

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
 - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
 - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: NC-513 - Chapel Hill/Orange County CoC

1A-2. Collaborative Applicant Name: Orange County, NC

1A-3. CoC Designation: CA

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

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

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

1B-1a. Describe in detail how the CoC solicits and considers the full range

**of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.
(limit 1000 characters)**

Inclusive partnership and collaboration are highly valued by our CoC - we invite every provider that serves the homeless to join our committees to gain their input into ending homelessness. Our board comprises homeless housing and service provider decision-makers who collaboratively determine unmet needs and develop goals, strategies and priorities to fill them. The CoC's 100,000 Homes Taskforce, formed in 2012, has evolved into the nexus of all our initiatives, comprising front-line homeless provider staff working together to connect the homeless identified in its by-name registry with housing and services. Subcommittees include our "Ending Veteran Homelessness Team" that includes the local VA and Volunteers Of America and our "Landlord Recruitment Team" that includes PSH and RRH providers, street outreach workers and others working to recruit and maintain relationships with landlords willing to accept subsidies in our high cost, low vacancy community.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Not Applicable	No	No	No

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

Victim Service Provider	Participated as a Voting Member	Sat on CoC Board as active member or
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for Survivors of Domestic Violence (up to 10)	in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Orange County Rape Crisis Center	No	No
Compass Center for Women and Families	No	No

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

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

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

Our CoC board creates annual Plans to End Homelessness (Plan) that lay out our goals, strategies, action steps, responsible parties and priorities for ending homelessness. The Plan includes overarching goals that reflect those in HUD's Opening Doors and performance indicators that mirror those of the HEARTH Act; these goals and indicators are referenced as we develop each year's Plan which serves as the work plan for the CoC board and committees (all homeless providers are invited to participate). The Plan and committees evolve over time to reflect our progress, updated priorities and best practices. For instance, our Housing Workgroup recently evolved into the Data & Grants Workgroup, reflecting our increased focus on high-quality data, performance measurement, and collaboration on grants. The full-time Homeless Programs Coordinator facilitates the committees and is responsible for overseeing and coordinating the CoC's progress toward achieving the goals and strategies of the Plan.

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

The CoC solicits new project applications every year by posting a CoC program funding notice as early as possible on its website and sending an email notice to all CoC committee members and affordable housing providers who are encouraged to forward the notice to their networks. Existing grantees know they cannot assume renewals are guaranteed because program performance is monitored through HMIS and APRs. The CoC board and subcommittees engage in strategic discussions about unmet needs and the best practices for filling them in order to evaluate whether we are making the best strategic use of our funding.

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

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
HeadStart Program	No
Other housing and service programs funded through Federal, State and local government resources.	Yes

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

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

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	2	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00 %
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1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The CoC's Con Plan jurisdictions include Orange County (HOME) and the Town of Chapel Hill (CDBG). Elected leaders and Housing and Planning Department staff from both of these local governments, as well as the towns of Carrboro and Hillsborough, sit on the CoC board and subcommittees (that hold monthly meetings). The CoC contributes to the Con Plan strategic and annual action plans and CAPERs and has requested to form and participate in an ongoing Con Plan committee. The Homeless Programs Coordinator has recently begun sending board meeting minutes to town and county clerks to distribute to elected leaders and to obtain notes from their affordable housing advisory boards. The Homeless Programs Coordinator presents the CoC Annual Report each spring to the Con Plan jurisdiction elected boards as well as occasional presentations on homelessness issues.

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

The Homeless Programs Coordinator submits the ESG application to the state on behalf of the CoC which collectively determines the greatest unmet needs for homeless housing and shelter and incorporates those priorities in its annual Plan to End Homelessness; our current priorities are to increase PSH and RRH and maintain ES capacity (the CoC does not fund any TH or SH). The CoC's Data & Grants Committee - comprising CoC and ESG grantees and Coordinated Entry participants - notifies the entire CoC of ESG program funding availability, reviews applications and awards funding. Before 2013, all ESG funding was dedicated to the local TH program; based on best practices and local priorities the CoC determined new ESG funding should support ES and the RRH program that had been piloted with a \$1M HPRP grant. The Data & Grants WG reviews RRH program spending rates, case management and exits to PH to measure program performance.

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

(limit 1000 characters)

Orange County does not have a DV shelter; our women's ES (single women) and TH (women w/children) provider assesses DV survivors for safety and either provides them with housing or makes referrals to the local DV services agency (Compass Center for Women and Families). To protect their safety, all women who stay at the ES/TH facilities may refuse to enter their information into HMIS. Compass Center employees help their DV clients with appropriate emergency response placements and provide weekly classes to children in the TH facility about DV issues such as coping skills, respect, self-esteem, feelings, anger, abuse, safety and choices. The CoC is exploring the possibility of creating a Families and Youth Committee that would include DV service providers as well as ES, TH and RRH providers, youth services providers, school social workers and administrators, and others; the group will participate in the CoC Coordinated Entry System and create a by-name registry of clients.

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Town of Chapel Hill		Yes-Public Housing
Orange County	15.00%	Yes-HCV

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

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

Orange County has 4 LIHTC developments that target 10% of their units to people with disabilities. CoC representatives have been meeting with NC

Housing Finance Agency staff to advocate for increasing the number of targeted units to 20% which is likely to happen. We are working to maximize the number of homeless disabled people who receive those units by receiving early notice of vacancies and expediting referrals. The CoC Board Chair, Homeless Programs Coordinator and other CoC members helped form the Orange County Affordable Housing Coalition to collaboratively advocate for increased local affordable housing funding and improved strategies. Empowerment, Inc. develops affordable rental housing for people with high barriers to housing and prioritizes people with PSH subsidies. Our CoC is working with local stakeholders to explore possibilities for developing tiny homes for the homeless as well as a Pay for Success PSH project. The CoC has a HOME TBRA program dedicated to the homeless.

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

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input type="checkbox"/>
None:	<input type="checkbox"/>

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

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

**discharged into homelessness.
(limit 1000 characters)**

NA

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

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

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

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

Our CoC's participation in the 100,000 Homes Campaign in January 2012 has evolved into our Coordinated Entry (CE) system. Our 100,000 Homes Taskforce has met monthly since then to identify housing and services for the most vulnerable, chronically homeless people in our CoC. We maintain a by-name registry including critical information about consumers' health, mental health, substance use, benefits, notes about their situation and efforts to help them, etc. All agencies that work with this population actively participate including street outreach, MH/SA, health care, emergency services, law enforcement, VA, PSH, RRH, ES, TH, disability benefits advocate, etc. Eight agencies - including all CoC and ESG grantees - screen clients for diversion and assess those that are homeless using the VI-SPDAT. Clients with the highest scores have highest priority for PSH and we have begun prioritizing clients for RRH as well. Our CE system is accessed online and we hope to transfer it to HMIS in 2016.

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

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

Job Readiness/Employment Integrated Services Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Disability Rights Attorney	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Instructions

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

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

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	9
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	1
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	8
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

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

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input type="checkbox"/>
% permanent housing exit destinations	<input type="checkbox"/>
% increases in income	<input type="checkbox"/>
	<input type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Need for specialized population services	
Youth	<input type="checkbox"/>
Victims of Domestic Violence	<input type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>
	<input type="checkbox"/>
None	<input type="checkbox"/>

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

Our CoC scorecards for new and renewal projects awarded the highest number of points for PSH projects and the next highest amount for RRH. Projects serving chronically homeless people also received bonus points. Since the CoC participated in the 100,000 Homes Campaign in 2012, our 100,000 Homes Taskforce has met monthly and maintained a by-name registry of vulnerably, chronically homeless people who are scored using the VI-SPDAT and awarded PSH subsidies according to the severity of their need. In 2016 we will expand this scoring and ranking to RRH programs per a newly-adopted policy.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made

**this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)**

We posted notice of the CoC funding availability on the Orange County Partnership to End Homelessness (CoC) website and emailed the notice to all CoC committees and stakeholders on October 20 including the new and renewal project scorecards which explain the scoring criteria and method. We included notice of the potential Permanent Housing Bonus funding and the possibility of reallocating funding to strong, new projects. We similarly emailed the results of the scoring process, including the names of the 4 members of the Unbiased Review Panel, on November 5 and posted the results on the website on November 6.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.) 11/06/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

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

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal Yes

**to or less than the ARD on the final HUD-
approved FY 2015 GIW?**

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

Instructions

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

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

The CoC reviews APRs quarterly at its Data & Grants Workgroup meetings and the Homeless Program Coordinator meets frequently with recipients that have underperforming projects. These in-person meetings, including NC Coalition to End Homelessness staff, led to an understanding of the poor performance and data quality of a grantee and the reallocation of some of their funding. NC Coalition to End Homelessness staff became HMIS Local System Administrators for our CoC this fall and have helped us dive deeply into the program performance and data of our grantees. APRs are also required with all CoC project applications.

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

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

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

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

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

2A-4. What is the name of the HMIS software ServicePoint

**used by the CoC (e.g., ABC Software)?
Applicant will enter the HMIS software name
(e.g., ABC Software).**

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

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

Instructions

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

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

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$0
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$0

2B-2.2 Funding Type: Other Federal

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

2B-2.3 Funding Type: State and Local

Funding Source	Funding
----------------	---------

City	\$65,344
County	\$41,777
State	\$0
State and Local - Total Amount	\$107,121

2B-2.4 Funding Type: Private

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

2B-2.5 Funding Type: Other

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

2B-2.6 Total Budget for Operating Year	\$107,121
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

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

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 04/29/2015

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

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	86	0	86	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	30	0	30	100.00%
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	97	0	97	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

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

NA

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

**please indicate that here by selecting all that apply from the list below.
(limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

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

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

Instructions:

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

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

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	2%	4%
3.3 Date of birth	9%	0%
3.4 Race	10%	1%
3.5 Ethnicity	13%	1%
3.6 Gender	9%	0%
3.7 Veteran status	1%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	1%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	64%	3%
3.15 Relationship to Head of Household	28%	0%
3.16 Client Location	5%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	15%	0%

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

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

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

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

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

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

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

NA - There are no Grant Per Diem (GPD) or Runaway and Homeless Youth

(RHY) programs in the Continuum of Care.

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

Instructions:

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

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

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/28/2015
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 04/29/2015

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

Instructions:

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

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

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

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

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

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

Our CoC has one agency that provides ES and TH, the Inter-Faith Council for Social Service (IFC). IFC staff filled out the NC PIT Sheltered Count reporting forms that were provided by the NC Coalition to End Homelessness for each of its ES and TH programs. Client data that had already been collected and entered in HMIS was used as the primary data source that was supplemented

by staff knowledge of clients and additional client records. We felt this methodology would give us the most complete and accurate data.

