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

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:
- Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements. - Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps. - As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

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

CoC Name and Number (From CoC Registration): (dropdown values will be changed)	NC-502 - Durham City & County CoC
Collaborative Applicant Name:	City of Durham
CoC Designation:	CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure: Durham Continuum of Care

How often does the CoC conduct open meetings? Monthly

Are the CoC meetings open to the public? Yes

Is there an open invitation process for new members? Yes

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

The CoC is revising its structures & processes in light of the Interim Rule. The current primary decision-making board, the Homeless Services Advisory Committee (HSAC), is expanding to include more representatives of relevant stakeholder groups. HSAC's monthly meetings are open to the public and are announced to the community via the City of Durham's website and a weekly listing of scheduled City meetings in local papers. A coalition of housing & service providers, the Council to End Homelessness in Durham, also meets monthly & email announcements are distributed to over 80 stakeholders. More formal semi-annual open meetings are being planned with invitations distributed electronically & via a press release to local media.

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

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	Yes
ESG monitoring?	Yes

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

N/A

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

Written agendas are provided for meetings of the decision-making body, the Homeless Services Advisory Committee (HSAC) and of the housing & service provider coalition, the Council to End Homelessness in Durham, & are available for public review. HSAC meetings begin with a period during which the committee receives comments from community members.
Centralized assessment is being piloted in the Dept. of Social Services. The pilot serves households with children. The goal is to expand the centralized assessment to serve all homeless households in 2013 or 2014.
ESG monitoring is coordinated through the Dept. of Community Development, the CoC Lead Agency. The CoC's leadership board, the HSAC, recently adopted performance measures that align with HEARTH Act measures. All public & privately funded programs participating in the HMIS, including ESG funded & CoC funded projects, will be monitored quarterly on the indicators. A performance report will be released to the public at least annually.

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	No
Code of conduct for the Board	Yes
Written process for board selection	Yes
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

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

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Housing Subcommittee	This subcommitee of the Homeless Services Advisory Committee focuses on gaps in housing and promotes the development of permanent supportive housing for chronically homeless and other homeless people.	Monthly or more
Structure Subcommittee	This subcommittee of the HSAC is revising the structure of the CoC and its leadership board, the HSAC, to ensure compliance with the Interim Rule. The subcommittee also is responsible for development of a CoC governance charter and governing policies and procedures.	Monthly or more
Performance Management Subcommittee	This subcommittee develops performance indicators for the CoC, monitors the performance of CoC, ESG, and other homeless housing programs in the CoC, coordinates with the HMIS Lead Agency, and takes the lead in planning and organizing for the point-in-time count.	Monthly or more
Access to Services Subcommittee	This subcommittee is coordinating discharge planning activities, monitoring the planning and implementation of the coordinated intake and assessment process, and participating in planning for a possible day services center.	Monthly or more
Youth Homelessness Subcommittee	This subcommittee focuses on strategies to address homelessness among transition age youth, including LGBT youth, and has been convened in response to HUD's increased emphasis on this issue.	Monthly or more

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

None of the listed groups meets less than quarterly.

1D. Continuum of Care (CoC) Member Organizations

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

Membership Type
Public Sector
Private Sector
Individual

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

Instructions:

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

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

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

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

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

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Total Number	3	2	1	1	4	3	1

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	3	2	1	1	4	3	1
Substance abuse	3	2	1	1	4	3	1
Veterans	3	2	1	1	4	3	1

HIV/AIDS	3	2	1	1	4	3	1
Domestic violence	3	2	1	1	4	3	1
Children (under age 18)	3	2	1	1	4	3	1
Unaccompanied youth (ages 18 to 24)	3	2	1	1	4	3	1

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	1	2	1	1	4	1	1
Authoring agency for consolidated plan	0	1	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	2	0	1	0	0	0
Attend consolidated plan focus groups/ public forums during past 12 months	0	2	0	1	0	0	0
Lead agency for 10-year plan	0	1	0	0	0	0	0
Attend 10-year planning meetings during past 12 months	0	2	0	1	4	1	1
Primary decision making group	0	2	0	0	4	0	1

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

Instructions:

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

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

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

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

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

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	5	5	1	3	12	0

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill	3	4	1	3	12	0
Substance abuse	3	4	1	3	12	0
Veterans	3	4	1	3	12	0
HIV/AIDS	3	4	1	3	12	0
Domestic violence	3	4	1	3	12	0
Children (under age 18)	3	4	1	3	12	0
Unaccompanied youth (ages 18 to 24)	3	4	1	3	12	0

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	5	4	0	2	12	0
Authoring agency for consolidated plan	0	0	0	2	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0	2	5	0
Attend Consolidated Plan focus groups/ public forums during past 12 months	0	0	0	2	5	0
Lead agency for 10-year plan	0	0	0	2	0	0

Attend 10-year planning meetings during past 12 months	5	4	0	2	12	0
Primary decision making group	3	2	0	2	0	0

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

Instructions:

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

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

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

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

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

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	0	2	3

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill	0	0	0
Substance abuse	0	0	0
Veterans	0	0	0

HIV/AIDS	0	0	0
Domestic violence	0	0	0
Children (under age 18)	0	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group	0	2	3
Authoring agency for consolidated plan	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0
Attend consolidated plan focus groups/ public forums during past 12 months	0	1	0
Lead agency for 10-year plan	0	2	0
Attend 10-year planning meetings during past 12 months	0	2	2
Primary decision making group	0	2	0

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

Instructions:

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

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

Open Solicitation Methods (select all that apply):	c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, a. Newspapers, f. Announcements at Other Meetings
Rating and Performance Assessment Measure(s) (select all that apply):	l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, h. Survey Clients, n. Evaluate Project Presentation, i. Evaluate Project Readiness, a. CoC Rating & Review Commitee Exists, p. Review Match, o. Review CoC Membership Involvement, r. Review HMIS participation status, e. Review HUD APR for Performance Results, d. Review Independent Audit

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

A Citizens Advisory Comm. conducted an unbiased rating & review of new project apps. A scorecard was used. It reviewed the audit & client satisfaction survey results, & evaluated organizational experience & capacity, match requirements, HMIS participation, CoC membership involvement, & project readiness.
CoC staff ranked renewal apps. on the above items & performance on the APR using a similar scorecard. The Performance Mgmt. Subcomm. reviewed the performance of renewing projects using APR information & CoC staff rankings. The Homeless Services Advisory Comm. reviewed the ratings & rankings & made final ranking decisions after presentations by new projects. Projects were informed of funding decisions 4 weeks before the submission deadline.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community?	Yes
Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds?	Yes
Voting/Decision-Making Method(s) (select all that apply):	b. Consumer Representative Has a Vote, a. Unbiased Panel/Review Commitee, f. Voting Members Abstain if Conflict of Interest
Is the CoC open to proposals from entities that have not previously received funds in the CoC process?	Yes

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

The CoC welcomes proposals from service providers expressing interest in applying for HUD funds. The CoC publicly advertises the availability of funds in 2 local newspapers & distributes announcements electronically to the CoC membership & the Dept. of Community Development list serve. The CoC Lead Agency conducts a workshop annually to review the application & HUD requirements with interested organizations. Applicants are encouraged to participate in the Council to End Homelessness in Durham. This year, the CoC Lead Agency sponsored a workshop with the HUD Field Office to review best practices of nonprofit management & accountability. Technical assistance from CoC staff also is available. Projects that are not recommended for funding are provided opportunities to receive feedback on what would make a project more competitive in the future. The bases of the feedback are the comments & suggestions made by the Citizens Advisory Committee, the unbiased review panel for new applications.

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

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

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

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: Yes

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

ES beds increased from 234 beds in 2011 to 329 beds in 2012. A privately funded faith-based provider, the Durham Rescue Mission (DRM), reports its beds based on how they are being used by the clients on the night of the PIT Count, so its count frequently fluctuates from year to year. In 2012, DRM reported 146 beds in use as ES, compared to only 56 beds in 2011. A new provider, Love & Respect, reported that it has 4 beds of emergency shelter for homeless men. The Durham Crisis Response Center reported 18 ES beds, one more than in 2011. These changes account for the increase of 95 beds. Urban Ministries of Durham (149) and Durham Interfaith Hospitality Network (12) reported no change in their bed inventory.

HPRP Beds: Yes

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

HPRP bed inventory for rapid rehousing declined from 156 beds in 2011 to 60 beds in 2012, a reduction of 96 beds. The reduction reflected that many assisted households were successfully maintaining permanent housing without continuing rapid rehousing assistance and that HPRP funding for the program was ending.

Safe Haven: Not Applicable

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

Transitional Housing: Yes

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

TH inventory increased from 369 in 2011 to 396 beds in 2012. Only 2 providers had no inventory changes. TROSA increased 80 beds due to its Triangle Engage Project serving 120 homeless people annually & a commitment for 25 GPD beds. This increase was offset primarily by a reduction of 37 beds, from 183 beds to 146 beds, at the Durham Rescue Mission. Others had smaller decreases: Durham Crisis Response Ctr, -8 beds to 10; Durham Interfaith Hospitality Network, -4 beds to 0 TH beds as Parkers House closed; Genesis Home, -1 to 45 beds with the closing of a program for transition age young women; & Housing for New Hope, 18 beds with the loss of 3 beds for PATH. No changes were made in CoC funded programs. Transition-in-place was not used.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing? No

If yes, how many transitional housing units in the CoC are considered "transition in place":

Permanent Housing: Yes

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

PSH increased from 205 beds, including 33 under dev'pt, in 2011 to 219 beds in 2012, including 48 under dev'pt. The Durham Rescue Mission, which changes inventory based on use on the night of the PIT Count, decreased 56 beds, down to 3. Other reductions were 4 beds in Embrace Durham at The Durham Center as achieving full occupancy was taking longer than expected, & a loss of 3 beds at DHA's Home Again project. However, we added 29 HUD-VASH beds & the 48 beds under dev'pt: 10 in CASA's 2010 CoC funded veterans project; 28 in the 2011 Goley Pointe Project, & 10 in the 2011 Streets to Home project. Inventory in use actually declined one bed, from 172 beds in '11 to 171 beds in '12. Unmet need analysis continues to show we need more PSH beds.

