Before Starting the Exhibit 1 Continuum of Care (CoC) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the 2010 Exhibit 1 Continuum of Care (CoC) Application.

Training resources are available online at: www.hudhre.info/esnaps   -   Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms.   -   The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

 -   Review the 2010 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. -   CoCs that applied in the 2009 competition and selected the bring forward option during CoC Registration must be careful to review each question in the Exhibit 1. Questions may have changed or been removed so the information brought forward may or may not be relevant. Not all questions will have information brought forward. For those questions, you must enter response manually. Be sure to review the application carefully. Verify and update as needed to ensure accuracy. -   New CoCs or CoCs that did not apply in 2009 will not have pre-populated information and must complete all Exhibit 1 forms. -   There are character limits for the narrative sections of the application and the amounts are listed accordingly. It is recommended that CoCs first write narrative responses in Microsoft Word and then cut and paste into e-snaps.

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1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): NC-507 - Raleigh/Wake County CoC

CoC Lead Agency Name: Wake County Continuum of Care Inc. (DBA The Partnership to End and Prevent Homelessness)

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1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.
This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Wake County Continuum of Care, Inc.

Indicate the frequency of group meetings: Bi-monthly

If less than bi-monthly, please explain (limit 500 characters):

Not Applicable

Indicate the legal status of the group: 501(c)(3)

Specify "other" legal status:

Not Applicable

Indicate the percentage of group members that represent the private sector:
(e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 72%

* Indicate the selection process of group members:
(select all that apply)

Elected:	X
Assigned:	
Volunteer:	X
Appointed:	X

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Other: ☐

Specify "other" process(es):

Not Applicable

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

According to CoC By-Laws, membership is open to any person (agency or individual) who pays dues or user fees established by the Board of Directors and who attends at least 75% of the membership meetings in the most recent full fiscal year. An option for non-voting membership is open to any person (agency or individual) who attends at least one membership meeting, notifies the secretary of his/her intention to be a member, and provides contact information to the secretary. This process was established to be as inclusive as possible while maintaining an informed and responsible membership.

* Indicate the selection process of group leaders: (select all that apply):

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

N/A

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

Yes. Our CoC is a 501(c3) nonprofit agency with 25+ member agencies working to coordinate programs in bimonthly membership meetings. Our CoC has developed a comprehensive work program based upon the locally adopted 10-Year Plan to End and Prevent Homelessness. A Board of Directors with diverse membership gives broad perspective, guidance and oversight to encourage programs which benefit clients served by all member agencies. An Executive Director gives day to day attention to these efforts, and she will be able to provide direct oversight of a HUD/CoC grantee relationship. Our CoC benefits from member agencies that have regularly received HUD funding who have a track record of success and compliance.

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1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

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

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Stabilization and Assessment Committee	This committee's work has been focused on exploring the development of a Stabilization, Assessment and Referral Center where services to persons experiencing homelessness and others in need could be coordinated within our community. The committee is evaluating services that are needed and could potentially be located in centralized facilities. The Committee is working with local governments and service agencies to gain support for moving forward.	Monthly or more
Government Resources Committee	The Committee is charged with keeping member agencies informed of best practices, enhancing the continuum's effort to provide coordinated services and monitoring the success of these efforts. This Committee designs and maintains standard outcomes and submission procedures for programs applying for funding through the CoC. It addresses all issues regarding program evaluation and quality control of projects, and it also provides accurate data to support the CoC. The team along with law enforcement and others organizes and implements the Wake County PIT counts. The Team is also charged with the implementation and management of the Community's HMIS.	Monthly or more
Partnership to End Homelessness Oversight Team	Raleigh/Wake Partnership to End and Prevent Homelessness is the overarching effort to guide our community's work to end homelessness. These efforts are guided by the work carried out in our bi-monthly membership meetings and weekly oversight team meetings. These groups are responsible for the implementation of the strategies of our ten-year plan to end homelessness. Together these groups guide the collaborative efforts of our partners, setting the work agenda, monitoring community-wide progress, promoting our vision and helping to raise needed funds for implementation. These activities are ongoing throughout the year as our CoC responds to changes and progresses toward closing service and resource gaps.	Monthly or more

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Employment and Education Committee	This committee has focused on designing and implementing a number of programs to improve employment opportunities for persons experiencing homelessness. These efforts include our Job Referral Program, where an employment liaison develops relationships between local businesses and homeless service providers that result in both filling an employment gap and hiring a homeless person. "Let's Get to Work" raises funds to provide day care and transportation funding subsidy assistance to homeless and at risk individuals and families. Also Wake County Human Services and Step-Up Ministries have partnered to bring the Homeless Veterans Reintegration Program to our community.	Monthly or more
Housing Solutions Committee	This committee's primary objective is to increase the affordable housing supply for persons who are at 40% or below area median income. The committee convenes monthly to identify potential housing developments and link partners together. This committee provides input to our local governments' comprehensive planning processes. Members attend public meetings to give input to ensure that affordable housing stays at the forefront of the issues associated with comprehensive planning. The committee is also working to build community support and involvement to combat issues of NIMBYism.	Monthly or more

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

Not Applicable

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1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Wake County Human Services	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans, Se...
City of Raleigh	Public Sector	Local g...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Town of Cary	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Raleigh Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Triangle Family Services (Counseling Svs)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Triangle United Way	Private Sector	Non-pro...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
The Womens Center of Wake County	Private Sector	Non-pro...	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	Seriously Me...
Interact (Domestic Violence Services)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
The Healing Place of Wake County (SA Treatment)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Abuse
CASA (Housing Developer)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Haven House (Youth Services)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
The Carying Place (Housing & Services Provider)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
YWCA	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Domestic Vio...
Church in the Woods (Homeless Outreach)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...

