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-501 - Asheville/Buncombe County CoC
Collaborative Applicant Name:	City of Asheville
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: Homeless Initiative Advisory Committee

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 Asheville City Council and the Buncombe County Board of Commissioners accept applications for service on the committee. Each time there is a member vacancy, invitations are published through the city and county media outlets, posted on city and county websites, and posted on the Homeless Initiative's website.

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

If formerly homeless, what is the connection to the community? Advisor

Does the CoC provide

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

There is a subcommittee tasked with planning and implementing a centralized assessment system for our community. Representatives from the Homeless Initiative Advisory Committee (HIAC), the Homeless Coalition, and our local United Way's 211 system are on this planning subcommittee. The subcommittee is planning for a July 1, 2013 implementation for the first stage of centralized assessment.

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

Agendas for CoC meetings are written by Homeless Initiative staff, and are sent out to members via email for feedback prior to meetings. The City of Asheville is the fiscal agent for community ESG funds. ESG monitoring is coordinated by Homeless Initiative staff through monthly meetings of subgrantees, one-on-one trainings, and site visits.

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	No
Written process for board selection	Yes
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	No

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
Homeless Coalition	Forum for homeless and housing for homeless service providers to network, give service updates, advocate and recommend service needs and necessary actions to Homeless Initiative Advisory Committee	Monthly or more
Intractable Housing Subcommittee	Identify housing resources for hardest to house homeless individuals, working with jail and prison discharge staff	Monthly or more
HMIS Subcommittee	Works with CoC Lead to improve access to HMIS and quality of HMIS service provider	Monthly or more
Funding Subcommittee	Reviews ESG and CoC project applications and makes selection recommendations to Homeless Initiative Advisory Committee; monitors funded agencies through CoC Lead	Monthly or more
Centralized Assessment Subcommittee	Creating and implementing a centralized assessment system	Monthly or more

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

1D. Continuum of Care (CoC) Member Organizations

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

Membership Type
Private Sector

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

Instructions:

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

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

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

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

Type of Membership: 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	7	4	3	20	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	5	2		2	6	
Substance abuse	4	3		1	7	
Veterans		1			2	
HIV/AIDS				1	1	

Domestic violence					3	
Children (under age 18)		1			5	
Unaccompanied youth (ages 18 to 24)		1			5	

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	6	7	3	1	16	
Authoring agency for consolidated plan						
Attend consolidated plan planning meetings during past 12 months						
Attend Consolidated Plan focus groups/ public forums during past 12 months		2	1	1	6	
Lead agency for 10-year plan						
Attend 10-year planning meetings during past 12 months		2	2	2	3	
Primary decision making group	6	7	4	3	18	

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

Instructions:

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

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

Open Solicitation Methods (select all that apply): d. Outreach to Faith-Based Groups, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, f. Announcements at Other Meetings, e. Announcements at CoC Meetings

Rating and Performance Assessment Measure(s) (select all that apply): g. Site Visit(s), m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, h. Survey Clients, i. Evaluate Project Readiness, p. Review Match, o. Review CoC Membership Involvement, r. Review HMIS participation status, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, j. Assess Spending (fast or slow), a. CoC Rating & Review Commitee Exists, e. Review HUD APR for Performance Results

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

A subcommittee of the Homeless Initiative Advisory Committee uses a scorecard to rate the project applications. The scorecard includes the following categories for scoring: HUD priorities, organizational capacity, correctness of application, match and leverage, annual performance data. Each project is scored, then ranked by score using the ranking tool recommended by HUD for the FY 2012 CoC competition.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community? Yes

Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds? Yes

Voting/Decision-Making Method(s) (select all that apply): b. Consumer Representative Has a Vote, c. All CoC Members Present Can Vote, d. One Vote per Organization, 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)

All interested applicants attend an open meeting to discuss community priorities and to work together to discern which project applications best meet these priorities. The applications that best meet community priorities (in line with HEARTH Act) are then encouraged to be submitted, with technical assistance available from the CoC Lead when needed.

Were there any written complaints received by the CoC regarding any matter in the last 12 months? Yes

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

One of the eligible renewing projects for CoC funds did not meet our community priorities. Over the past 2 years, multiple opportunities for re-visioning that project have been offered and encouraged, all of which were ignored. The operating agency's CEO emailed the regional HUD office to complain that the CoC's process was not open and was biased against his agency. Through communication from the Homeless Initiative Advisory Committee with the CEO and his agency's board of directors, the agency withdrew its renewing application. Additionally, the CEO in an email to the regional HUD office dated December 14, 2012, retracted his statements that the process had been unfair.

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: No

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

HPRP Beds: No

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

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)

An existing TH program added 2 additional beds.

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)**

Because of a reporting error, the 2012 PH bed count was 331, a decrease from 348 PH beds in the 2011 PH bed count. A Shelter Plus Care program of 17 beds was mistakenly omitted from the 2012 PH bed count. That program is still in existence, and if reported correctly, there would have been no change in the PH bed count. Our 2012 PH bed count is 348, the same as our 2011 PH bed count.

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, Instructions, HMIS, Confirmation

Must specify other:

A skilled staff person from the HMIS Lead Agency, who is familiar with all housing programs in the community and with the HMIS housing data is assigned to conduct the housing inventory count.

Indicate the type of data or method(s) used to determine unmet need (select all that apply): National studies or data sources, Provider opinion through discussion or survey forms, Unsheltered count, HMIS data, Local studies or non-HMIS data sources, 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)

Unmet need was determined by completing the HUD Unmet Need formula and by evaluating HMIS outcomes and housing surveys completed and reviewed by Homeless Coalition members. Seasonal bed capacity is monitored and reported through a cold weather response system. The Homeless Initiative Advisory Committee engages in ongoing evaluation of current capacity, need and usage to develop a strategic plan for bed use and development through data-driven, evidence-based information. This local, consistent data from multiple sources, combined with national trends from recognized researchers allowed the community to clearly evaluate unmet need.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

Select the HMIS implementation coverage area: Statewide

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

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

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

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

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

Has the CoC selected an HMIS software product? Yes

If 'No', select reason:

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

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

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, Inadequate ongoing user training and/or users groups, Inadequate staffing

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

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

We are working to improve data quality & bed coverage. We are improving data quality through standardized & customized reporting, end user certification & refresher training, and focused technical assistance. The Carolina Homeless Information Network (CHIN) produces a monthly data quality report that shows the quality of data at the program and agency level. Most of the agencies who do not receive McKinney-Vento funding are small, volunteer-run organizations that do not have the resources, staff, or capacity to enter data into our HMIS. We will continue to educate these facilities about statewide and program benefits of HMIS. CHIN's fees were restructured this year in order to address inadequate resources. Several CoCs within CHIN's network, including our CoC, are applying for CoC funding. We also struggle with inadequate guidance and training from HUD. We are eagerly awaiting new guidance on 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	July	2012
Operating End Month/Year	June	2013

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	
ESG	
CDGB	
HOPWA	
HPRP	$4,138
Federal - HUD - Total Amount	$4,138

Funding Type: Other Federal

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

Funding Type: State and Local

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

Funding Type: Private

Funding Source	Funding Amount
Individual	
Organization	
Private - Total Amount	

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	$4,162

Total Budget for Operating Year	$8,300

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. The HMIS is changing from a user fee structure to a CoC fee structure. The restructing was done to ensure equity in cost-sharing amongst the twelve CoCs that use CHIN, to maintain increased capacity that was built with HPRP funds, to ensure an adequate number of available HMIS user licenses per CoC, and to expand the reporting and data analysis capacity for HMIS. The CoC reallocated funds to create a new dedicated HMIS grant to ensure adequate funding for the HMIS.