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

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

Instructions:

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

Did the CoC submit the HIC data in HDX by April 30, 2012?	Yes
If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)	
Indicate the type of data sources or methods used to complete the housing inventory count (select all that apply):	HMIS plus housing inventory survey
Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply):	Follow-up, Updated prior housing inventory information, Training, Instructions, HMIS, Confirmation
Must specify other:	
Indicate the type of data or method(s) used to determine unmet need (select all that apply):	Provider opinion through discussion or survey forms, Unsheltered count, Stakeholder discussion, Housing inventory, HUD unmet need formula
Specify "other" data types:	
If more than one method was selected, describe how these methods were used together (limit 750 characters)	

The process of determining unmet need was similar to previous years. An initial determination was made using HUD's unmet need formula. The determination relied on the ES, TH, & PSH inventory & estimates of what percentages of people reported on the PIT count would need a particular housing type to achieve stable PH. Providers confirmed that the unsheltered primarily need PSH, since they do not use available ES or TH. Though not showing an unmet need for additional housing for households with children, many households with children are doubled up in the community. The coordinated assessment office is confirming that most households w. children seeking housing assistance are doubled up & often may not meet HUD's definition of homelessness.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

Select the HMIS implementation coverage area:	Statewide
Select the CoC(s) covered by the HMIS (select all that apply):	NC-500 - Winston Salem/Forsyth County CoC, NC-507 - Raleigh/Wake County CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-516 - Northwest North Carolina CoC, NC-501 - Asheville/Buncombe County CoC, NC-504 - Greensboro/High Point CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-502 - Durham City & County CoC, NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC, NC-513 - Chapel Hill/Orange County CoC, NC-505 - Charlotte/Mecklenburg County CoC, NC-503 - North Carolina Balance of State CoC
Is there a governance agreement in place with the CoC?	Yes
If yes, does the governance agreement include the most current HMIS requirements?	Yes

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

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

Has the CoC selected an HMIS software product?	Yes
If 'No', select reason:	
If 'Yes', list the name of the product:	ServicePoint
What is the name of the HMIS software company?	Bowman System
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	05/01/2006
Indicate the challenges and barriers impacting the HMIS implementation (select all the apply):	No or low participation by non-HUD funded providers, Other, Inadequate bed coverage for AHAR participation, Inadequate staffing, Poor data quality

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

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

As compared to similarly sized CoCs, the Durham CoC receives a relatively small amount of funding from HUD making it difficult to leverage HMIS participation from several non-HUD funded providers. CoC leadership plans to establish formal policies and procedures to further address lack of participation in HMIS. The Durham CoC also prioritized a new HMIS project in this application that would subsidize the majority of the cost for end users, thus addressing one reason some non-HUD funded providers may have for non participation in HMIS. We are working to improve data quality & bed coverage. We are improving DQ through standardized & customized reporting, end user certification & refresher training, and focused technical assistance. Our HMIS produces a monthly data quality report that shows the quality of data at the program and agency level. We also would benefit from additional guidance and training from HUD, especially additional guidance on the HEARTH performance measures.

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

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

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

Operating Start Month/Year	September	2012
Operating End Month/Year	August	2013

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	$9,334
ESG	$0
CDGB	$0
HOPWA	$0
HPRP	$0
Federal - HUD - Total Amount	$9,334

Funding Type: Other Federal

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

Funding Type: State and Local

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

Funding Type: Private

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

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	$6,625

Total Budget for Operating Year	$15,959

Is the funding listed above adequate to fully fund HMIS? No

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

CHIN will have a new fee structure in July 2013 that will substantially increase the cost of HMIS for the CoC. The HMIS is changing to a CoC fee structure, increasing Durham's cost from $16,000 to $63,000 for 2013. The restructuring is designed to ensure equity in cost-sharing across the 12 CoCs that use CHIN, to maintain capacity built with HPRP funds, to ensure an adequate number of HMIS user licenses for participating CoCs, & to expand reporting & data analysis capabilities of the HMIS. The CoC Lead Agency, working with CHIN as the HMIS Lead Agency, is applying for a new dedicated HMIS grant in this year's competition to ensure adequate HMIS funding. With participation fees & this grant, the CoC would have adequate funds for HMIS.

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

If Other, explain (limit 750 characters)

After efforts to create an HMIS specifically for the CoC failed, the homeless housing providers and the CoC's primary decision making body agreed to join CHIN as it was expanding to serve multiple Continua of Care across the State of NC and was receiving praise from the Coc's using it.

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

Instructions:

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

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

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

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

*** Emergency Shelter (ES) beds**	65-75%
*** HPRP beds**	86%+
*** Safe Haven (SH) beds**	Housing type does not exist in CoC
*** Transitional Housing (TH) beds**	51-64%
*** Rapid Re-Housing (RRH) beds**	86%+
*** Permanent Housing (PH) beds**	76-85%

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:

Good progress on increasing bed coverage in the HMIS has been made. Three new providers; Love & Respect, Women's House of Hope, & Just a Clean House; have 14 beds that are not yet in the HMIS, but their participation in the next year is anticipated. A substantial increase in HMIS bed coverage will not be possible, though, without the Durham Rescue Mission, a private, faith-based provider that operates nearly 40% of the CoC's housing inventory & is preparing to open 60-80 additional ES beds in early 2013. The CoC continues to promote the benefits of HMIS participation to the Rescue Mission, but has not received any indications that the Rescue Mission would allow integration or uploading of its client data into the HMIS in the near future. Per HUD rules, the ES & TH beds in our domestic violence agency, the Durham Crisis Response Center, are not included in the HMIS.

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

Instructions:

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

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

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

Types of Services	Volume coverage percentage
Outreach	95%
Rapid Re-Housing	100%
Supportive Services	100%

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

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	2
Transitional Housing	8
Safe Haven	0

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	1%	19%
Date of birth	0%	0%
Ethnicity	0%	0%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	0%	0%
Gender	0%	0%
Veteran status	0%	0%
Disabling condition	0%	0%
Residence prior to program entry	0%	0%
Zip Code of last permanent address	0%	19%
Housing status	0%	0%
Destination	0%	11%
Head of household	0%	0%

How frequently does the CoC review the quality of project level data, including ESG? At least Quarterly

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

CHIN uses comparative reporting to assist agencies as they improve their client and program data. The primary report is the monthly Data Quality Report that provides agencies and our CoC with an overview of data completeness, utilization rates, and inventory. Additionally, agencies may request a report at any time during the month. Standardized ServicePoint reports are available continuously including: APR data, clients served, and clients not served. For agencies that need improvement, on-site and on-line data entry technical assistance and training are available at no charge to agencies. In extreme cases, contract data entry assistance is available for agencies to help them catch up on data entry.

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

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

CoC reviews data at least quarterly or more

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

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

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

Instructions:

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

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

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

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

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

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

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

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

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

Instructions:

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

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

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

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

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

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

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

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

HMIS Lead Agency	X
Contributory HMIS Organizations (CHOs)	

If 'Yes', indicate date of last review or update by CoC:	09/05/2012
If 'Yes', does the manual include a glossary of terms?	No
If 'No', indicate when development of manual will be completed (mm/dd/yyyy):	02/08/2013

2G. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

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

Instructions:

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

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

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

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

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

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	100%	100%	50%
Transitional Housing	0%	100%	100%	71%
Safe Havens				

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

The sheltered point-in-time count increased from 539 to 635 people, an 18% increase. Part of the increase simply reflected increased capacity, as available non HUD funded ES & TH beds increased from 654 to 725 beds. Bed occupancy rates also increased from 82% of ES & TH beds to 88%. The number of people who reported that they had been discharged from a jail, prison or hospital within 30 days of becoming homeless doubled. In 2011, 52 people reported discharge from a jail or prison within 30 days of homelessness; in 2012, the number was 102. In 2011, 12 people reported discharge from a hospital within 30 days of homelessness; in 2012, the number was 25. The number of people reported as chronic substance abusers increased from 236 to 328.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
*** Housing**	The estimate of unmet housing need suggested that Durham needs 89 additional PSH beds for single homeless adults with disabilities. There is a great need for more affordable housing for families and single adults. Rapid rehousing resources, especially with the end of HPRP, are inadequate to meet the demand. It is estimated that rapid rehousing activities, funded by a combination of federal, local government, and private resources, will have the capacity to serve about 40% of the need among families and less than 5% of the need among single adults.
*** Services**	Renewed focus on discharge planning for people being released from publicly funded institutions is needed, especially in health care and criminal justice institutions. Increases in the number of people reporting severe mental illness and chronic substance abuse also suggest a need for more mental health and addiction treatment services for these subpopulations. Improved services and housing also are needed for the substantial number of homeless veterans in Durham. Although the CoC has a good relationship with the local school district, the hundreds of children experiencing homelessness each year in Durham could benefit from mentoring and additional support.
*** Mainstream Resources**	Though Durham is a statewide leader in SOAR implementation, more dedicated SOAR case workers are needed to help several hundred disabled and homeless people apply for disability benefits. The use of TANF resources to assist homeless families is largely unexplored in Durham. Targeting of Workforce Investment Act resources to homeless people also is needed. Housing providers are using the NC Benefits Bank, but HMIS data indicates that approximately 2/3 of homeless people are exiting ES or TH without any non-cash benefit resources and without any cash income. Substantial work to connect homeless people to mainstream resources remains to be done.

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

Instructions:

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

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

Survey providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

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

Planning for the count began in late 2011. All known providers of ES, TH, and PSH participated. Instructions and training were provided to the providers the week before the count based on HUD's HIC & PIT Count guidance. Reporting forms for each housing program were distributed in hard copy and electronic format for ease of use. CoC staff was available to assist & answer questions.
A "Demographic & Needs Survey," (DNS) that solicited additional demographic information from individual homeless adults also was distributed. Provider staff interviewed residents to complete the DNS in most programs; one emergency shelter used volunteers for the DNS interview. A local scholastic testing company donated the scoring of the computer-readable DNS answer forms.
Following the count, housing providers submitted the PIT report either electronically or in hard copy format within three days of the count. Each agency reported the housing inventory for their individual program(s), the total homeless population sheltered by the program, and subpopulation data for the occupants of the housing.
HMIS data for programs using HMIS was reviewed to confirm the accuracy of the agency PIT reports and the HIC information. A limitation of the HMIS data was that some consumers do not grant permission to enter personal data into the HMIS.
CoC staff sought clarifications, made corrections as needed, and compiled the housing inventory and PIT count data for the total population and subpopulations.

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

Instructions:

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

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

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

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

If Other, specify:

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

Homeless service providers were asked to gather this information based on what clients reported when they entered the program, provider expertise, or from the data entered into CHIN/HMIS. Instruction and training was provided in the weeks prior to the count, using HUD's 2012 HIC & PIT Count of Homeless Persons data collection guidance.
Agencies entering client data into CHIN used the HMIS data in CHIN to report subpopulation data and to confirm the accuracy of the subpopulation data they reported based on client intake forms and provider knowledge/expertise concerning the individual homeless people in their program(s).

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

Instructions:

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

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

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

If Other, specify:

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

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

Because the point-in-time counts was conducted on only one night, we had strong confidence that sheltered persons were not counted more than once. We followed the recommendations of HUD's HIC & PIT Count Data Collection Guidance. Instructions, training, and follow-up reminders reviewed the characteristics of persons to be counted in the various subpopulations. Reports on subpopulations from providers were compared to HMIS PIT reports to confirm the accuracy of the providers' data reports. Unsheltered people who were contacted on the day following the night-time PIT count were asked where they slept on the previous night, and if they indicated that they had been in a shelter, they were not counted as unsheltered on the night of the count.