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PLM Families Together, Inc. (Housing Provider)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Catholic Charities (Housing & Services Provider)	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Interfaith Food Shuttle	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Abuse
Passage Home (Housing & Services Provider)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth, Subst...
Raleigh Rescue Mission	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans, Su...
Urban Ministries(Medical, Shelter, Basic Needs)	Private Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Salvation Army	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
DHIC, Inc. (Housing Developer)	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Wake Health Services, Inc.	Private Sector	Hospita.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Southlight (SA Svs. and Housing Provider)	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months, C...	Substance Ab...
Step Up (Employment Svs. & Housing Provider)	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Wake Interfaith Hospitality (Housing/Svs Provi...	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Social Security Administration	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Sam McLean	Individual	Formerl. ..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Dr. James Hartye	Private Sector	Hospita.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
NCSU Park Scholars	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Becky Harrison	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Mimi Kim	Public Sector	School ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Wake County Commissioner Lindy Brown	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE

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Wake County Sheriff's Department- Phyllis Stephens	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	NONE
Wake County Public Schools	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Housing Authority of the County of Wake	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
North Carolina Coalition to End Homelessness	Private Sector	Non-pro...	Lead agency for 10-year plan, Attend Consolidated Plan fo...	NONE
Dr. James West	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Raleigh Chamber of Commerce	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE

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

Instructions:

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

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

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

Rating and Performance Assessment Measure(s):
(select all that apply)
e. Review HUD APR for Performance Results, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience, i. Evaluate Project Readiness

Voting/Decision-Making Method(s):
(select all that apply)
a. Unbiased Panel/Review Commitee, e. Consensus (general agreement)

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

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

Not Applicable

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1F. Continuum of Care (CoC) Housing Inventory Count--Change in Beds Available

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2010 Housing Inventory Count (HIC) as compared to the 2009 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select ¿Not Applicable¿ and indicate that in the text box for that housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

The 2010 Housing Inventory shows a slight decrease in the number of emergency shelter beds (14 fewer beds). The Healing Place and Raleigh Rescue Mission transferred beds from emergency shelter to transitional housing. There has not been a true loss of beds in our community.

Safe Haven: Not Applicable

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

We do not have a Safe Haven project in our CoC.

Transitional Housing: Yes

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

The 2010 Housing Inventory shows a increase in the number of transitional housing beds (72 additional beds). As explained previously, both the Healing Place and Raleigh Rescue Mission transferred beds from emergency shelter to transitional housing. Emmaus House, Passage Home and South Light also created additional transitional housing beds.

Permanent Housing: Yes

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

The 2010 Housing Inventory shows a net gain of 42 new permanent housing beds. The following agencies developed this new housing: CASA, Wake County Human Services, and Downtown Housing Improvement Corporation (DHIC).

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

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

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2010. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Indicate the type of data sources or methods used to complete the housing inventory count: (select all that apply)
HMIS plus housing inventory survey

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (select all that apply)
Follow-up, Updated prior housing inventory information, Confirmation, HMIS

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply):
Unsheltered count, HUD unmet need formula, HMIS data, Housing inventory, Provider opinion through discussion or survey forms

Specify "other" data types:

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

The HUD unmet need formula was the main equation used to compute the unmet need totals.   Providers provided feedback to these numbers.

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2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Select the HMIS implementation coverage area:	Regional (multiple CoCs)
Select the CoC(s) covered by the HMIS: (select all that apply)	NC-507 - Raleigh/Wake County CoC, NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC, NC-504 - Greensboro/High Point CoC, NC-513 - Chapel Hill/Orange County CoC, NC-501 - Asheville/Buncombe County CoC, NC-502 - Durham City & County CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-503 - North Carolina Balance of State CoC, NC-516 - Northwest North Carolina CoC, NC-500 - Winston Salem/Forsyth County CoC
Is the HMIS Lead Agency the same as the CoC Lead Agency?	No
Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?	Yes
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	ServicePoint
What is the name of the HMIS software company?	Bowman Systems
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	10/01/2004
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Inadequate staffing, No or low participation by non-HUD funded providers, Inadequate resources

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

While our CoC has typical HMIS implementation challenges, we overcame many of our barriers by switching from our original vendor (Softscape) to a new HMIS vendor(Service Point). Agencies began entering data in the new Service Point system with CHIN in January 2009. Please note: in a previous question we listed the date when data was first entered in HMIS as 10/1/2004 because this was the date we began entering data into the Softscape system.

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

We are working to improve data quality & bed coverage. We are continuing to improve data quality through standardized and customized reporting, end user certification & refresher training, and focused technical assistance. We review the monthly HMIS Data Quality report produced by CHIN and the AHAR details report that CHIN produces upon request. The area that we struggle with most is coverage with our smaller non-HUD funded programs. Most of these agencies do not receive McKinney-Vento funding and are small, volunteer-run organizations that do not have the resources, staff, or capacity to enter data into our HMIS. Without the requirement to participate, these agencies are resistant to put financial or volunteer hours into HMIS. Fortunately, this year our CoC was awarded SHP-HMIS funding to subsidize the cost related to end user license fees. We will continue to educate agencies on the benefits of HMIS and encourage their participation.

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2B. Homeless Management Information System (HMIS) Lead Agency

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	North Carolina Housing Coalition
Street Address 1	118 St. Mary's Street
Street Address 2	
City	Raleigh
State	North Carolina
Zip Code **Format: xxxxx or xxxxx-xxxx**	27605
Organization Type	Non-Profit
If "Other" please specify	Not Applicable
Is this organization the HMIS Lead Agency in more than one CoC?	Yes

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2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:	Ms.
First Name	Laura
Middle Name/Initial	
Last Name	McDuffee
Suffix	
Telephone Number: **(Format: 123-456-7890)**	336-455-7316
Extension	
Fax Number: **(Format: 123-456-7890)**	919-881-0350
E-mail Address:	lmcduffee@nchousing.org
Confirm E-mail Address:	lmcduffee@nchousing.org

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

Instructions:

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

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

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

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

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

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

Not Applicable

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for the HMIS to present accurate and consistent information on homelessness, it is critical that an HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoCs goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2009 and 2010 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2010.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2010.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	1%	5%
* Date of Birth	1%	0%
* Ethnicity	2%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	2%	2%
* Disabling Condition	12%	3%
* Residence Prior to Program Entry	3%	1%
* Zip Code of Last Permanent Address	3%	28%
* Name	0%	0%

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

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

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

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Our CoC utilizes the HMIS to provide comparative reporting to assist us in improving our client and program data. The primary report is the monthly Data Quality Report that provides our CoC with an overview of our data completeness, utilization rates, and inventory. Our CoC uses HMIS to complete interim reports to check error rates and requests that agencies correct necessary data. Standardized reports are also available continuously. For agencies that need improvement, on-site and on-line data entry technical assistance and training are available. Our CoC has created a hard copy universal assessment form that parallels the data elements that HUD requires. This form has been helpful in reducing the potential for missing data.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

Our CoC's commitment to accurate data entry, including program entry and exit dates, begins when agencies sign their Agency Participation Agreement. In this contract, agencies agree to adhere to CHIN's Standard Operating Policies which explicitly cover all HUD required data elements. Our CoC in part chose this vendor due to its commitment to collecting accurate data, their stringent agency participation requirements and their commitment to attend monthly CoC meetings to review our progress and/or difficulties with utilizing the HMIS. When requested, HMIS staff can generate a report for participating agencies that lists all clients with their program entry and exit dates and indications of fields that remain incomplete.

Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply)

None

Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply)

2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR

Does your CoC plan to contribute data to the Homelessness Pulse project in 2010?

Yes

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

Instructions:

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

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

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

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

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

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2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

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

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

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

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

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards?	At least Annually
How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)?	Never
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	10/11/2010
If 'No' indicate when development of manual will be completed (mm/dd/yyyy):	

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2H. Homeless Management Information System (HMIS) Training

Instructions:

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

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

* Privacy/Ethics training	At least Monthly
* Data Security training	At least Monthly
* Data Quality training	At least Monthly
* Using Data Locally	At least Quarterly
* Using HMIS data for assessing program performance	At least Semi-annually
* Basic computer skills training	At least Monthly
* HMIS software training	At least Monthly

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2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

Although CoCs are only required to conduct a one-day point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually, if resources allow. The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping in shelters, on the streets, or in other locations not meant for human habitation.

Below, CoCs will indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participate. CoCs are also asked to describe whether or not there were differences between the most recent point-in-time count and the one prior. CoCs should indicate in the narrative which years they are comparing.

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

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/26/2011

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

Emergency Shelter: 100%

Transitional Housing: 100%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

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On January 30, 2010 our CoC counted 1,180 persons experiencing homelessness compared to the previous year when we counted 1,152. Our most recent count showed a 1% percent (28 persons) increase. Comparably, Wake County grew by 36,381 people (100 per day) in the last year according to U.S. Census Bureau estimates released March 19, 2009. The County's population rose to 866,410 as of July 2008, which represents a population increase of 4.4 percent for the period of July 2007 to July 2008. That number translates to the seventh largest numerical growth in the nation, making Wake the 57th largest county nationally. We believe our efforts to fight homelessness have prevented the numbers of persons experiencing homelessness from rising in proportion to our overall growth. We are working hard to decrease the actual number of persons experiencing homelessness, but we recognize how high the numbers could be without our work.

The Sheltered Count indicates minor upward trending for transitional facilities (at 420 persons, up from 397). It also shows a more dramatic increase in the number of clients served in emergency shelters (at 627 persons, up from 508). This increase can be explained by the adverse weather conditions our area experienced on the date of the PIT count. The night before the count a winter storm left approximately 5 inches of ice and snow (we rarely have any snow), and we believe more people who typically sleep outside came in to emergency shelters.

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

Instructions:

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

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

 N/A

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

Members of the Government Resources Committee plan and conduct our annual Point-In-Time Count. Our effort to count persons in shelters were led by two coordinators, one for emergency shelters and one for transitional facilities. The coordinators communicated with shelter providers before the count to provide instructions and forms to be filled out in cases where persons did not participate in HMIS.   Emergency shelter and transitional housing providers documented each individual they provided housing to on the night of the point-in-time count via HMIS or paper opt-out forms and submitted their documentation to the coordinators. The coordinators worked together to collate all the sheltered population data with the unsheltered population data to produce a final count.

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

Instructions:

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

In the 2010 CoC NOFA, the definition of Chronically Homeless Person has been expanded to include families with at least one adult member who has a disabling condition. The family must meet all the other standards for chronic homelessness in Section 4.d. of the 2010 NOFA, Definitions and Concepts. Because the definition of chronically homeless at the time of either the 2009 or 2010 point-in-time count was still limited to individuals, CoCs are only reporting on that data on this section of the Exhibit 1.

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

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

N/A

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Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (Limit 1500 characters).

Members of the Government Resources Committee plan and conduct our annual Point-In-Time Count. The HMIS system that we use allows users to indicate subpopulation data at the time when an individual is first entered into HMIS. We utilized our HMIS to provided both bed counts and subpopulation data for the point in time count. Two coordinators, one for emergency shelters and one for transitional facilities, communicated with shelter providers before the count to provide instructions and forms to be filled out in cases where persons did not participate in HMIS so we could also collect bed count and subpopulation data on these individuals. Emergency shelter and transitional housing providers documented each individual they provided housing to on the night of the point-in-time count via HMIS or paper opt-out forms and submitted their documentation to the coordinators. The coordinators worked together to collate the sheltered population data with the unsheltered population data to produce a final count of subpopulations.

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

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to 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, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the sheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

N/A

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

N/A

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

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on ¿guesstimates.¿ CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	X
Public places count with interviews:	X
Service-based count:	
HMIS:	
Other:	

If Other, specify:

N/A

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

Instructions:

CoCs may employ numerous approaches when counting unsheltered homeless people. CoCs first need to determine where they will look to count this population. They may canvass an entire area or only those locations where homeless persons are known to sleep for example. This form asks CoCs to indicate the level of coverage they incorporate when conducting their unsheltered count.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

NA

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

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to 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, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the unsheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

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

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

Training:	X
HMIS:	
De-duplication techniques:	X
Other:	

If Other, specify:

N/A

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

We planned the unsheltered count geographically during a fixed window of time. We had volunteers who participated in the count go to each geographic region simultaneously so that unsheltered persons would not be counted more than once.

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

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We gratefully report that we did not find any unsheltered homeless households with dependent children in our past two PIT counts. Both emergency shelters and transitional facilities in our community recognize the extreme dangers that households with dependent children could face on the streets. The providers have work hard to expand beyond their capacity at challenging times and find appropriate temporary housing for these families.

Also, Homeless Children's Initiative, a collaborative of family shelter providers and early childhood mental health staff, are continuing their effort to increase the coordination of services to enhance social-emotional health of homeless children, ages 0-5. They conducted focus groups with parents and staff, and observed parent-child interactions at shelters to document strengths and improvements needed in the shelter environment to enhance quality parent-child relationships in homeless families. And recently they were awarded a Rex Endowment grant to further their efforts.