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

NA

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? No

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

NA

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

Instructions:

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

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

Training:	<input type="checkbox"/>
Provider follow-up:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
	<input type="checkbox"/>

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

NA

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

Instructions:

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

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

- 2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes
- 2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/28/2015
- 2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable
- 2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 04/29/2015

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

Instructions:

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

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

Night of the count - complete census:	<input checked="" type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

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

The CoC's unsheltered PIT Count was planned by the CoC and implemented by a group comprising PATH street outreach workers, town, university and sheriff's department law enforcement officers, Critical Time Intervention staff, Emergency Services staff and Veteran Affairs outreach workers. Five teams canvassed the towns and surrounding areas by foot and by car, including previously mapped known locations of homeless camps, from 8:00-10:30 PM. The surveys included de-duplicating identifiers and collected all the information required for reporting; people were given food, blankets, gift cards, resource guides and other items. They were also given the street outreach worker's business card. We also conducted a service-based count on Thursday, Jan 29, and asked people where they slept the previous night; those who were homeless were asked to complete the VI-SPDAT with the PATH street outreach worker. We felt this methodology would give us the most complete and accurate results.

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

NA

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

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

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

Instructions:

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

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

Training:	<input type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

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

NA

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

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

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

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	108	129	21
Emergency Shelter Total	73	81	8
Safe Haven Total	0	0	0
Transitional Housing Total	26	28	2
Total Sheltered Count	99	109	10
Total Unsheltered Count	9	20	11

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	568
Emergency Shelter Total	474
Safe Haven Total	0
Transitional Housing Total	94

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

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

This past year our CoC implemented an online Coordinated Entry system that includes a screening tool for prevention and diversion from homelessness as well as a comprehensive resource database that is continually updated by the Community Empowerment Fund. Clients who are diverted are assisted to identify and contact all the local resources that can help them with their needs including emergency financial assistance; we intend to make the database accessible to the public - at no cost - in 2016. In 2015 the CoC supported the development of an Integrated Services Center that helps people become job ready, find employment, receive life skills and financial management skills, start savings accounts, as well as connect with mental health, substance abuse, health care, SOAR workers, legal and other services. DSS is an actively engaged and critical CoC partner because they serve the vast majority of people at risk of homelessness including youth aging out of the foster care system.

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

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

The CoC’s street outreach program allows us to serve the most vulnerable, chronically homeless people in our community. The Data & Grants Workgroup assesses HMIS data – which has greatly improved recently w/new administrator - and VI-SPDAT assessments completed through Coordinated Entry to determine how long households have been homeless. Those who have been homeless for longer periods of time receive higher scores on the VI-SPDAT and are prioritized for housing. We are finalizing a standardized letter of referral to homeless providers so that eligible households who have been prioritized can be quickly connected to housing. The CoC recently adopted a Rapid Re-Housing program policy that prioritizes households with the highest barriers to housing and greatest service needs - including length of time homeless - to further reduce the average length of time homeless. To increase its Rapid Rehousing capacity, the CoC encouraged new CoC applications for Rapid Rehousing projects this year.

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

In the next two questions, CoCs must indicate the success of its projects

in placing persons from its projects into permanent housing.

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	0
Of the persons in the Universe above, how many of those exited to permanent destinations?	0
% Successful Exits	0.00%

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	82
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	81
% Successful Retentions/Exits	98.78%

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

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

The local HOME-funded TBRA program provides on-going case management to the formerly homeless provided with housing assistance including quarterly reviews that identify underlying and overt barriers that clients may be experiencing. One of the primary reasons our CoC is transferring and reallocating projects to a new PSH provider this year is because we want to strengthen the case management provided to program participants, thus reducing their returns to homelessness. The CoC helped establish an Integrated Services Center this year that helps people who are experiencing or at risk of homelessness become job ready and find employment as well as

providing life skills training and helping clients set up savings accounts so that self-sufficiency is enhanced and returns to homelessness are decreased. Currently, the state-wide HMIS vendor is still in the process of implementing functionality to track returns to homelessness.

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

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

The CoC has focused on building strong relationships among the full spectrum of homeless housing and service providers which has lead to collaborative strategizing and better outcomes for our clients. Our 100,000 Homes Taskforce brings these providers together monthly to address the specific needs of clients who have been thoroughly assessed with the VI-SPDAT through our Coordinated Entry system. Participants include our CoC-funded PSH providers (all our funding goes to PSH) who work with the disability benefits attorney and SOAR workers on the committee to access disability income for their clients; they also participate in the NC Coalition to End Homelessness' SOAR dialogue group to share best practices and track progress. The PSH providers also connect their clients with the Community Empowerment Fund that provides a high-touch, client centered program for job, financial management, and life-skills trainings, employment searches, and savings accounts w/matching funds.

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

The CoC launched its Job Partners program in 2012 bringing together local non-profit and mainstream job readiness and employment agencies including foster care, substance abuse treatment, mental health care, Vocational Rehabilitation, Orange County Skills Development/NC Works Career Center, Durham Technical Community College, Chamber of Commerce, emergency shelter, DV services and others. The program moved to a local nonprofit - Community Empowerment Fund - in 2013 where it has continued to grow. The group meets quarterly and communicates regularly through a Google Group to announce job placement and training opportunities and to develop employment strategies. The Community Empowerment Fund is our powerhouse agency for helping homeless people find employment - they are nationally recognized and use an innovative model of training large numbers of university students to work one-on-one with clients to assess their employment needs and wants, provide training, and help them find jobs.

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

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

Orange County's street outreach team regularly canvasses throughout the towns and rural areas – including highway underpasses, condemned buildings and vacant homes - establishing relationships and trust with the homeless population. The CoC's 100,000 Homes Taskforce keeps a by-name registry of vulnerable, chronically homeless people to make sure all are identified and collaboratively assisted with housing and services. Orange County also has a Critical Time Intervention program that engages severely mentally ill people on the streets. The street outreach staff work closely with local law enforcement officers to encourage the homeless who commit misdemeanors to participate in Outreach Court, NC's first specialty court for the homeless, that helps them become engaged in treatment and other services as an alternative to incarceration. Our CoC's new Integrated Services Center has become a safe and welcoming place for hard-to-serve homeless people to be outreached.

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

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

NA

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

Objective 1: Ending Chronic Homelessness

Instructions:

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

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

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

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	23	25	2
Sheltered Count of chronically homeless persons	16	12	-4
Unsheltered Count of chronically homeless persons	7	13	6

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

In 2014, bad weather prevented our CoC from conducting an unsheltered PIT Count, so a good number of people were probably missed. The higher number of sheltered and lower number of unsheltered chronically homeless people in 2014 is likely attributable to the bad weather. We speculate that the actual number of chronically homeless people was probably a bit lower in 2015 than 2014, since the bad weather prevented an accurate count in 2014. Our chronically homeless numbers have been dropping over the past several years; we speculate this is due to increased PSH stock and collaboration among providers in our 100,000 Homes Taskforce that keeps a by-name registry of prioritized vulnerable, chronically homeless people and strategizes to connect them with housing and services.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

The CoC's plans to increase the number of permanent supportive housing units available for chronically homeless persons in two years and meet about proposed goals by the following strategies:
One grantee, the UNC Center for Excellence, is re-allocating support service funds to leasing dollars to house 4 persons who are chronically homeless. Our other grantee, Cardinal Innovation Healthcare Solutions, has the S+C subsidies. As subsidies turn over and become available, at least 80% will be converted to serve persons who are chronically homeless.

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

Both strategies listed for increasing PSH dedicated to the chronically homeless were achieved: UNC reallocated an SSO project to PSH for chronically homeless and Cardinal Innovations has dedicated PSH turnover beds for the same. In 2014 we were unable to conduct an unsheltered PIT Count because of bad weather, thus we feel the number of unsheltered chronically homeless persons is an undercount. We believe the actual number of chronically homeless people has continued a slow steady decline over the past five years due to gradually increasing PSH stock and improved collaboration in prioritizing chronically homeless people for PSH units. Out of our eight PSH projects this year, only one does not dedicate beds to the chronically homeless. We have also reallocated PSH projects from an underperforming grantee to one with a much better track record. Our CoC speculates we are close to achieving functional zero for chronic homelessness; this year our improved data will enable its measurement.

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

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	17	12	-5

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

Our CoC has two PSH providers; one provider added four PSH beds in 2015 (for a total of eight, all dedicated to chronically homeless) and the other provider - that has the vast majority of our PSH beds (approximately 100, w/about 75% dedicated to chronically homeless) - maintained the same number of PSH subsidies from 2014 to 2015. We feel that poor data quality by this provider in both years - that has been cleaned up this fall with the help of the NC Coalition to End Homelessness - resulted in inaccuracies in the count of total beds and those dedicated to the chronically homeless. Thus, the total number of PSH beds as well as the number dedicated to the chronically homeless should have increased in 2015, not decreased.

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

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update. entire document

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

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness		FY2015 Project Application
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Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.

80

Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.

8

Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.

8

This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.

100.00%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

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

The Orange County CoC intends to end chronic homelessness by ensuring all CoC-funded PSH beds which are not currently dedicated to the chronically homeless will be prioritized through turnover for this population. Also, the CoC recently re-allocated supportive services funding from former grantee UNC Center for Excellence in Community Mental Health to PSH rental assistance for 4 chronically homeless individuals. Recently these grants were transferred to Housing for New Hope, which continues to house the chronically homeless. The CoC’s 100,000 Homes Taskforce prioritizes the chronically homeless for PSH based on their history of homelessness and the VI-SPDAT assessment tool. The Taskforce meets monthly to identify PSH openings for these households and also makes referrals for other housing interventions such as the local HOME-funded Tenant-Based Rental Assistance program.

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

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

Instructions:

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

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

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

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

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

(limit 1000 characters)

All of the homeless outreach, housing and service providers that serve homeless families and youth participate in the CoC’s 100,000 Homes Taskforce and refer their clients for placement on its by-name registry. Clients are assessed using the CoC’s Coordinated Entry system that screens for diversion and then administers the VI-SPDAT and Family VI-SPDAT to those who are homeless. Families and youth are prioritized by the group and receive higher scores because they are considered to be the most vulnerable clients. The CoC is considering forming a Families and Youth Taskforce that will follow the same process but will include more family and youth providers – such as school social workers/homeless liaisons and the DV service provider – and thus be able to focus and strengthen collaboration on this population. The CoC is working to increase RRH capacity and all housing providers follow the Housing First model so that no families are screened out or have requirements placed on them.

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

	2014	2015	Difference
RRH units available to serve families in the HIC:	0	0	0

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

CoC policies and procedures prohibit involuntary family separation:	<input type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input checked="" type="checkbox"/>

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

PIT Count of Homelessness Among Households With Children

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	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	9	9	0
Sheltered Count of homeless households with children:	9	9	0
Unsheltered Count of homeless households with children:	0	0	0

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

Our CoC has one program for homeless households with children; the program has 10 units which are always full or nearly full, as was the case during the 2014 and 2015 PIT counts when 9 out of the 10 units were occupied. We do not have sufficient shelter capacity in our CoC so most or all of the beds are always full. As a small CoC, we rarely encounter unsheltered households with children.