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

Instructions:

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

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

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

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

The unsheltered count increased from 58 persons in 2011 to 63 in 2012, a 8.6% increase. The reasons for the modest increase are likely similar to the reasons suggested for the sheltered population: increases in the number who reported having been discharged from a criminal justice institution or a health care facility within 30 days of becoming homeless and increases in the number with severe mental illness and chronic substance abuse. North Carolina's public mental health system is going through reorganization and a local MH hospital has closed, resulting in the loss of several dozen inpatient beds to treat people w. mental illness. These factors may have contributed to increased prevalence of SMI among the unsheltered.

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

Instructions:

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

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):	
Public places count:	X
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	X
HMIS:	
Other:	
None:	

If Other, specify:

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)

HUD's Guidance on Counting Unsheltered People was used to plan the unsheltered count. PATH team members conducted a count of the unsheltered with the assistance of teams of volunteers between 10 PM and 2 AM on the night of the count. The PATH team conducts regular outreach to unsheltered homeless people, and believes that it knows where most, if not all, unsheltered people live. The PATH team leader assigned team members to conduct the count in a designated police district of the city. Unsheltered homeless people were interviewed for the completion of a Demographic & Needs Survey (DNS) by the PATH worker or an accompanying volunteer.
Another outreach effort, Open Table Ministry, used volunteers to complete DNS interviews with the unsheltered people to whom it ministers.
Deduplication techniques included verifying with the individuals that they were homeless and had not stayed in a shelter or transitional house on the night of the count, 1/25/2012, assigning a unique identifier to each person who completed a DNS, verifying that the person had not already talked to another PATH member or volunteers, and reviewing completed DN Surveys to confirm the unique identity of each person counted who completed a DNS.
Volunteers and agency staff also conducted a service-based count using the DN survey on the day after the nighttime count and visited locations where unsheltered people sometimes are found, e.g. the bus station. As noted, the DNS assigns a unique identifier to each person to prevent duplications and ensure the accuracy of the data.

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

Instructions:

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

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

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

Instructions:

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

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

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

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

If Other, specify:

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

Deduplication techniques included conducting the count during one 24 hour period, verifying with individuals contacted that they were homeless and had not stayed in a shelter or transitional house on the night of the count, 1/25/2012, assigning a unique identifier to each person who was counted as they were interviewed for the completion of a Demographic & Needs Survey (DNS), and reviewing completed DN surveys to confirm that each unique identifier was only used once. Training in the use of the DNS and engaging unsheltered people in conversation during the PIT count was provided to all, staff and volunteers, who were engaged in interviewing homeless people during the count.

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)

No unsheltered homeless households with dependent children were identified in the 2012 PIT Count. However, many households with dependent children appear to be maintaining housing only by doubling up with family or friends. PATH outreach and engagement services are provided by a 6 person team seeking contact daily with the unsheltered homeless, including any unsheltered homeless households with dependent children. The team includes two qualified professionals, two part-time peer specialists, a registered nurse, & a disability benefits specialist. Unsheltered households with dependent children are priorities for referral and placement in ES, TH, or PH.
The HPRP funded Rapid Rehousing team also served as a point of entry for many homeless families. Though federal HPRP funding has ended, a smaller program is soon to open, funded by ESG, local government funds, and private contributions. This program will prioritize households with children for its services. The coordinated intake and assessment office also ensures that households with children in a housing crisis are connected to needed housing and services.
The Homeless Liaison at Durham Public Schools connects any unsheltered households with dependent children with services and housing, as that office becomes aware of them.
Discussions about the development of a “day services” center that could become a single point of entry for those who are literally homeless or precariously housed also continue.

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)

Housing for New Hope's (HNH) PATH Team provides outreach & engagement services to the unsheltered daily. The PATH team includes two qualified professionals, two part-time peer specialists, a registered nurse, & a disability benefits specialist. The Team builds trust with the unsheltered, bringing them towards services & housing. Funded through Alliance Behavioral Healthcare, the local public mental health agency, the Team offers the unsheltered transitional housing while SSI/SSDI applications are made & referrals to permanent supportive housing. In the fiscal year ending 6/30/2012, the PATH team engaged with 417 unsheltered people.
The Durham Center contracts with HNH to provide a 3-Person Assertive Engagement Team targeting homeless people without insurance for services. This team complements the PATH Team by providing ongoing case management to the chronically homeless; many of whom are unsheltered.
Open Table Ministry also provides outreach to the unsheltered near one of their main camps. A team of volunteers provides a meal every Wednesday to a small group of unsheltered people.
St. Joseph's Episcopal Church, near downtown, invites the unsheltered near the church to share breakfast with its members every weekday.
The Durham Rescue Mission deploys a van to known locations of unsheltered people on the coldest nights of the year with an invitation to stay warm during the night at the Mission. Urban Ministries opens additional overflow beds during cold weather.

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

How many permanent housing beds are currently in place for chronically homeless persons?	44
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	55
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	75
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	100

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

In 2011 Housing for New Hope was awarded a CoC grant to lease 10 PH beds for CH people. The beds should be fully occupied in 6 months. CASA's 2010 PSH projects should be ready for occupancy in 12 months. One of the 10 beds is reserved for a CH veteran. In 2012, the Breaking Barriers project would provide PSH to 10 CH persons being released from jail who are enrolled for mental health, substance abuse, or developmental disability services. The CATCH "Hospital to Hope" project would offer PSH to 7 CH persons discharged from a hospital. The City of Durham began a Dedicated Funding Source (DFS) to support affordable housing development. The City plans to use some DFS $$ as "gap financing" for the development of Special Needs Housing, including PSH for CH persons, to address 1 of 2 priorities in the Consolidated Plan. The HSAC has asked the City to use an add. $720K of the DFS for gap financing. The Durham Hsg Auth. is including CH persons as a local housing preference for the HCVP.

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

The CoC Lead Agency will target portions of Pro-rata share for creation of new PSH units for the CH & use available "gap financing" from the City's dedicated funding source for hsg, review HUD's Regulatory Barriers Clearinghouse & determine local applicability, & monitor a DOJ settlement with the State for Olmstead infractions w. statewide partners.
The HSAC will monitor TH & PSH project performance & reallocate low performing projects to PSH specifically for CH persons.
The Housing Subcommittee will promote inclusion of PSH in neighborhood redevelopment, seek to strengthen the City's hsg density bonus & educate developers on use of resources available through the CoC, the NC Housing Finance Agency, the Federal Home Loan Bank, & other lenders with favorable financing terms.
Reinvestment Partners will monitor implementation of regional mass transit dev'pt to ensure compliance with state law that requires affordable hsg be included in hsg development around transit stops.

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

The CoC is charting a path to end chronic homelessness in the CoC by 2015 through a variety of strategies, including increasing the number of PH beds for the chronically homeless. We are prioritizing more PSH beds for CH persons and preparing to use the Vulnerability Assessment Tool to prioritize those most in need of housing. The use of HUD-VASH beds for CH veterans will help, as 65% of HUD-VASH vouchers must be used for CH veterans. The CATCH "Hospital to Home" project would serve medically vulnerable CH persons. We expect that our coordinated assessment system, when serving single homeless adults, will more effectively guide people to the housing intervention that can best serve them. That should help reduce CH as people are more rapidly re-housed, moved to a transitional program that can meet their needs, or placed in PSH. Improving our system's ability to effectively respond to people's initial housing crisis should reduce the incidence of long-term or chronic homelessness.

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

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

Instructions:

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

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

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?	88%
In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	89%
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%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

The CoC is performing above the target level. The CoC will continue to improve by:
1. All CoC-funded projects will continue to use elements of the Best Practice "Ready to Rent" program to foster financial literacy & improve stability in permanent hsg.
2. All CoC projects have in place strong retention efforts including case mgmt, tenant associations, strengthening landlord relationships, and budgeting and renter education efforts. Tenant associations meet monthly, strengthening peer relationships & promoting housing stability.
3. Housing providers will continue to connect consumers to mental health & addiction treatment services and to ensure that services are being appropriately offered.
4. Housing providers will promote assertive engagement with participants to ensure that follow up services are available to them.
5. Alliance Behavioral HealthCare & Housing for New Hope are partnering to ensure that crisis intervention services are available at Williams Sq. Apts.

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

All CoC-funded housing providers are committed to:
1. Continue to provide effective case management resources to program participants for at least a year after completion of a program.
2. Continue to improve service connections between mainstream service and support programs that promote housing stability.
3. Continue to implement the Best Practice "Ready to Rent" program.
4. Continue to promote SOAR implementation in Durham.
5. Support efforts to use Medicaid to fund the reimbursement of eligible services provided to people in PSH.

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

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

Instructions:

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

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

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	78%
In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	78%
In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	79%
In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	80%

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

The CoC's 2 TH projects exceeded the objective with 67 of 86 participants exiting to PH. Housing for New Hope & Genesis Home will continue to demonstrate success through these strategies: Case Management is ongoing & helps clients ready for PH remove barriers that may block client PH eligibility. The NC Benefit Bank is used to help link clients to mainstream resources. "Seeking Safety," a best practice model, is being recommended to Alliance Behavioral Healthcare as part of its services component. Case managers at Genesis Home have been certified for the "Ready to Rent" program and use the curriculum in preparing clients for transitions to PH. Genesis Home continues to provide limited financial assistance to qualified participants moving to PH. Urban Ministries and Housing for New Hope are collaborating to train TH participants moving to PH for leadership, nonprofit board participation, entrepreneurship, or other career tracks. Rapid Rehousing is targeting suitable TH residents.

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)

Housing for New Hope & Genesis Home are committed to promoting continuous improvement in CoC-funded TH projects by:
Developing comprehensive CM services to eliminate barriers and improve access to mainstream resources and housing connections, assessing job readiness through a partnership with Durham Technical Community College, & initiating job placement & job retention activities in a pilot project with at least 25 homeless people using WIA resources available through the Office of Economic & Workforce Development.
Genesis Home is revising its strategic plan to provide case management assistance after clients relocate to permanent housing, & small teams of volunteers provide ongoing support to households that have transitioned into PH for a year or longer.
Urban Ministries & Housing for New Hope continue to collaborate to move homeless adults through ES & TH into PH more quickly and with no increase in recidivism.

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

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

Instructions:

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

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

What is the current percentage of participants in all CoC-funded projects that are employed at program exit?	47%
In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?	47%
In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?	48%
In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?	50%

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)

The CoC exceeded goal w. 47% of participants employed at exit, including 22% of PSH exits. Our improvement plan includes:
A job developer supports work outcomes, coordinates job readiness activity, & ensures results are tracked on the APR @ Housing for New Hope. Participants are linked to job readiness credentialing at the local community college, to job training workshops with Joblink, Workforce Dev'pt, the Chamber of Commerce, & Voc. Rehab., & assisted with job placement by the Workforce Dev'pt office, using WIA $$. The City of Durham as the Lead Agency recruits employers to attend Project Homeless Connect, promotes availability of Compensated Work Therapy for homeless veterans at the VAMC, encourages participants to apply for training & placement opportunities available at the Durham Economic Resource Center. Under the recent DOJ settlement for Olmstead infractions, the State is creating a Supported Employment program for people w. mental illness, including those in PSH & TH.

