead Agency to operate the local HMIS as part of the statewide NC HMIS. This entity will be responsible for ensuring that all applicable federal partner regulations and notice requirements are met.

2. **Designate an HMIS Grantee:** NC BoS Steering Committee shall designate an HMIS Grantee who will be the single agency to manage the HMIS funding and ensure all local financial obligations are met. The HMIS Grantee will contract with the HMIS Lead Agency to operate HMIS in NC BoS. The Contract and MOU will describe the exact responsibilities of the HMIS Lead Agency, HMIS Grantee, and Continuum of Care for meeting federal partner regulations and notice requirements.

3. **Designate HMIS Governance Committee Representatives**: NC BoS Steering Committee shall designate four representatives and four alternatives representative from the Continuum of Care to the NC HMIS Governance Committee.

4. **Review NC HMIS Governance Committee Bylaws:** NC HMIS Bylaws direct the governance of the statewide NC HMIS system. NC BoS may approve or send suggestions to the NC HMIS Governance Committee on amendments for adoption.

5. **Role of NC BoS staff:** NC BoS staff, in partnership with the NC HMIS Governance Committee, shall ensure the following:

   - Consistent participation in HMIS for all federal partner funded programs and encourage the same for all other agencies
   - For agencies that are exempt from participating in HMIS by Federal Statute (for example, domestic violence service providers) NC BoS staff will support participation in a comparable database that meets the HUD standards for HMIS
   - HMIS is administered within NC BoS in compliance with requirements prescribed by HUD
   - Oversight is provided by the NC HMIS Governance Committee
   - Compliance with all HUD rules and regulations, including reviewing, revising, and approving three key data documents: a privacy plan, a security plan, and a data quality plan

NC BoS uses CoC program funds for an HMIS grant to fund the CoC's HMIS.

b. Point-in-Time Count

NC BoS plans and conducts an annual Point-in-Time Count (PIT) that counts and collects data on homeless people who are both unsheltered and sheltered within emergency shelters and transitional housing. NC BoS will provide training, forms, and instruction for Regional Committees on conducting this count. Normally, the PIT is held on the last Wednesday in January. The PIT will comply with any additional HUD requirements.

c. Housing Inventory Chart (HIC)

NC BoS completes the annual Housing Inventory Chart (HIC), which includes a bed inventory of all emergency shelters, transitional housing programs, rapid re-housing programs, and permanent supportive housing programs in the CoC, as well as the CoC's Point-in-Time Count data and an assessment of the CoC's unmet need for homeless programs. The HIC is submitted to HUD through the Homeless Data Exchange in accordance with the deadline set by HUD.

d. Annual Homeless Assessment Report (AHAR)

In conjunction with CHIN, NC BoS completes the Annual Homeless Assessment Report, which includes both point-in-time and year-round HMIS data on homeless clients enrolled in the CoC's emergency shelter, transitional housing, and permanent supportive housing programs. The AHAR is submitted to HUD through the Homeless Data Exchange in accordance with the deadline set by HUD.

SECTION VI. STAFF ROLES

Since 2009, NC BoS is staffed by the NC Coalition to End Homelessness through an annual contract with the NC DHHS. NC BoS staff is responsible for:

a. Coordination

NCCEH staff manage the overall coordination of NC BoS, including:

a. Coordinate and staff NC BoS Steering Committee
b. Provide technical support and capacity building to local BoS communities and project applicants
c. Support grantees
d. Manage BoS website, email lists, and other communications
e. Coordinate and conduct subcommittee calls (see above Section III. (c) Subcommittees)
f. Coordinate Balance of State approval process for regional ESG applications
g. Organize and staff workgroups as needed for time-limited projects
h. Staff the Coordinated Assessment Council (CAC)
i. Support the NC HMIS implementation (see above Section V. (a) 5. HMIS)

b. COC Application Preparation

- Prepare and validate Grant Inventory Worksheet and complete the CoC registration process
- Coordinate scoring and ranking of applications
- Complete and submit CoC collaborative application
- Assist new and renewal applicants in completing CoC project applications by providing technical assistance and feedback
- Submit AHAR data
- Prepare pre-application forms and instructions as needed
- Track and review pre-applications and provide consultations and technical assistance to applicants
- Collaborate with BoS Regional Committees to gather and compile Point-in-Time (PIT) Count and Housing Inventory Chart (HIC) data. Complete HIC and submit with PIT to HUD Homeless Data Exchange.

c. Written Standards

The NC BoS Steering Committee approved ESG Written Standards on October 6, 2015 (see APPENDIX 4: ESG WRITTEN STANDARDS). By the 2016 update of the NC BoS Governance Charter it is expected that the Steering Committee will approve a comprehensive set of written standards for all CoC and ESG funded programs to be tied into the NC BoS Coordinated Assessment system.

SECTION VII. GOVERNANCE CHARTER

a. Ratification
NC BoS Governance Charter was formally adopted by the Steering Committee on August 6, 2013 and most recently amended on November 5, 2015. The Charter may be thereafter amended at a regular Steering Committee meeting by a simple majority (at least 51%) affirmative vote of the members present and determined eligible to vote.

b. Process for Amending the Charter
Proposed amendments must be in written form and distributed to Steering Committee members prior to the presentation and vote. The Governance Charter may be fully revised to include agreed-upon changes, or an Amended Article may be added for insertion into the existing document.

c. Annual Renewal & Updates
NC BoS Steering Committee will formally review and update the NC BoS Charter annually, making changes as necessary.

APPENDIX 1: ABBREVIATIONS

AHAR	Annual Homeless Assessment Report
APR	Annual Progress Report
CoC	Continuum of Care
ESG	Emergency Solutions Grant (formerly Emergency Shelter Grant)
HEARTH	Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009
HIC	Housing Inventory Chart
HMIS	Homeless Management Information System
HUD	Federal Department of Housing and Urban Development
ICCHP	Interagency Council for Coordinating Homeless Programs
NC BoS	North Carolina Balance of State Continuum of Care
NC DHHS	North Carolina Department of Health and Human Services
NCCEH	North Carolina Coalition to End Homelessness
NC HMIS	North Carolina Homeless Management Information System
NOFA	Notification of Funding Availability
PIT	Point-in-Time count
QPR	Quarterly Progress Report

APPENDIX 2: CONFLICT OF INTEREST FORM

North Carolina
Balance of State Continuum of Care

bos@ncceh.org   919.755.4393   www.ncceh.org/BoS

NC BoS Steering Committee
Conflict of Interest Policy & Disclosure Form

Policy

The standard of behavior at the North Carolina Balance of State (NC BoS) Continuum of Care is that all staff and Steering Committee members scrupulously avoid any conflict between their personal, professional, and business interests and the interests of NC BoS. This includes avoiding actual conflicts of interest as well as perceptions of conflicts of interest.