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

Human trafficking and other forms of exploitation?	No
LGBTQ youth homelessness?	No
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	No
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	No
Unaccompanied minors/youth below the age of 18?	Yes

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

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>

Community awareness training concerning youth trafficking:	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input checked="" type="checkbox"/>

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

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

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

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	13	4	-9

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

We do not have an explanation for this decrease.

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

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

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

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	1
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	2
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	0

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

The one shelter program in our CoC that serves families with children has close relationships with local schools to make sure the children are enrolled and receiving necessary services. The program is well-known and respected by the community so education liaisons regularly refer families experiencing homelessness to the shelter. The Homeless Programs Coordinator meets occasionally with education liaisons from the 2 local school districts and the school social workers participate in our annual Project Homeless Connect. This year, the Homeless Programs Coordinator gave a presentation to school social workers and nurses (about 50 people) to inform them about the Partnership to End Homelessness and constituent members and services. We also brainstormed about forming a Families and Youth committee that would keep a by-name registry of families and youth experiencing homelessness, assess and prioritize them for PH and strategize ways to fill unmet homeless housing and service needs.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational

services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

Our CoC is small and has a limited number of shelter, transitional and permanent housing providers working with homeless families, each of which has operated for many years and has long-established policies and procedures for ensuring children in their programs receive appropriate educational services. We do not have formal CoC-wide policies regarding educational services however the providers' consistent practice is that case managers and staff work with school personnel to ensure that all children in the program are enrolled in school and have transportation. Our CoC is exploring the possibility of forming a Families and Youth Taskforce to focus on the unique needs of families experiencing homelessness. We would invite school social workers and administrators in our 2 public school systems to participate, as well as the Compass Center for Women and Families that provides a wide range of services including DV counseling, adolescent empowerment programs and support groups. The local Department of Social Services is already a strong CoC participant including administering our RRH program since 2010, and coordinates each of its myriad programs that serve families and youth with the activities of the CoC. Our CoC does not have a DV shelter or RHY program.

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

Objective 3: Ending Veterans Homelessness

Instructions:

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

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

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

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	13	12	-1
Sheltered count of homeless veterans:	11	11	0
Unsheltered count of homeless veterans:	2	1	-1

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

There was no significant change in the number of homeless veterans from 2014 (13 veterans) to 2015 (12 veterans); all were individuals without children. The level of outreach, housing and services to veterans has remained relatively constant over that period. We speculate the numbers may represent a baseline for the number that enter our CoC's homeless system annually.

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

(limit 1000 characters)

The Durham VAMC, which administers HUD-VASH, & the local chapter of Volunteers of America, which administers SSVF, both participate in the CoC's monthly 100,000 Homes Taskforce. The Taskforce maintains a by-name registry of vulnerable, chronically homeless people in Orange Co. Clients are assessed with the VI-SPDAT & Family VI-SPDAT through the CoC's Coordinated Entry system & placed on the list to be prioritized for PSH and RRH. The Taskforce formed an Ending Veterans Homelessness subcommittee this past year that includes the VA, VOA, Orange County Veteran Services Officer and the statewide veteran coordinator to focus on providing housing and services to the veterans on the registry; the committee is determining how to measure ending veteran homelessness with HMIS data. The local Veteran Services Officer works at the Department of Social Services and assesses eligibility for other mainstream benefits. The SSVF Case Manager outreaches unsheltered veterans & those at the local shelter.

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

All veterans identified by the CoC's 100,000 Homes Taskforce – comprising all the homeless outreach, housing and service providers in the county as well as law enforcement, hospital liaisons and others – are assessed, scored and prioritized for permanent housing and services with the VI-SPDAT through our Coordinated Entry system. The Ending Veteran Homelessness subcommittee of that group - comprising the VA, VOA, Orange County Veteran Services Officer and the statewide veteran coordinator - further collaborates to make sure all veterans, including those ineligible for homeless assistance through VA programs, receive the housing and services they need. At this point our CoC's approach is to maximize coordination among these providers as opposed to giving a preference for veterans for permanent housing; we have found this approach to be highly effective and have housed all the veterans that have been identified and were ready to be housed.

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

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	4	12	200.00%
Unsheltered count of homeless veterans:	0	1	0.00%

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

This question will not be scored.

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

As a small CoC in a relatively progressive, supportive community, our homeless emergency response system is fairly robust and our collaboration is comprehensive and strong. CoC members, the NC Coalition to End Homelessness, the Durham VA and the VOA suspect that we may have already achieved functional zero in ending veteran homelessness. Until recently, though, we did not feel our data quality or ability to measure program performance were sufficient to be able to determine whether that goal had been achieved. Since forming our Ending Veteran Homelessness subcommittee and changing HMIS administrators with the NC Coalition to End Homelessness as our Local System Administrator this past summer, we anticipate being able to make that determination by early 2016. The Durham VA and VOA have significantly strengthened their relationships with the CoC over the past year and are more effectively coordinating and focusing their resources on ending veteran homelessness in Orange County.

4A. Accessing Mainstream Benefits

Instructions:

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

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

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

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	8
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	8
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

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

UNC Health Care, Piedmont Health Services (PHS), Cardinal Innovations Healthcare and the UNC Center for Excellence in Community Mental Health assist program participants with Medicaid/Medicare enrollment; the latter also does SOAR applications. The Orange County Department of Social Services

helps clients apply for Medicaid (adult, family and children) and for ACA insurance. The Durham VAMC, Volunteers of America and Orange County Veterans Services Officer assist veterans with applying for VA benefits including health insurance. PHS and the Orange County Health Department have a sliding fee scale that greatly reduces health care costs for the homeless; recently PHS, with CoC support, implemented a Health Care for the Homeless at our local shelter. Clients also are referred for charity care at UNC Hospitals. Health insurance coverage is assessed at intake/HMIS entry, as well as at recertification. Bowman Systems has not yet built reports around health insurance.

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

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

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

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

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	8
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	8
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

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

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	8
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	8
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not

currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
Printed Resource Guide	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

	2014	2015	Difference
RRH units available to serve any population in the HIC:	0	0	0

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

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

(limit 1000 characters)

NA

4B-7. Is the CoC requesting to designate one No

**or more
of its SSO or TH projects to serve families
with children
and youth defined as homeless under other
Federal statutes?**

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

NA

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

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

NA

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. No

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

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>

Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

4C. Attachments

Instructions:

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

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

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	NC-513 Evidence o...	11/11/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes	NC-513 CoC Applic...	11/12/2015
03. CoC Rating and Review Procedure	Yes	NC-513 New & Rene...	11/12/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	NC-513 Rating and...	11/12/2015
05. CoCs Process for Reallocating	Yes	NC-513 Public Not...	11/12/2015
06. CoC's Governance Charter	Yes	NC-513 Bylaws	11/12/2015
07. HMIS Policy and Procedures Manual	Yes	NC HMIS Policies ...	11/12/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	NC-513 PHA Admini...	11/13/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	NC-513 HMIS MOU, ...	11/12/2015
11. CoC Written Standards for Order of Priority	No	NC-513 Written St...	11/18/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

Attachment Details

Document Description: NC-513 Evidence of Communication to Rejected Projects

Attachment Details

Document Description: NC-513 CoC Application Public Posting

Attachment Details

Document Description: NC-513 New & Renewal Project Rating and Review Procedures

Attachment Details

Document Description: NC-513 Rating and Review Procedure: Public Posting Evidence

Attachment Details

Document Description: NC-513 Public Notice CoC Project Reallocation

Attachment Details

Document Description: NC-513 Bylaws

Attachment Details

Document Description: NC HMIS Policies and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: NC-513 PHA Administration Plan

Attachment Details

Document Description: NC-513 HMIS MOU, Bylaws

Attachment Details

Document Description: NC-513 Written Standards for Order of Priority

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page		Last Updated
1A. Identification		11/13/2015
1B. CoC Engagement		11/16/2015
1C. Coordination		11/17/2015
FY2015 CoC Application	Page 66	05/24/2016

1D. CoC Discharge Planning	11/13/2015
1E. Coordinated Assessment	11/13/2015
1F. Project Review	11/17/2015
1G. Addressing Project Capacity	11/16/2015
2A. HMIS Implementation	11/13/2015
2B. HMIS Funding Sources	11/13/2015
2C. HMIS Beds	11/17/2015
2D. HMIS Data Quality	11/13/2015
2E. Sheltered PIT	11/17/2015
2F. Sheltered Data - Methods	11/16/2015
2G. Sheltered Data - Quality	11/13/2015
2H. Unsheltered PIT	11/17/2015
2I. Unsheltered Data - Methods	11/13/2015
2J. Unsheltered Data - Quality	11/13/2015
3A. System Performance	11/16/2015
3B. Objective 1	11/18/2015
3B. Objective 2	11/13/2015
3B. Objective 3	11/13/2015
4A. Benefits	11/18/2015
4B. Additional Policies	11/13/2015
4C. Attachments	11/18/2015
Submission Summary	No Input Required

Jamie Rohe

From: Jamie Rohe
Sent: Thursday, November 05, 2015 3:20 PM
To: Gretchen Senez (gretchen@housingfornewhope.org); Martin Friedman (martin@housingfornewhope.org); Suzanne Storch; Joel Rice (Joel.Rice@cardinalinnovations.org); Michael Reinke (mreinke@ifcmailbox.org); Allan Rosen; Stephani Kilpatrick
Cc: Jamie Rohe; Bebe Smith (besmith@med.unc.edu); Marc Strange (mstrange@med.unc.edu); Matt Kauffmann; Mary Jean Seyda (mjseyda@casanc.com) (mjseyda@casanc.com)
Subject: NC-513 CoC project application rankings
Attachments: 2015 NC-513 CoC Scorecard NEW FINAL.pdf; 2015 NC-513 CoC Scorecard RENEWALS FINAL.pdf; NC-513 2015-16 CoC Funding Results.pdf

NC-513 2015-16 Continuum of Care grant Project Applicants – this email is to notify you of the results of the scoring and ranking of the projects received by the CoC Lead. The projects were reviewed by an Unbiased Review Committee comprising Bebe Smith, Marc Strange, Matt Kauffman and myself using the attached scorecards for new and renewal project applications.

Please see attached a spreadsheet containing the results of the scoring; please contact me if you have any comments or questions.