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

The CoC's long-term improvement plan includes:
Housing for New Hope & Genesis Home will work to strengthen the partnership with the Office of Economic & Workforce Development to promote initiatives to develop work experience/on the job training programs for CoC-funded projects, continue to encourage participants in CoC-funded projects to obtain the Career Readiness Credential at Durham Tech, and will encourage the City of Durham and Durham County to advertise entry level job openings with CoC funded projects and to establish annual targets for hiring homeless and formerly homeless individuals. The City of Durham as the CoC Lead Agency will initiate discussions with the Dept. of Social Services to explore expanding opportunities to use TANF funds to support job training and job placement activities for TANF recipients in CoC-funded projects.

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

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

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

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

What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?	49%
in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	50%
in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	60%
in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	75%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

The CoC exceeded the goal with 49% of participants receiving one or more mainstream benefits at exit. The HSAC will promote further improvement by setting a goal of having 75% of participants receiving mainstream benefits & monitoring performance regularly.
The City of Durham, as the CoC Lead Agency, will continue to promote use of the NC Benefit Bank to facilitate application for benefits and continue to promote the SOAR initiative with all agencies serving disabled adults.
All CoC-funded projects will promote connecting veterans to VA benefits, HUD-VASH vouchers, and employment opportunities through programs with Step Up Ministries and the Employment Security Commission.
Housing for New Hope will offer on-site Benefit Fairs at its CoC-funded projects to promote and facilitate benefit application & enrollment.
Urban Ministries will expand efforts to enroll people for benefits when they enter the ESG-funded emergency shelter.

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

The City of Durham as the CoC Lead Agency will pursue accomplishment of the 75% goal by:
1. Strengthening the partnership with the Department of Social Services (DSS) to ensure that all eligible participants are receiving TANF, SNAP, and other mainstream benefits administered through DSS.
2. Promoting the expansion of the coordinated intake & assessment pilot to all people experiencing a housing crisis & maintaining the project at DSS so that all people are screened for benefit eligibility as their housing crisis is addressed.
3. Educating providers & participants on the use of Medicaid to pay for services under the Affordable Care Act.
4. Promoting the Local Access To Coordinated Healthcare (LATCH) project & Project Access for specialty healthcare for the uninsured.
5. Partnering with the Durham County Bar Association to offer workshops to help address legal barriers to receiving benefits.

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

Objective 6: Decrease the number of homeless individuals and families:

Instructions:

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

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

What is the current total number of homeless households with children as reported on the most recent point-in-time count?	43%
In 12 months, what will be the total number of homeless households with children?	40%
In 5 years, what will be the total number of homeless households with children?	35%
In 10 years, what will be the total number of homeless households with children?	30%

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

The CoC did not find any unsheltered families in the PIT count. The coordinated assessment (CA) pilot with families seeks to use homeless prevention & targeted hsg resources more effectively & plans to expand CA to all homeless people in 1-2 yrs.
Housing for people with special needs, including homeless people, is a Consolidated Plan priority. 3 of 8 impediments in the Analysis of Impediments are relevant to homelessness: an inadequate supply of affordable rental units, restrictive public policies for placing subsidized housing, & insufficient fair hsg education & outreach. Rapid rehousing activities will continue at Housing for New Hope through ESG, local gov't, & private funds. The goal is to assist 80 households with children annually, about 40% of households with children that become homeless. The final entitlement HPRP APR reported serving 169 hshlds w. homeless prevention asst. & 67 hshlds w. rehousing asst.
The CoC's decision making body is consulted on all ESG projects.

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

The City of Durham as the Lead Agency plans to:
Continue to address housing impediments,
Promote a point-of-entry partnership between the DSS, Alliance Behavioral HC & Urban Ministries,
Improve coordinated assessment processes to provide the interventions families need to resolve their housing crises.
Partner with the Durham Public Schools (DPS) Homeless Liaison & social workers to provide education & resources for homeless families & to explore school-based strategies for identifying & preventing homelessness in families.
Work through a task-force to develop an MOA with DPS to provide housing resources for foster care youth and families.
Promote with DHA the expansion of local homelessness preferences to all public housing & increase incentives for public housing recipients to become self-sufficient & move into market-rate housing to open public housing units for others with housing crises.
Retool the CoC's homeless housing system to quickly re-house homeless people.

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

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

Instructions:

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

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

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

Indicate the current number of projects submitted on the current application for reallocation:	0
Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013):	0
Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition):	0
Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition):	0

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

The CoC does not have any SSO projects.

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

The CoC is not reallocating TH projects in the 2012 Competition, but has not made any decisions about reallocations in FY 2013-2015.

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

Instructions:

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

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

If "Other," explain:

The CoC has signed a Memorandum of Agreement with the Dept. of Social Services re. discharges from the foster care system. A copy of the MOA is attached. NC LINKS builds a network connecting youth with family, friends, mentors, employers, etc. to assist youth in transition. Its 7 goals: Youth shall have adequate economic resources; a safe place to live; a sense of connectedness to others; access to health services; shall attain vocational & educational goals; shall avoid risky behavior; & shall postpone parenthood until adequately prepared.

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

The Durham County Department of Social Services leads the CoC's efforts to provide a continuum of care to its youth by implementing a variety of programming, case management, and community partnerships under the NC LINKS initiative. In 2011-2012, 91 youth accessed LINKS services.

The following NC LINKS services are provided by Durham County Department of Social Services to aid in homelessness and self-sustainability:

- Foster care youth aged 18-21 are eligible to remain in care under a voluntary contractual agreement for residential services (CARS) in an effort to prevent homelessness and progress towards self-sustainability. Youth receiving these services are provided housing with a licensed foster home or facility; however they must be enrolled in an educational or vocational program. In 2011-2012 Durham County Department of Social Services had 5 youth on CARS agreements.

NCHousingSearch.com is a website assisting hard-to-house persons with housing searches.

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

As noted elsewhere in this section, the Dept. of Social Services is implementing effective discharge plans for youth transitioning from foster care to adulthood, as no youth were discharged into homelessness in the fiscal year ending 6/30/2012. However, significant numbers of homeless adults in our CoC report having been in foster care in their youth, so more work remains to understand the needs of these young adults and to assist them in meeting those needs and transitioning to productive adult lives.

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

Durham County Department of Social Services (DSS) has allocated funding for contracts with community partners to aid against homelessness. In year 2011-2012, DSS partnered with Carolina Outreach and Lutheran Family Services to increase self-sustainability for our youth. These partners have committed to programming specifically in independent living skill courses and housing.
In 2011-2012, Carolina Outreach served 29 youth in foster care. Their services provided youth with a six week independent living skill course, transitional housing, and mental health services.
Lutheran Family Services houses and served 5 youth in the Opportunity for Supervised Apartments (O4SA) program. With the support of an independent living skills specialist, the youth received education, coaching, and skill development in the areas of housing, employment, and financial sustainability.
The Division of Social Services is responsible for discharge planning in the foster care system at the state level.

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

The CoC & Dept. of Social Services recognizes that youth aging out of foster care are at increased risk of experiencing homelessness. In 2011-2012, twenty foster care youth reached their 18th birthday and aged out of foster care. 100% of them had an established safe and stable place to live. The types of safe and stable placements are as follows:

- 35% (7)Remained in their foster care placement under a CARS agreement
- 50% (10) Reconnected & resided with a family member or next of kin
- 5% (1) Moved to an Adult Group Home/Residential Services
- 5% (1) Leased an apartment
- 5% (1) Joined Job Corps

- Youth between the ages of 18-21 who transition out of foster care are annually eligible for $1500 in Transitional Housing Funds. This aids young adults in rental assistance and purchasing housing necessitates. The Transitional Housing Funds has been instrumental in securing housing for our youth and making their dwellings a home like setting.

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

Instructions:

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

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

If "Other," explain:

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

Our CoC works closely with Duke University Health Systems (DUHS) to ensure that persons are not discharged into homelessness. Durham's hospitals, both operated by DUHS, are accredited by the Joint Comm. on Accreditation of Healthcare Organizations. The process requires hospitals to establish procedures for continuing care, treatment & services after discharge. Appropriate placements do not include HUD McKinney-Vento funded programs. The discharge process seeks to ensure continuity of care, treatment & services after discharge. Also, hospitals receiving Medicare reimbursements are required to have a written discharge planning process that is thorough, clear, comprehensive & understood by staff. Early in a hospitalization, staff must identify 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, housing & services is exchanged with service providers.

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

While DUHS, in cooperation with the CoC, does provide discharge planning for all hospitalized patients, our community's unmet need is short-term rent assistance for homeless or near homeless patients with medical conditions that do not require nursing care, but who require short-term housing to recuperate. These patients are often unable to stay at the Durham Rescue Mission where work is required or at the emergency shelter of Urban Ministries, ineligible for DSS or HUD-funded programs, living in a housing situation that is ineligible for rent assistance, unable to work, without income, and at risk of deteriorating health if they have to leave their current housing, if they have housing. The CATCH new project application in this year's competition seeks to address this gap. The pilot project would provide short-term housing assistance to a small number of chronically homeless patients being discharged from a local hospital.

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

DUHS, the Department of Social Services, Durham County, Alliance Behavioral Healthcare, Urban Ministries of Durham, Housing for New Hope, Lincoln Community Health Center, the NC Coalition to End Homelessness, the Blue Cross Blue Shield of NC Foundation, the Durham VA Med. Ctr, Durham CAN, Wellness City, the Durham Community Health Network & the Department of Community Development, as the CoC Lead Agency, are the stakeholders & collaborating agencies working to ensure that persons discharged from local hospitals are not routinely discharged into homelessness. A Coordinated Access To Care for the Homeless (CATCH) project is being developed by these stakeholders to create a partnership between DUHS & community homeless services, connecting hospital discharge planners with community-based support to provide access to a sub-acute care setting and/or permanent housing. The project plans an integrated hospital & community system to improve health outcomes & long-term cost containment.

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

Just a Clean House does provide some short-term housing to homeless people and those at risk of homelessness being discharged from local health care institutions.

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

Instructions:

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

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

If "Other," explain:

State psychiatric hospitals have signed agreements that they will not discharge to homeless shelters, and the agreements specifically reference the McKinney-Vento prohibitions. The State Division of Facility Services requested that the hospitals sign the agreements and monitored them until this was done.

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

We promote community re-integration & prevent homelessness by creating discharge plans that honor self-determination & the person's unique needs. Collaboration, coordination & communication across agencies & service providers characterize the discharge planning process. Never will a person be discharged into homelessness who was not homeless at admission. Hospital discharge staff, Alliance Behavioral Healthcare's Hospital Liaison, & Alliance Behavioral Healthcare's (ABH) Housing Specialist work with the person & local resources to seek safe, adequate & permanent housing. Funding is made available through ABH to assist with obtaining & maintaining permanent housing if that is the most appropriate placement. Also, the State of NC is creating a TBRA program for persons with SMI or SPMI. The program's goal is to create 3000 housing slots w. rent asst. & services for persons w. SMI or SPMI in the next 8 yrs. We promote use of the nchousingsearch.com website to assist w. hsg searches.