The purposes of this policy are to:
- comply with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 and the Continuum of Care Program, Interim Final Rule (24 CFR Part 578),
- protect the integrity of NC BoS Steering Committee's decision-making process,
- enable our constituencies to have confidence in our integrity, and
- safeguard the integrity and reputation of Steering Committee members.

Upon election to the NC BoS Steering Committee, members submit a full written disclosure of their interests, relationships, and holdings that could potentially result in a conflict of interest. This written disclosure will be kept on file and updated annually.

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 requires NC BoS CoC Steering Committee members to disclose any conflicts of interests that arise in the course of meetings or activities. These include transactions, discussions or decisions in which members (or their business or other nonprofit affiliations), their families and/or significant others, employers, or close associates will receive a benefit or gain. Members also disclose any family relationship, either by consanguinity or marriage, between themselves and an agent or employee of NC BoS who will be directly affected by a transaction or decision. After disclosure, members recuse themselves from participating in the transaction, discussion or decision.

This policy is meant to be a supplement to good judgment – Steering Committee members will respect its spirit as well as its wording.

APPENDIX 2: CONFLICT OF INTEREST FORM, CONT.

Disclosure Form

Personal Data
Name:
Current Employer or Business Affiliation:
Position:

Other Business Activities
Please disclose any other employment, business, or financial interest which you or a member of your immediate family may have as an officer, director, trustee, partner, employee, or agent which might give a rise to a possible conflict of interest with NC BoS.

Charitable or Civic Involvement
Please disclose all official positions which you or any member of your immediate family may have as a director, trustee, or officer of any charitable, civic, or community organization as well as any unofficial roles such as significant donor, volunteer, advocate, or advisor which might give rise to a possible conflict of interest with NC BoS.
REMINDER: *If at any time there is a matter under consideration that may constitute a direct or indirect conflict of interest not listed on this form, it is your obligation to disclose the facts to the Steering Committee.*

I do hereby affirm that I have received and read the policy and I will adhere to the document's spirit, principles, and practices.

_____   _____
Signature   Date

APPENDIX 3: LIST & MAP OF REGIONAL COMMITTEES

List of Regional Committees, updated November 5, 2015

- AHRMM (Anson, Hoke, Moore, Montgomery, Richmond)
- Alamance County
- Beaufort County
- Burke County
- Carteret County
- Caswell County
- Catawba County
- Chatham County
- Craven County
- Down East (Duplin, Lenoir, Sampson, Wayne)
- Foothills (Alexander, Caldwell, McDowell)
- Harnett County
- Henderson County
- Hertford County (PENDING)
- Iredell/Yadkin County
- Johnston County
- Kerr-Tar (Franklin, Granville, Halifax, Vance, Warren)

- Lee County
- Onslow County
- Person County
- Piedmont (Cabarrus, Davidson, Rowan, Stanly, Union)
- Pitt County
- Randolph County
- Rockingham County
- Rutherford & Polk (PENDING)
- Southeast (Bladen, Columbus, Robeson, Scotland)
- Southwest (Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain)
- Surry/Davie/Stokes County
- Transylvania County
- Twin County (Edgecombe, Nash)
- Wilson/Greene County

Balance of State CoC
Regional Committees

as of June 2015

APPENDIX 4: ESG WRITTEN STANDARDS

<u>Background</u>

The goal of these written standards is to have clear guidelines for all ESG-funded agencies on the purpose, types, and methods for delivering services in Balance of State CoC. These standards are required as part of the FY2015 ESG application and must be adopted by all agencies within Balance of State the receive ESG funding.

The Balance of State CoC's written standards are to guide agencies in administering assistance so that the CoC can meet its vision[1] to ensure that individuals and families who become homeless return to permanent housing within 30 days.

Shelters, rapid re-housing, and prevention programs in the Balance of State CoC that receive ESG funding are required to participate in the BoS coordinated assessment process. Coordinated assessment assists the NC BoS CoC to end homelessness by increasing exits to housing, decreasing length of time homeless, and reducing returns to homelessness. The goal is to assist consumers in quickly accessing appropriate services to address housing crises through a right-sized, well-coordinated agency network[2].

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[1] NC Balance of State Governance Charter, 2014: http://www.ncceh.org/files/3443/download/
[2] NC Balance of State Coordinated Assessment Toolkit, 2014: http://www.ncceh.org/files/5195/

APPENDIX 4: ESG WRITTEN STANDARDS, CONT.

Emergency Shelter

- *How shelters move homeless persons to permanent housing as quickly as possible*
  Shelters in BoS work within the CoC vision and federal goal of returning people who enter homelessness to permanent housing within 30 days. Shelters that receive ESG funds participate in BoS coordinated assessment process which is designed to move people who are homeless to permanent housing, including:
    o Diversion: For those households that have another safe option for housing for the night besides shelter, the system will assist the households to return to those options rather than entering the homeless system. National data show that diversion programs reduce entries into homelessness.
    o Streamline referral process: The coordinated assessment system coordinates referrals to permanent housing programs so that people will receive program referrals that fit a program's eligibility criteria and are appropriate to the need of the household. This system also reduces the time spent by households in seeking assistance from community programs.
    o Connecting programs: Coordinated assessment systemizes coordination efforts so that shelters are partnering with permanent housing programs on the local level.
    o Tracking system outcomes: Regional Committees complete quarterly outcome reports that measure the number of people entering shelter, emergency services, and permanent housing. Regional Committees and CoC staff will examine these reports to identify system gaps and redirect resources accordingly in order to move households into permanent housing quickly.

- *How clients are prioritized to receive emergency shelter services*
  The coordinated assessment system uses a standardized prevention and diversion screen to divert those people who have other safe housing options from entering shelter. This prioritizes shelter beds for those with no other options. Many communities within Balance of State do not have shelters to cover all populations and household types. In these situations, Regional Committees are forming partnerships with shelters in neighboring communities to formalize the process of shelter referral.

APPENDIX 4: ESG WRITTEN STANDARDS, CONT.

Rapid Re-housing

- *How clients are prioritized to receive rapid re-housing financial assistance and services*
  Eligible households that are literally homeless at the time of contacting the program and are living in shelter or in a place not meant for human habitation will receive rapid rehousing services. As part of the Balance of State CoC coordinated assessment process, clients within the shelter system are screened using the VI-SPDAT assessment. Each Regional Committee determines the score ranges that result in referral to rapid re-housing programs, taking into account the numbers and types of programs available locally as well as local demographics and trends. Overall, the clients with more severe needs are prioritized to receive services before those with lower needs.