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

If Other, explain (limit 750 characters)

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

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:

The change in CHIN's fee structure, with approval of the new HMIS project for the COC, will allow for more end-user licenses for HMIS in our agencies. With increased trained staff for entry, we anticipate all bed coverage to move to 90% and higher. We plan to continue to educate these facilities about the statewide benefits of HMIS and how HMIS data can impact the households they are assisting. We will also have increased staff support at the CoC level who can assist
with data entry for these agencies in order to effectively compensate for resources that they do not have.

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	66%
Rapid Re-Housing	100%
Supportive Services	65%

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	12
Transitional Housing	24
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	2%	7%
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	1%	0%
Residence prior to program entry	0%	0%
Zip Code of last permanent address	0%	5%
Housing status	1%	0%
Destination	0%	52%
Head of household	0%	0%

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

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 Monthly

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

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

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

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

Instructions:

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

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

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

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

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

Integrating or warehousing data to generate unduplicated counts: Never

Point-in-time count of sheltered persons: At least Semi-annually

Point-in-time count of unsheltered persons: Never

Measuring the performance of participating housing and service providers: At least Quarterly

Using data for program management: At least Annually

Integration of HMIS data with data from mainstream resources: Never

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

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

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

Instructions:

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

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

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

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

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

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

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

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

HMIS Lead Agency	X
Contributory HMIS Organizations (CHOs)	

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

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

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

2G. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

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

Instructions:

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

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

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

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

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

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

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

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

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters			100%	
Transitional Housing		14%		86%
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)

There was a slight increase in the sheltered PIT count in 2012 compared to 2011. We moved from 187 in ES to 205 in ES. This slight increase can be accounted for in a slow-down of available public housing units due to renovation work begun on a public housing structure that has taken 30+ units off-line for approximately 18 months.

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**	Affordable housing options continue to lag behind the need. The City Council has appointed an Affordable Housing Subcommittee to recommend immediate, short-term and long-term priorities for this need in our community.
* **Services**	Mental health, physical health and substance abuse recovery services remain inadequate for the need of no and low-income individuals and families. These services continue to be cut each budget year in the state of North Carolina.
* **Mainstream Resources**	Access to SSI/SSDI advocates is still a need, but has decreased with additional SOAR-trained case workers in the community.

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)

The annual PIT occurs on the same night, the last Wednesday in January, across the state of North Carolina. Providers are alerted through e-mail and CoC meetings, and trainings are provided before the count to help providers all complete the count the same way. An individual PIT count survey is used which includes HUD-mandated questions; as well as, questions created by the Homeless Coalition to assess local issues. Provider staff and volunteers are trained prior to the count. Providers/volunteers speak with each PIT count eligible participant when distributing the survey, being sure to ask if he or she has already completed the survey elsewhere. Some participants choose to complete the survey on their own, others prefer that a staff/volunteer complete the survey with them, and others do not want to speak with staff/volunteer at all. When eligible participants refuse to participate, staff utilize data from client files and/or their knowledge of the person to complete the survey. Providers complete their count after they close their doors. Providers also enter data into HMIS; this data is accessed within 24 hours of the Point in Time date and compared with the aggregated paper-survey results by staff at the City of Asheville familiar with all the providers. Outcomes are made available to the Homeless Coalition, which discusses glaring data errors or differences between the HMIS count and paper-surveys.

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)

Our CoC uses a survey with HUD-mandated questions and some additional questions created through the Homeless Coalition that trained volunteers and providers fill out with or for each participant. The survey is anonymous and voluntary. If people do not complete it, the provider will attempt to get verbal answers from the client. If the provider has records that can answer PIT questions, the provider can complete the survey and indicate that they have done so on the
survey. In order to complete the survey instrument accurately and count subpopulations, homeless providers use personal interviews, their case management, and/or HMIS records of individuals. Survey results are compiled by staff and presented to the HIAC for review. The North Carolina Coalition to End Homelessness also offers feedback. In 2011, it was determined that agencies with the same HMIS count as paper-survey count in 2011, 2012 and 2013 will be able to submit only an HMIS count. For the small percent of agencies not using HMIS, the staff member will make a follow-up call to evaluate the methods used by the
reporting agency to ensure consistency. Results are then evaluated by the HIAC.

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:	
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	X
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)

Providers are trained and all complete the count on the same night in order to minimize duplication. They interview people after they close their doors for the night to limit duplication with other services. They individually interview each person and ask them if they have already been interviewed. Additionally, the interview form asks for initials of the person and includes their birth date so that subsequent review of the surveys can further reduce duplication.
HMIS is designed to de-duplicate counts, so community providers that can will cross-check client records with HMIS. HMIS data is evaluated regularly throughout the year and providers with low data quality receive technical assistance in order to improve their data quality.

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)

In addition to the methods already discussed in prior sections, the Homeless Coalition distributes its point-in-time survey instrument annually to all homeless providers in the CoC prior to the PIT date. Trainings include review of the survey, collection methods, and role-playing to help providers new to the count learn how to best approach people and ask for information.
A time-line provides a clear description of the process, and reminders are sent out to providers via e-mail, facebook, twitter, and the local paper.
In order to complete the survey instrument accurately and count subpopulations, homeless providers use personal interviews, their case management, and/or HMIS records of individual clients and their expertise.
Survey results are compiled by the City of Asheville and presented to the Homeless Coalition and Homeless Initiative Advisory Committee for review, and finally, the North Carolina Coalition to End Homelessness which offers an additional level of oversight and feedback.
Providers participate in feedback and have opportunities to explain or update the count if specific data-collection problems are identified.

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)

There was a slight increase in the 2012 unsheltered PIT count. This slight increase can be attributed to an increasing number of younger adults, ages 18-24, who are finding themselves homeless, and more comfortable largely due to mental health issues sleeping outside than in the more confined environment of a night shelter. Increased outreach is being made to this population, through an emerging partnership between the Department of Social Services, the Local Management Entity-Managed Care Organization, and a supportive housing agency.

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):

Method	
Public places count:	X
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	X
Service-based count:	X
HMIS:	X
Other:	
None:	

If Other, specify:

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

People experiencing homeless are notified that a count will be occurring ahead of time by outreach workers. Outreach workers plot the area to be covered by the count (Asheville and Buncombe County) - they use their personal knowledge, reports from unsheltered people, interviews with police and emergency services responders, and reports from other City/County departments like Parks & Recreation or Planning. Outreach workers then identify "sections" of the coverage area and create maps that clearly outline the sections. Outreach workers also train volunteers and carry out a count at a specified time (usually starting early afternoon) - this reduces duplication. Surveys, which include a screening question to verify homeless status, include a space for people to provide (self identified) initials to minimize duplication. On the day following the count, outreach workers and staff at the day center ask people where they stayed the night before and if they have been interviewed. If they stayed outside and were not counted, they are interviewed at that time. HMIS is used to help evaluate the coverage of the street-count.

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

If Other, specify:

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

People experiencing homeless are notified that a count will be occurring ahead of time by outreach workers. Outreach workers identify "sections" of the coverage area, train volunteers, and carry out a count at a specified time (usually starting early afternoon) - this reduces duplication. Surveys, which include a screening question to verify homeless status, include a space for people to provide (self identified) initials to minimize duplication. On the day following the count, outreach workers and staff at the day center ask people where they stayed the night before and if they have been interviewed. If they stayed outside and were not counted, they are interviewed at that time. HMIS is used to help evaluate the coverage of the street-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)

There are women & childrens' beds at Western Carolina Rescue Ministries, a father-child shelter room at the Salvation Army, and increased space at the domestic violence shelter. The shelters work with HPRP and other Tenant-Based Rental Assistance/Rapid Rehousing programs to divert or quickly rehouse families. Permanent housing is available through Veteran's VASH vouchers, and Shelter Plus Care programs can also support families. These housing programs work in tandem with collaborative outreach efforts among agencies to reach out to unsheltered families. This collaboration is expected to continue to reduce the number of unsheltered households with dependent children. In concert with the definition of chronic homeless expanding to incorporate families, the two main projects focusing on chronic homeless persons now can accept families into their programs that offer housing to people experiencing chronic homelessness.