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

Alliance Behavioral Healthcare is implementing a discharge plan for mental health. In addition, the local mental health hospital, Central Regional Hospital, has signed a Memorandum of Agreement with the CoC concerning discharge planning for patients being discharged to Durham. A copy of the MOA is attached. The State of NC's current focus is to prevent discharges into homelessness from private settings like adult care homes and family care homes that are affected by rules of the Centers for Medicaid and Medicare Services & other federal factors, including changes in qualification for personal care services. There are concerns about the ability of housing stock in Durham & statewide being able to house all of the persons who will be discharged from these settings in coming years. Also, persons with mental illness are being hospitalized in private hospitals with short-term stays, putting them at greater risk of homelessness.

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

Alliance Behavioral Healthcare and the CoC collaborate with the following stakeholders/agencies to ensure a safe and effective discharge plan as a diversion to homelessness:

Central Regional Hospital

Alcohol & Drug Abuse Treatment Center (our local "detox" center)

Urban Ministries of Durham

Lincoln Community Health Clinic

Housing for New Hope's PATH Team

Duke University Health Systems

Durham County Department of Social Services

The NC Division of Mental Health is responsible for discharge planning in the state's mental health system.

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

Only 8 consumers were homeless when admitted to Central Regional Hospital, the local MH hospital in FY12. Of these: 3 were discharged to a McKinney-Vento funded emergency shelter when other housing could not be identified, 1 to foster care, 1 to a private residence, 1 returned to jail, & 2 remained hospitalized at the end of the fiscal year. Thirty-two homeless people were admitted to the local Alcohol & Drug Abuse Treatment Center; of these 10 were discharged to a private residence, 11 to a transitional housing or group living situation, 5 moved out of the area, 1 was transferred to CRH, and 5 were discharged to a HUD M-V funded ES. These numbers indicate that only 20% of homeless people entering MH facilities are discharged to a ES; they are more likely to be routinely discharged to a private home or a transitional living facility for people with addictions or mental illness. Every effort is made to discharge people to affordable, subsidized, or supportive housing.

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

Instructions:

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

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

If "Other," explain:

There is no State mandated policy in place for corrections. The State of NC has adopted structured sentencing, which means that most offenders who are incarcerated serve their entire sentence without opportunity for parole. Because of this, once persons have completed their sentence, the State has no authority over them and cannot follow-up on discharge plans or provide support, including housing support. Therefore, if an ex-offender does not follow through with pre-release discharge plans, the State criminal justice cannot provide assistance.

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

A Memorandum of Agreement has been signed with the Durham County Sheriff "to prevent homelessness & end homelessness whenever possible;" a copy is attached. The agreement states that the partners "understand that HUD prefers that as few people as possible being discharged from the jail system are placed in any HUD McKinney-Vento funded program for the homeless." The CoC's public mental health agency, Alliance Behavioral Healthcare, has been working to improve access to mental health & substance abuse services for people held at the local jail. The Sheriff’s Dept. conducts a mental health screening with all arrestees at intake. The Criminal Justice Resource Center collaborates with detention centers, Alliance BHC, the judicial system, human service providers, public schools, & state agencies to prevent homelessness. CJRC has 6 short-term beds in a residential facility. The Durham VA’s Justice Outreach Specialist also provides outreach to jailed veterans. NChousingsearch.com is helpful.

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

The CoC does have an implemented discharge plan for detainees held in the Durham County Detention Center. Discharge planning for inmates being released from the North Carolina Dept. of Corrections (DOC) is in need of improvement, although, as noted above, due to structured sentencing, the State has no authority over persons once their sentences are completed and cannot follow-up on discharge plans or provide support, including housing support. The DOC uses a multi-disciplinary team approach to identify viable housing options for inmates returning to the community.

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

The NC Department of Public Safety is primarily responsible for ensuring that persons discharged from the state prison system are not routinely discharged into homelessness. The DOC uses a multi-disciplinary team approach to aftercare, assuring that the released inmate has viable housing and a plan to obtain a job with a living wage. The Dept. has sought State funding for step-down programs, or Corrections Transitional Housing, but funds have not been appropriated. Locally, the Durham County Sheriff's office, Alliance Behavioral Healthcare, and the Criminal Justice Resource Center have primary responsibility for ensuring that persons discharged from the jail are not discharged into homelessness. Secondarily, the Durham VA seeks to reduce discharges of incarcerated veterans into homelessness through the Veterans Justice Outreach program.

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

More work is needed in NC and Durham to prevent discharges into homelessness from criminal justice institutions. The Criminal Justice Resource Center's 6-bed residential facility provides short term housing for a small number of men being discharged who do not have other housing options. In the fiscal yr ending 6/30/12, this facility housed 41 men, including 21 released from the NC Dept. of Corrections. TROSA's therapeutic community for substance abusers also is an alternative to discharge into homelessness. Some people may be discharged to Targeted Units, a state program that provides units in affordable apartment complexes only for persons with disabilities. Persons are referred to Targeted Units by service providers who agree to provide services to support the person in maintaining housing, but the persons discharged from the criminal justice system would need to consent to receiving services and housing assistance.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?	Yes
If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan:	The Consolidated Plan lists the 5 objectives of the CoC program: Create new PH beds for chronically homeless persons; increase the percentage of homeless persons staying in PH for 6 months or longer to at least 77%; increase the percentage of homeless persons moving from TH to PH to at least 65%; increase the percentage of persons employed at program exit to at least 20%; decrease the number of homeless households with children. The Consolidated Plan also lists the 4 goals of the 2006 Ten Year Plan to End Homelessness: Homeless persons shall have access to permanent affordable housing; homeless persons are able to access needed services; homeless persons will have incomes necessary to obtain and sustain permanent housing; those at risk of homelessness maintain permanent housing through comprehensive homeless prevention activities. These goals & objectives are summarized in one of the Plan's two priority areas: Creating housing for people with special needs.

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s)
(limit 1000 characters)

The Department of Social Services operates our pilot centralized, coordinated assessment office and continues to do homeless prevention and diversion work with homeless families in consultation with the assessment office. Substantial portions of State and Entitlement ESG funds are being used for rapid rehousing activities with Healing with CAARE focusing on rapid rehousing for single adults and Housing for New Hope focusing on rapidly rehousing homeless families. An allotment of the City of Durham's dedicated funding for the development of affordable housing has been reserved for rapid rehousing of homeless families and is being matched 1 to 1 by private funds that the service provider is raising. The Durham Housing Authority has agreed to reserve 15 Housing Choice vouchers annually for youth aging out of the foster care system.

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

The City of Durham's Dept. of Community Development (DCD) is the CoC Lead Agency & administers 2 Neighborhood Stabilization Programs (NSP), the CDBG program & entitlement ESG funds. DCD project teams, including 2 Project Managers staffing the CoC, coordinate the use of these resources to fulfill the 2 priorities of the Consolidated Plan, Neighborhood Revitalization & Creation of Special Needs Housing, including PSH for homeless people.

Under NSP1, the City received a total of $2,825,000 in funds which were used to acquire and renovate two foreclosed multi-family properties and 27 foreclosed or vacant/blighted single family properties. The multi-family properties (17 units in total) provide affordable workforce housing to households with incomes at or below 50% of the area median. The single family properties are being redeveloped or rehabilitated by non-profit entities for homeownership. The non-profit developers include Habitat for Humanity which is able to serve households with incomes as low as 30% of the area median.

A total of $950,000 in NSP3 funding was received which is being used as a part of the construction/permanent housing for 80 LHITC units serving households with incomes as low as 30% of the area median. Twelve of those units are reserved for households with disabilities.

Over 75% of ESG funds are being used for rapid rehousing activities & the remainder is available for homeless prevention work. CDBG funds are used for homelessness prevention, operational support for a local homeless shelter and food kitchen, and case management for homeless families with children.

Decisions concerning the use of the above funds are made through community-wide consultations, public hearings, etc. to which CoC stakeholders and the general public are invited to participate.

Durham does not receive entitlement HOPWA funds, but Duke University (DU) received State HOPWA funds in 2012. CoC stakeholders participate in DU community health consultations.

HUD-VASH is primarily coordinated through the CoC's stakeholders at the Durham VA Medical Center, the Durham Housing Authority, & the homeless housing providers. CoC staff in DCD monitors HUD-VASH implementation through HIC reports and HMIS reports.

CoC members also participate in a "Housing Result Team" to advocate for & support efforts to create more affordable housing, especially for homeless people, and to monitory the use of NSP, CDBG, & ESG funds.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?	Yes

If 'Yes', describe the established policies that are in currently in place:	The Interlocal Agreement between Durham County & the City of Durham makes it a responsibility of the City to "collaborate with Durham Public Schools to ensure that children being served in CoC funded programs are enrolled in school and connected to appropriate services in the community, including early childhood programs such as Head Start, Pre-K, part C of the Individuals with Disabilities Education Act, & programs authorized under . . . the HEARTH Act." New & renewing projects are required to provide copies of policies & practices regarding the provision of education services to individuals & families that demonstrate that participants are allowed the free exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness & the name & job title of employees responsible for ensuring that children are receiving education services.

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

A member of the Durham Public Schools (DPS) School Board & the DPS Homeless Liaison serve on the CoC's primary decision making body to ensure that the CoC is collaborating with local education authorities. The Homeless Liaison also regularly attends meetings of the Council to End Homelessness in Durham, primarily attended by homeless housing and service providers. She regularly distributes posters and brochures concerning eligibility for McKinney-Vento educational services to homeless service providers and other community agencies. The Homeless Liaison conducts several Homeless Education awareness workshops monthly. DPS recently began identifying and documenting homeless children ages 0-5. To ensure that this population is identified, the Homeless Liaison is collaborating with directors of Pre-k programs and other agencies that serve these children to ensure that their parents also are informed about their rights. The Homeless Liaison trains and works closely with counselors and other administrators throughout the DPS system to identify children who are homeless or at risk of homelessness. These strategies ensure that children of all ages and their families are informed of their eligibility for McKinney-Vento educational services.

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

The CoC Lead Agency has informed emergency shelter, transitional housing, and permanent housing that the HEARTH Act stipulates that federally funded programs may not deny admission to families with children under the age of 18 or separate children and parents when entering shelter or housing. The CoC Lead Agency understands that all federally funded housing providers serving homeless families have been complying with this requirement for at least ten years. The CoC will add a question about this requirement to new and renewing CoC funding applications in coming years. The CoC Lead Agency is aware that one privately funded, faith-based agency, the Durham Rescue Mission, does deny admission to families with boys 12 year of age or older.