Thanks,
Jamie

Jamie Rohe
Homeless Programs Coordinator



Orange County
Partnership to
End Homelessness

200 S. Cameron St., PO Box 8181, Hillsborough, NC 27278

Office: 919-245-2496; Cell: 919-260-2468

<http://www.orangecountync.gov/housing/endinghomelessness.asp>

NC-513 Orange County/Chapel Hill Continuum of Care 2015-16 Project Applicant rankings. Annual Renewal Demand (ARD) = \$568,053; Tier 1 = 85% of ARD = \$482,845

Rank	Applicant Name	Project Name	Expiring Grant #	Project Type	Component Type	Amount Ranked	Tier
1	Housing for New Hope	UNC XDS Leasing Project 1	NC0214L4F131401	PSH	PH	\$9,392.00	1
2	Housing for New Hope	UNC XDS Leasing Project 2	NC0215L4F131402	PSH	PH	\$9,392.00	1
3	Housing for New Hope	UNC XDS Leasing Project 3	NC0250L4F131402	PSH	PH	\$18,784.00	1
4	Housing for New Hope	UNC XDS Leasing Project 5	NC0298L4F131401	PSH	PH	\$37,647.00	1
5	Housing for New Hope	Orange County Housing Support Program	New project	PSH/SSO	PH	\$85,208.00	1
6	Cardinal Innovations	PSH Concern of Durham	NC0227L4F131404	PSH	PH	\$313,023.00	1
7	Cardinal Innovations	PSH RA/Operating	NC0108L4F131407	PSH	PH	\$123,248.00	1 & 2 **
rejected *	Cardinal Innovations	PSH C3	NC0267L4F131403	PSH	PH	\$9,428.00	
rejected *	Cardinal Innovations	PSH C2	NC0226L4F131404	PSH	PH	\$9,428.00	
rejected *	Cardinal Innovations	PSH C	NC0189L4F131405	PSH	PH	\$37,711.00	
Permanent Housing Bonus	Inter-Faith Council for Social Service	IFC Rapid Re-Housing Program		RRH	PH	\$85,207.00	

* Note: all projects that were not recommended for funding were rejected because their application scores were lower than project applications that are being recommended for funding

** For Cardinal Innovations PSH RA/Operating renewal project, \$9,399 is in Tier 1, \$85,208 is in Tier 2, and \$28,641 is not recommended for funding



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Partnership to End Homelessness

Email me page updates



The Orange County Partnership to End Homelessness is a coalition of housing and service providers, local government and the broader community working together to prevent and end homelessness in Orange County.

Orange County, NC 2015 CoC Application Information

The Continuum of Care (CoC) application is released by HUD on an annual basis; the 2015 CoC NOFA was released on September 17, 2015, and completed applications are due to HUD on **November 20, 2015**.

New and renewal project applications should be emailed to [Jamie Rohe](#), Homeless Programs Coordinator, by **Tuesday, October 20, 2015**. Submissions will be reviewed using 2015 [New Project](#) or [Renewal Project](#) Scorecards by the 2015 Orange County CoC Unbiased Review Panel.

« October 2015 »

S	M	T	W	T	F	S
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

FY 2015 Continuum of Care Grant: Intent to Apply

The 2015 Notice of Funding Availability for the Department of Housing and Urban Development's (HUD) Continuum of Care (homeless) program competition is anticipated to be released in late July or early August, 2015. If you are interested in applying for a new (**not renewal**) project in the Chapel Hill/Orange County Continuum of Care (CoC), please fill out this [form](#) and email to jrohe@orangecountync.gov; you will be contacted to discuss your proposal. **Renewal projects do not need to provide this information.**

The Partnership's [2013 Report to the Community](#) highlights its achievements in increasing access

100%

12:05 PM
10/19/2015

Chapel Hill/Orange County Continuum of Care, NC-513

2015 Scorecard for CoC Funds: NEW Projects

This scorecard will be used by the 2015 Unbiased Review Panel – Bebe Smith (School of Social Work, UNC-CH), Marc Strange (UNC Horizons), Matt Kauffman (Community Empowerment Fund) and Jamie Rohe (Homeless Programs Coordinator) to score applications for new projects. The scorecard has four main goals:

1. Fund organizations that have the capacity to run effective programs (can manage and administer the program, can operate on reimbursement basis, have experience serving this population or a similar one);
2. Fund projects that reflect the Orange County Continuum of Care & HUD’s priorities: permanent supportive housing and serving the chronically homeless, veterans, and families with children;
3. Incentivize agencies to be good partners (participating in community efforts to end homelessness and on HMIS);
4. Ensure that funded projects are being good stewards of Orange County CoC funding and performing to its standards.

The CoC Unbiased Review Panel may ask applicant agencies to provide additional information to determine agency capacity to: implement projects in a timely manner with successful outcomes, score well on the HUD Annual Performance Report (APR), and avoid jeopardizing overall agency stability or future funding for the NC-513 CoC.

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

Project Quality Requirements		
New projects must receive at least the minimum score in each section. If a minimum is not met, further review will be triggered. After further review, the Unbiased Review Panel will determine potential consequences, including whether the project is ineligible for inclusion in the final CoC application or will receive reduced funding.	Maximum Scores Possible:	PSH: 186 RRH: 171
	Total Project Score:	

Combined Scoring

This section is scored by two reviewers, the Homeless Programs Coordinator and one other Unbiased Review Panel member; these two scores are averaged for each question.

[Note: References in brackets indicate the section of the application that will be used to score each question.]

Section I: Organizational Capacity	Possible Points:	Minimum:
	0	Standard Met
Consistency with Mission	Possible Score	Project Score
Does the project fit within the mission of the agency? Does the agency currently serve homeless households in their community? <i>[Project Application: 3B]</i>	Standard: met, unmet	

Section II: Accuracy		Possible Points: 15 Minimum: 10	Total Score:
Accuracy and Appropriateness of Response		Possible Score	Project Score
Is the project description completed and accurate? <i>[Project Application: 3B]</i>		2	
Does the application describe prior experience serving homeless persons that has prepared the agency for administering this grant? <i>[Project Application: 3B]</i>		2	
Are questions regarding services completed and accurate? <i>[Project Application: 4A]</i>		2	
Are questions regarding outreach completed and accurate? <i>[Project Application: 5C]</i>		2	
Are questions regarding housing for participants completed and accurate? <i>[Project Application: 4B]</i>		2	
Are the standard performance measures completed? Are the goals appropriate for the project and are the descriptions complete? (Score includes both required Standard Performance Measures and any optional Additional Performance Measures) <i>[Project Application: 6A & 6B]</i>		4	
Is the overall application complete, accurate, and error-free?		1	
Section III: CoC & HUD Priorities		Possible Points: PSH: 110; RRH: 95 Minimum: PSH: 38; RRH: 15	Total Score:
Targeting People with Disabilities		Possible Score	Project Score
What percentage of the adults served by the project are expected to be people with disabilities?			
Less than 100%		0	
100%		8	
Targeting Veterans		Possible Score	Project Score
What percentage of the adults served by the project are expected to be veterans?			
Less than 25%		0	
25% - 49%		4	
50% - 74%		8	
75% - 99%		12	
100%		16	
Targeting People who are Chronically Homeless		Possible Score	Project Score
What percentage of the people (adults and children) served by the project are expected to be chronically homeless? <i>[Project Application: 5B]</i>			
Less than 25%		0	
25% - 49%		4	
50% - 74%		8	
75% - 99%		12	
100%		16	

Permanent Housing (PSH and RRH)	Possible Score	Project Score
Is this a permanent supportive housing (PSH) project that is requesting any funds for housing? [Project Application: 3A, question 4 (should say PH); 3B, question 7 (should say PSH); 7J (should have leasing or rental assistance funds)]		
Yes	20	
No	0	
Is this a rapid re-housing (RRH) project that is requesting any funds for housing? [Project Application: 3A, question 4 (should say PH); 3B, question 6 (should say RRH); 7J (should have leasing or rental assistance funds)]		
Yes	5	
No	0	
Rental assistance projects are preferred to leasing projects as rental assistance projects adjust to FMR and provide tenants with a lease in their name. Projects that wish to provide leasing must submit a written statement that explains why the project is not applying as a rental assistance project.	Standard: met, unmet, NA	
For Rapid Re-Housing projects: applicants must be currently receiving Emergency Solutions Grant (ESG) RRH funds and in good standing with the ESG office.	Standard: met, unmet, NA	
Housing Over Services	Possible Score	Project Score
Total \$ request for housing activities (acquisition, rehab, construction, rental assistance and/or leasing): [Project Application: 7J]		
Total \$ budget request: [Project Application: 7J, line 8 or 9]		
Percentage of total budget devoted to housing activities (housing activities request ÷ total request x 100):		
Less than 35%	0	
Between 35% and 54.9%	5	
Between 55% and 74.9%	10	
Between 75% and 84.9%	20	
Between 85% and 100%	30	
While services are an important component of supporting households in maintaining their housing, HUD prioritizes using CoC program funds for housing and using other sources of available funding to provide services. Projects requesting HUD funding to provide supportive services must provide a plan on how these services will be funded in the future from alternate sources. Please include these elements: <ul style="list-style-type: none"> • Other potential sources of funding that the project is working to secure to fund supportive services. • A plan for when the project will reduce its use of CoC funds for services. 	Standard: met, unmet, N/A	
Housing First	Possible Score	Project Score
Is this a Housing First project? [Project Application: 3B, 5d]	20	
Key Elements of Permanent Supportive Housing	Possible Score	Project Score
If this is a Permanent Supportive Housing project, does it include the following key elements of Permanent Supportive Housing as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA)? [Eligibility requirements, sample lease, program rules, house rules (if any); NC-513 will make a form for applicants to list services		

and indicate if they are required, optional, etc.] If the standards are unmet, the applicant will have six months from the date of the CoC Application submission to comply with the standards to the satisfaction of the Data and Grants Workgroup or its appointed subcommittee.

Leases or rental agreements do not have any provisions that would not be found in leases held by someone who does not have a disability.	Standard: met, unmet, N/A	
Participation in services is voluntary and tenants cannot be evicted for rejecting services.	Standard: met, unmet, N/A	
House rules, if any, are similar to those found in housing for people who do not have disabilities and do not restrict visitors or otherwise interfere with a life in the community.	Standard: met, unmet, N/A	
Housing is not time-limited, and the lease is renewable at tenants' and owners' option.	Standard: met, unmet, N/A	
Tenants have choices in the support services that they receive. They are asked about their choices and can choose from a range of services, and different tenants receive different types of services based on their needs and preferences.	Standard: met, unmet, N/A	
As needs change over time, tenants can receive more or less intensive support services without losing their homes.	Standard: met, unmet, N/A	
Section IV: Scope of Services	Possible Points: 8 Minimum: 6	Total Score:
Service Needs	Possible Score	Project Score
Do services adequately and appropriately meet anticipated service needs? [Project Application: 4A]	4	
Employment Services	Possible Score	Project Score
Does the project provide or link participants to employment services? Does the program have employment goals? [Project Application: 4A]	2	
Access to Mainstream Benefits	Possible Score	Project Score
Does the project include services to help participants access mainstream benefits, including but not limited to using SOAR trained caseworkers? [Project Application: 4A]	2	

Staff Scoring

The following section is scored by the Homeless Programs Coordinator using standardized scoring methods to ensure fairness.