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)

The CoC has refined outreach programs including collaborations with the jail, hospital, and mental hospital to reach out to people who are expected to sleep on the streets, preventing street homelessness whenever possible. The Buncombe County Department of Social Services asks every person they serve where they slept last night in order to identify people who are homeless or at risk of homelessness, including those that are sleeping outside or other places not meant for human habitation. Additionally, outreach workers, including the local PATH team, routinely tour areas that are known to have people sleeping outside to alert people to available resources. Events like Project Connect help providers engage with people experiencing homelessness who are sleeping on the street. The
Advisory Committee works to increase the community's capacity, allowing for a seamless path from outreach to housing, with the end result being permanent housing.

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? 185

In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 250

In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 380

In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 380

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)

Additional VASH vouchers are expected to support an on-going collaboration between the Housing Authority, the VA and the City of Asheville to house chronically homeless veterans. A subgroup of the Homeless Initiative Advisory Committee, funded by the City of Asheville, Buncombe County, Mission Hospital, and the Local Management Entity continues to increase capacity to house chronically homeless through a Housing Authority priority, outreach and case management. The Extreme Needs project application in this FY2012 CoC application, pending approval, will create 14 additional permanent housing beds for chronically homeless.

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

Asheville-Buncombe continues to implement its affordable housing plan with a City Council subcommittee that includes Homeless Coalition members. The group is implementing a series of steps that will increase affordable housing and housing for the homeless. The CoC will work on implementation strategies including: revisions to the Housing Trust Fund, review of policy and procedure that can encourage development, developing local subsidies for renters, and continuing the homeless priority for Housing Choice vouchers. Landlords and funders are increasingly included in the efforts. Participation by faith groups promises to render funds and volunteers for housing and services to be used for permanent, supportive housing. The Homeless Initiative Advisory Committee will assess and evaluate existing and
potential opportunities, placing a clear emphasis on permanent housing as the primary outcome for any programs working with people experiencing chronic homelessness.

**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 multiple funding streams and collaborative strategies outlined above will allow us, locally, to obtain the national goal of ending chronic homelessness by 2015. This variety of strategies and collaborative efforts by housing and service providers enables broad outreach to reach those experiencing chronic homelessness in our community, and efficiently provide the appropriate housing opportunity.

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?	86%
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?	96%
In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	98%

**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 has reached and surpassed the threshold. Programs follow best practices'
methods for offering housing-stabilization case management and
monitor tenants to ensure that any problems are dealt with early and often. To ensure affordability, housing location services help link households with an appropriate housing match. For people who have a disability but no income, the SOAR (SSI/SSDI Outreach and Recovery) program helps people access benefits within months instead of years; having a consistent income offers a higher chance of housing stability. Over the next three years, a new SAMHSA grant will help fund case management that includes substance abuse recovery services, an addition of support that will increase stability.

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

The COC intends to maintain existing program practices that have allowed the CoC to exceed the goal. Additionally, the CoC will ensure that representatives participate in state and national trainings/teleconferences/conferences that promulgate best practices so that new interventions and technologies can be incorporated into the C0C's permanent, supportive housing programs. In a new project for this CoC application, a reduced case management load will make more intensive services available for those with extreme needs. Based on the past 6 years of supportive housing experience, we anticipate this reduced case management load to significantly improve housing stability.

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?	81%
In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	70%
In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	0%
In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	0%

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 will no longer be funding any transitional housing projects after December 31, 2013. The current TH project, along with the Public Housing Authority, is in process of moving the current participants to the Housing Choice Voucher program to ensure permanent housing as this project winds down.

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

The CoC intends to focus funding on permanent housing projects and related projects such as HMIS, and not fund transitional housing projects after the currently funded project's grant cycle expires.

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?	5%
In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?	10%
In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?	22%
In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?	25%

**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)**

Many programs focus on clients who are disabled, and therefore, unable to be employed. For example, our Shelter Plus Care programs and chronic homeless housing projects, by definition, are populated with clients who have a disabling condition. Participants who have disabling conditions are limited or unable to maintain employment so for some the focus has to become on accessing a stable income through disability benefits through case management and SOAR (SSI/SSDI Outreach and
Recovery Program). Through problem solving and evaluation, as many people as possible who can obtain employment and work with existing employment agencies and educational centers are identified and supported.
Increased case management support is enhancing this effort, particularly in accessing needed education opportunities for GED's and job skills programs.

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 will monitor progress through quarterly APR reviews and work with community employment programs. Employment programs offered through AB Technical College are designed for people like those who have experienced homelessness to identify people who are not working and do not have a disabling condition that prevents them from working, help them develop a plan, and gain employment. AB Tech has identified staff members to work with students who are homeless /at risk of homelessness, creating a better response network. Early identification will help employment programs understand the individual's housing goals and offer job training and placement. A local grassroots organization has recently received a multi-year grant to improve employment training and opportunities for low and no-income individuals and families. In addition, building relationships with local employers and local income support agencies will develop opportunities for people who are formerly homeless.

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?	50%
in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	60%
in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	90%
in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	95%

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 TH project that is being reallocated for a new permanent housing project did not achieve strong results for participants to receive mainstream benefits at program exit. The new permanent housing project application is from an established supportive housing agency who has had significant success in connecting participants with mainstream benefits both through its own case managers and through partnerships with the local SOAR project and DSS case workers. We expect the majority of the participants in this new permanent housing project to receive mainstream benefits at program exit.

**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)**

This threshold will be exceeded within 5 years, and continue to be exceeded in 10 years. Increased collaboration between CoC-funded projects and local SOAR workers and the local Department of Social Services provided necessary access and support for participants to both apply for and receive mainstream 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?	18%
In 12 months, what will be the total number of homeless households with children?	12%
In 5 years, what will be the total number of homeless households with children?	5%
In 10 years, what will be the total number of homeless households with children?	5%

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

The CoC plans to leverage already existing funds, such as HOME and Emergency Assistance funds with Homeless Prevention and Rapid Re-Housing funds now being allocated through ESG funds, city and county funds. Through partnerships with our local information and referral line, shelters, schools, the local Departments of Health and Social Services, and faith groups, families will be
identified and referred to the appropriate program(s) that will help them acquire stable housing. A new case management position at the Housing Authority helps families sustain their housing once they obtain it. Families experiencing chronic homelessness are also now eligible for targeted chronic homeless programs under the expanded chronic homeless definition.

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

Continued leveraging of funds as described above will remain a community commitment. Collaboration with Buncombe County Schools and the City of Asheville's School
Liaisons will help agencies in the CoC quickly identify families who are homeless or at risk of becoming homeless. Available housing and financial assistance paired targeted services and cross-systems support, such as legal support offered by Pisgah Legal Services (funded by CDBG funds) will provide families with the support they need to emerge from homelessness.

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: 3

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)

N/A

**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 TH project that is being reallocated serves domestic violence victims moving out of the domestic violence shelter. The Housing Authority is already working with the TH program's and shelter's case managers to assist the current TH and shelter residents in accessing the Housing Authority's existing domestic violence preference in the Housing Choice Voucher program. It is anticipated that all current residents in the TH program will receive a housing opportunity by the end of March 2013. Additional case management and support resources are also being explored through the Housing Authority and the United Way for ongoing services to those experiencing homelessness as a result of domestic violence.