- *Determining percentage or amount of rent and utility costs each program participant must pay while receiving rapid re-housing financial assistance (only applicable for clients with income)*
  BoS agencies are to use the progressive engagement model to determine the amount of financial subsidies, like rent and utility costs, that each program participant must pay. Assistance is based in providing "the least amount of assistance for the least amount of time" while proving enough initial support to be reasonably sure that the housing will stick. Agencies are encouraged to be highly flexible and look at each household's particular needs when determining an individualized plan that will include amount of financial subsidies and services. Since agencies are required to serve those with higher needs before those with lower needs, it is expected that some households will not have income at program entry. Agencies are expected to offer assistance with the goal of providing approach while also meeting clients where they are and ensuring a long-term positive exit to permanent housing. Given all of this, agencies must be highly flexible and there should NOT be a standard percentage of rent clients pay.

- *Maximum number of months a program participant will be provided with rental assistance and eligibility amount for each participant*
  BoS agencies again are expected to be flexible on the number of months assistance is provided. Agencies must provide assistance for the shortest amount of time possible that ensures an exit to permanent housing. . Agencies should be aware of funding restrictions on the length of assistance (24 months maximum for ESG grantees). The goal is to serve the most number of households possible with a high degree of successful exits to permanent housing.

APPENDIX 4: ESG WRITTEN STANDARDS, CONT.

Prevention

- *How clients are prioritized to receive prevention financial assistance and services*
  Clients are prioritized to receive prevention financial assistance using the BoS prevention and diversion screen as part of the coordinated assessment process. BoS agencies are expected to tie all prevention programs directly to the local coordinated assessment process. We focus prevention efforts more narrowly on diverting households presenting for shelter beds from entering the homeless system. When an individual or family has another safe option to go to rather than entering shelter, programs will use the prevention and diversion screen to help those people think through all the other options available.

- *Determining percentage or amount of rent and utility costs each program participant must pay while receiving prevention financial assistance (only applicable for clients with income)*
  Prevention programs are expected to focus specifically on shelter diversion and to be tied to the local coordinated assessment system. Agencies are encouraged to be highly flexible in determining the amount of rent and utility costs clients need for a successful and shelter diversion with the goal to serve the most number of households with our limited resources. Assistance is based in providing "the least amount of assistance for the least amount of time" while proving enough initial support to be reasonably sure that the housing will stick.

- *Maximum number of months a program participant will be provided with rental assistance and eligibility amount for each participant*
  Prevention programs are expected to focus specifically on shelter diversion. To that end, rental assistance should only be provided if needed in order to prevent the household from becoming literally homeless. Agencies should be aware of funding restrictions on the length of assistance (24 months maximum for ESG grantees). The goal is to serve the most number of households possible with a high degree of successful exits to permanent housing.

4-III.B. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use.

Local Preferences [24 CFR 960.206]

PHAs are permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

> HACL Policy
>
> The HACL will use the following local preferences:
>
> In order to bring higher income families into public housing, the HACL will establish a preference for "working" families, where the head, spouse, cohead, or sole member is employed at least 15 hours per week. As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given the benefit of the working preference [24 CFR 960.206(b)(2)].
>
> 1) Involuntary Displacement Preference, Homeless Veterans Preference (6 pts)
>
> 2) HCV Program Termination (lack of funding) (6 pts)
>
> 3) Single Persons who are elderly/disabled (4 pts)
>
> 4) Working Preference (3 pts)
>
> 5) Rent Burden (2 pts)
>
> 6) Date/Time (1pt)

Verification of Waiting List Preferences

Involuntary Displacement

> A. Applicants who have vacated housing as a result of :
>
> > a) A disaster (fire, flood, etc.)

b) Federal, State or local government action related to code enforcement, public improvement or development.

c) Action taken by a housing owner which is beyond an applicant's control, occurs despite the applicant's having met all previous conditions of occupancy, and is other than a rent increase. If the owner is an immediate relative (grandparent, parent, sibling) and there is no previous rental agreement and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered displaced.

d) Victims of domestic violence who:

1. Have vacated due to actual or threatened physical violence directed against the applicant or the applicant's family by a spouse or other household member, or

2. Live in housing with an individual who engages in such violence. Such "actual" or threatened violence must have occurred recently or be of a continuing nature. An applicant who lives in a violent neighborhood or is fearful of other violence outside of the household is not considered involuntarily displaced.

e) Applicant, or member of applicant family, has been advised by a law enforcement agency to relocate to minimize risk of violence against family members as a result of providing information on criminal activities to a law enforcement agency. Proper safeguards will be provided by the PHA to conceal the identity of families requiring protection against such reprisal.

f) Applicant, or member of applicant family, have been the victim of one or more hate crimes. "Hate crimes" means actual or threatened violence or intimidation that is directed against a person or his or her property and that is based on a person's race, color, religion, sex, national origin, handicap or familial status. The hate crime must be of recent and continuing nature.

g) Applicant, or member of applicant family, has a mobility or other impairment that makes the person unable to use critical elements of the unit in which the family resides, and the owner is not legally obligated to make changes to the unit that would make critical elements accessible to the disabled person as a reasonable accommodation.

h) Disposition of a multifamily housing project by HUD under Section 203 of the Housing and Community Development Act of 1978.

Applicants who have actually been displaced must not be living in " standard, permanent replacement housing" which is defined as housing that is decent, safe and sanitary that is adequate for the family size (according to code/ Housing Quality Standards), and that the family is occupying pursuant to a lease or occupancy agreement.

Such housing does not include transient facilities, hotels, motels, temporary shelters, and (in the case of victims of domestic violence) does not include housing in which the applicant lives with the individual who engages in such violence.

Verification of Involuntary Displacement will be determined by the following documentation:

a) Certification from a unit of government concerning displacement due to a disaster;

b) Certification from a unit of government concerning displacement due to code enforcement, public improvement or development;

c) Certification from an owner concerning displacement due to owner action; or

d) Certification from the local police, social service agency, court, clergy, physician, public or private shelter, or counseling facility concerning displacement due to domestic violence, fear of reprisal, or hate crime.

e) Certification from present landlord or social service agency concerning displacement as a result of mobility or other impairment

f) Documentation of disposition of multifamily rental housing project by HUD.

HCV Program Termination: HCV participants who have been terminated due to over leasing or lack of federal funding. At the time a participant is terminated due to over leasing or lack of federal funding, that person's name will be automatically placed on the waiting list and given appropriate preferences.