Family shelter providers also work collaboratively with the Wake County Public School System¿s Homeless Liaison to rapidly locate appropriate temporary housing for homeless families who otherwise might wind up in unsheltered situations.

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

Church in the Woods (CITW) is an outreach effort to the unsheltered homeless population. They coordinate volunteer groups that go into "unmapped" areas to identify isolated homeless households. CITW's work is key to our outreach plan to find and offer services to unsheltered households. They explore wooded areas, streets, and under bridges to locate people in need. CITW provides clothing, toiletries, medical help, showers, laundry, and meals on location. They offer an opportunity for spiritual discipleship, hosting weekly church services; and they support those who desire to come off drugs/alcohol, and reintegrate into society by connecting them with community assistance programs and low cost housing.

Haven House offers services to assist adolescents and adults (age 16-21) that are homeless or street dependent with basic needs assistance, employment, and rental assistance. Program staff operates from their drop-in center where youth can obtain food, bus tickets, crisis counseling, access to computers, and a variety of basic needs services. Program staff coach youth on important life skills topics.

The Community Outreach Team provides outreach and engagement services to individuals who are street homeless or living in other places not meant for human habitation. This team works to engage these individuals in services to meet their basic needs as well as services to address any unmet psychiatric and/or substance abuse services needs.

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

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

On this section, CoCs are to describe their short-term and long-term plans for creating new permanent housing beds for chronically homeless persons that meet the definition in the 2010 CoC NOFA. In addition, CoCs will indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the 2010 Housing Inventory Count (HIC) and entered onto the Homeless Data Exchange (HDX). CoCs will then enter number of permanent housing beds they expect to have in place in 12-months, 5-years, and 10-years. These future estimates should be based on the definition of chronically homeless in the 2010 CoC NOFA.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).

At the 12-month benchmark (September 30, 2011), our CoC anticipates creating 9 additional units of affordable housing targeted to persons experiencing chronic homelessness. Wake County Human Services(WCHS) will expand existing S+C projects and place seven (7) additional vouchers in service for persons who are chronically homeless. Additionally,WCHS is applying for a new S+C project and two subsidies are targeted to persons experiencing chronic homelessness.

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

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Over the next 10 years, our CoC is making the creation of permanent housing units for individuals experiencing chronic homelessness a priority. Strategically each year we create new units by alternating permanent units one year with Shelter Plus Care subsidies the next. CASA, a non profit developer, already plans to build and occupy three additional units by 2012, and plans to set aside units in future developments. Our CoC's "Housing Solutions" committee is working with local government officials to eliminate barriers and establish new collaborations to increase affordable housing stock. Members of our CoC and other statewide partners are advocating for this affordable housing with city councilors and county commissioners. Education and advocacy is a large part of all of our efforts. Our CoC is also actively engaged in dialogue with private housing developers to advocate that they set aside units in their exiting stock of housing for persons experiencing chronic homelessness.

How many permanent housing beds do you currently have in place for chronically homeless persons? 78

In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 87

In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 100

In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 125

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.

Instructions:

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

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. In addition, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded permanent housing projects (SHP-PH or S+C) for which an APR was required, should indicate this in both of the narratives below and enter ¿0¿ in the first numeric field below.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Describe the CoCs short-term (12-month) plan to increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters).

Our CoC continues to exceed this threshold and intends to increase support and awareness of long term supportive strategies like our Support Circle Program. This program utilizes volunteer congregations in our community to support formerly homeless families in permanent housing. We will continue to increase collaboration with the local mental health system to improve supports to clients, recognizing that maintaining good mental health increases likelihood of remaining in permanent housing. We encourage affordable housing developers and service providers to work in partnership to help tenants to live successfully in their units by orienting participants to what it means to be a good tenant and neighbor. At certain properties, service agency staff and property management staff meet monthly to problem solve and work collaboratively on tenant and property issues so tenants remain successfully housed.

Describe the CoCs long-term (10-year) plan to increase the percentage of participants remaining in CoC funded permanent housing for at least six months to 77 percent or higher (limit 1000 characters).

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Support Services are key to this long term goal. The CoC is endorsing a service only project in 2010 to support persons who will have S+C rental subsidies to successfully maintain their permanent housing over 6 months. The CoC will work with community partners to strengthen communication between landlords, service providers and tenants besides creating a standard for monthly home visits. The CoC will also work to improve the services for many of our clients that have chronic substance abuse disorders, who are in need of effective treatment. We are particularly concerned about the loss of funding in our state for mental health services due to the economic downturn and elimination of funding for community support services. We will advocate sustaining these services.

What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months?   90

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

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

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

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

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

Instructions:

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

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants moving from its SHP-TH projects into permanent housing to at least 65 percent.   In addition, CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required, should indicate this in both of the narratives below and enter ¿0¿ in the first numeric field below.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

Our CoC exceeds this threshold and will continue to focus on improving our ability to partner with the local public housing partners (HUD-VASH voucher providers, private landlords, tax credit apartments and other permanent housing providers) to ensure that those individuals residing in transitional housing will have access to safe, decent affordable permanent housing options. Transitional housing providers in our CoC will prepare clients for housing by teaching independent living skills and assisting participants in locating and obtaining permanent housing of their choice. Transitional housing providers will also provide follow up support and aftercare services to graduating program participants including intensive case management support while participants adapt to their permanent housing.

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

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Our long term goal is to create more partnerships between transitional housing agencies and housing/subsidy providers. The CoC new 2010 projects create a partnership between S+C subsidies and a transitional housing agency. We will continue to develop relationships with our local, regional, and state agencies to advocate for increased permanent housing options for homeless individuals and families. We will continue to seek additional funding for CoC partners who focus on affordable housing development, and we will encourage housing developers to take advantage of available tax credits for development of affordable housing. We anticipate continuing a strong community-wide focus on the tenant based education program, "Ready to Rent", that prepares clients for permanent housing. Modules in this curriculum include teaching clients their tenant rights and responsibilities and working with clients to repair their credit histories.