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? Other

If "Other," explain:

There is not a State mandated policy regarding discharge planning from the foster care system. However, the NC Division of Social Services offers the NC Links program. The program provides services and resources to all youth in foster care age 16-18 and to those young adults between the ages of 18-21 who have Contractual Agreements for Residential Care (CARS). Counties are strongly encouraged to provide services to youth ages 13-15 and to youth and young adults who were discharged from their custody as teens.

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

Foster care programs are administered on the state level through the Division of Social Services. DSS staff regularly attend Homeless Coalition meetings. Other member agencies of the Homeless Initiative Adivsory Committee and Homeless Coalition coordinate with DSS to ensure that children are not discharged into homelessness and have access to NC Links. NC Links provides funding for up to 3 years of housing and vocational supports. Furthermore, students who age out of NC foster care are eligible for scholarship assistance to pay the cost of attendance for in-state universities or any NC community college. In 2007, the State legislature approved funding to provide Medicaid coverage for youth who aged out of foster care at age 18, until the month of their 21st birthday, without regard to assets or income, to ensure access to services. Local school liaisons and DSS staff are represented at HIAC and Homeless Coalition meetings to coordinate necessary services. There is also a new subgroup that focuses on unaccompanied youth, including individuals discharged from foster care.

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)

While NC has many great programs offered for individuals exiting the foster care system, children who are age 18 and exiting the foster care system have the option to use these programs, but they are not mandated to participate. Furthermore, many individuals are not aware that they are eligible for these programs. A new subgroup of local homeless service providers and the LME-MCO are partnering with DSS to identify, educate and connect all of those who are eligible to receive supports from the local DSS.

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 Division of Social Services on the state level delegates responsibility for discharge planning in the foster care system with implementation of programming done through local county Departments of Social Services. Other key stakeholders involved are the Homeless Initiative Advisory Committee, the Homeless Coalition, which includes local homeless school liaisons, local Department of Social Services staff, homeless shelter and service providers, youth services agencies, local mental health agencies, and the juvenile justice system.

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

Individuals exiting foster care may go to a variety of places. Persons may enter market rate housing by renting an apartment, some may qualify for a housing subsidy, or others may rent a room in a boarding house. Some who need more support may enter into a transitional housing or recovery program, such as an Oxford House. Others who are connected to a mental health service provider may be referred to a Target Unit, a state program that provides units in affordable apartment complexes specifically for persons who are disabled. Persons are referred to Targeted Units by service providers who agree to provide services to support the person in maintaining housing. Still others who need a higher level of support may be discharged to a licensed setting, such as a family care home or group home.

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? Other

If "Other," explain:

Representatives from our local hospital are engaged and active members on the Homeless Initiative Advisory Board. There are also discharge social workers active in the Homeless Coalition in order to be a part of the collaborative process of discharging individuals to appropriate follow-up care.

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

The discharge social workers engage the homeless services shelter system to the best of their ability through both the Homeless Coalition, as well as through individual discharge planning. A significant challenge is that often the individual does not wish to stay at the shelter, or the shelter cannot provide adequate care for follow-up treatment. A new subgroup in the community made up of a faith-based organization, a representative from the Homeless Initiative Advisory Committee, and hospital staff are creating a respite bed program that we believe will fill the gap between hospital care and shelter/transitional housing placement. The hope is that these beds will be available in early fall 2013.

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)

One of the main challenges in coordinating health care discharges is the lack of time given to plan a discharge. Many hospital stays are for a few days, and agencies have a difficult time linking individuals to housing in such a short time frame. Another challenge is communicating with the hospital staff to track individuals as they go in and out of the hospital. Many times agencies are not aware when an individual goes into the hospital until after they are discharged. After a patient is discharged, the hospital rarely has the staff time to follow up to provide care or financial support to the patient for care or housing.

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 Homeless Initiative Advisory Committee, the Homeless Coalition and Mission Hospital hold the primary roles in addressing health care discharges. Other key stakeholders include local health care providers, Buncombe County health department, Western Highlands (LME), mental health provider agencies, substance use treatment agencies, community SOAR caseworkers, and Community Care of Western North Carolina (CCWNC). CCWNC provides care coordination and linkage to primary care for individuals with Medicaid.

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

Persons exiting the health care system may be discharged to treatment and recovery programs, such as Oxford Houses or other transitional housing. Individuals who also need mental health services can be referred to Targeted Units, a state program that provides units in affordable apartment complexes specifically for persons who are disabled. Persons are referred to Targeted Units by service providers who agree to provide services to support the person in maintaining housing. Persons may also enter market rate housing by renting an apartment, some may qualify for a housing subsidy, or others may rent a room in a boarding house.

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:

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

State Hospitals signed agreements that patients will not be discharged to homeless shelters, referencing McKinney-Vento prohibitions. The Division of Facility Services requested that Hospitals sign the agreement and monitored the process. The NC Interagency Council on Coordinating Homeless Programs contracts with Socialserve.org to provide NCHousingSearch.com, a listing service for landlords and a search service for tenants that makes housing more accessible for persons with disabilities. The State contracts with the NC Coalition to End Homelessness to provide SOAR training for staff at State Hospitals and mental health agencies. CoC has 2 FT SOAR workers targeting individuals with mental illness. The State is creating a TBRA program for persons who have serious and persistent mental illness. Over the next 8 years, 3,000 housing slots that include rental assistance and services will become available. Some slots will be available to individuals who are homeless in State hospitals and those seeking admission to Adult Care Homes.

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)

Due to decreasing State Hospital beds, persons with mental illness are being hospitalized in private hospitals with short-term stays, which puts them at greater risk of homelessness. The area mental health authorities are moving to a managed care system and are looking to address this issue for individuals in their catchment areas. The CoC will continue to work with our LME-MCO to address these gaps. The state is focused on efforts to prevent discharges into homelessness from hospital and licensed residential settings due to efforts of a U.S. Department of Justice Settlement Agreement and Institutions for Mental Disease assessment process monitored by the Division of Medical Assistance and the Centers for Medicare & Medicaid Services. It is estimated that 9,000 person will be affected by these changes. To understand and address this issue, the NC HMIS system is tracking how many individuals become homeless after recently residing in a private setting like an adult care home. These individuals will be eligible for the State TBRA program.

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 Division of Mental Health is responsible for discharge planning in the mental health system. Other key stakeholders include the Division of State Operated Facilities, the Office of Housing and Homelessness in the Division of Aging and Adult Services, local Mental Health Managed Care Organizations, State hospital staff, mental health provider agencies, the Homeless Initiative Advisory Committee, the Homeless Coalition, and local shelter and homeless service providers.

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

Persons may be discharged to Targeted Units, a state program that provides units in affordable apartment complexes specifically for persons who are disabled. Persons are referred to Targeted Units by mental health service providers who agree to provide services to support the person in maintaining housing. Persons may also be discharged to other permanent supportive housing programs as they are eligible, Oxford Houses for substance abuse recovery, and their own housing in fair market housing. Some individuals may be discharged to licensed settings such as adult care homes, family care homes, group homes, etc. FY2012 data indicates that 90.4% people discharged from mental health institutions go to other outpatient and residential non-state facilities or to private residences. The other 9.6% are discharged to other hospitals, skilled nursing facilities, and homeless shelters.

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? Other

If "Other," explain:

There is no discharge policy in place for corrections. Prisons across NC are not allowed to sign MOAs with local Continua; instead all MOAs must be coordinated with the Department of Public Safety itself. Unfortunately, this MOA process was put on hold this year while the Department of Corrections merged with two other departments to become the Department of Public Safety.