Section V: Organizational Capacity		Possible Points: 17 Minimum: 8	Total Score:
Completed Similar Projects		Possible Score	Project Score
Has the agency successfully implemented a CoC-funded project of the same project type (PSH or RRH)? <i>[Project Application: 3B; interview with agency]</i>			
	Yes	8	
	No	0	
If not , has the agency successfully implemented this same type of project (PSH or RRH) using another funding source? <i>[Project Application: 3B; interview with agency]</i>		4	
If the answer to either above question is yes, are the same staff that were operating the program at that time going to be operating the proposed project? <i>[Project Application: 3B; interview with agency]</i>		2	
If none of the above, has the agency successfully implemented a different HUD-funded project (ESG, Section 8, HPRP, etc.)? <i>[Project Application: 3B; interview with agency]</i>		2	
Agency Stability		Possible Score	Project Score
Has the agency been in operation for at least 3 years? <i>[Project Application: 3B; interview with agency]</i>		Standard: met, unmet,	
Non-profits only: did the applicant submit a signed audit letter and a copy of their budget from the most recent fiscal year? (Financial statements will be used to assess fiscal stability of the applicant agency. Financial statements that demonstrate instability may result in the agency not meeting requirements.) <i>[Audit letter and budget]</i>		Standard: met, unmet, N/A	
Non-profits only: does the agency have the financial capacity to operate this project on a reimbursement basis? <i>[Budget]</i>		Standard: met, unmet, N/A	
Non-profits only: Has the agency submitted a list of their board of directors and a copy of the minutes from their three most recent board meetings? Does the agency have an active and engaged board of directors? <i>[Board list and minutes]</i>		Standard: met, unmet, N/A	
Capacity to Provide Needed Services		Possible Score	Project Score
Does the agency have the capacity to provide the services that will be needed? a) Do the services described seem adequate and appropriate, and b) is the staffing pattern or subcontract plan adequate and appropriate? Do program staff have sufficient experience and knowledge to effectively run the type of program being applied for? <i>[Project Application: 3B and 4A; organizational chart]</i>		Standard: met, unmet, NA	

Administrative Capacity	Possible Score	Project Score
Is the administrative staff separate from the services staff? <i>[Organizational chart]</i>	3	
Is funding for the administrative staff stable? Is there adequate administrative staff to ensure agency stability throughout program implementation? <i>[Budget]</i>	3	
Energy Star	Possible Score	Project Score
Does the project use Energy Star appliances? <i>[Project Application: 3A, question 5]</i>	1	
Section VI: Match & Leverage	Possible Points: 8 Minimum: standards met	Total Score:
Documentation of Match	Possible Score	Project Score
Do match letters sufficiently document the required match for the project type?	Standard: met/unmet	
Leverage	Possible Score	Project Score
Total leverage: <i>[Project Application: 7I]</i>		
Total \$ request from HUD: <i>[Project Application: 7J]</i>		
Ratio of leverage to request (leverage ÷ request):	Possible Score	Project Score
Ratio at least 1.5:1	Standard: met, unmet, NA	
Ratio 1.5 to 1.99:1	4	
Ratio 2:1 or more	8	
Section VII: Performance	Possible Points: 28 Minimum: Standards met	Total Score:
APR Scores	Possible Score	Project Score
Does the agency have any additional projects that are meeting HUD's APR goals? <i>[APRs of other CoC-funded projects]</i>	8	
HMIS Participation (per federal law, domestic violence programs are prohibited from using HMIS. Use of a comparable database may be substituted.)	Possible Score	Project Score
If the agency has additional beds (not a part of this project application), are those beds also being entered into the system? <i>[HMIS report; HIC]</i>		
Yes	5	
No	0	
Does the agency commit to enter 100% of the beds into HMIS (with client consent)? <i>[interview with agency]</i>	Standard: met, unmet, NA	
HUD Monitoring Findings	Possible Score	Project Score
If the agency has other existing projects, are there any HUD monitoring findings	Standard: met,	

currently associated with any of these projects? If so, findings must be resolved or explained to the satisfaction of the Unbiased Review Panel for the application to meet the standard. <i>[Interview with agency]</i>	unmet, NA	
Previous Project Spending Rates: these questions are for projects that have been operating for at least one year at the time of the NOFA.	Possible Score	Score
Amount Awarded <i>[LOCCS portfolio]</i>		
Amount spent (rounded to the nearest percent)		
Percentage 90+%	0	
70-89%	-10	
69% and less	-25	
How many grant extensions from HUD were given for a reason other than merging grants? <i>[Interview with agency or information from HUD]</i>		
0	15	
1	0	
2+	Further review	
Section VIII: Agency's Relationship to Community	Possible Points: 0 Minimum: Standards met	Total Score:
Does the applicant actively participate in OCPEH committee(s) and meetings (75% of meetings July 2014 – June 2015)?	Standard: met/unmet	
Applicant agrees to participate in the local Coordinated Assessment process as designed by the OCPEH	Standard: met/unmet	
Section IX: Deductions	Possible Points deducted: -25 Minimum: not more than loss of -15	Total Score
Budget	Possible Score	Project Score
If questions regarding budget are not complete and accurate subtract up to 5 points.	-5	
Deadlines	Possible Score	Project Score
If the on-line application was NOT completed correctly, subtract up to 10 points (specific dates for deadlines will be clarified as the NOFA timeline is discerned or published).	-10	
If required accompanying documents are NOT turned in on time subtract up to 10 points	-10	
If the online application was not submitted by the deadline, the Unbiased Review Panel will determine potential consequences, including whether the project is ineligible for inclusion in the final CoC application or will receive reduced funding.	Standard: met/unmet	

Chapel Hill/Orange County Continuum of Care, NC-513

2015 Scorecard for CoC Funds: RENEWAL Projects

This scorecard will be used by the 2015 Unbiased Review Panel – Bebe Smith (School of Social Work, UNC-CH), Marc Strange (UNC Horizons), Matt Kauffman (Community Empowerment Fund) and Jamie Rohe (Homeless Programs Coordinator) to score applications for renewal projects. The scorecard has four main goals:

1. Fund organizations that have the capacity to run effective programs (can manage and administer the program, can operate on reimbursement basis, have experience serving this population or a similar one);
2. Fund projects that reflect the Orange County Continuum of Care & HUD's priorities: permanent supportive housing and serving the chronically homeless, veterans, and families with children;
3. Incentivize agencies to be good partners (participating in community efforts to end homelessness and on HMIS);
4. Ensure that funded projects are being good stewards of Orange County CoC funding and performing to its standards.

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

Project Quality Requirements

Renewal projects must receive at least the minimum score in each section. If a minimum is not met, further review will be triggered. After further review, the Unbiased Review Panel will determine potential consequences, including whether the project is ineligible for inclusion in the final CoC application or will receive reduced funding.	Maximum Score Possible	PSH: 199
	Total Project Score	

[Note: References in brackets indicate the section of the application that will be used to score each question.]

Combined Scoring

This section is scored by two reviewers, the Homeless Programs Coordinator and one other Unbiased Review Panel member; these two scores are averaged for each question.

Section I: General Application	Possible Points: 15 Minimum: 10	Total Score:
Accuracy and appropriateness of responses	Possible Score	Project Score
Is the project description completed and accurate? <i>[Project Application: 3B]</i>	3	
Are questions regarding services completed and accurate? <i>[Project Application: 4A]</i>	3	
Are questions regarding outreach completed and accurate? <i>[Project Application: 5C]</i>	3	
Are the standard performance measures completed? Are the goals appropriate for the project and are the descriptions complete? (Score includes both required Standard Performance Measures and any optional Additional Performance	4	

Measures) [Project Application: 6A & 6B]		
Is the overall application complete, accurate, and error-free?	2	
Section II: HUD Priorities	Possible Points: PSH: 10 Minimum: 0	Total Score:
Permanent Housing	Possible Score	Project Score
Is this a permanent supportive housing (PSH) project that is requesting any funds for housing? [Project Application: 3A, question 5 (should say PH); 3B, question 6 (should say PSH); 7J (leasing or rental assistance funds)]		
	Yes	10
	No	0
Key Elements of Permanent Supportive Housing	Possible Score	Project Score
If this is a Permanent Supportive Housing project, does it include the following key elements of Permanent Supportive Housing as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA)? [Eligibility requirements, sample lease, program rules, house rules (if any); NC-513 will make a form for applicants to list services and indicate if they are required, optional, etc.] If the standards are not met, the applicant will have six months from the date of the CoC Application submission to comply with the standards to the satisfaction of the Data and Grants Workgroup or its appointed subcommittee.		
Leases or rental agreements do not have any provisions that would not be found in leases held by someone who does not have a disability.	Standard: met, unmet, N/A	
Participation in services is voluntary and tenants cannot be evicted for rejecting services.	Standard: met, unmet, N/A	
House rules, if any, are similar to those found in housing for people who do not have disabilities and do not restrict visitors or otherwise interfere with a life in the community.	Standard: met, unmet, N/A	
Housing is not time-limited, and the lease is renewable at tenants' and owners' option.	Standard: met, unmet, N/A	
Tenants have choices in the support services that they receive. They are asked about their choices and can choose from a range of services, and different tenants receive different types of services based on their needs and preferences.	Standard: met, unmet, N/A	
As needs change over time, tenants can receive more or less intensive support services without losing their homes.	Standard: met, unmet, N/A	
Services Funding Plan		
While services are an important component of supporting households in maintaining their housing, HUD prioritizes using CoC program funds for housing and using other sources of available funding to provide services. Projects requesting HUD funding to provide supportive services must provide a plan on how these services will be funded in the future from alternate sources. Please include these elements: <ul style="list-style-type: none"> All funding sources that the project is currently using to provide supportive services and if these resources will be expanded. Other potential sources of funding that the project is working to secure to fund supportive services. A plan for when the project will reduce its use of CoC funds for services. 	Standard: met, unmet, N/A	

Staff Scoring

The following section is scored by the Homeless Programs Coordinator using standardized scoring methods to ensure fairness.