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)

3 organizations, TROSA, Volunteers of America (VOA), & Healing with CAARE, together operate 58 Grant & Per Diem TH beds for homeless veterans. Using 2010 CoC Competition funds, CASA is developing 10 units of PSH for veterans, including one unit reserved for a chronically homeless veteran. HUD awarded 50 VASH vouchers to the Durham Housing Authority; the Durham VAMC is distributing the vouchers to eligible veterans. Step Up Ministries is providing employment assistance to homeless veterans at the emergency shelter operated by Urban Ministries of Durham. The VAMC employs 3 Homeless Veteran Supportive Employment Specialists to work with homeless veterans in Durham to obtain & maintain gainful employment. They also cultivate collaborative relationships with local employers. Healing with CAARE has coordinated a Veterans' Stand Down each of the last 2 years to make services more accessible to veterans. In 2012, the Stand Down served 857 veterans, including 120 women. These initiatives support the CoC's system-wide goal of reducing the number of unsheltered & emergency shelter housed veterans to zero by 2015 from the 2012 number of 50. A VA social worker serving homeless veterans & the director of the County Veterans Services office serve on the CoC's primary decision making body. Consistent with the NOFA, the CoC plans to prioritize chronically homeless veterans & other chronically homeless people for PSH openings. Healing w. CAARE & VOA are applying for SSVF grants.

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

As part of the 2012-2013 CoC Action Plan (Domain IV CoC Check Up elements 4.1, 4.2, & 4.3), the Durham CoC has identified a need to improve identification and service provision for homeless youth. The Durham CoC has convened a subcommittee tasked with examining the homeless youth subpopulation. Currently, the following relevant stakeholders and service providers are actively serving homeless youth: Durham Public Schools Homeless Liason, Durham Social Services Foster Care Unit and Chaffee Liason, Alliance Behavioral Healthcare (MH/SA) agency, Lutheran Family Services(non-profit), Carolina Outreach (non-profit), Juvenile Court Staff, Parks & Recreation staff, WIA funded Alternative Education Providers, and the Durham Teen Center. In an effort to align with HUD's expanded focus on youth and the USICH Opening Doors 2012 amendment, Durham is planning to place an increased focus on homeless youth under age 25. While HUD has expanded its definition of homelessness to include individuals identified under other federal definitions, there remains challenges in Durham around identification of homeless youth. Currently, Durham does not have targeted programming funded under the Runaway and Homeless Youth Act that is operational. One agency in Durham that received RHY funding in 2009, has not yet become operational. An effort to leverage RHY funding as it becomes available, is part of the plan to further develop a service continuum to meet the needs of homeless youth.

Has the CoC established a centralized or coordinated assessment system? Yes

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

The CoC is piloting a centralized, coordinated assessment system for households with children through the Dept. of Social Services. The goal is to expand the system to all homeless subpopulations when it is working well. All publicly funded providers serving homeless families are using the assessment system. The screening, assessment, and referral processes are consistent with the written standards required under Section 576.400 of the ESG Interim Rule. The coordinated assessment office is entering data on all persons served into the community's HMIS. The Coordinated Assessment Toolkit developed by the National Alliance to End Homelessness is being used to guide development of Durham's coordinated assessment system.

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

The State of NC requires a regional or CoC-wide application for ESG funds allocated by the State to the CoC. Following the State's recommendation, the CoC decision making body designated the CoC Lead Agency to be the ESG Lead Agency for the State ESG distribution. The Lead Agency coordinates the State ESG application process & arranges for an unbiased review of project applications. The CoC primary decision making body makes final recommendations to the State for the distribution of State ESG funds. The City of Durham's Dept. of Community Development manages the process of distributing ESG Entitlement Funds. The CoC primary decision making body is consulted concerning community priorities for the use of the Entitlement funds. The Department's recommendations for the allocation of the funds are forwarded to the Durham City Council which has final authority for the distribution of ESG Entitlement funds.

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

The CoC's stakeholders market housing resources & services in a variety of ways. Within shelters, individual case managers work one-on-one with homeless clients. Outreach efforts outside the shelter setting are also a part of the CoC's work & the work of the City's Dept. of Community Development. Local congregations & nonprofits throughout the community network to identify persons in need or at risk. The United Way 2-1-1 Network promotes housing & support services. An annual Project Homeless Connect event brings together scores of housing & service providers & attracts homeless persons & persons who are at risk of homelessness who are not yet linked to providers. Fair housing materials are disseminated. Approx. 500 people attend the event. Alliance Behavioral Healthcare, the public mental health agency, markets housing & supportive services resources to those it serves. The PATH team & Open Table Ministry conduct special outreach to persons in the unsheltered population.

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

Instructions:

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

Has the CoC developed a strategic plan? Yes

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

The CoC does work to coordinate the implementation of a housing & service system that meets the need of homeless individuals & families. The CoC has made progress in coordinating the delivery of public sector mainstream services and benefits to homeless people with the delivery of housing services provided in the CoC by private nonprofits. HPRP implementation was effectively coordinated between the public Dept. of Social Services (DSS) & the private Housing for New Hope, & HPRP continues to be a model for community coordination & collaboration. The local public mental health agency, Alliance Behavioral HealthCare, also leads the coordination of housing and services for homeless people w. mental illness and substance abuse through its System of Care’s Care Review processes. Coordinated intake & assessment processes are being developed in our pilot with homeless families under DSS & will further improve coordination as it is expanded to the entire homeless population.

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

The Consolidated Plan covers the same area as that of the CoC (Durham County). CoC staff work in the City of Durham’s Dept. of Community Development which is responsible for completing the Consolidated Plan & serve on a Project Team that contributes information for the Consolidated Plan. CoC information is maintained in a folder on a shared computer network that is available to staff who write the Consolidated Plan. The CoC staff ensures that accurate information related to the Point in Time Count, unmet housing need and other statistical information from the HMIS is appropriately included in the Consolidated Plan.

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

The leadership of the CoC's 10 Year Plan began a reorganization of the 10 Year Plan implementation in 2010, 4 years after the original plan had been adopted in 2006. A new leadership body was formed in 2011 & the initiative was renamed Opening Doors in Durham in response to the federal 2010 Plan. Subcommittees were reestablished in 2012. After revising the 10-Year Plan's mission statement in the fall of 2012 to align it more closely with the federal strategic plan, the leadership has charged the subcommittees with reviewing & updating the goals, objectives, and strategies of their part of the plan for the first time in 2013.

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

Durham made the four goals of the Federal Strategic Plan--ending chronic and veterans homelessness by 2015, ending homelessness among families youth & children by 2020 and setting a path to ending all type of homelessness--its own in its recent revision of its vision & mission statement. That statement reorganized the four objectives of the original 10-Year Plan into the five following objectives that seek to incorporate the eight federal goals:

1. Increase leadership, collaboration, & communication among all stakeholders
2. Increase access to stable & affordable housing
3. Increase economic security
4. Improve health & stability
5. Retool the homeless crisis response system

Durham's publicly funded homeless housing providers, except the exempt DV agency, are all participating in our HMIS. The leadership recently adopted HEARTH-based performance measures for the housing components and the CoC as a whole, so the HEARTH measures will become important tools to improve system performance.

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG):	Determines how to allocate ESG grant for eligible activities, Develop standards for evaluating the outcomes of activities assisted by ESG funds, Develop performance standards for activities assisted by ESG funds

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

The City of Durham's Dept. of Community Development (DCD) manages the process of distributing ESG Entitlement Funds, including grant contracts, reimbursement of eligible documented expenses, and performance monitoring. The CoC primary decision making body is consulted concerning community priorities for the use of the Entitlement funds. The DCD's recommendations for the allocation of the funds are forwarded to the Durham City Council which has final authority for the distribution of ESG Entitlement funds. The CoC has adopted performance measures and target outcome goals for emergency shelters, transitional housing, and permanent supportive housing projects within the CoC. These measures and targets are applicable to projects receiving local and State ESG funding. Performance is reviewed on a quarterly basis and will be reported to the community at least annually.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes?	No
If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?	

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

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

3E. Reallocation

Instructions:

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

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

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

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

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

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

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

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

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

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	50	**Beds**	44	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	77	**%**	89	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	67	**%**	78	**%**
Increase the percentage of homeless persons employed at exit to at least 20%	45	**%**	50	**%**
Decrease the number of homeless households with children	40	**Households**	43	**Households**

Did the CoC submit an Exhibit 1 application in FY2011? Yes

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

Re. the creation of PH beds for the CH: Some 39 CH beds funded through this competition are under development, but are not yet ready for occupancy. We thought the 2010-funded project of CASA would be open by now, but its opening has been delayed until 2013. That project includes one bed dedicated to the CH. We also mistakenly included the 5 beds of Project DASH in the increase from 44 beds to the goal of 50 beds, but those beds actually became available for occupancy in 2011.
Re. decreasing the number of homeless households with children: The number decreased from 44 families to 43, but we did not achieve the 10% reduction that had been our goal. The economy continued to negatively impact many low income households. A shortage of affordable housing is a major barrier to reducing homelessness among families. HPRP implementation prioritized families locally & rapid rehousing served 94 families between Jan. 2011 and the 2011 Exhibit 1 submission, but this was not sufficient to reaching the goal. Enlisting congregational teams to support families transitioning to PH is progressing, but we are not forming as many support teams as we had hoped. Homeless prevention assistance also can be targeted more effectively by ensuring that prevention assistance goes to households with characteristics similar to households that actually become homeless. We did not find any unsheltered families, but will count some families as homeless as long as we have ES & TH dedicated for use by families.

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

The CoC reviews Data Quality Reports for all programs using HMIS monthly to ensure that client data is being accurately and regularly entered into the HMIS. The CoC has a bi-monthly HMIS users group meeting that is available to assist data entry users with data concerns and to help programs use HMIS data to monitor performance. Annual Performance Report data for homeless housing projects in the HMIS is reviewed on a quarterly basis by CoC staff and the Performance Management Committee. Performance concerns are discussed with project personnel. The APR to HUD also is reviewed by CoC staff prior to submission to HUD for accuracy and to ensure that projects are meeting HUD objectives. Renewal applications are similarly reviewed.

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

Technical assistance always is available through the CoC Lead Agency, the HUD Field Office, & the NC Coalition to End Homelessness. The CoC Lead Agency sponsors workshops throughout the year to improve program performance. Regular monthly meetings of the Council to End Homelessness in Durham and of the leadership of Durham's homeless housing providers provide opportunities to share best practices and to problem-solve performance concerns. The CoC Lead Agency distributes information from HUD, USICH, NAEH, and other organizations that can be helpful. The Lead Agency also conducts a debriefing session following the NAEH national conference in July to share conference resources and presentation materials with interested programs in Durham.

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

All current, active Durham projects are performing above HUD-established performance goals for CoC-funded projects. Regular monitoring of performance, as noted above, helps projects consistently focus on meeting performance goals. CoC-funded projects regularly communicate with one another to address performance challenges and to improve system-wide performance.