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

The NC Interagency Council on Coordinating Homeless Programs (ICCHP) members include representatives from the Department of Public Safety (DPS) who have been participating in the Discharge Planning Workgroup for over 6 years. The ICCHP contracts with Socialserve.org to provide NCHousingSearch.com, a listing service for landlords and a search service for tenants that makes housing more accessible for persons with criminal histories. Prison staff use this system extensively to plan discharges. The State of North Carolina contracts with the NC Coalition to End Homelessness to provide SOAR training for caseworkers. Our CoC participates in a Jail Coordination Committee and local Justice Advisory Group in order to work with local stakeholders to ensure individuals are not routinely discharged into homelessness. Buncombe County contracts with a local mental health provider to provide Jail Diversion services, staff that work with shelter and housing providers to ensure placement prior to discharge.

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 state of North Carolina has adopted structured sentencing, which means that an increasing percentage of offenders who are incarcerated serve their entire sentence without an 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. Therefore, if an ex-offender does not follow through with the discharge plans created before release, the State criminal justice system cannot get involved. High staff turnover in the local jail system makes ongoing discharge planning difficult.

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 Department Public Safety (DPS) is responsible for discharge planning in the corrections system. DPS has sought State funding for step-down programs, or Corrections Transitional Housing, but those funds have not been appropriated. Other key stakeholders include ICCHP, Office of Housing and Homelessness within the Division of Aging and Adult Services, the Homeless Initiative Advisory Committee, the Homeless Coalition, local shelter and homeless service providers, local jail staff, and local law enforcement officials.

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

Persons exiting the corrections system may be discharged to halfway houses that provide transitional living to ex-offender and treatment and recovery programs, such as Oxford Houses. Individuals who also need mental health services can be referred to Targeted Units, a state program that provides units in affordable apartment complexes specifically for persons who are disabled. Persons are referred to Targeted Units by service providers who agree to provide services to support the person in maintaining housing. Persons may also enter market rate housing by renting an apartment, some may qualify for a housing subsidy, or others may rent a room in a boarding house. The Jail Diversion team works closely with Project Re-Entry, a program of Goodwill Industries, that supports ex-offenders in job skill training and employment opportunities, as well as local faith-based shelters and transitional housing programs that accept ex-offenders.

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: HMIS will be implemented to: a. Link all services; c. Screen for program eligibility; e. Gather data needed to monitor progress. 2. Prevention a. Coordinate and expand short-term financial, counseling, and legal assistance to avoid homelessness; b. Assess the eligibility of assisted households for mainstream programs and provide effective links; c. Improve discharge planning for people leaving public institutions such as hospitals, prisons, jail, foster care, transitional programs, recovery programs, and half-way houses; d. Establish zero-tolerance for discharge to homelessness; e. Utilize the United Way 211 system for referrals;f. Educate landlords on homelessness and services available. 3. Permanent housing for all homeless: a. Create new permanent supportive housing units with project-based housing subsidies for persons with serious and persistent disabilities.

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)

Two of the service providers who operated HPRP programs have continued to use funds to serve eligible individuals and families for Rapid Rehousing. ESG, CDBG and private donations are the current funding streams for these Rapid Rehousing programs. Each of the two agencies are receiving referrals from other service providers in the CoC, as well as serving their own clients from relevant programs that are eligible for Rapid Rehousing assistance.

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 CoC has taken the lead in facilitating communication among key agencies that support the VASH program to better identify, support, and house people within the guidelines of the grant. As mentioned earlier in the grant, a SAMHSA grant is pulling together members of the Homeless Coalition and other community resources to strengthen retention rates and the system's response to housing crisis. Housing and transportation for people who are homeless are being considered as part of the larger Sustainable Communities Grant, which will incorporate people who have experienced homelessness in implementation and planning. HOME and CDBG funds distributed by the City of Asheville are used to support programs that offer housing financial assistance and housing stabilization services/case management.

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 CoC ensures that all agencies have policies that require all children to be enrolled in school AND connected to services in school and in the community. Updates from the Schools' Homeless Liaisons ensures that the policy is put into practice.

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)

McKinney-Vento funded Homeless Liasons in grades K-12 identify children in families that are at risk of homelessness or who are homeless and immediately begin to connect them with services. Because Homeless Coalition agencies already have a policy in place to respond to the needs of students, the time between identifying a family in need and linking them to the correct resource is short. The Homeless Liaisons also work with youth to plan for what happens after school - sometimes this means linking them up with the local technical college or university, which both also have Homeless Liaisons. Likewise, if homeless families call 211, are identified by law enforcement, or go to a local housing provider for assistance, they are directly linked to the appropriate provider.

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 works with all shelters, transitional housing programs and permanent housing programs through the Homeless Coalition network for service providers. Each month, the Coalition meets to assess community services' capacity for addressing needs, including families seeking shelter and housing. Through this network, families are connected to the appropriate resource for their situation. With family homelessness numbers rising, school liaisons are working more closely with charity organizations to provide motel vouchers when family shelter rooms are at capacity. There are emergency shelter, transitional housing and permanent housing open to families with children in our community including single parents with children. The largest night shelter has recently received funding to renovate its aging facility, with this renovation will come increased capacity for family shelter rooms.

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

The VA Healthcare for Homeless Veterans (HCHV) Program funds transitional housing and permanent, supportive housing for veterans and their children through local agencies. Funds for rapid re-housing purposes can be obtained through a recently awarded Supported Services for Veteran Families (SSVF). A full-time VA outreach worker partners with the local day-center to offer local outreach and providing resource referrals. A full time Justice Outreach worker partners with the jail and court systems. The VA offers a 24/7 homeless call center as well as a walk-in clinic with homeless specialists. HCHV staff is comprised of 13 Licensed Clinical Social Workers, including a full time Substance Use Disorder (SUD) Specialist. Two Vocational Rehabilitation Specialists to work with individuals in the homeless program at our local VA through the Homeless Veteran Supported Employment Program (HVSEP). This program assists Veterans with obtaining competitive employment in the local community.

The Homeless Veterans Reintegration Program (HVRP) and the Veterans Work Force Investment Program (VWIP) are grant funded programs offered through Asheville Buncombe Community Christian Ministry (ABCCM) and provide assistance with obtaining employment and entering into vocational training programs. A Partnership exist with the local Employment Security Commission who host weekly Job Club meetings at the VA Medical Center and at community sites.

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)

There is a youth shelter and transitional housing program that offer youth immediate safety. In a neighboring county there is a monastery that offers youth who have been rejected by mainstream programs a place to live and work; it serves as a creative and low-barrier living option for youth and young adults up to 25. Outreach is done by these groups, as well as a local LBGT outreach program that also offers youth in need housing options when resources are available. Another agency that focuses on green job opportunities reaches out to youth and offers housing and life support while they learn new job skills. School Homeless Liaisons report to the Homeless Coalition on the number of youth who are homeless and their needs and the Homeless Coalition reviews HMIS data to understand what interventions are working. A new collaboration that includes the local DSS, Local Management Entity and a supportive housing agency is working on targeted outreach to youth who have aged out of foster care to establish housing plans with the appropriate supportive services.

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

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

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

The Homeless Initiative Advisory Committee has a funding subcommittee that reviews applications and makes recommendations for both the CoC funds and the ESG funds. Applications are initially received and reviewed by CoC/ESG staff, and then eligible applications are passed on to this subcommittee to make recommendations for ESG allocations. The subcommittee makes these recommendations based on applicants' demonstrated capacity to implement the CoC strategic goals of the 10 Year Plan to End Homelessness. The Homeless Coalition and the Homeless Initiative Advisory Committee then receive the recommendations to vote for approval/disapproval.