Section III: CoC Priorities		Possible Points: 21 Minimum: 11	Total Score:
Energy Star		Possible Score	Project Score
Does the project use Energy Star appliances? <i>[Project Application: 3A, question 6]</i>		1	
Housing Over Services		Possible Score	Project Score
Total \$ request for housing activities (leased units, leased structures, and/or rental assistance): <i>[Project Application: 7J]</i>			
Total assistance plus admin requested (not including match): <i>[Project Application: 7J, line 8 or 9]</i>			
Percentage of total budget devoted to housing activities (housing activities request ÷ total request x 100):			
	Less than 35%	0	
	Between 35% and 54.9%	5	
	Between 55% and 74.9%	10	
	Between 75% and 84.9%	15	
	Between 85% and 100%	20	
Permanent Supportive Housing: Prioritizing Beds for Chronically Homeless Participants		Possible Score	Project Score
What percentage of the project's beds are prioritized for chronically homeless participants?			
	90% or above	Standard: met, unmet, N/A	
Section IV: Match & Leverage		Possible Points: 8 Minimum: standards met	Total Score:
Match and leverage amounts are based on documentation submitted by the applicant by the submission deadline. Information submitted after the deadline will not be included in the scoring of these sections.			
Documentation of Match		Possible Score	Project Score
Do match letters sufficiently document the required match for the project type?		Standard: met/unmet	
Leverage		Possible Score	Project Score
Total leverage: <i>[Project Application: 7I]</i>			
Total \$ request from HUD: <i>[Project Application: 7J, line 8 or 9]</i>			
Ratio of leverage to request (leverage ÷ request):			
	Ratio at least 1.5:1	Standard	
	Ratio 1.5 to 1.99:1	4	
	Ratio 2:1 or more	8	

Section V: Project Performance	Possible Points:	Total Score:
	PSH: 145	
	Possible Points deducted: -40	
	Minimum: PSH: 48	

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

Populations Served	Possible Score	Project Score
What percentage of the households served by the project included at least one person with a disability? <i>[Project Application: 5A]</i>		
Less than 100%	0	
100%	8	
What percentage of the adults served by the project were veterans? <i>[Project Application: 5B]</i>		
Less than 25%	0	
25% - 49%	4	
50% - 74%	8	
75% - 99%	12	
100%	16	
What percentage of the people (adults and children) served by the project were chronically homeless? <i>[Project Application: 5B]</i>		
Less than 25%	0	
25% - 49%	4	
50% - 74%	8	
75% - 99%	12	
100%	16	
Performance Data	Possible Score	Project Score
What is the program's unit utilization rate?		
95% or higher	5	
80-94%	0	
0-79%	-5	
Did 100% of program participants enter program from an eligible homeless situation?		
Yes	0	
No	-5	
PSH Programs: what percentage of program participants exited to a permanent housing destination? (if no exits, 10 points is automatically awarded)		
80% or higher	10	
What percentage of program participants exited to a known destination?		
95% or higher	5	
80-94%	0	
0-79%	-5	
What percentage of program participants were employed at program exit?		
Performance met HUD Goal: At least 20%	5	

Performance met CoC Goal: At least 28%	15	
What percentage of program participants were receiving mainstream benefits at program exit? (points are awarded for meeting each goal)		
Performance met HUD Goal: At least 20%	5	
Performance met CoC Goal: At least 75%	15	
Permanent Supportive Housing programs: what percentage of program participants remained in program 6 months or longer?		
Performance met HUD Goal: At least 80%	5	
Performance met CoC Goal: At least 87%	15	
HMIS Participation	Possible Score	Project Score
HMIS Data Completeness: <i>[NC HMIS report]</i>		
81-100%	15	
80%	10	
below 80%	0	
If the agency has additional beds (not a part of this project application), are those beds also being entered into the system? <i>[NC HMIS report; HIC]</i>		
Yes	5	
No	0	
Does the APR that has been submitted to HUD match the APR as pulled from NC HMIS?		
Yes	5	
No	0	
HUD Monitoring Findings	Possible Score	Project Score
Is the recipient free of HUD monitoring findings for all of the agency's projects? If no, findings must be resolved or explained to the satisfaction of the Project Review Committee for the application to meet standards. <i>[Interview with agency]</i>	Standard: Yes/No	
Previous Project Spending Rates: these questions are for projects that have been operating for at least one year at the time of the NOFA release (percentage rounded to the nearest whole number).	Possible Score	Score
Amount Awarded		
Amount spent		
Percentage 90+%	0	
70-89%	-10	
69% and less	-25	
How many grant extensions from HUD were given for a reason other than merging grants? <i>[Interview with agency or information from HUD]</i>		
0	15	
1	0	
2+	Further review	

Section VI: Deductions	Possible Points deducted: -25 Minimum: not more than loss of -15	Total Score
Budget	Possible Score	Project Score
If questions regarding budget are not complete and accurate subtract up to 5 points.	-5	
Deadlines	Possible Score	Project Score
If the on-line application was NOT completed correctly, subtract up to 10 points (specific dates for deadlines will be clarified as the NOFA timeline is discerned or published).	-10	
If required accompanying documents are NOT turned in on time subtract up to 10 points	-10	
If the online application was NOT submitted by the deadline, the Project Review Committee will determine potential consequences including whether the project is ineligible for inclusion in the final CoC application or will receive reduced funding.	Standard: met, not met	



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- Partnership to End Homelessness
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Partnership to End Homelessness

✉ EMAIL ME PAGE UPDATES



The Orange County Partnership to End Homelessness is a coalition of housing and service providers, local government and the broader community working together to prevent and end homelessness in Orange County. For more information about the OCEPH and its initiatives please email the [Homeless Programs Coordinator](#).

Orange County, NC, 2015 Continuum of Care Grant Project Application Rankings
The Orange County CoC, NC-513, received a total of eleven project applications for the 2015 CoC grant funding cycle. The projects were reviewed by an Unbiased Review Committee using scorecards for [new](#) and [renewal](#) project applications. The results of the scoring and ranking are available [here](#).

Orange County, NC 2015 CoC Application Information
The Continuum of Care (CoC) application is released by HUD on an annual basis; the 2015 CoC NOFA was released on September 17, 2015, and completed applications are due to HUD on **November 20, 2015**.

« November 2015 »

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5

New and renewal project applications should be emailed to [Jamie Rohe](#), Homeless Programs Coordinator, by **Tuesday, October 20, 2015**. Submissions will be reviewed using 2015 [New Project](#) or [Renewal Project](#) Scorecards by the 2015 Orange County CoC Unbiased Review Panel.

FY 2015 Continuum of Care Grant: Intent to Apply
The 2015 Notice of Funding Availability for the Department of Housing and Urban Development's (HUD) Continuum of Care (homeless) program competition is anticipated to be released in late

BYLAWS
**ORANGE COUNTY PARTNERSHIP TO END HOMELESSNESS
LEADERSHIP TEAM**

ARTICLE I
ORGANIZATION

SECTION 1. NAME. The name of the organization is the Orange County Partnership to End Homelessness (hereinafter "Partnership"). This organization is a collaborative program created and supported by Orange County, Chapel Hill, Carrboro, and Hillsborough, North Carolina. The Leadership Team is the governing body and provides leadership to the work of the Partnership.

SECTION 2. PURPOSE. The mission of the Orange County Partnership to End Homelessness is to implement Orange County's Plan to End Homelessness.

ARTICLE II
MEMBERSHIP

SECTION 1. ELIGIBILITY. Individuals who live and/or work in Orange County, are at least eighteen years old, and are interested in the mission of the Partnership shall be eligible to apply for membership in the Partnership's Leadership Team.

SECTION 2. APPLICATION FOR MEMBERSHIP. An application for Leadership Team membership shall be available on the Partnership's website and from the Orange County Homeless Programs Coordinator (hereinafter "Coordinator") and shall be advertised to the public. Current members may encourage people they know to apply as well. Applicants shall complete the application and submit them to the Coordinator who shall give them to the Board Development Committee for review.

SECTION 3. TERMINATION. Any member may resign from the Leadership Team upon written notice to the Chair. Any member may be expelled by a two-thirds vote of the Leadership Team. An opportunity for written appeal of that decision to the Executive Committee will be afforded the member facing expulsion.

SECTION 4. VOTING. In any proceeding in which voting by members is called for, each member shall be entitled to one vote.

SECTION 5. ORIENTATION. The Coordinator will provide orientation on the activities of the Partnership for new members.

ARTICLE III
LEADERSHIP TEAM

SECTION 1. COMPOSITION. The Leadership Team shall consist of a minimum of sixteen (16) and maximum of twenty-five (25) elected and appointed voting members. The Coordinator shall serve as a non-voting member of the board. Each of the elected bodies of the four (4) local governments (Orange County, Chapel Hill, Carrboro and Hillsborough) shall appoint one of their members to the Leadership Team.

The elected members of the Leadership Team shall be a balance of representatives of homeless service providers, formerly homeless individuals, faith-based communities, local businesses, UNC-CH, UNC Hospitals, developers/homebuilders, funders, chambers of commerce, prison system, and other homelessness stakeholders.

SECTION 2. BOARD DEVELOPMENT COMMITTEE AND NOMINATIONS. At a regular meeting prior to September 1 each year the Chair shall appoint, subject to the concurrence of the Leadership Team, a Board Development Committee of at least three (3) members. The committee shall be responsible for nominating a new Chair, Vice Chair and new members of the Leadership Team. Also prior to September 1 the Coordinator will publicly solicit applications for Leadership Team membership. Prior to November 1 the Board Development Committee shall send the names of all applicants to the Leadership Team so that members have the opportunity to make comments or recommendations. The Board Development Committee will review the applications and input from the Leadership Team and make a recommendation for Chair, Vice Chair and new members at the November meeting; the slate of candidates will be approved with a majority vote.

SECTION 3. ELECTIONS. Leadership Team members' terms shall be staggered in order that approximately one-half of the voting members of the Leadership Team (with the exception of elected officials) are appointed annually to serve for two (2) years. Elected officials shall be appointed at the discretion of their appointing body. Elected members of the Leadership Team may serve no more than three (3) consecutive two-year terms and no more than six (6) consecutive years; terms of local government elected officials will not be limited. Following a year of not serving on the board, a member is again eligible for election to the board.

SECTION 4. VACANCIES. Any vacancies in elected positions on the Leadership Team shall be filled by elections of eligible candidates by the current members of the Leadership Team for the unexpired portion of the vacated term.

SECTION 5. DUTIES. It shall be the duty of the members of the Leadership Team to advise on the management of the affairs of the Partnership and to protect and advance the interest of the Partnership. The duties of the Leadership Team members shall begin January 1 following elections held in November each year. Except for elected officials, a member of the Leadership Team who shall be absent from more than fifty percent (50%) of Leadership Team meetings in a calendar year may be considered to have resigned from the Leadership Team, unless the absences are approved by the Chair.

SECTION 6. REGULAR MEETINGS. The Leadership Team shall establish its meeting schedule each year, but must meet no less than every other month. At the direction of the Chair a regular meeting date may be changed by notifying members of the Leadership Team at least three (3) days prior to such meeting, provided that a majority of the members concur, by electronic or telephone poll or in a meeting of the whole, with the change. A special meeting of the Leadership Team may be called at any time by the Chair, or any two (2) members. Notice in writing or via electronic communication stating the purpose shall be sent to all members of the Leadership Team at least three (3) days prior to a specifically called meeting.

SECTION 7. QUORUM. A majority of the voting members of the Leadership Team shall constitute a quorum. If a quorum is not present at a regular Leadership Team meeting, matters under consideration may be voted upon via electronic mail, subject to the discretion of the Chair.

ARTICLE IV
OFFICERS AND EXECUTIVE COMMITTEE

SECTION 1. OFFICERS AND EXECUTIVE COMMITTEE. The officers shall be the Chair, Vice Chair, and the Coordinator who shall serve as the Secretary of the organization.

SECTION 2. BOARD DEVELOPMENT COMMITTEE. The Board Development Committee shall nominate the Chair and Vice-Chair. Officers shall have served at least one (1) year as a member of the Leadership Team before taking office. The Leadership Team shall elect the officers prior to December 1 each year. All officers shall serve for a term of two (2) years beginning January 1 or until their successor is elected and assumes the duties of the office. Officers shall be voting members of the Leadership Team.