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

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

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
N/A	N/A	$0
N/A	N/A	$0
N/A	N/A	$0
N/A	N/A	$0
N/A	N/A	$0
	Total	$0

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

The HMIS tracks the average and median Length of Stay (LOS) of participants in homeless programs using the HMIS. The CoC reviews LOS information in quarterly APRs and will begin reporting LOS results to the CoC's primary decision making body on a quarterly basis in 2013. Programs not using the HMIS will be encouraged to also report their LOS information. The CoC is encouraging TH programs to adopt a goal of reducing the average LOS by 10% annually until the average LOS is under 90 days. The CoC has established an interim goal of an average LOS of 75 days for households with children in Emergency Shelters. The HMIS Lead Agency is developing reports with ServicePoint to track the LOS for the CoC as a whole and has developed a report using the CoC APR to determine the average LOS by program type for the CoC as a whole.

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

• The CoC has adopted a goal of having less than 10% of people who have exited from homelessness to permanent housing (whether via PSH, rapid rehousing, or other permanent housing) return to homelessness within one year of their placement in permanent housing. The HMIS Lead Agency is working with ServicePoint, the software provider, to develop reports that track additional spells of homelessness for individual programs, agencies, and the CoC as a whole and anticipates having standard reports available for use in the first half of 2013.

What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families? (limit 1500 characters)

A PATH team of 6 full & part time people, including a bilingual person to assist those with limited English proficiency, conducts outreach to unsheltered people throughout the CoC geography. The team made contact with 417 unduplicated individuals during the fiscal year ending 6/30/12. The team enrolled 127 people for services and assisted 74 persons to move into permanent housing. In preparation for the PIT Count, the CoC obtains a list of the vacant or abandoned houses in the City of Durham from the Dept. of Neighborhood Improvement Services. The PATH team visits these houses in the weeks leading up to the PIT count to determine whether anyone is occupying them. A faith-based program, Open Table Ministry, provides outreach to a community of unsheltered people in the southwest portion of the CoC. In the last fiscal year, Open Table engaged over two dozen unsheltered people and helped move several of them into housing in the last year. On cold winter nights, the Durham Rescue Mission sends a van throughout the community to invite unsheltered homeless people to keep warm at the Mission.

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

The homeless prevention activities begun under HPRP through the Dept. of Social Services (DSS) are continuing at DSS, though HPRP has ended. CDBG & local gov't funds are being used to continue this activity. The coordinated intake & assessment office, currently being piloted with households with children at DSS, refers households with fewer barriers to maintaining housing to the homeless prevention office for diversion assistance. Discharge planning with public systems focuses on preventing homelessness. The two new housing projects being proposed in this year's competition both focus on providing PSH to chronically homeless people being discharged from two public systems, the local jail and local hospitals, in order to prevent continued homelessness. One of the two priorities of the City's Consolidated Plan is the development of affordable housing for people with special needs, including homeless people. These initiatives support this priority.

Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes? No

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

N/a

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

N/a

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2010	141	36
2011	118	39
2012	134	44

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

The CoC reviews HUD’s definition of chronic homelessness in trainings for conducting the PIT Count. The review emphasizes that a chronically homeless person or family must have a disability and either have been living in an emergency shelter or on the streets or have had four or more episodes of homelessness in the past three years. Emergency shelter providers establish the chronic homeless status of people at entry and determine on the night of the PIT Count if any guests have been in the shelter continuously for longer than a year. This occasionally happens for people with a disability. Attempts are made to interview all unsheltered adults and to ask HUD recommended questions to establish chronic homeless status. If the unsheltered are unwilling to be interviewed, they are designated as chronically homeless only if an outreach worker knows the person fits the HUD definition. HMIS PIT Count data is used to confirm the accuracy of shelter PIT reports.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012: 5

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)

The number of CH persons increased 14%. The CoC is strengthening targeted efforts to reduce chronic homelessness. All new CoC housing projects in 2012 are targeting CH persons. 39 beds dedicated for occupancy by CH persons are currently under development; when opened, these beds will nearly double the current capacity of 44 beds for the CH. We are beginning to target existing PSH beds to CH persons, even if they are not expressly dedicated to the CH. Coordinated intake & assessment, currently done only with homeless families, should better address the housing needs of the CH when expanded to all homeless persons. Improved targeting of transitional housing should also help address the needs of long term homeless people.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$0	$0	$0	$0	$0
Operations	$101,253	$0	$0	$141,268	$42,700
Total	$101,253	$0	$0	$141,268	$42,700

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	25
b. Number of participants who did not leave the project(s)	126
c. Number of participants who exited after staying 6 months or longer	22
d. Number of participants who did not exit after staying 6 months or longer	111
e. Number of participants who did not exit and were enrolled for less than 6 months	15
TOTAL PH (%)	88

Instructions:

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

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

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

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	86
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	67
TOTAL TH (%)	78

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 72

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	34	47%
Unemployment insurance	1	1%
SSI	15	21%
SSDI	4	6%
Veteran's disability	0	0%
Private disability insurance	0	0%
Worker's compensation	0	0%
TANF or equivalent	0	0%
General assistance	0	0%
Retirement (Social Security)	0	0%
Veteran's pension	1	1%
Pension from former job	0	0%
Child support	4	6%
Alimony (Spousal support)	0	0%
Other source	0	0%
No sources (from Q25a2.)	13	18%

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

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

4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 72

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	21	29%
MEDICAID health insurance	19	26%
MEDICARE health insurance	4	6%
State children's health insurance	0	0%
WIC	1	1%
VA medical services	1	1%
TANF child care services	0	0%
TANF transportation services	0	0%
Other TANF-funded services	0	0%
Temporary rental assistance	4	6%
Section 8, public housing, rental assistance	7	10%
Other source	0	0%
No sources (from Q26a2.)	37	51%

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

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

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

Instructions:

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

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

Has the CoC notified its members of the Energy Star Initiative?	Yes
Are any projects within the CoC requesting funds for housing rehabilitation or new construction?	No

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting $200,000 or more?	

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

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

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

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

Quarterly reviews of APRs from the HMIS include a review of the number and percentage of exiting adults who are being connected to mainstream programs. Technical assistance is provided to low performing projects. Two-thirds of the adults (24 of 37) who exited without non-cash benefit sources exited from a transitional housing program for homeless people in recovery from addictions that focuses on helping participants obtain employment, instead of public benefits. 18 of 25 exiting adults in this project did leave with employment. Seven participants exited the program within 60 days of entry, and it is likely that these individuals were those who exited without employment.

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:

A "Performance Management Subcommittee" has been formed recently to monitor performance, including participation in mainstream programs, of all CoC housing programs, including CoC-funded programs, and to assist with performance improvement initiatives. The subcommittee met on the following dates in 2012: July 10, August 14, September 11, October 9, November 5, and December 11 and on January 8, 2013. A CoC Lead Agency Staff person also was appointed to the State Interagency Council on Homelessness in 2012 and so supports partnerships and collaborations w. that council.

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

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

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

Has the CoC participated in SOAR training?	Yes

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

The training date since the last CoC application was December 13-14, 2011; 19 people from the CoC attended the training. 65 individuals in the CoC have received SOAR training since 2007 & 7 people, including 2 full time workers, currently are completing SSI applications use SOAR techniques. 87 of 99 applications have been approved with the average time between submission and disability determination being 73 days. Over $1 million in benefits has been received by approved applicants since 6/2/2010.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits.	100%
1a. Describe how service is generally provided:	
The programs generally use the NC Benefits Bank, a free online service, to complete applications for mainstream benefits. One provider, Housing for New Hope, also offers a periodic "Benefits Cafe," a social event with refreshments at which case managers meet with clients to assist with completing applications for benefits.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs:	75%
3.a Indicate for which mainstream programs the form applies:	
The Benefit Bank's online application covers SNAP (Food Stamps), TANF (Work First cash assistance), Low Income Energy Assistance & Medicaid. The Benefit Bank also offers Voter Registration, FAFSA (Free Application for Federal Student Aid), free Income Tax preparation & filing, and Veterans education & training benefits.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	75%
4a. Describe the follow-up process:	
One provider, Housing for New Hope, has a Quality Management Committee (made up of a representative of each housing program) that provides agency-wide mainstream benefit follow-up. The committee meets regularly and reviews the benefit status of current clients and creates strategies for clients currently not receiving benefits. Alliance Behavioral Healthcare receives monthly updates from contracted service providers regarding mainstream benefit enrollment.	

4I. Unified Funding Agency

Instructions

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

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?	No
Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?	No

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

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

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

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

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

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificate of Co...	01/17/2013
CoC-HMIS Governance Agreement	No	CoC Participation...	01/17/2013
Other	No	MOA w. DSS re. Fo...	01/17/2013
Other	No	MOA w. Sheriff re...	01/17/2013
Other	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: Certificate of Consistency w. Cons. Plan

Attachment Details

Document Description: CoC Participation Agreement

Attachment Details

Document Description: MOA w. DSS re. Foster Care

Attachment Details

Document Description: MOA w. Sheriff re. Detention Discharges

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/04/2013
1C. Committees	01/17/2013
1D. Member Organizations	01/08/2013
1E. Project Review and Selection	01/04/2013
1F. e-HIC Change in Beds	01/07/2013
1G. e-HIC Sources and Methods	01/03/2013
2A. HMIS Implementation	01/16/2013
2B. HMIS Funding Sources	01/17/2013
2C. HMIS Bed Coverage	01/04/2013
2D. HMIS Data Quality	01/15/2013
2E. HMIS Data Usage	01/16/2013
2F. HMIS Data and Technical Standards	01/16/2013
2G. HMIS Training	01/02/2013
2H. Sheltered PIT	01/17/2013
2I. Sheltered Data - Methods	12/31/2012
2J. Sheltered Data - Collections	12/03/2012
2K. Sheltered Data - Quality	No Input Required
2L. Unsheltered PIT	01/17/2013
2M. Unsheltered Data - Methods	12/31/2012
2N. Unsheltered Data - Coverage	11/30/2012
2O. Unsheltered Data - Quality	01/09/2013
Objective 1	01/17/2013
Objective 2	01/17/2013
Objective 3	01/17/2013
Objective 4	01/17/2013

Objective 5	01/17/2013
Objective 6	01/17/2013
Objective 7	11/15/2012
3B. Discharge Planning: Foster Care	01/10/2013
3B. CoC Discharge Planning: Health Care	01/16/2013
3B. CoC Discharge Planning: Mental Health	01/10/2013
3B. CoC Discharge Planning: Corrections	01/10/2013
3C. CoC Coordination	01/17/2013
3D. CoC Strategic Planning Coordination	01/03/2013
3E. Reallocation	12/07/2012
4A. FY2011 CoC Achievements	01/17/2013
4B. Chronic Homeless Progress	11/26/2012
4C. Housing Performance	11/26/2012
4D. CoC Cash Income Information	11/28/2012
4E. CoC Non-Cash Benefits	11/28/2012
4F. Section 3 Employment Policy Detail	11/26/2012
4G. CoC Enrollment and Participation in Mainstream Programs	01/16/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/04/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/17/2013
Submission Summary	No Input Required

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

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

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

(Type or clearly print the following information:)

Applicant Name: Durham City and County Continuum of Care (NC-502)

Project Name: See Attached List of Ranked Projects

Location of the Project: All housing projects are in the City of Durham and Durham County, NC. The HMIS project is physically located in Raleigh, NC, but serves the Durham CoC through a secure online HMIS.