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 community's Projects for Assistance in Transition from Homelessness (PATH) team is the primary outreach team, consisting of 3 full-time Qualified Mental Health Professionals. This team seeks out those who are homeless and in need of other support services to offer assistance on a daily basis, outreaching to all in need of housing regardless of race, color, national origin, religion, sex, age, familial status or disability. The PATH team is housed at a local housing first agency, so the individuals and families outreached can be quickly connected to supportive housing opportunities. The team goes to campsites, shelters and other known sites for those without stable housing. Announcements are also made at Homeless Coalition meetings about program openings. The local Shelter Plus Care Selection Review Committee ensures non-discriminatory practices.

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)

Yes. The CoC oversees the implementation of the Asheville-Buncombe 10 Year Plan to End Homelessness through the Homeless Initiative Advisory Committee (HIAC) and the Homeless Coalition. The HIAC and the Homeless Coalition are comprised of city and county officials, mental and physical health providers, public housing authority staff, affordable housing development staff, school system social workers, DSS staff, homeless services providers, housing first agencies, the VA, and consumers of all of the above. This combination ensures implementation that is consistent and timely in addressing the needs of homeless individuals and families.

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

The Continuum of Care provides information through the Homeless Initiative Coordinator and the Homeless Initiative Advisory Committee. This information is provided to the Community Development Division of the City of Asheville, which prepares the Consolidated Plan for the Asheville Regional Housing Consortium, which includes the service area of the Asheville-Buncombe CoC. The Consortium Board and the Housing and Community Development Committee of the Asheville City Council review and recommend the Consolidated Plan, which is then approved by the Asheville City Council.

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

The 10-Year Plan is continually reviewed through the ongoing work of the Homeless Initiative Advisory Committee and Homeless Coalition, to ensure the consistent and timely implementation of its goals. A more comprehensive review happened at mid-point, in 2010, and community goals and strategies were adjusted accordingly. CoC and ESG funds are now in line with these adjusted goals, as are portions of local CDBG and HOME dollars. With the approaching end of the initial 10 Year Plan in 2015, the Homeless Initiative Advisory Committee is currently developing a final plan for the next two years, and an ongoing plan for a sustainable housing and services support system that will continue to meet community need.

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

The goals of "Opening Doors" - Finish the job of ending chronic homelessness in 5 years, prevent and end homelessness among Veterans in 5 years, prevent and end homelessness for families, youth, and children in 10 years, set a path to ending all types of homelessness - are the goals of our community. We began the process of systems change during 2010's stakeholders meetings and ongoing HIAC and Homeless Coalition work to move toward these goals. The new strategic planning that has just begun will take this work further, aligned with both the support and funding of CoC partners.

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

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

With the shift in ESG funding in the last year, the CoC accepted the responsibility of overseeing ESG applications and funding in addition to CoC applications and funding. The Homeless Initiative Advisory Committee, working with the Homeless Initiative Coordinator and the Homeless Coalition, oversees all of the above activities to ensure that ESG funds are allocated to be in line with community priorities as reflected in the 10 Year Plan, just as it does with CoC funds.

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? Yes

3F. Reallocation - Grant(s) Eliminated

CoCs that choose to reallocate funds into new permanent supportive housing, rapid re-housing, or dedicated HMIS project(s) may do so by eliminating one or more of its expiring grants. CoCs that intend to create a new centralized or coordinated assessment system can only eliminate existing SSO project(s).

Amount Available for New Project: (Sum of All Eliminated Projects)				
$265,320				
Eliminated Project Name	**Grant Number Eliminated**	**Component Type**	**Annual Renewal Amount**	**Type of Reallocation**
Interlace	NC0024B4F011104	TH	$265,320	Regular

3F. Reallocation: Details of Grant(s) Eliminated

Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name:	Interlace
Grant Number of Eliminated Project:	NC0024B4F011104
Eliminated Project Component Type:	TH
Eliminated Project Annual Renewal Amount:	$265,320

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, or dedicated HMIS project(s) may do so by reducing the grant amount for one or more of its expiring grants. CoCs that are reducing projects must identify those projects here. CoCs that intend to create a new centralized or coordinated assessment system can only reduce existing SSO project(s).

Amount Available for New Project (Sum of All Reduced Projects)					
Reduced Project Name	**Reduced Grant Number**	**Annual Renewal Amount**	**Amount Retained**	**Amount available for new project**	**Reallocation Type**
This list contains no items					

3H. Reallocation - Proposed New Project(s)

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects may do so by reducing the grant amount for one or more of its expiring grants. CoCs must identify if the new project(s) it plans to create and provide requested information for each. Click on the to enter information for each of the proposed new reallocated projects.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

$236,939				
Current Priority #	**New Project Name**	**Component Type**	**Transferred Amount**	**Reallocation Type**
8	HMIS Project	HMIS	$67,500	Regular
9	PPH Extreme ...	PH	$169,439	Regular

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing): 8
Proposed New Project Name: HMIS Project
Component Type: HMIS
Amount Requested for New Project: $67,500

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing): 9
Proposed New Project Name: PPH Extreme Needs
Component Type: PH
Amount Requested for New Project: $169,439

3I. Reallocation: Reallocation Balance Summary

Below is a summary of the information entered on forms 3D-3G for CoC reallocated projects. The last field, "remaining reallocation balance" should indicate "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new project(s).

Reallocated funds available for new project(s):	$265,320
Amount requested for new project(s):	$236,939
Remaining Reallocation Balance:	$28,381

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	35	**Beds**	35	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	95	**%**	95	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	70	**%**	87	**%**
Increase the percentage of homeless persons employed at exit to at least 20%	20	**%**	5	**%**
Decrease the number of homeless households with children	20	**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)

We missed our employment percentage goal by 15%. This is directly related to the disabling conditions of the majority of those who are transitioning from homelessness to permanent housing as well as the continued economic depression that has meant decreased numbers of job opportunities. We are, however, seeing an increase in income by SSI/SSDI awards through the work of our SOAR project, and more SOAR-trained case managers working on applications with eligible homeless individuals. We also saw an increase rather than a decrease in our number of homeless households with children. The lagging stock of affordable housing in our community makes it difficult for low-income families to attain and sustain housing. Combined with a very difficult job market, family homelessness has risen in our community. A new coalition of school social workers, DSS lead staff and housing agencies is being formed to specifically address family homelessness with both immediate and long-term solutions.

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

All recipients are required to use the HMIS for project data collection and reporting. Monthly data quality reports are used by Homeless Initiative staff to monitor project progress. Agency updates on projects are also given at monthly Homeless Coalition meetings. In addition, quarterly reports are due to the Homeless Initiative office for each funded project to track goals and outcomes.

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

In reviewing monthly data quality reports, hearing/receiving monthly agency updates and reviewing quarterly project reports, the CoC assesses needs and gaps that are barriers to reaching HUD-established performance goals. Subsequent technical and program assistance are given to improve performance.

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

The CoC uses established HUD best practices, in concert with best practices from the Substance Abuse and Mental Health Services Administration, to assist poor performers in increasing capacity. The monthly Homeless Initiative Advisory Committee and Homeless Coalition and their working subcommittees also address poor performance through peer support and collaborative solutions.

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
0	0	$0
0	0	$0
0	0	$0
0	0	$0
0	0	$0
	Total	$0

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

Providers who use the HMIS track this through program entry and exit for individuals and families. The CoC has access to this HMIS information, and collates it with information gained through non-participating HMIS providers. To a slightly lesser extent, these providers also track their participants' length of homelessness through staff interviews with participants upon entry and exit.