What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 75

In 12-months, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 76

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

In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing? 78

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

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

Instructions:

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

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC funded program participants that are employed at exit to at least 20 percent. In addition, CoCs will indicate the current percentage of project participants that are employed at exit, as reported on 4D, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or S+C TRA/SRA/PRA/SRO) which an APR was required, should indicate this in both of the narratives below and enter ¿0¿ in the first numeric field below.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

Our CoC continues to exceed the HUD employment threshold. Despite the down turn in the economy and high unemployment rate in our county, we hope our employment percentages remain steady next year. Two member agencies, the Chamber Employment Initiative Team (CEIT) and StepUP Jobs, are introducing new employment programs.

Fifteen partner agencies will host their third Reverse Job Fair through the CEIT. Thirty-seven "Ready to Work" candidates were presented to 7 hiring employers this past year.

StepUP Jobs is a training and placement program that works with clients for 12-24 months. A new focus is "hard skills", a training program for carpentry, mechanics, and telecommunications.

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

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The CoC's long term focus is on increasing job placement and possibly more importantly increasing job retention.

The Chamber Employment Initiative Team's long term goals are to increase the number of businesses willing to interview employment ready candidates, to increase the number of employment ready candidates by offering workshop presentations and industry specific expertise, and to continue to build relationships with local business leaders who will participate and consult with the team.

Besides job placement, job retention is a major focus of StepUP Jobs which creates a supportive relationship with their clients for 12-24 months to achieve this goal. In 2009, 185 people were placed in stable employment and 83% experienced a 6 month job retention rate. Eighty-one percent were still on the job 12 months after placement. The CoC supports this model and encourages CoC funded projects to refer their clients to StepUP Jobs.

What is the current percentage of participants in all CoC funded projects that are employed at program exit?   28

In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit?   28

In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit?   29

In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit?   30

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

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

On this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. In addition, CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children that they expect to be able to report in 12-months, 5-years, and 10-years.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

This past year we have identified two challenges in reducing the number of homeless households with children--an increase in population growth and the economy. Our unemployment rate this past year is higher than the national average. Two CoC agencies administer our HPRP projects, which are definitely short term strategies in early intervention and prevention. To date, 184 households have been served with homeless prevention funds. We are also submitting a new S+C project for 6 subsidies to serve families.

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

Long term strategies to decrease the number of homeless households with children include:
-Maintain and increase prevention funds such as our HPRP program with ESG and other public and private funds to assist families with children to sustain housing.
-Expand rental subsidies available to families. One way is to increase the capacity of Support Circles to serve an additional 19 families with rental subsidies for a year plus support from a faith group.
-The Housing Solutions Committee will focus on increasing the number of rental subsidies and affordable housing options for families.

What is the current total number of homeless households with children, as reported on the most recent point-in-time count? 113

In 12-months, what will be the total number of homeless households with children? 113

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In 5-years, what will be the total number of homeless households with children? 100

In 10-years, what will be the total number of homeless households with children? 90

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3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly onto the streets, homeless shelters, or into other McKinney-Vento homeless assistance programs (SHP, S+C, or SRO). For each system of care, CoCs are to address the following:

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. For foster care, CoCs should be specifically addressing the discharge of youth aging out of foster care. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness, please indicate this in the applicable narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

For each system of care identified below, describe the CoC¿s efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, shelters, or other McKinney-Vento homeless assistance housing programs. Please review all instructions to ensure that each narrative is fully responsive. (limit 1500 characters)

Foster Care (Youth Aging Out):

The N.C. Children's Policy Review Committee, within the Department of Health and Human Services Division of Social Services, has developed protocols for Transitional Living Plans for youth being discharged from the foster care systems. Components of these protocols include the requirement that each youth will have a stable place to live upon discharge other than HUD McKinney-Vento funded beds, with a primary and backup discharge plan to minimize the likelihood of homelessness resulting from a disrupted plan, an example being Haven House's Transitional Living Program. A provision in the North Carolina plan provides youth with the opportunity to re-enter foster care up to age 21 if they are not able to maintain housing after discharge. Members of the Wake CoC have provided input on the state five year plan and work closely with members of the county LINKS staff to ensure the needs of youth leaving care are met and homelessness is avoided. Youth leaving foster care routinely go to: college(dormitory), military(barracks), return home to family, or enter an approved independent living program (Chaffee Act). Agencies who collaborate to ensure foster youth are housed include but are not limited to: non-profit agencies, local universities, county social services staff, military recruiters, family members, private landlords, and faith groups.

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Health Care:

CoC has worked closely with WakeMed Hospital to ensure compliance with discharge rules. Hospitals in Wake County are accredited by the Joint Commission on Accreditation of Healthcare Organizations. This process requires hospitals to establish procedures to address continuing care, treatment and services after discharge. Appropriate placements do not include HUD McKinney-Vento funded programs. The discharge process includes helping to ensure that continuity of care, treatment and services is maintained. In addition, hospitals that receive Medicare reimbursements are required to have a written discharge planning process that is thorough, clear, comprehensive and understood by hospital staff. The hospital must also identify at an early stage of hospitalization all patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning.   When patients are discharged, appropriate information related to care, treatment, and services is exchanged with service providers. For patients who are not able to be discharged into permanent housing, a great resource in Wake County is the Raleigh Rescue Mission's Medical Respite Program. Participants in this program receive shelter, food, case management and wrap around support services. Also, Horizon Health Center is a medical home for persons experiencing homelessness in Wake County.

Mental Health:

In accordance with the requirements for discharge planning for individuals in state psychiatric hospitals and drug treatments centers (State of NC administrative code 10A NCAC 28F), CoC has developed protocols documented in a written agreement with Central Regional State Psychiatric Hospital. The hospital may discharge a previously homeless individual to an emergency shelter if they have been admitted to the institution for less than 30 days. The hospital must provide verification of the patient's length of stay on official letterhead. Also, the homeless agency will have provided verification of the patient's homelessness prior to hospitalization. For individuals being discharged from such institutions after a stay of over 30 days, non-McKinney-Vento funded permanent housing programs are utilized. Various CoC members assist with housing placement in the form of public housing, housing vouchers and affordable housing produced through the low income housing tax credit program. A goal of discharge preparation is to ensure all patients released from the hospitals and treatment centers can transition into appropriate housing and treatment programs. For any person leaving the hospital in need of ongoing behavioral health services, the hospital should contact the appropriate Local Management Entity (LME) to assist in such matters. Upon discharge, these individuals have, at minimum, intake appointments scheduled for community services in housing and/or behavioral health.