Preference points are aggregated to produce the total preference points for each applicant. Applicants with the same total preference points will then be sorted by the method in which they were selected to be placed on the waiting list (i.e., date and time of application or order of random selection).

Homeless Veteran's Preference: This preference is available to a person who served in the active military, naval, air service or coast guard and who was discharged or released from such service under conditions other than dishonorable or to a family consisting of one or more children under age 18 of a deceased veteran.

In order to qualify for this preference, the applicant must meet HUD's definition of homelessness according to one of the following categories:

- Streets or other place not fit for human habitation (i.e. park, abandoned car, homeless encampment). Documentation required: Letter from any service provider or law

enforcement agency on agency letterhead describing applicant's current living situation.

- Emergency Shelter. Documentation required: Confirmation letter on letterhead from shelter staff.

- Graduating from a residential treatment program with no other resources to obtain housing. Documentation required: Confirmation letter on program letterhead with date of entry and verifying that applicant currently resides there and has no housing available upon discharge.

- Leaving a transitional housing program specifically designed for homeless individuals and upon leaving has no resources to obtain housing. Documentation required: Confirmation letter on transitional program letterhead with date of entry and verifying that applicant currently resides there and has no housing available upon discharge.

- Being discharged from a hospital and hospitalized for less than 30 days following residence on the streets or in emergency shelters. Upon leaving, individual has no resources and support network to obtain housing. Documentation required: Confirmation letter from hospital staff.

- Institution in which the applicant has resided for more than 30 days (i.e. IMD's) with discharge pending within one week. Upon release, no subsequent residence having been identified and lacking the resources and support networks to obtain housing. A referral from a clinician or letter from the institution on letterhead describing circumstances or residence, date(s) of entry and exit.

Rent Burden: Paying more than 50% of income for rent (excluding telephone, internet and cable/satellite TV):

Families will be required to verify their income, the amount of rent and utilities they are obligated to pay, and the period of time they have been residing in the unit.

Families must furnish copies or rental receipts/ the lease/ canceled checks/ money orders.

MAINTAINING THE WAITING LIST
AND
ESTABLISHED PREFERENCES

A. Waiting List

Applications are submitted to the Main Office by the outreach offices as completed. Following processing by Main Office staff, applications are entered into the computer. A computer-generated list based on the time and date of application is printed out periodically. Applicants are offered assistance as their name appears on the list, without regard to bedroom size.

The only exception is for those claiming a local preference. Applicants who have proven a preference will print out ahead of those applicants who do not prove a preference on the computer generated waiting list. These applicants are always offered assistance first, but must prove preference at the time assistance is offered. If unable to prove preference, they remain on the regular waiting list by the time and date of their original application.

A separate Waiting List by time and date of application is maintained for family's who have indicated an interest in units contracted through the Project-Based Housing Choice Voucher Program. Applications accepted for a project-based unit during periods that the regular application process is "closed" are only eligible for placement on the applicable project-based waiting list. During the application process for the regular waiting list, applicants who indicate interest in project-based assistance are placed on all applicable waiting list. Refusal of a project-based unit does not jeopardize an applicant's position on the regular waiting list.

B. Local Preferences

Effective with the enactment of the Quality Housing Work and Responsibility Act of 1998, federal preferences were permanently abolished. Local preferences adopted by the PHA in an effort to assist those most in need of rental assistance are as follows:

- Referrals from abuse, homeless shelters or programs operated by local Social Services departments (requires a certification by the requesting agency on the appropriate letterhead);

- Families currently living in substandard* housing (requires verification by a local building inspector, social worker or qualified housing inspector);

- Families who are displaced as the result of a natural disaster such as a fire or flood (verified by fire report or legislation supporting declaration of a natural disaster).

- Elderly and/or disabled head of household and/or spouse.

*Substandard housing:

    a. A unit that is dilapidated (does not provide safe, adequate shelter, has one or more critical defects or a combination of defects requiring considerable repair; endangers the health, safety and well-being of family).

    b. Does not have operable indoor plumbing.

    c. Does not have a usable flush toilet in the unit for exclusive use of the family.

    d. Does not have usable bathtub or shower in the unit for exclusive family use.

    e. Does not have adequate, safe electrical service.

    f. Does not have an adequate, safe source of heat.

    g. Does not have a kitchen.

    h. Has been declared unfit for habitation by a government agency.

A family, although residing as part of another family unit to whom they are related, may be considered as separate family unit for substandard housing definition preference purposes if they so choose.

An applicant who is designated as a "Homeless Family" is considered to be living in sub-standard housing. Homeless families are applicants who:

    a) Lack a fixed, regular, or adequate nighttime residence; or

b) Have a primary nighttime residence that is supervised public or private shelter providing temporary accommodations, or an institution providing temporary residence for individuals intended to be institutionalized, or a public or private place not ordinarily used as a sleeping accommodation for human beings.

"Homeless Family" does not include any individual imprisoned or detained pursuant to State Law or an Act of Congress.

Verification of sub-standard housing includes:

a) Certification from a unit of government, from the applicant's current, a local Building Inspector, the Section 8 Inspector or the landlord that unit's condition meets the definition of substandard; or

b) Certification of a "Homeless" family's status from a public or private facility providing shelter to the family, or from local police or social service agency.

C. Preference Eligibility

Applicants who claim a local preference must prove the preference at the time assistance is available. Proof of preference is no longer valid after sixty (60) days.

If the applicant's preference cannot be verified, the applicant is notified of the preference denial and given the opportunity for an informal review. If preference is not proven, the applicant remains on the regular waiting list by date and time of application.

D. Order of Selection from Waiting List

Applicants are selected in the following hierarchical order by date and time of application:

1) Local preferences (all are of equal value)

2) Non-preference

A family may sometime be able to receive assistance sooner if a unit becomes available in a project-based complex. Applicants who are interested will be placed on the waiting list for the particular project-based complex in addition to being on the regular waiting list. The site manager of the project-based complex makes the final

Memorandum of Understanding
North Carolina Statewide HMIS
North Carolina Continua of Care and the Michigan Coalition Against Homelessness
October 1, 2015 – June 30, 2016

Objective: This MOU is designed to provide a frame for North Carolina's multi-jurisdiction HMIS implementation as presented in Section 508.7 of the Federal Register / Vol. 76, No. 237 Homeless Management System Requirements. It is recognized that operation of the Statewide HMIS requires ongoing collaboration from member Continua of Care.