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)

On-going case management meetings take place among service providers, both for those who have been successful in housing, and for those who have not. For those individuals and families who have gone back into homelessness, service providers continue to work to formulate an alternate housing plan either through another CoC funded project or through another community resource. Monthly subcommittee meetings of the Homeless Initiative Advisory Committee and the Homeless Coalition meet to develop these needed alternative housing plans and partner them with the needed supportive services.

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)

One of the ways campsites and squatting areas are discovered is through citizen reports/calls to the city police department. The CoC has established an outreach procedure with the police and the local PATH team to investigate these reports. This allows the PATH team immediate access to individuals and families who are in need to assist their move into more safe shelter, and to then work toward a housing plan with the appropriate services, and allows the police department alternative options to arrest. The PATH team will then contact other supportive services as needed once able to engage with the individuals and families.

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

The CoC implements the adopted 10Year Plan to End Homelessness. In the local consolidated plan, the following steps are outlined for prevention: HMIS will be implemented to link all services, screen for program eligibility, gather data needed to monitor progress; Coordinate and expand short-term financial, counseling and legal assistance to avoid homelessness; Assess the eligibility of assisted households for mainstream programs and provide effective links; Improve discharge planning for people leaving public institutions such as hospitals, prisons, jail, foster care, transitional programs, recovery programs and halfway houses; Establish zero tolerance for discharge to homelessness; Utilize United Way 211 system for referrals; Educate landlords on homelessness and services available; Permanent housing for all homeless, create new permanent supportive housing units with project-based housing subsidies for persons with serious and persistent disabilities.

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)

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

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	187	192
2011	75	226
2012	80	185

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

The CoC uses the HUD definition of chronic homeless, and each CoC-funded agency uses a combination of HMIS data collection and a narrative housing history supported by documentation of housing/homelessness and disabling condition. Once the necessary documentation is gathered, and eligibility determined, these individuals become eligible for CoC funded chronic homeless housing projects, as well as for the collaborative project among the public housing authority, LME, Mission Hospital, the VA and supportive housing agencies to house chronic homeless individuals and families in public housing units and through the Housing Choice Voucher program.

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: 35

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 chronically homeless persons increased only slightly, in spite of continued economic depression and lagging affordable housing stock. Current programs in place to house chronic homeless continue to make gains. The number of permanent beds available actually stayed flat, due to one permanent housing program's shift away from a focus on chronic homeless that decreased beds and additional VASH vouchers that increased beds. A new project in this year's CoC application will create more beds, as well as anticipated additional VASH vouchers.

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations		$211,142		$115,280	$140,012
Total	$0	$211,142	$0	$115,280	$140,012

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)	29
b. Number of participants who did not leave the project(s)	130
c. Number of participants who exited after staying 6 months or longer	25
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	19
TOTAL PH (%)	86

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	15
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	13
TOTAL TH (%)	87

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: 44

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	10	23%
Unemployment insurance	0	0%
SSI	7	16%
SSDI	6	14%
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)	1	2%
Veteran's pension	0	0%
Pension from former job	0	0%
Child support	0	0%
Alimony (Spousal support)	0	0%
Other source	0	0%
No sources (from Q25a2.)	23	52%

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? No

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

Instructions:

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

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

Total Number of Exiting Adults: 44

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	10	23%
MEDICAID health insurance	13	30%
MEDICARE health insurance	2	5%
State children's health insurance	0	0%
WIC	0	0%
VA medical services	1	2%
TANF child care services	0	0%
TANF transportation services	0	0%
Other TANF-funded services	0	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	14	32%
Other source	0	0%
No sources (from Q26a2.)	18	41%

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? No

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

Instructions:

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

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

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

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

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

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

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

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

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

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

APRs are analyzed quarterly as part of the CoC process through the Homeless Initiative Coordinator, who provides feedback to the agencies. Data quality reports and agency updates at both Homeless Initiative Advisory Committee and Homeless Coalition meetings provide feedback on the data quality and outcomes on a monthly basis.

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

If 'Yes', indicate all meeting dates in the past 12 months:

The Homeless Initiative Advisory Committee and the Homeless Coalition meet on the first Monday of each month, and the second Tuesday of each month, respectively. These groups work together to improve CoC-wide participation in mainstream programs.

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

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

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

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

If 'Yes', specify the frequency of the training: semi-annually (twice a year)

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

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

SSI/SSDI; Food and Nutrition Services; VA Benefits; Unemployment; Vocational Rehabilitation

Has the CoC participated in SOAR training? Yes

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

March and December 2012

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	95%
Case managers assess client need at intake for eligible mainstream benefits. Client is then either assisted directly by that case manager in the application process, or referred to the appropriate specialist for direct assistance with the application process.	

Activity	Percentage
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	95%

Activity	Percentage
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	27%
Food and Nutrition Services, Medicaid, Work First, WIC	

Activity	Percentage
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	95%
4a. Describe the follow-up process:	
Staff follow-up in one of two ways: directly with the client, or when permission has been provided by the client, staff follow-up directly with the mainstream benefit provider.	

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	HUD form 2991	01/10/2013
CoC-HMIS Governance Agreement	No	CHINContractAshev...	01/10/2013
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: HUD form 2991

Attachment Details

Document Description: CHINContractAsheville

Attachment Details

Document Description:

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Submission Summary

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1A. Identification	No Input Required
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1C. Committees	01/11/2013
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1E. Project Review and Selection	01/15/2013
1F. e-HIC Change in Beds	01/15/2013
1G. e-HIC Sources and Methods	12/31/2012
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2B. HMIS Funding Sources	01/15/2013
2C. HMIS Bed Coverage	01/11/2013
2D. HMIS Data Quality	01/10/2013
2E. HMIS Data Usage	01/09/2013
2F. HMIS Data and Technical Standards	01/09/2013
2G. HMIS Training	01/09/2013
2H. Sheltered PIT	01/11/2013
2I. Sheltered Data - Methods	01/11/2013
2J. Sheltered Data - Collections	01/11/2013
2K. Sheltered Data - Quality	12/31/2012
2L. Unsheltered PIT	01/15/2013
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Objective 7	01/02/2013
3B. Discharge Planning: Foster Care	01/11/2013
3B. CoC Discharge Planning: Health Care	01/10/2013
3B. CoC Discharge Planning: Mental Health	01/11/2013
3B. CoC Discharge Planning: Corrections	01/10/2013
3C. CoC Coordination	01/15/2013
3D. CoC Strategic Planning Coordination	01/07/2013
3E. Reallocation	01/07/2013
3F. Eliminated Grants	01/07/2013
3G. Reduced Grants	No Input Required
3H. New Projects Requested	01/14/2013
3I. Reallocation Balance	No Input Required
4A. FY2011 CoC Achievements	01/10/2013
4B. Chronic Homeless Progress	01/09/2013
4C. Housing Performance	01/04/2013
4D. CoC Cash Income Information	01/09/2013
4E. CoC Non-Cash Benefits	01/09/2013
4F. Section 3 Employment Policy Detail	01/04/2013
4G. CoC Enrollment and Participation in Mainstream Programs	01/04/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/04/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/10/2013
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: Asheville-Buncombe Homeless Initiative Advisory Committee

Project Name: NC-501 Continuum of Care

Location of the Project: 370108 Asheville, NC
397021 Buncombe County, NC

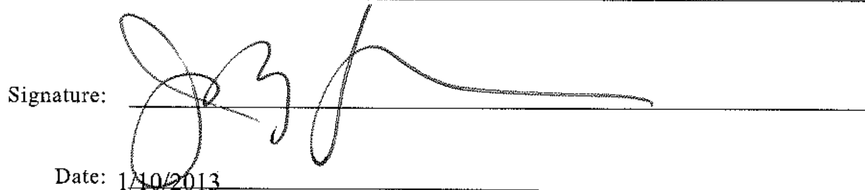
Name of the Federal Program to which the applicant is applying: Department of Housing and Urban Development