Corrections:

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CoC works closely with the Wake County Detention Center, and we have a fully executed memorandum of agreement with the Sheriff's Office signed by Wake County Sheriff Donnie Harrison. This agreement makes clear that no person can be discharged from the jail system to be placed into HUD McKinney-Vento funded programs. The Detention Center works closely with the Wake County Forensics Team who is allowed to work inside the jail with staff to get treatment and appropriate discharge planning underway for persons with mental health diagnoses. Furthermore, the N.C. Department of Correction (DOC) always seeks discharge placements that are appropriate housing options other than HUD McKinney Vento funded programs. The Division of Prisons has a computerized system of tracking aftercare planning in health services which guarantee that appropriate staff have universal access to plans in progress at all times. This allows management to check the quality of those plans as well as gather data for future planning or service provision. At the DOC, aftercare for offenders with mental illness, developmental disabilities and persons covered by the Americans with Disabilities Act, is planned by a multi-disciplinary team process. Here a case manager, mental health social worker, and probation/parole officer assure that a released inmate has a viable, appropriate, sustainable home plan as well as a plan for sustainable employment when able.

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3C. Continuum of Care (CoC) Coordination

Instructions:

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

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

Yes

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

1. Additional Wake County households earning at or below 40% MFI will have safe, decent, stable, affordable housing. (Five hundred additional families in Wake County will live in safe, decent, stable, affordable housing.)

2. Five hundred new units will have long-term (20-30 year) affordability. (There will be a minimum of 20 years of guaranteed affordability on 500 units of new housing.)

3. Additional affordable housing will prevent individuals and families earning at or below 40% MFI from becoming homeless.

4.   One hundred homeless families and individuals earning at or below 40% MFI will have rental assistance. (One hundred persons will move from homelessness to permanent housing for at least 24 months)

The units created will support the actions outlined in the Wake County and City of Raleigh 10-Year Plan to End Homelessness.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2009 Action Plan (1500 character limit):

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COC was an active partner in the development of the both the Raleigh and Wake County Homeless Prevention and Rapid Re-housing Programs, attending a joint meeting with both HPRP coordinators. Additionally, Wake County's April 3, 2009 HPRP meeting and Raleigh's April 16, 2009 HPRP public meetings were well attended by CoC members. Many of our comments were received and implemented in the Request for Proposals that was issued. Both the Wake County HPRP and the Raleigh HPRP coordinators are members of the CoC, and they have provided useful information to our membership. Community members were represented in the application review process, and this collaborative effort continues in the implementation and monitoring period. Raleigh and Wake County make regular reports to the WCoC at our regular meetings. Two agencies, the Women's Center of Wake County and Triangle Family Services, were chosen to administer the HPRP funds in our community. Both agencies are members of the CoC.

Describe how the CoC is participating in or coordinating with any of the following: Neighborhood Stabilization Program (NSP) initiative, HUD VASH, or other HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

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Our CoC Member Agency, Wake County Human Services (WCHS), is working quite successfully with the Durham VA Center (DVAC). 130 VASH vouchers have been issued to the DVAC over the last two years. The Homeless Veterans Services Officer(HVSO) identifies and refers eligible veterans to the DVAC for placement into the HUD-VASH program. The DVAC then submits the names of the selected veterans to the Wake County Housing Authority. The HVSO has placed 46 veterans into permanent housing using these vouchers since March of 2009. Even though the Durham VA's servica area is comprised of five counties, our CoC has utilized 35% of these vouchers and our veterans have been able to improve their health and mental health and access safe, decent affordable housing.

CoC member agencies, the City of Raleigh and Passage Home, Inc. were awarded NSP grants. Representatives from both agencies made presentations at membership and committee meetings. Both agencies accepted input and keep our CoC well informed of their progress and opportunities for collaboration.

Raleigh NSP's goal is to acquire at least 30 foreclosed residential properties, rehabilitate 15 units for resale to LMMI homebuyers or for rental opportunities for households at or below 50 percent of area median income. Raleigh has a 5-year history of focusing on neighborhood needs through an interdepartmental team focused on holistic delivery of city services. Raleigh has partnered with three local non profits: Habitat for Humanity of Wake County, DHIC and Raleigh Area Development Authority to accomplish these goals. Currently all acquisitions are complete with five rehabs in process, four demolitions are complete with seven structures under demolition, two households have been relocated and four are in process. The first lots will be transferred to Habitat in January, 2011 and the remaining will be transferred in July 2011.

To date, Passage Home has purchased 9 single family homes and has contracts on 8 additional properties in South East Raleigh, and has fully obligated the grant. Eight of the nine purchased were foreclosed and one was vacant and abandoned, and considered blight by the city. Passage Home is rehabilitating the houses to prepare the foreclosed homes to go back onto the market. These will be made available for permanent affordable housing through resale or rental.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?	Yes
If yes, please describe the established policies that are in currently in place.	All school age children residing in a homeless facility must be referred to schools in their base area for immediate enrollment. Homeless facility and school staff work seamlessly on behalf of the children ensuring their enrollment and access to services.

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Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

Malissa Brisbon-Obame, MSW Liaison for Homeless Students is an active member of our CoC and is an employee of Wake County Public Schools. There are policies and procedures in place with each homeless facility that provide guidance to ensure that children are connected with education services. The homeless facilities have direct contact with schools in their base area and each school has an appointed staff (social worker or counselor)to enroll children immediately. If there are any challenges the Liaison is contacted to help the school, facility and family. The Liaison also provides training four times a year to Wake County School staff about homelessness, and Wake County Schools provides evening parent information workshops at the homeless facilities besides providing teachers to tutor two days a week. A new program being implemented is PEACH (Physical and Emotional Awareness for Children Who Are Homeless). It teaches children about good nutrition, physical health and dealing with the stress of homelessness.