Continuum of Care (CoC):   NC-503 Balance of State CoC agrees to adopt the North Carolina Statewide shared HMIS platform vendor, Bowman Systems Inc. ServicePoint. The CoC agrees that administration of the shared platform will be provided by the North Carolina HMIS Project, operated by the Michigan Coalition Against Homelessness. The CoC further agrees to operate the local CoC Implementation in compliance with HUD Data Standards and the North Carolina Statewide Operating Policies and Procedures.
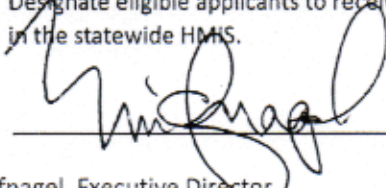
Roles and Responsibilities:

Michigan Coalition Against Homelessness:
1. Management of the Statewide Vendor Contract with Bowman Systems, Inc.
2. Host the Statewide coordination meeting – the Monthly SA Call-In.
3. Define privacy and security protocols that allow for the broadest possible participation.
4. Provide Statewide Operating Policies and Procedures that represent the minimum standards for participation. Local CoCs may add additional requirements as negotiated locally.
5. Designate ex-officio staff member for NC HMIS Governance Committee.
6. Provide for system administration and analyst staffing of help desk services between 9am and 5pm workdays and after-hours emergency response.
7. Negotiate the cost for local licenses to the Statewide System via contracts with Bowman Systems.
8. Provide training and ongoing collaboration regarding cross-jurisdiction system operation, measurement and research activities including:
    a. Negotiation and training basic workflows for all users and specialized workflows for cross-jurisdiction funding streams.
    b. HUD mandated activities including Point In Time, Housing Inventory Count, Annual Performance Report and the Annual Homelessness Assessment Report.
    c. Provide data for Statewide and CoC-specific unduplicated homeless counts.
    d. Research projects that involve statewide data sets.
    e. Maintain a suite of data quality, demographics, and outcome reports available to all CoCs on the System.
    f. Support for local Continuous Quality Improvement efforts.
9. Execute Contract for Services with CoC-designated fiduciary entities.
10. Provide the NCHMIS Governance Committee monthly reports updating the status and accomplishments of the NC HMIS Project

North Carolina Continua of Care:

1. Designate HMIS system.
2. Designate CoC members and CoC alternates to NC HMIS Governance Committee.
3. Ensure consistent participation of recipients and sub recipients in the HMIS.
4. Uphold cost-sharing agreement set by Governance Committee, including no/late-payment consequences.
5. Plan the local HMIS implementation to maximize the greatest possible participation from homeless service providers.
6. Comply with North Carolina Statewide Privacy Protocols as specified in the Administrative and Sharing Qualified Services Organization Business Associates Agreements (QSOBAAs), Participation Agreements and the User Agreement Code of Ethics.
7. Adopt any additional standards of practice beyond those identified in the Statewide HMIS Operating Procedures.
8. Staff at least one local System Administrator and assure that each participating agency has identified an Agency Administrator. The System Administrator will:
    a. Demonstrate competence in required training in privacy, security and system operation (e.g. provider page, workflows and reports).
    b. License local users and support data organization and completion of Provider Pages for participating agencies.
    c. Assign licenses to Agency Administrators and/or users.
    d. Host local HMIS operations meeting(s) and/or assure that Agency Administrators are attending the Statewide User Meetings.
    e. Assure that all users are trained in privacy, security and system operation.
    f. Participate in HUD mandated measurement including PIT, HIC, APRs and the AHAR as appropriate.
    g. Participate in the annual PIT count process and support publication of local reports.
    h. Support the CoC's Continuous Quality Improvement efforts.
9. Through the Governance Committee, CoCs will:
    a. Review, revise and approve Privacy, Security and Data Quality Plans.
    b. Ensure HMIS is administered to meet HUD standards.
    c. Approve MCAH budget and technical agreements.
10. Designate fiduciary responsible for entering into a Contract for Services with HMIS Lead Agency.
11. Designate eligible applicants to receive HMIS funds that will best allow them to participate in the statewide HMIS.
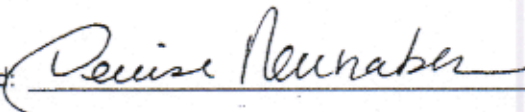
Signed: _____   Date: __4/10/15__

Eric Hufnagel, Executive Director
Michigan Coalition Against Homelessness

Signed: _____   Date: __11/9/15__

Denise Neunaber, Executive Director
North Carolina Coalition to End Homelessness

North Carolina Homeless Management Information System Governance Committee

By-Laws

Article I: Name and Representation

A. The name of the organization shall be the North Carolina Homeless Management Information System Governance Committee (hereinafter referred to as NC HMIS GC).   It shall be comprised of representatives from the following Continua of Care (CoC):

- Asheville/Buncombe County – NC-501
- Chapel Hill/Orange County – NC-513
- Charlotte/Mecklenburg County – NC-505
- Durham City/Durham County – NC-502
- Fayetteville/Cumberland County – NC-511
- Gastonia/Cleveland/Gaston/Lincoln County – NC-509
- Greensboro/High Point/Guilford County – NC-504
- Northwest NC – NC-516
- Raleigh/Wake County – NC-507
- Wilmington/Brunswick/New Hanover/Pender County – NC-506
- Winston-Salem-Forsyth County – NC-500
- North Carolina Balance of State – NC-503

Article II: Purpose

A. The purpose of the NC HMIS GC is to collaboratively manage the implementation, administration, and maintenance of the multi-jurisdiction Homeless Management Information System (HMIS).

Article III: Activities of the NC HMIS GC

A. The responsibilities of the NC HMIS GC include, but are not limited to the following:

1. Recommend an HMIS Lead Agency to administer the HMIS for participating CoCs to ratify;
2. Select HMIS vendor;
3. Negotiate a master contract with the HMIS Lead Agency, subject to adoption by each CoC;
4. Provide monitoring and oversight to the HMIS Lead Agency and HMIS Vendor;
5. Set a Cost Sharing agreement between the CoCs;
6. Review and approve annual budget for the multi-jurisdiction services including database services and administration of the database;
7. Develop and monitor a payment plan to ensure that all multi-jurisdiction financial obligations are fulfilled in a way that most strategically meets the needs of NC Continua of Care;
8. Provide support and coordination to the NC Continua of Care to ensure adequate funds are available to support the full implementation of the statewide database;
9. Adopt policies and procedures that set baseline requirements for compliance with HUD Data Standards for the management and operation of the HMIS including but not limited to Privacy, Security and Data Quality Plans;

10. Collaborate and support multi-jurisdiction HMIS activities;
11. Assist the HMIS Lead Agency in communicating key policies and procedures to key stake holders and the NC Continua of Care;
12. Provide support to individual CoCs in their efforts to identify and diminish potential barriers to the use and improvement of the HMIS database; and
13. Provide recommendations to the CoCs on all other matters which affect the operation of the HMIS which are not herein specifically delegated to the NC HMIS GC.