Name of the Federal Program to which the applicant is applying: Continuum of Care Program Competition (Docket No. FR-5600-N-41)

Name of Certifying Jurisdiction: City of Durham, NC

Certifying Official of the Jurisdiction Name: Reginald J. Johnson

Title: Director, Department of Community Development

Signature: 

Date: 1/11/13

Durham City/County 2012 Continuum of Care

NC-502

Project Listing & Ranking

Ranking	Agency	Project name	New/Renewal	Requested Amt in Esnaps	Amount Approved by CoC
	Tier One				
1.	Housing for New Hope	Streets to Home	One year renewal	$108,020	$108,020
2.	Housing for New Hope	Williams Sq. II	One year renewal	$14,569	$14,569
3.	Housing for New Hope	Andover I	One year renewal	$22,176	$22,176
4.	Housing for New Hope	Comm. Supp. Hsg.	One year renewal	$63,149	$63,509
5.	Housing for New Hope	Williams Sq. I	One year renewal	$33,170	$33,170
6.	Housing for New Hope	Andover II	One year renewal	$24,610	$24,610
7.	The Housing Authority of the City of Durham	Home Again	One year renewal	$136,464	$94,413
8.	Genesis Home	Family Matters	One year renewal	$178,332	$178,332
9.	Housing for New Hope	Phoenix/Dove Hs	One year renewal	$131,315	$131,313
10.	North Carolina Housing Coalition	Carolina Homeless Information Network	One year new HMIS project request	$55,752	$55,752
	Tier Two				
11.	Housing for New Hope	Sherwood Park	One year renewal	$25,679	$25,679
12.	Genesis Home	Turning Point	One year renewal	$67,117	$56,400
13.	The Housing Authority of the City of Durham	Coordinated Access to Care Housing **(Perm Hsg. Bonus)**	One year new project request	$93,028	$97,539
14.	The Housing Authority of the City of Durham	Breaking Barriers	One year new project request	$164,998	$167,449

Concerning variances between the "Requested Amt. in Esnaps" and the "Amount Approved by the CoC": Higher amounts requested by the projects primarily reflect the use of Fair Market Rent amounts for leasing or rental assistance as indicated by HUD. The projects do understand that, should the projects be funded, the award amounts will be reduced to the approved "renewal demand" as indicated on the approved Grants Inventory Worksheet & reflected in the "Amount Approved by the CoC" column. The CoC and the applying projects understand that projects in which the "Requested Amt. in Esnaps" is lower than the "Amount Approved by the CoC" will receive the lesser amount, if the grant is awarded.

NORTH CAROLINA HOUSING COALITION

EDUCATING *and* ADVOCATING *for* CHANGE

NORTH CAROLINA HOUSING COALITION
AND THE
CAROLINA HOMELESS INFORMATION NETWORK

CONTINUUM OF CARE PARTICIPATION AGREEMENT

This Continuum of Care Participation Agreement (this "**Agreement**") is entered into as of July 1, 2012 between the North Carolina Housing Coalition (collectively, "**HMIS Lead Agency**") and the Durham City & Durham Cty. NC-502 ("Participating Continuum of Care") regarding access and use of the Carolina Homeless Information Network ("**CHIN**") Homeless Management Information System ("**HMIS**") by its member agencies. The Participating Continuum of Care agrees that CHIN is the continuum's HMIS. Further, the Participating Continuum of Care agrees that all agencies within the continuum, that are subject to U.S. Department of Housing and Urban Development's HMIS participation requirements, should use CHIN to help determine an unduplicated count of homeless individuals and services delivered with the continuum.

I. INTRODUCTION

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

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

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

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

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

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

III. PRIVACY AND CONFIDENTIALITY

A. Protection of Client Privacy

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

B. Client Confidentiality

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

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

C. Inter-Agency Sharing of Information

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

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

D. Custody of Data

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

IV. DATA ENTRY AND REGULAR USE OF THE CHIN HMIS

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

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

V. PUBLICATION OF REPORTS

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

VI. DATABASE INTEGRITY

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

VII. HOLD HARMLESS

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

other than if such is the result of gross negligence or willful misconduct of HMIS Lead Agency. HMIS Lead Agency agrees to hold the Participating Agency harmless from any damages, liabilities, claims or expenses to the extent caused by the gross negligence or misconduct of HMIS Lead Agency.

3. The Participating Continuum of Care upholds that the Participating Agency should keep in force a comprehensive general liability insurance policy with combined single limit coverage of not less than five hundred thousand dollars ($500,000). Said insurance policy shall include coverage for theft or damage of the Participating Agency's CHIN-related hardware and software, as well as coverage of Participating Agency's indemnification obligations under this Agreement.
4. Provisions of this Article VII shall survive any termination of the Agreement.

VIII. GENERAL TERMS AND CONDITIONS

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

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

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

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

BY SIGNING BELOW, THESE PARTIES HAVE ENTERED INTO A

2012-2013 CONTINUUM OF CARE PARTICIPATION AGREEMENT:

HMIS LEAD AGENCY

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

By: Chris Estes

Name: CHRIS ESTES

Title: EXECUTIVE DIRECTOR

CONTIUUM OF CARE LEAD AGENCY

Date: 1/11/13

City of Durham (Agency Name),

A North Carolina municipality (Program Type).

By: Reginald J. Johnson (Signature)

Name: Reginald J. Johnson

Title: Director, Department of Community Development

Address: 807 E. Main St. Bldg 2 - Suite 200

Address: Durham, NC 27701

E-mail: reginald.johnson@durhamnc.gov

Phone : 919-560-4570 x11223

FAX : 919-560-4090

Memorandum of Agreement
Between
Durham Continuum of Care and
Durham County Department of Social Services

The Durham Continuum of Care (hereinafter Durham CoC) is comprised of agencies, organizations and individuals that provide housing and services to homeless and formerly homeless individuals and families. Durham County Department of Social Services (hereinafter DSS) operates the Foster Care program for Durham County.

Through this Memorandum of Agreement, DCOC and DSS are renewing their continuing commitment to work together to prevent homelessness and end homelessness whenever possible.

The Durham CoC and DSS understand that, per the U.S. Department of Housing and Urban Development (HUD), no person discharged from the foster care system is to be placed in any HUD McKinney-Vento funded program for the homeless or discharged to the streets.

Various Durham 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. These non-McKinney-Vento funded permanent housing opportunities are appropriate permanent housing options for participants who are leaving the Foster Care system.

The Durham CoC will:

1. Develop a list of the HUD McKinney-Vento funded programs, and
2. Maintain this list and send updates to the Department of Social Services as changes are made.

In accord with this agreement the Department of Social Services will:

1. Provide case management services to help identify safe and appropriate housing options within a reasonable amount of time before a participant transitions out of foster care.
2. In preparation of exiting foster care each youth, as part of their service agreement shall have a goal of "transition from care preparation", including participation in the LINKS program, is to ensure that youth in foster care are able to transition into permanent, stable housing.
3. Assist eligible foster youth who may be in need of ongoing access to behavioral health and mental health services.
4. Appoint staff to actively participate in Youth Transitional Taskforce to expand services and options for youth transitioning out of the Foster Care System.

Michael Becketts
Director , Durham County DSS

Date: 14 January 2013

Reginald Johnson, Continuum of Care Lead Contact
City of Durham Department of Community Development

Date: 1/15/13

HUD McKinney –Vento Programs in Durham

Operated by Housing for New Hope:
Andover I
Andover II
Community Supportive Housing
Sherwood Apartments
Dove House
Phoenix House
Williams Square Apartments

Operated by Genesis Home:
Turning Point
Family Matters

Operated by Durham Housing Authority:
Home Again Shelter plus Care

Operated by Urban Ministries of Durham:
Community Shelter

Operated by Durham Crisis Response Center
Emergency Shelter
Transitional Housing

Operated by Durham Interfaith Hospitality Network
Emergency Shelter

Operated by the Durham Center
Project DASH
Embrace Durham

Memorandum of Agreement

Between

Durham Continuum of Care and The Sheriff of Durham County

The Durham Continuum of Care (hereinafter Durham CoC) is comprised of agencies, organizations and individuals that provide housing and services to homeless and formerly homeless individuals and families. The Sheriff of Durham County (hereinafter Sheriff) operates the detention facility for DURHAM County.

Through this Memorandum of Agreement, Durham CoC and the Sheriff are memorializing their commitment to work together to prevent homelessness and end homelessness whenever possible.

The DURHAM CoC and the Sheriff understand that the U.S. Department of Housing and Urban Development (HUD) prefers that as few people as possible being discharged from the jail system are placed in any HUD McKinney-Vento funded program for the homeless. A list of local HUD McKinney-Vento funded programs is attached, as is a list of non-HUD McKinney-Vento housing facilities and programs. Furthermore, for the benefit of officials in charge of discharge planning, a resource list of other (non-housing-related) services is also attached. The parties to this understanding do understand and acknowledge that the level of discharge planning that is possible is to some degree contingent on the amount of time a particular individual spends in the Durham County Detention Facility. The parties also acknowledge that, in some cases, HUD McKinney-Vento facilities, which represent the majority of supportive and emergency housing facilities may in fact be the most appropriate destination for someone begin discharged from the Durham County Detention Facility.

Various DURHAM Co 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. These non-McKinney-Vento funded permanent housing opportunities are appropriate permanent housing options for participants who are leaving the jail.

The Sheriff will name a representative to participate in discharge planning meetings associated with the DURHAM CoC. As requested, the Sheriff or a designated representative will be available to discuss any difficulties in implementing this MOA with DURHAM CoC representatives or members.

Michael D Andrews

Sheriff Michael D. Andrews
Sheriff of Durham County

Date 1/7/13

Reginald Johnson, Durham CoC Lead Contact
City of Durham Dept. of Community Development

Date 1/11/13

HUD McKinney –Vento Funded Programs in Durham

Operated by Housing for New Hope:
Andover I
Andover II
Sherwood Apartments
Dove House
Phoenix House
Williams Square Apartments

Operated by Genesis Home:
Turning Point
Family Matters

Operated by Durham Housing Authority
Shelter plus Care/Home Again

Operated by Urban Ministries of Durham
Community Shelter
Permanent Supportive Housing

Durham Interfaith Hospitality Network
Emergency Shelter

Durham Crisis Response Center
Emergency Shelter
Transitional Housing

The Durham Center
Project Dash
Embrace Durham

Non HUD McKinney-Vento Funded Programs in Durham

Durham Rescue Mission (emergency shelter, transitional housing & permanent supportive housing)
TROSA (transitional housing)
Healing with CAARE (transitional housing for veterans)
Volunteers of America (transitional housing for veterans)