The Liaison serves on various committees that focus on homelessness so she is able to successfully connect homeless providers and Wake County Schools to ultimately provide seamless education services to homeless families with children.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

The Homeless Children's Initiative is made up of CoC agencies that serve homeless families and community partners such as WC Public Schools, Young Child Mental Health Collaborative, Learning Together, Project Enlightenment, Wake County Smart Start, Head Start, SAFEchild, and Lucy Daniels for Early Childhood. This Initiative is creating a system of care that screens for social, emotional and physical well being of homeless children through Project CATCH, newly funded through the John Rex Endowment. Examples are: to expand the connection with the Liaison for Homeless Students, to streamline the intake process so all children are screened for emotional, social and physical issues and referred to services; to hire additional staff so homework completion, grades and school conferences are tracked and documented at both entry and exiting shelters and transitional programs. A research based curriculum will be developed to focus on trauma, stress and parent/child relationships with the result of having trauma-informed practices in all homeless facilities. They will also increase resources to support parent/child relationships within the facility and especially during transition to permanent housing, plus link families to a medical home. The CoC is excited about this three year project that is currently being created to ensure homeless children's needs are identified and met so they can be successful in school.

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

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The CoC has implemented multiple initiatives to engage and serve veterans, one of the most important being a 1998 SHP funded position, the Homeless Veteran Services Officer (HVSO). This position is housed at the South Wilmington Street Center(SWSC), the largest men's shelter in Wake County. The HVSO conducts outreach at the SWSC and Cornerstone, a multi service site for persons who are homeless. He engages and connects veterans to the Durham VA Medical Center, the Wake County Veterans Services Office, Raleigh Veterans Center, NC Employment Security Commission, StepUP Ministry and also makes links to mainstream resources in our community.

StepUP Ministries, through their Veterans Project, offers special training and placement services to help veterans secure employment opportunities. This staff shares office space with the HVSO at SWSC for effective coordination of housing and employment.

The HVSO has a good relationship with Wake County Housing Authority(WCHA) which administers the VASH vouchers. 46 veterans have been awarded vouchers and placed successfully into housing in Wake County. The CoC continues to support the WCHA in applying for additional vouchers. The Veterans Learning Committee Cares is raising capital for a one stop shop for transitional housing and services. They will serve nine counties in a facility they plan to locate in Wake County.

The CoC also supports the annual Veterans Standown and Project Homeless Connect.

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3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use the HHN Reallocation process if it's Final Pro Rata Need (FPRN) is based on it's HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the 2010 CoC Registration process.

 The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in 2010 into a new project. New reallocated permanent housing projects may be for SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two or three years.

 A CoC who¿s FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

 For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)?   No

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process?   No

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

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4A. Continuum of Care (CoC) 2009 Achievements

Instructions:

In 2009, CoCs were asked to propose numeric achievements for each of HUD¿s five national objectives related to ending chronic homelessness and moving families and individuals to permanent housing. In 2010, CoCs will report on their actual accomplishments versus what was proposed in the previous application.

In the column labeled ¿2009 Proposed Numeric Achievement¿, enter the number of beds, percentage, or number of households that was entered in the 2009 application for the applicable objective. In the column labeled ¿Actual Numeric Achievement¿, enter the actual number of beds/percentage/number of households that the CoC has reached to date for each objective.

CoCs will also indicate whether or not they submitted an Exhibit 1 in 2009. If a CoC did not submit an Exhibit 1 in 2009, they should enter ¿No¿ to the question below. Finally, CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the space provided below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	2009 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	31	Beds	32	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	90	%	92	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	76	%	82	%
Increase percentage of homeless persons employed at exit to at least 20%	27	%	29	%
Decrease the number of homeless households with children.	74	Households	113	Households

Did CoC submit an Exhibit 1 application in 2009? Yes

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If the CoC was unable to reach its 2009 proposed numeric achievement for any of the national objectives, provide a detailed explanation.

Our CoC has exceeded all proposed achievements except for decreasing the number of homeless households with children.

There was a slight rise in the number of homeless households with children experiencing homelessness. We believe Wake County's unprecedented population growth is responsible. Wake County has experienced a huge increase in growth over this year with more than 100 individuals moving to the area every day. Families are relocating to Wake County because they believe that the opportunities for employment are greater here. The region's employment base, however, is mostly geared toward those with technology and research backgrounds. Many workers are unable to find employment and their families become homeless.

We believe our efforts to fight homelessness have prevented the numbers of persons experiencing homelessness from rising even more dramatically. We are working hard to decrease the actual number of families experiencing homelessness

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

This section asks each CoC to track changes year to year in the number of chronically homeless persons as well the number of beds available for this population. CoCs will complete this section using data reported for the 2008, 2009, and 2010 (if applicable) Point-In-Time counts as well as data collected and reported on for the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of the chronically homeless as reported in that year. For 2008 and 2009, this number should match the number indicated on form 2J of the respective year¿s Exhibit 1. For 2010, this number should match the number entered on the Homeless Data Exchange (HDX).

Next, enter the total number permanent housing beds that were designated for the chronically homeless in 2008 and 2009, as well as the number of beds that are currently in place. For 2010, this number of beds should match the number of beds reported in the 2010 HIC and entered onto the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2008, 2009, and 2010.

Year	Number of CH Persons	Number of PH beds for the CH
2008	79	18
2009	54	46
2010	183	78

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2009 and January 31, 2010.   32

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2009 and January 31, 2010.

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Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$400,000		$200,000	$550,000	
Operations	$105,970			$179,892	
Total	$505,970	$0	$200,000	$729,892	$0

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

Even though the CoC has taken aggressive steps to create 78 units of housing targeted to persons experiencing chronic homelessness, the number of chronically homeless individuals increased this year.

This increase is related to dramatic population growth in Wake County. This year Wake became the largest metropolitan area in the state. Each day 100 individuals move here. People come because our unemployment rate is lower than other areas of the state; however, our employment base is mostly geared toward those with a technology background, leaving many people unemployed & homeless.

Also, many of our providers have become SOAR trained and are more likely to recognize clients with disabilities and properly categorize them chronic.

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4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Progress Report (APR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using data entered for Question 12(a) and 12(b) for the most recently submitted APR for all permanent housing projects (SHP-PH or S+C TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in field¿s a-e. The ¿Total PH %¿ will be auto-calculated after selecting ¿Save.¿ Please note, the percentage is calculated as c. +d. divided by a. +b. multiplied by 100. The last field (e.) is excluded from the calculation.