SECTION 3. DUTIES OF THE CHAIR. The Chair shall serve as the head of the Leadership Team and shall preside at all meetings of the Leadership Team and the Executive Committee. The Chair, with advice and counsel of the other officers, shall determine all committee chairs and assist in the selection of the committee personnel. The Chair shall have the authority to appoint all Ad Hoc and special committees. The Chair shall serve as a voting member of the Leadership Team and serve as a member of and chair the Executive Committee.

SECTION 4. DUTIES OF THE VICE-CHAIR. The Vice-Chair shall exercise the powers and authority and perform the duties of the Chair in the absence or disability of the Chair. The Vice-Chair shall chair the Board Development Committee and be responsible for planning the annual retreat. The Vice-Chair shall serve as a voting member of the Leadership Team and of the Steering Committee.

SECTION 5. DUTIES OF THE HOMELESS PROGRAMS COORDINATOR. The Coordinator shall function as the chief executive officer of the Partnership. It shall be the duty of the Coordinator to conduct the official correspondence, preserve all books, documents, and communications, and maintain accurate record of the proceedings of the Partnership, the Leadership Team, and all committees. S/he shall perform all duties as may be incident to her/his office and all duties as delegated to her/him by the Leadership Team. The management of the staff of the Partnership shall be the sole responsibility of the Coordinator. It will be the duty of the Coordinator to act in an advisory capacity to the other officers, the Leadership Team, the Orange County Board of Commissioners, the Orange County Manager and the Committees in order to promote the projects and activities of the Partnership in accordance with the Memorandum of Understanding between Orange County, NC and the Towns of Chapel Hill, Carrboro, and Hillsborough and the Leadership Team. At the end of her/his period of employment, s/he shall deliver to the Leadership Team all books, papers, and property of the Partnership. The Coordinator shall be an ex-officio, non-voting member of the Leadership Team, the Executive Committee and all committees. The Coordinator shall also serve as the Secretary of the Partnership.

SECTION 6. EXECUTIVE COMMITTEE. The Executive Committee shall act for and on behalf of the Leadership Team when the Leadership Team is not in session, but shall be accountable to the Leadership Team for its actions. It shall be composed of the Chair, Vice-Chair, and Coordinator. The Chair of the Board shall serve as Chair of the Executive Committee.

SECTION 7. DUTIES OF THE SECRETARY. The Secretary shall: (a) keep the minutes of the meetings of the Leadership Team and of all committees in electronic and hard copy; (b) see that all notices are duly given in accordance with the provisions of these bylaws or as required by law; and (c) in general perform all duties incident to the office of secretary and such other duties as from time to time may be prescribed by the Leadership Team.

ARTICLE V
FISCAL YEAR

SECTION 1. FISCAL YEAR. The fiscal year of the Partnership shall begin on the first day of July and end on the last day of June.

ARTICLE VI
COMMITTEES

SECTION 1. APPOINTMENT AND AUTHORITY. The Chair shall appoint all committee chairs and assist in the selection of committee members. Committee chairs shall serve at the will and pleasure of the Chair of the Leadership Team and in no event shall exceed the term of the appointing chair unless reappointed by the succeeding Chair. It shall be the function of the committees to make recommendations to the Leadership Team and carry out such activities as may be delegated to them by the Leadership Team.

SECTION 2. LIMITATION OF AUTHORITY. No action by any member, committee, employee, or officer shall be binding upon, or constitute an expression of the policy of the Partnership until it has been approved or ratified by the Leadership Team. Committees shall be discharged by the Chair when their work has been completed and their reports accepted, or when, in the opinion of the Leadership Team, it is deemed wise to discontinue the committee.

SECTION 3. COMMITTEES. The Partnership Leadership Team shall annually instruct the appointed standing committee chairs to constitute and convene the following committees: The Executive Committee (chaired by the Board Chair), and the Board Development Committee.

SECTION 4. ADDITIONAL COMMITTEES. The Leadership Team may create any additional committees as it deems advisable to handle the work of the Partnership. The Leadership Team shall authorize and define the powers and duties of all committees, which shall report annually to the Leadership Team on their objectives, activities and accomplishments.

ARTICLE VII
FINANCES

SECTION 1. BUDGET AND ACCOUNTING. The budgeting and accounting systems of the Partnership shall be an integral part of the budgeting and accounting systems of Orange County Government.

ARTICLE VIII
PARLIAMENTARY AUTHORITY

SECTION 1. PARLIAMENTARY AUTHORITY. The current edition of Roberts Rules of Order shall be the final source of authority in all questions of parliamentary procedure when such rules are not inconsistent with Bylaws of the Partnership.

ARTICLE IX
DISSOLUTION

SECTION 1. DISSOLUTION. The Bylaws of the Partnership will be dissolved upon termination of the Memorandum of Understanding between Orange County, NC and the Towns of Chapel Hill, Carrboro, and Hillsborough and the Leadership Team of the Partnership.

ARTICLE X
AMENDMENTS

SECTION 1. AMENDMENTS. The Bylaws of the Partnership may be amended or revised by a two-thirds vote of the Leadership Team present at any special or regular meeting thereof.

Adopted: November 5th, 2008

Revised: January 9th, 2013

** Note: this article will be voted on for acceptance at the Partnership's December 2, 2015 Leadership Team meeting.*

ARTICLE XI
HOMELESS MANAGEMENT INFORMATION SYSTEM ("HMIS")
GOVERNANCE

The Partnership will be a part of the NC HMIS System and a member of the NC HMIS Governance Committee. As such the Partnership has three primary responsibilities:

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

- B. Designate HMIS Governance Committee Representatives.** The Leadership Team shall designate a representative and an alternative representative from the Continuum of Care to the NC HMIS Governing Committee.

- C. Review NC HMIS Governance Committee Bylaws.** The NC HMIS Bylaws will direct the governance of the statewide NC HMIS system. The Partnership may approve or send suggestions to the NC HMIS Governance Committee on amendments for adoption.

The Partnership shall ensure consistent participation in HMIS for all federal partner-funded programs and encourage the same for all other agencies. For agencies that are exempt from participating in HMIS by federal statute (for example, domestic violence service providers) the Partnership will support their participation in a comparable database that meets the HUD standards for an HMIS system.

The Partnership, in collaboration with the NC HMIS Governance Committee, will ensure the HMIS is administered within the Orange County Continuum of Care in compliance with requirements prescribed by HUD.

North Carolina Statewide Homeless Management System (NC HMIS) Operating Policy and Procedure

The purpose of HMIS is to record and store client-level information about the numbers, characteristics and needs of persons who use homeless housing and supportive services, to produce an unduplicated count of homeless persons for each Continuum of Care; to understand the extent and nature of homelessness locally, regionally and nationally; and to understand patterns of service usage and measure the effectiveness of programs and systems of care. These are minimum standards, additional Policies and Procedures may be added by the local Continuum of Care. **The following operating policies and procedures apply to all designated HMIS Lead Agencies and participating Agencies (Contributing HMIS Organizations – CHOs).**

PRIVACY STATEMENT

NC HMIS is committed to make North Carolina's HMIS safe for all types of programs and the clients whose information is recorded, and to maximize the opportunities to improve services through automation.

Toward that end:

Sharing is a planned activity guided by Sharing Agreements between agencies (QSOBAAs). The agency may elect to keep private some or all of the client record including all identifying data.

All organizations will screen for safety issues related to the use of the automation.

NC HMIS has systematized the risk assessment related to clients through the NC HMIS Release, offered options in terms of the Search Screen, and provided guidance around the use of Un-Named Records and how the Privacy Notice is explained.

NC HMIS has adopted a Privacy Notice that was developed in North Carolina to cover both HIPAA covered and non-covered organizations.

The NC HMIS System runs in compliance with HIPAA, and all Federal and State laws and codes. All privacy procedures are designed to insure that the broadest range of providers may participate in the Project.

Privacy Training is a requirement for all agencies and users on the NC HMIS system.

We view our Privacy Training as an opportunity for all participating organizations to revisit and improve their overall privacy practice. Agencies are encouraged to put all of their staff through the training curricula – not just those with user access to the system and/or those that collect information from clients.

All those issued user access to the system must successfully complete privacy training and sign a User's Agreement and Code of Ethics, and agencies must sign a NC HMIS Participation Agreement. Taken together, these documents obligate participants to core privacy procedures. If agencies decide to share information, they must sign an agreement that defines sharing practice (the Sharing QSOBAA).

Policies have been developed that protect not only client's privacy, but also agency's privacy. Practice Principles around the use and publication of agency or CoC specific data have been developed and included in both the Policies and Procedures.

The NC HMIS System allows programs with multiple components/locations that serve the same client to operate on the a single case plan, reducing the amount of staff and client's time spent in documentation activities and ensuring that care is coordinated and messages to clients are reinforced and consistent.

□ It is understood that 2015 represents a development period as participants in NC HMIS adopt a new approach to System operation as well as privacy. Agencies will take some time to effect the changes identified in this Policy and mid-course adjustments may occur. As such, the policies and procedures identified in this document represent basic standards and all participating agencies will be given adequate time and support to come into compliance. Local CoCs may adapt this document to apply a stricter standard and may establish local timelines for full implementation.

Key Terms and Acronyms:

Term	Acronym (if used)	Brief Definition
Homeless Management Information System	HMIS	Data systems that meet HUD requirements and are used throughout the nation to measure homelessness and the effectiveness of related service delivery systems. The HMIS is also the primary reporting tool for HUD homeless service grants as well as other public money's related to homelessness.
Continuum of Care	CoC	Planning body charged with guiding the local response to homelessness.
North Carolina HMIS	NC HMIS	Title given to the North Carolina statewide implementation of the HMIS.
Michigan Coalition Against Homelessness	MCAH	The North Carolina Governance Committee and participating CoCs has employed MCAH to act as the Lead HMIS administrator.
ServicePoint	SP	The database used by North Carolina to record and report HMIS information.
Bowman System, Inc		North Carolina's Vendor for HMIS. They provide the technology (ServicePoint) and software and server support for the System.
Independent Jurisdictions	IJs	CoCs that are recognized by HUD usually organized around the higher population counties. Detroit is its own IJ.
North Carolina HMIS Governance Committee	GC	The NC Governance Committee composed of representatives from all CoC provides direct oversight on the Statewide HMIS project.
MCAH Interim Memorandum of Understanding	MOU	The Interim MOU enables MCAH to serve as the HMIS Lead Agency and administer the statewide HMIS implementation on behalf of the North Carolina CoCs.
Contributing HMIS Organizations	CHO	An organization that participates on the HMIS.
Participation Agreement		The Agreement between all participating agencies and MCAH that specifies the rights and responsibilities of MCAH and participating agencies.
NC Administrative Data Use Agreement / QSOBAA	Admin. QSOBAA	The Agreement signed by each Agency, local Lead HMIS Agency, and MCAH that governs the privacy standards for all those with administrative responsibility for the database
NC Sharing Agreement / QSOBAA	Sharing QSOBAA	The Agreement between agencies that elect to share information using the HMIS. The Agreement prevents the re-release of data and, in combination with the Participation Agreement, defines the rules of sharing.
User Agreement & Code of Ethics		The document each HMIS User signs agreeing to the HMIS standards of conduct.
Release of Information (Electronic)	ROI	An electronic ROI must be completed to share any person's data within the HMIS.
Privacy Notice		A document that details the Privacy rules applied to the System. It includes a description of the HMIS, the rights of clients, why we collect data and the legal uses of data/disclosures. It must be available to clients and be present on the agencies WEB Site.
HUD Public Notice		A description of why HUD requires grantees to collect information. It must be posted where-ever information is collected.
Privacy Script		Adapted by agencies based on what they collect and their sharing practice, the "script" is used by intake staff to standardize the privacy discussion with every client and is a critical part of the informed consent process.