Article IV: Composition

A. The NC HMIS GC is a partnership of representatives from each of the participating Continua of Care. The committee is composed of one member and one alternate member from each independent jurisdiction in NC participating in the multi-jurisdiction HMIS implementation, and 4 members and 4 alternates from the NC Balance of State CoC.

B. Every participating CoC in North Carolina shall be responsible for electing their representative(s) and alternate(s) to the NC HMIS GC, and recording elected representatives in CoC meeting minutes. Each CoC shall be allowed to determine any requirements to be a member/alternate to the NC HMIS GC above and beyond the minimum qualification outlined in these by-laws.

C. Additional ad hoc representatives may be invited by the NC HMIS GC to advise and support the NC HMIS GC as non-voting, non-officer members for a designated term.

D. One staff member from the HMIS Lead Agency shall participate in the NC HMIS GC as an ad hoc non-voting member.

Article V: Meetings and Attendance

A. At a minimum, the NC HMIS GC conducts regular meetings on a quarterly basis and will convene more frequently as needed. Notification of regular meeting dates, times, and locations will be provided to all members as well as posted on the North Carolina HMIS web site at least 14 days prior to the meeting. Special meetings, made via conference call or other form of electronic meeting, may be called by the chair with a notice of three business days. Agenda and minutes will be posted publicly prior to the meeting.

B. A meeting schedule for the following fiscal year shall be adopted by the NC HMIS GC in the final meeting of the fiscal year.

C. Meetings may be held in person, electronically, or via phone. However, at least once per quarter meetings shall be held in person.

D. Members and/or their alternate shall attend every meeting.   Remote access to the meetings will be provided at the discretion of the Executive Committee. If a member and their alternate are absent from more than one meeting in a quarter, the Chair of the NC HMIS GC shall notify that member's CoC Executive Committee or its equivalent.

E. In accordance with North Carolina General Statute Article 33C., meetings of the NC HMIS GC and its subcommittees are open meetings.   The NC HMIS GC and its subcommittees will enter closed

session when necessary, following section § 143-318.11 of the North Carolina General Statute Article 33C.

Article VI: Voting

A. Each NC HMIS GC member shall have one vote; in the absence of the member or in the event of a conflict of interest, the alternate may vote. A quorum consists of representation from at least two-thirds of the participating CoCs.

B. The NC HMIS GC will strive to make decisions by consensus. However, if after 1 meeting consensus cannot be reached, the Executive Committee may call a vote. If a vote is called, a 60% majority is required for passage.

C. Fiscal matters, by-law changes, Lead Agency and Vendor decisions will require a 75% majority vote.

D. Ad Hoc Members and meeting guests do not have voting privileges. To maintain order, members and alternates, Ad Hoc members, and guests may speak after being recognized by the chair.

E. Both members and alternates are encouraged to attend all meetings of the NC HMIS GC. Only the member, or in the absence of the member, the alternate is allowed to vote.

Article VII: Officers

A. The NC HMIS GC members shall elect a Chairperson, Vice-Chairperson, Secretary and Treasurer. To be eligible to serve as an officer an individual must be either a CoC representative or CoC alternate.

B. The Chairperson's duties will be to:
1. Serve as primary point of contact for the NC HMIS GC
2. Preside over NC HMIS GC meetings
3. Facilitate the development of meeting agendas
4. Ensure communication of NC HMIS GC matters to all members
5. Shall Chair the NC HMIS GC Executive Committee

C. The Vice-Chairperson's duties will be to:
1. Assist the Chairperson as necessary
2. Fulfill the duties of the Chairperson in the absence of said Chairperson
3. Shall chair the Monitoring Committee
4. Shall be a member of the NC HMIS GC Executive Committee

D. The Secretary's duties will be to:
1. Record minutes of all NC HMIS GC meetings
2. Ensure distribution of minutes to all members
3. Carry out the duties of the Chairperson and Vice-Chairperson in the event both officers are absent
4. Shall be a member of the NC HMIS GC Executive Committee

E. The Treasurer's duties will be to:
    1. Chair the NC HMIS Finance Committee
    2. Provide monthly reports to the NC HMIS GC on the financial status of the statewide HMIS implementation
    3. Carry out the duties of the Chairperson, Vice-Chairperson , and Secretary in the event all three officers are absent
    4. Shall be a member of the NC HMIS GC Executive Committee

F. The NC HMIS GC shall elect the four officers during the last meeting of the fiscal year of the program. The newly elected officers shall assume office at the close of that meeting and shall serve a term of one year.

G. No one individual shall serve more than two consecutive terms in the same office.

H. No more than one representative from a CoC may hold a position as an officer at any time.

Article VIII: Resignation and Removal

A. A committee member may resign from the NC HMIS GC by submitting a written notice to the Chairperson and to their CoC leadership.

B. A member or officer may be removed from the NC HMIS GC by a 2/3-majority vote. This may only occur if the member is in violation of the attendance policy or the Code of Conduct as outlined in Article IX.

C. If an officer resigns or is removed from the committee, an election will be held within the next 30 days to fill the vacancy.

Article IX: Code of Conduct

A. The following Code of Conduct shall govern the performance, behavior and actions of the NC HMIS GC and its members.

1. No member or alternate shall participate in the selection, award or administration of a bid or contract supported by Federal funds if a conflict of interest is real or apparent to a reasonable person.

2. Conflicts of interest may arise when any committee member has a financial, family or other beneficial interest in the vendor firm selected or considered for an award.

3. No committee member shall do business with, award contracts to, or show favoritism toward a member of his/her immediate family, spouse's family or to any company, vendor or concern who either employs or has any relationship to a family member; or award a contract or bid which violates the spirit or intent of Federal, State and local procurement laws and policies established to maximize free and open competition among qualified vendors.

4. Committee members shall neither solicit nor accept gratuities, gifts, consulting fees, trips, favors or anything having a monetary value from a vendor, potential vendor, or from the family or

employees of a vendor, potential vendor or bidder; or from any party to a sub-agreement or ancillary contract.

5. As permitted by law, rule, policy or regulation, the NC HMIS GC shall pursue appropriate legal, administrative or disciplinary action against a committee member, vendor or vendor's agent who is alleged to have committed, has been convicted of or pled no contest to a procurement related infraction. If said person has been convicted, disciplined or pled no contest to a procurement violation, said person shall be removed from any further responsibility or activities on behalf of the NC HMIS GC.