CoCs that do not have any SHP-PH or S+C projects for which an APR was required should select ¿No¿ to the question below. This only applies to CoCs that do not have any CoC funded permanent housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted?   Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	68
b. Number of participants who did not leave the project(s)	308
c. Number of participants who exited after staying 6 months or longer	62
d. Number of participants who did not exit after staying 6 months or longer	285
e. Number of participants who did not exit and were enrolled for less than 6 months	23
TOTAL PH (%)	92

Instructions:

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

Complete the table below using cumulative data entered for Question 14 on the most recently submitted APR for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a & b, select ¿Save.¿ The ¿Total TH %¿ will be auto-calculated. Please note, the percentage is calculated as b. divided by a., multiplied by 100. CoCs that do not have any SHP-TH projects for which an APR was required should select ¿No¿ to the question below. This only applies to CoCs that do not have any CoC funded transitional housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted?   Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	40
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	33
TOTAL TH (%)	83

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4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 11 on the most recently submitted APR for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults that exited CoC non-HMIS project with each source of income. Once amounts have been entered, select ¿Save¿ and the percentages will be auto-calculated. CoCs that do not have any non-HMIS projects for which an APR was required should select ¿No¿ to the question below. This only applies to CoCs that do not have any CoC funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 226

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	54	24	%
SSDI	26	12	%
Social Security	5	2	%
General Public Assistance	2	1	%
TANF	7	3	%
SCHIP	0	0	%
Veterans Benefits	9	4	%
Employment Income	65	29	%
Unemployment Benefits	5	2	%
Veterans Health Care	29	13	%
Medicaid	73	32	%
Food Stamps	73	32	%
Other (Please specify below)	2	1	%
Child Support (ask group)			
No Financial Resources	25	11	%

The percentage values will be calculated by the system when you click the "save" button.

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Does the CoC have any non-HMIS projects for which an APR was required to be submitted?   Yes

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

Instructions:

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

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

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

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

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

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

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

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

The Government Resources Committee meets monthly on fourth Thursdays. This team addresses all issues regarding program evaluation and quality control of projects. Representatives from all HUD funded agencies serve on this team. This meeting provides an opportunity for agencies to report their progress in connecting their clients to mainstream services. Team members exchange tips and techniques for successful outcomes; and report known system changes. The team has developed an electronic spreadsheet to monitor the performance of all projects APR outcomes. This allows the team to spot trends or areas of system wide concern.

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

If "Yes", indicate all meeting dates in the past 12 months.

October 7, 2009 (Germinating a Seed), November 4, 2009 (NC SOAR Overview: SSI/SSDI Outreach, Access and Recovery), December 3, 2009 (Raleigh/Wake Partnership to End and Prevent Homelessness Initiatives), January 6, 2010 (2010 Changes to the Medicare Program), February 3, 2010 (Wake County and City of Raleigh's Consolidated Five Year Plan for Housing), March 3, 2010 (Raleigh/Wake Partnership to End and Prevent Homelessness Update), April 7, 2010 (Supportive Housing), June 2, 2010 (Menth Health Providers), July 19, 2010 (Overview of True Outreach), August 4, 2010 (Social Security), September 1, 2010 (Transitional Housing).

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

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

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If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. Monthly or more

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

If "Yes", indicate for which mainstream programs HMIS completes screening.

Not Applicable

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

Our CoC provided SOAR training on December 9, 2008 and February 4, 2009.

Subsequently, we have established a SOAR committee that meets monthly. In 2009, Wake Crisis Cooperative funded a SOAR Specialist position. The SOAR Specialist helps clients to file claims for Social Security disability using SOAR methodology for improved outcomes.

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4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	100%
Case managers assess clients at intake and determine needs. Case managers assist clients with applying for mainsteam benefits and provide follow up support to clients in order to maintain benefits. Case managers link clients to Triangle Disability Advocates who provide systematic screening for SSI/SSDI.	

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

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

Activity	Percentage
4. Homeless assistance providers have staff systematically follow-up to **ensure mainstream benefits are received.**	100%
4a. Describe the follow-up process:	
Case managers meet with clients to assist in ensuring benefits are received and maintained. If clients are deemed ineligible for benefits, case managers seek explanation for ineligibility and help clients understand reasons application was denied.	

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Continuum of Care (CoC) Project Listing

Instructions:

IMPORTANT: Prior to starting on the CoC Project Listing, CoCs should carefully review the CoC Project Listing Instructions and the CoC Project Listing training module, both of which are available at www.hudhre.info/esnaps.

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
McKinney	2010-11-12 15:58:...	1 Year	Community Alterna...	188,248	Renewal Project	SHP	PH	F
Shelter Plus Care...	2010-11-10 12:03:...	5 Years	Wake County Human...	329,400	New Project	S+C	TRA	F2
Aurora /Harrington 2	2010-11-12 15:45:...	1 Year	Community Alterna...	50,176	Renewal Project	SHP	PH	F
Shelter Plus Care...	2010-11-12 12:40:...	1 Year	Wake County Human...	924,060	Renewal Project	S+C	TRA	U
Salisbury	2010-11-12 16:14:...	1 Year	Community Alterna...	21,677	Renewal Project	SHP	PH	F
Carolina Homeless...	2010-11-12 10:44:...	1 Year	North Carolina Ho...	75,249	Renewal Project	SHP	HMIS	F
Chronic Shelter P...	2010-11-08 13:14:...	1 Year	Wake County Human...	229,008	Renewal Project	S+C	TRA	U
Shelter Plus Care...	2010-11-10 12:48:...	5 Years	Wake County Human...	208,320	New Project	S+C	TRA	P1
SSO for S+C 2010	2010-11-12 14:06:...	2 Years	Passage Home, Inc.	22,967	New Project	SHP	SSO	F3
Ruth's House II	2010-11-12 14:25:...	1 Year	Passage Home, Inc.	192,134	Renewal Project	SHP	PH	F
Families at Home	2010-11-12 15:50:...	1 Year	Community Alterna...	85,575	Renewal Project	SHP	PH	F
Community Outreac...	2010-11-08 12:51:...	1 Year	Wake County Human...	220,238	Renewal Project	SHP	SSO	F

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Essential Services	2010-11-12 14:19:...	1 Year	Passage Home, Inc.	205,752	Renewal Project	SHP	TH	F

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Budget Summary

FPRN	$1,391,416
Permanent Housing Bonus	$208,320
SPC Renewal	$1,153,068
Rejected	$0

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Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	NC-507 CoC Certif...	11/10/2010

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Attachment Details

Document Description: NC-507 CoC Certificates of Consistency

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