Name of Certifying Jurisdiction: City of Asheville

Certifying Official of the Jurisdiction Name: Jeff Staudinger

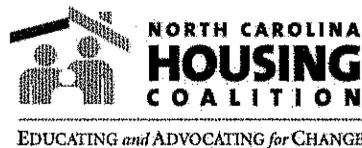
Title: Community Development Director

Signature:



Date: 1/10/2013

Approved August 18, 2005
Revised: September 30, 2010



NORTH CAROLINA HOUSING COALITION
CAROLINA HOMELESS INFORMATION NETWORK

HOMELESS PREVENTION RAPID RE-HOUSING / HOMELESS MANAGEMENT INFORMATION SYSTEM
AGENCY PARTICIPATION AGREEMENT

This Participation Agreement (this "**Agreement**") is entered into as of July 1, 2012 – June 30, 2013 between the North Carolina Housing Coalition (collectively, "**Lead Organization**") and City of Asheville ("Participating Agency") regarding access and use of the Carolina Homeless Information Network ("**CHIN**") Homeless Management Information System ("**HMIS**")

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 at Participating Agencies throughout the region to share information about common clients.

Goals of the CHIN HMIS include:
1. Expediting client intake procedures,
2. Increasing case management and available administrative tools,
3. Improving referral accuracy, and
4. Creating a tool to follow demographic trends and service utilization patterns.

Communities can use the 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 project is administered by the Lead Organization, which will serve as the liaison between Participating Agencies and Bowman Systems, Inc., the developer of the CHIN HMIS.

II. LEAD ORGANIZATION RESPONSIBILITIES

1. Lead Organization 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. Lead Organization will provide the CHIN Statement of Privacy Practices, Client Release, and other forms for use, in conjunction with Participating Agency forms, in local implementation of the CHIN HMIS functions.
3. Lead Organization 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. Lead Organization will provide basic user support and technical assistance (i.e., general trouble-shooting and assistance with standard report generation) as more particularly described in CHIN's policies and procedures, as the same may be amended from time to time ("Policies and Procedures").
5. Lead Organization's publication practice 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 Agency will comply with all applicable federal and state laws regarding protection of client privacy.
2. The Participating Agency will 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 2010 Homeless Management Information System (HMIS) Data Standards.
3. The Participating Agency will 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 Agency will 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 Agency will comply with all Policies and Procedures pertaining to protection of client privacy.

B. Client Confidentiality

1. The Participating Agency agrees to have posted and make available a copy of the CHIN Statement of Privacy Practices to consumers. The Participating Agency will provide a written and/or verbal explanation of the CHIN HMIS and the CHIN Statement of Privacy Practices and will arrange for a qualified interpreter/translator in the event that an individual is not literate in English or has difficulty understanding the CHIN Statement of Privacy Practices or associated consent form(s).
2. The Participating Agency will 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 Agency will not 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 Agency will 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 Lead Organization, 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 Agency agrees that it will ensure that all persons issued a User ID and Password will complete a formal training on privacy and confidentiality and demonstrate mastery of that information, prior to activation of their User License.

6. The Participating Agency agrees to accept electronic communications from the North Carolina Housing Coalition, Carolina Homeless Information Network concerning network operations, standard operating policies and procedures, and decisions of the Advisory and/or Steering Committees.

7. The Participating Agency 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.

8. The Participating Agency agrees to allow the North Carolina Housing Coalition to share de-identified, data quality reports with Continuum of Care leadership, HUD Greensboro Field Office staff, HUD Technical Assistance providers, the NC Department of Health and Human Services, the CHIN Advisory and Steering Committees, and other agencies that have a contractual agreement with the North Carolina Housing Coalition, as needed to assist the agency in reaching desired data entry milestones.

C. Inter-Agency Sharing of Information

1. The Participating Agency acknowledges that all forms provided by Lead Organization 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 Lead Organization before being used. The Participating Agency will review and revise (as necessary) all forms provided by the Lead Organization to assure that they are in compliance with the laws, rules and regulations that govern its organization.

2. The Participating Agency agrees 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 Agency acknowledges 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 Lead Organization.

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 Agency 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 Lead Organization 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, and Lead Organization 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 with a minimum of ninety days notice. CHIN HMIS will provide assistance to Participating Agencies during this time frame to ensure that the Participating Agencies have appropriate access to client data and to statistical and frequency data that would enable them to obtain and store the data in an accessible electronic format. In the event that the Participating Agency is unable to obtain the data on its own, CHIN HMIS will provide the data in an agreed electronic format on acceptable media prior to the archival of the system. Upon approval from the Participating Agency that the stored data has been transfered , the information collected by the centralized server will be purged or appropriately stored. In the event that Lead Organization 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 Agency will not permit User ID's and Passwords to be shared among users.
2. 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 . will make the appropriate change to the client consent in the CHIN HMIS and if unable or unsure of how to do so, will contact the Lead Organization, which will then make the change.
3. 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 Lead Organization with respect to the deletion of the record, which will be sent to Lead Organization for de-activation of the client record.
4. The Participating Agency will enter all minimum required 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 Agency will enter data in a consistent manner, and will strive for real-time, or close to real-time, data entry.
6. 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 Agency will not knowingly enter inaccurate information into the CHIN HMIS.
8. The Participating Agency will utilize CHIN for business purposes only.
9. The Participating Agency will keep updated virus protection software on Agency computers that accesses CHIN.
10. 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. Notwithstanding any other provision of this Agreement, the Participating Agency agrees to abide by all Policies and Procedures.

V. PUBLICATION OF REPORTS

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

VI. DATABASE INTEGRITY

1. The Participating Agency will not share assigned User ID's and Passwords to access CHIN with any other organization, governmental entity, business, or individual.
2. The Participating Agency will not intentionally cause corruption of CHIN 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 Lead Organization makes no warranties, expressed or implied. Except to the extent arising from the gross negligence or willful misconduct of the Lead Organization, the Participating Agency, at all times, will indemnify and hold Lead Organization 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 Participating Agency 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 Participating Agency will also hold Lead Organization 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. Lead Organization 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 Lead Organization. Lead Organization 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 Lead Organization.
3. The Participating Agency agrees to 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. 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.
2. The Participating Agency shall not transfer or assign any rights or obligations under the Agreement without the written consent of Lead Organization.
3. 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.7; provided, however, that the Lead Organization 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.
4. This agreement may be modified or amended by written agreement executed by both parties.
5. Lead Organization may assign this Agreement upon written notice to the Participating Agency.
6. Participating Agency will be billed separately for applicable basic network access, technical support and service, and reports. Advanced technical support and service may be billed separately on a cost recovery basis, pending CHIN Advisory and Steering Committee approval. Participating Agency will make payment to the North Carolina Housing Coalition.
7. This contract covers the period of **July 1, 2012 to June 30, 2013.**

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

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

Or

FAX Signature Page to: (919) 881-0350

Approved August 18, 2005
Revised: September 30, 2010

BY SIGNING BELOW, these parties have entered into this **2012-2013** agreement:

LEAD ORGANIZATION

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

By: Chris Estes

Date: July 1, 2012

Name: CHRIS ESTES

Title: EXECUTIVE DIRECTOR

PARTICIPATING AGENCY

Date: 10-18-2012

City of Asheville (Agency Name),

A local government (Program Type).

By: _______________ (Signature)

Name: Jeff Staudinger

Title: Director, Community Development

Address: 70 Court Plaza

Address: Asheville, NC 28802

E-mail: hdillashaw@ashevillenc.gov / jstaudinger@ashevillenc.gov

Phone : 828-259-5851

FAX : 828-250-8947