Article X: Standing Sub Committees

A. Executive Committee

The NC HMIS GC Executive Committee shall consist of all officers of the NC HMIS GC plus one additional standing member elected at large.

B. Finance Committee

The NC HMIS Finance Committee shall consist of the NC HMIS GC Treasurer, four standing members at large, and an ad hoc representative from the HMIS Lead Agency.

C. The NC HMIS Monitoring Committee

The Monitoring Committee shall lead the processes of monitoring the work of the HMIS Lead Agency and HMIS Vendor. The committee shall consist of four standing members at large and the Vice-Chair, who will chair the committee.

D. Committee membership

1. Committee members of the NC HMIS GC's Executive, Finance, and Monitoring Committees must be either CoC members or CoC alternate members of the NC HMIS GC.

2. Committee members for all other committees of the NC HMIS GC may be selected from the membership of any of the NC continua of care.

3. The Chair of all committees of the NC HMIS GC shall be a CoC member or alternate of the NC HMIS GC.

4. Non-officer CoC members are limited to serving on one standing committee, unless approval is given by the NC HMIS GC for additional responsibilities.

Article XI: Fiscal Year, By-Laws Effective Date and Requirements for Annual Review

A. These By-Laws shall be effective upon approval by adoption by the leadership board/body of all 12 Continua of Care in North Carolina. Approval shall be by signatures that are documented and stored by the Secretary. These by-laws shall be reviewed by the NC HMIS GC annually, beginning in the fiscal year after the adoption of these by-laws.

B. The fiscal year is defined as July 1 – June 30.

Article XII: Amendments

A. Amendments shall be submitted at regular meetings of the committee. A vote on the submitted amendment will occur at the next meeting of the committee.

B. Recommendation to change or amend by-laws may be made by any member at any time and shall be submitted at a regular meeting of the committee as follows:

   1. For proposals which fundamentally change the responsibilities or structure of the NC HMIS GC shall stand for action and be open for discussion among members and upon recommendation of a 75% majority vote, shall be submitted to the 12 CoCs for approval.

   2. For changes that do not fundamentally alter the responsibilities or structure of the NC HMIS GC, they shall stand for action and be open for discussion among members and shall be in effect upon approval by a 75% majority vote of the current and present members of the committee.

C. Upon approval, the Ad-Hoc Executive Committee member shall update the By-Laws document to reflect the changes and distribute updated copies to all members before the next regular meeting. Members shall be responsible for communicating amendments to the by-laws made by the NC HMIS GC to their CoC leadership board/body.

Article XIII: Dissolution of Relationship with the NC HMIS GC

A. If a Continuum of Care decides to withdraw from participating in the Statewide HMIS, the CoC must provide written notice to the Chairperson and Vice-Chairperson of the NC HMIS GC according to the remaining time in the current contract period which must be no less than 6 months. A CoC withdrawing from the Statewide HMIS is still responsible for paying its share of outstanding costs as defined in the contracts signed by that CoC unless the Governance Committee agrees otherwise. A CoC terminating their contract with the NC HMIS Lead Agency does not automatically constitute a terminated relationship with the NC HMIS GC, and may have the option of becoming an Ad Hoc member as defined in VI D.

B. The severing of an individual CoC's relationship with the NC HMIS GC does not dissolve the NC HMIS GC or the existence of the statewide implementation. However, if more than 1/3 of the NC CoCs dissolve their relationship with the NC HMIS GC and statewide HMIS, then the remaining CoCs will re-organize to maintain a regional HMIS implementation.

C. If a CoC fails to ratify any recommendation of the NC HMIS GC that is submitted to the participating CoCs for ratification, such failure shall constitute a decision to withdraw from participation in the Statewide HMIS.

D. If all of the North Carolina Continua of Care unanimously wish to dissolve their relationship with the NC HMIS GC, then the organization shall be dissolved.

The Governance Committee's intention is to have unanimous participation in a statewide HMIS. If a CoC's membership in NC HMIS is subject to termination for any reason other than withdrawal explicitly stated by that CoC, the GC will assess the situation promptly and take any appropriate action within its purview with a goal of maintaining a statewide HMIS comprised of all 12 CoC's. If the NC HMIS GC decides to suspend their relationship with one or more CoCs, the GC must give written notice to the CoC according to the remaining time in the current contract period which must be no less than 6 months. Contractual disagreements, conflict, or lapse in contract with the NC HMIS Lead Agency do not automatically constitute a terminated relationship with the NC HMIS GC

Attachment: CoC Written Standards for Order of Priority

Attached are the CoC's written policies regarding the prioritization of permanent supportive housing beds for chronically homeless participants and the prioritization of assistance provided through ESG-funded projects. In 2016, the CoC plans to combine these two documents with other policies to create a single, comprehensive set of written standards.

Chronically Homeless Prioritization for Permanent Supportive Housing Policy
Revised September 2, 2014

Agencies within the North Carolina Balance of State CoC agree to prioritize clients who are chronically homeless for the Permanent Supportive Housing beds not already dedicated to chronically homeless within our CoC that become available through turnover, such that:

- Agencies will hold turnover beds open for a period of 15 days while searching for clients who are chronically homeless
- Search methods can include consulting existing waiting lists and coordinated assessment information, polling community partners and/or any other methods currently in practice
- Agencies will make efforts to help clients who are chronically homeless address program requirement barriers that might otherwise exclude them from qualifying
- If an individual or family who is chronically homeless cannot be found within the 15-day time period, the turnover bed will be filled by the normal agency process
- Agencies are encouraged to use the sample form below for documentation until coordinated assessment implementation

PSH beds will be filled in compliance with HUD Notice CPD-14-012 on Prioritizing Persons Experiencing Chronic Homelessness (https://www.hudexchange.info/resources/documents/Notice-CPD-14-012-Prioritizing-Persons-Experiencing-Chronic-Homelessness-in-PSH-and-Recordkeeping-Requirements.pdf) such that:

Beds dedicated to serve chronically homeless

1. CH with longest history of homelessness and most severe service needs (please find definitions and more details in the HUD Notice linked above)
2. CH with longest history of homelessness
3. CH with most severe service needs
4. Other CH

Non dedicated beds

1. Homeless with a disability and most severe service needs
2. Homeless with a disability and long period(s) of homelessness
3. Homeless coming from all but transitional housing
4. Homeless coming from transitional housing

Recordkeeping

The CoC is required to comply with recordkeeping standards set forth in the above HUD Notice, including developing written standards, a standardized assessment tool and coordinated assessment. This policy will be folded into NC BoS written standards when these standards are created and approved in 2015.

Recipients are required to maintain written intake standards, evidence of chronically homeless status and evidence of homelessness duration as set forth in the above HUD Notice. Recipients are encouraged to use the form below to document prioritization until coordinated assessment implementation – afterwards the coordinated assessment system will document prioritization.

Documentation Form

Unit number/CHIN number/Other Identifying Info		
Date Bed Became Available		
Search Timeframe (Above Date + 15 Days)		
Number of Chronically Homeless in Most Recent Point in Time Count (Counties Covered by Grant)	INDIVIDUALS	FAMILIES
Method(s) of Search for Chronically Homeless		
Result		
Bed Filled by Chronically Homeless?	YES	NO
Date Bed Filled		

ATTACHMENTS C1, C2, D1, D2, D3, E1, E2 & E3 – Written Standards

Background

The goal of these written standards is to have clear guidelines for all ESG-funded agencies on the purpose, types, and methods for delivering services in the Balance of State CoC (BoS). These standards are required as part of the FY2015 ESG application and must be adopted by all agencies within the Balance of State that receive ESG funding.

The Balance of State CoC's written standards are to guide agencies in administering assistance so that the CoC can meet its vision[1] to ensure that individuals and families who become homeless return to permanent housing within 30 days.

Shelters, rapid re-housing, and prevention programs in the Balance of State CoC that receive ESG funding are required to participate in the BoS coordinated assessment process. Coordinated assessment assists the Balance of State CoC to end homelessness by increasing exits to housing, decreasing length of time homeless, and reducing returns to homelessness. The goal is to assist consumers in quickly accessing appropriate services to address housing crises through a right-sized, well-coordinated agency network[2].

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[1] NC Balance of State Governance Charter, 2014: http://www.ncceh.org/files/3443/download/
[2] NC Balance of State Coordinated Assessment Toolkit, 2014: http://www.ncceh.org/files/5195/

Emergency Shelter

- *How shelters move homeless persons to permanent housing as quickly as possible*
  Shelters in the BoS work within the CoC vision and federal goal of returning people who become homeless to permanent housing within 30 days. Shelters that receive ESG funds participate in the BoS coordinated assessment process, which is designed to move people who are homeless to permanent housing through:
    - Diversion: For those households that have another safe option for housing for the night besides shelter, the system will assist the households to return to those options rather than entering the homeless system. National data show that diversion programs reduce entries into homelessness.
    - Streamlining referral process: The coordinated assessment system coordinates referrals to permanent housing programs so that people will receive program referrals that fit a program's eligibility criteria and are appropriate to the need of the household. This system also reduces the time spent by households in seeking assistance from community programs.
    - Connecting programs: Coordinated assessment systemizes coordination efforts so that shelters are partnering with permanent housing programs on the local level.
    - Tracking system outcomes: Regional Committees complete quarterly outcome reports that measure the number of people entering shelter, emergency services, and permanent housing. Regional Committees and CoC staff will examine these reports to identify system gaps and redirect resources accordingly in order to quickly move households into permanent housing.

- *How clients are prioritized to receive emergency shelter services*
  The coordinated assessment system uses a standardized prevention and diversion screen to divert those people who have other safe housing options from entering shelter. This prioritizes shelter beds for those with no other options. Many communities within the Balance of State CoC do not have shelters to cover all populations and household types. In these situations, Regional Committees are forming partnerships with shelters in neighboring communities to formalize the process of shelter referral.

<u>Rapid Re-housing</u>

- *How clients are prioritized to receive rapid re-housing financial assistance and services*
  Eligible households that are literally homeless at the time of contacting the program and are living in shelter or in a place not meant for human habitation will receive rapid re-housing services. As part of the Balance of State CoC coordinated assessment process, clients within the shelter system are screened using the VI-SPDAT assessment. Each Regional Committee determines the score ranges that result in referral to rapid re-housing programs, taking into account the numbers and types of programs available locally as well as local demographics and trends. Overall, the clients with more severe needs are prioritized to receive services before those with lower needs.

- *Determining percentage or amount of rent and utility costs each program participant must pay while receiving rapid re-housing financial assistance (only applicable for clients with income)*
  BoS agencies are to use the progressive engagement model to determine the amount of financial subsidies, like rent and utility costs, that each program participant must pay. Assistance is based in providing "the least amount of assistance for the least amount of time" while providing enough initial support to be reasonably sure that the housing will stick. Agencies are encouraged to be highly flexible and look at each household's particular needs when determining an individualized plan that will include the amount of financial subsidies and services. Since agencies are required to serve those with higher needs before those with lower needs, it is expected that some households will not have income at program entry. Agencies are expected to offer assistance with the goal of providing "the lightest touch possible" while also meeting clients where they are and ensuring a long-term positive exit to permanent housing. Given all of this, agencies must be highly flexible and there should NOT be a standard percentage of rent clients pay.

- *Maximum number of months a program participant will be provided with rental assistance and eligibility amount for each participant*
  BoS agencies again are expected to be flexible on the number of months assistance is provided. Agencies must provide assistance for the shortest amount of time possible that ensures an exit to permanent housing. Agencies should be aware of funding restrictions on the length of assistance (24 months maximum for ESG grantees). The goal is to serve the largest number of households possible with a high degree of successful exits to permanent housing.

Prevention

- *How clients are prioritized to receive prevention financial assistance and services*
  Clients are prioritized to receive prevention financial assistance using the BoS prevention and diversion screen as part of the coordinated assessment process. BoS agencies are expected to tie all prevention programs directly to the local coordinated assessment process. The BoS focuses prevention efforts more narrowly on diverting households presenting for shelter beds from entering the homeless system. When an individual or family has another safe option to go to rather than entering shelter, programs will use the prevention and diversion screen to help those people think through all the other options available.

- *Determining percentage or amount of rent and utility costs each program participant must pay while receiving prevention financial assistance (only applicable for clients with income)*
  Prevention programs are expected to focus specifically on shelter diversion and to be tied to the local coordinated assessment system. Agencies are encouraged to be highly flexible in determining the amount of rent and utility costs clients need for a successful shelter diversion with the goal of serving the largest number of households with the CoC's limited resources. Assistance is based in providing "the least amount of assistance for the least amount of time" while providing enough initial support to be reasonably sure that the housing will stick.

- *Maximum number of months a program participant will be provided with rental assistance and eligibility amount for each participant*
  Prevention programs are expected to focus specifically on shelter diversion. To that end, rental assistance should only be provided if needed in order to prevent the household from becoming literally homeless. Agencies should be aware of funding restrictions on the length of assistance (24 months maximum for ESG grantees). The goal is to serve the largest number of households possible with a high degree of successful exits to permanent housing.