NC HMIS Release of Information and Sharing Agreement	Release	A signed (paper) Release that specifies how the Search Screen will be configured and details each agencies sharing plan to support an “informed consent” process. A signed Release allows for reciprocal sharing between agencies/programs identified in the Release.
Sharing		Sharing refers to the sharing of data between agencies. It does not refer to basic entry into the HMIS. Sharing data between agencies requires a signed client Release of Information. Basic entry does not require an ROI as there is implied consent for the agency to keep records when a client provides information.
Visibility		Refers to the ability to see a client’s data between provider pages on the HMIS. Visibility is configured on the HMIS system in each Provider Page.
Visibility Groups		Visibility Groups are defined groups of Provider Pages where data is shared. Internal Visibility Groups control internal sharing. External Visibility Groups control sharing with other agencies and are defined with a Sharing QSOBAA.
Coverage Rate		The percent of the homeless population that is measured on the HMIS. Coverage estimates are used to project to a total homeless count that includes those served in Domestic Violence Providers or other non-participating Shelters or Outreach Programs. Coverage Memos provide guidance for estimating coverage. HUD also defines Bed Coverage (beds covered on the HMIS) and Service Coverage (person coverage for none residential programs).
Program Types		HUD defines 9 basic Program Types
		<ul style="list-style-type: none"> • ES: Emergency Shelter- Overnight shelters or shelters with a planned length of stay of less than 3 months. • TH: Transitional Housing- Transitional environments with a planned LOS of not more than 2 years and provide supportive services. • PH-PSH: Permanent Supportive Housing- Permanent Housing for the formerly homeless with services attached to persons served under this program. • PH-PH: Permanent Housing- Permanent housing that may be supported by a voucher but does not have services attached to the housing. • PH- RRH: Rapid Rehousing- A program that rapidly rehouses those that are identified as Literally Homeless. • HP: Homeless Prevention- A program that helps those who are at imminent risk of losing housing, to retain their housing. • SOP: Street Outreach Program- A program that serves homeless persons that are living on the street or other places not meant for habitation. • SSO: Services Only Program- A program that serves only with no residential component. These programs often provide case management and other forms of support and meet with clients in an office, at the household’s home, or in a shelter. • Safe Haven: A program that provides low-demand shelter for hard-to-serve persons with severe disabilities. The clients have often failed in other sheltering environments.
Length of Stay	LOS	The number of days between the beginning of services and the end of services. It is calculated using entry and exit dates or shelter stay dates. The HMIS offer calculations for discrete stays as well as the total stays across multiple sheltering events.
Point in Time Count	PIT	An annual count during the last week in January that is required for all CoCs. Every other year, that count also includes an “unsheltered” or street count.
Housing Inventory Chart	HIC	All residential programs (both HMIS and non-participating) must specify the number of beds and units available to homeless persons. The numbers are logged into related Provider Pages where the corresponding person data is recorded (for participating programs).
SOAR Across North Carolina	SOAR	Using the national “best practice” curriculum, the SOAR project reduces barriers to and supports the application for Supplemental Security Income or

		Supplemental Security Disability Insurance (SSI/SSDI) for North Carolina’s disabled homeless people.
Emergency Assistance Network	EAN	EAN agencies provide a mix of emergency services for people in need and report to funding organizations through NC HMIS.
Homeless Definition		<p>See Homeless Definition Crosswalk. HEARTH defines 4 categories of homelessness. Not all programs can serve all categories and some may utilize a different definition when delivering services. NC HMIS has adopted the HUD definition for counting the homeless.</p> <ul style="list-style-type: none"> • Category 1: Literally Homeless • Category 2: Imminent Risk of Homelessness • Category 3: Homeless under other Federal Statute • Category 4: Fleeing/Attempting to Flee DV
Projects for Assistance in Transition from Homelessness	PATH	PATH is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). It provides services to mentally ill homeless people, primarily through street outreach, to link them to permanent community housing. This program has different reporting requirements than HUD funded programs and uses HMIS to collect this information.
Shelter Plus Care	S+C	Refers to a federal program that provides Permanent Supportive Housing to disabled persons throughout the State of North Carolina. With the new HEARTH Regulation S+C was folded into CoC programming.
Housing Opportunities for Persons with AIDS	HOPWA	HOPWA provides housing assistance and related supportive services for persons with HIV/AIDs and family members who are homeless or at risk of homelessness. This program has different program reporting requirements than the other HUD-funded programs in this document.
Runaway and Homeless Youth Programs	RHY	RHY provides a range of services to youth up to age 21 experiencing homelessness. This federal program is required to participate on the HMIS effective 10/1/2014 and has specific operating rules.
Coordinated Assessment Programs	CA	North Carolina has implemented plans to better coordinate services to homeless persons. Each CoC must develop a plan based on their local providers and resources. The shared objective of these locally defined processes is to insure that access to homeless resources is optimized and based on a standardized assessment of need.

Policy Disclaimers and Updates

Operating Procedures defined in this document represent the minimum standards of participation on NC HMIS and general “best practice” operation procedures. Local Lead Agencies in coordination with their CoCs may include additional standards.

The Standards described in this document are not intended to supersede grant specific requirements and operating procedures as required by funding entities. PATH, HOPWA, RHY and VA providers have operating rules specific to HHS and the VA.

The NC HMIS Operating Policies and Procedures are updated routinely as HUD publishes additional guidance or as part of the annual review. Updates will be reviewed at the Monthly System Administrator Call-In and included in the Meeting Minutes distribution email. To allow for evolution of compliance standards without re-issuing core agreements, updated policies supersede related policies in previously published Policies and Procedures or Agreements. Any changes from the previous year will be highlighted. A current copy of the Procedures may also be found on the NC HMIS WEB Site www.nchmis.org.

Agreements and Training Certifications:

- 1) All CoCs participating on the NC HMIS must sign the MCAH Interim MOU that designates the use of the North Carolina Statewide HMIS Vendor and identifies the Michigan Coalition Against Homelessness (MCAH) as the Statewide Lead Agency for administration of the statewide database. Each Jurisdiction will also identify a local Lead Agency that coordinates with MCAH and is responsible for specific tasks. The MOU supports the ability for multiple jurisdictions to participate on a single statewide HMIS information system.
- 2) Training is required for all users of the System. Agencies must provide new staff with a list of training requirements and assure that basic training has been completed. A basic overview of required training is presented below, however details of specific Web Casts and Live Training for new and existing Users may be found at www.nchmis.org Training Certifications must be maintained on file for all licensed users. Privacy and Definitions Training is also required for those staff that interview clients and collect information.
- 3) All Agencies must have fully executed and be in compliance with the following Agreements. An Implementation Agency Checklist may be found at www.nchmis.org
 - a) Administrative QSOBAA governing administrative access to the System.
 - b) Participation Agreement governing the basic operating principals of the System and rules of membership.
 - c) Sharing QSOBAA's (if applicable) governing the nature of the sharing and the re-release of data.
 - d) A board certified Confidentiality Policy governing the over Privacy and Security standards for the Agency.
 - e) User Agreement and Code of Ethics governing the individual's participation in the System.
- 4) Agencies must have an assigned Agency Administrator. The Agency Administrator is required to support the agency's use of the System including insuring that all users are properly trained. Training categories include:
 - a) Privacy and annual privacy updates (all users and those that collect data from clients)
 - b) Provider Page Training to understand the System Configuration for each provider (Local System Administrators and Agency Administrators).
 - c) Updated Workflow training (The steps to completing data entry. There may be multiple workflows depending on the fund sources and the services provided by the agency.)
 - d) Reports Training (agency users and leadership tasked with supporting data quality as well as monitoring outcome and other performance issues).

Privacy and Security Plan:

All records entered into the HMIS and downloaded from the HMIS are required to be kept in a confidential and secure manner.

Oversight:

- 1) Agency Administrators with support from agency Leadership must:
 - a) Insure that all staff using the System complete annual privacy & security training. Training must be provided by NC HMIS Certified Trainers and based on the NC HMIS Privacy/Security Training Curriculums.
 - b) Adapt the Privacy Script Template and Client Release of Information and Sharing Plan to reflect their sharing choices.
 - c) Conduct a quarterly review of the Providers Visibility Set up and an annual security review of the agency that includes reviewing compliance with the Privacy and Security sections of this document. Finding from the review should be available upon request.
 - d) Insure the prompt removal of licenses to the HMIS when a staff person leaves the organization or revision of the user's access level as job responsibilities change.
 - e) Report any security or privacy incidents immediately to the Local Lead HMIS System Administrator (LSA) for the CoC Jurisdiction to insure that the record is closed as soon as possible. The Local System Administrator investigates the incident including running applicable audit reports. If the LSA determines that a possible breach has occurred and/or the staff involved violated privacy or security guidelines, the LSA will report to the chair of the CoC and NC HMIS Lead Director within 5 working days. A Corrective Action Plan will be negotiated. Components of the Plan must include at minimum supervision and retraining. It may also include removal of HMIS license, client notification if a breach has occurred, and any appropriate legal action. All confirmed breaches must be reported to the Governance Committee Executive Committee.
- 2) Criminal background checks must be completed on all System Administrators. All agencies should be aware of the risks associated with any persons given access to the System and limit access as necessary.
- 3) Local System Administrators conduct routine audits to insure compliance with the Operating Policies and Procedures. The audit will include a mix of system and on-site reviews. MCAH staff will also participate in local audits from time to time. Audits are designed to facilitate use of the System and agencies will be given adequate time to implement any required changes.
- 4) Agencies must have a formal grievance process. A copy of any HMIS-related grievance, and the Agency's response, must be submitted to the MCAH Project Manager, and CoC Lead within 5 days of completion of the agencies response.

Privacy:

- 1) All Agencies are required to have the **HUD Public Notice** posted and visible to clients where information is collected. See Appendix A for link to the Notice.
- 2) All Agencies must have a **Privacy Notice**. They may adopt the NC HMIS sample notice or integrate NC HMIS into their existing Notice. See Appendix A for a link to the sample Notice. All Privacy Notices must define the uses and disclosures of data collected on HMIS including:
 - a) The purpose for collection of client information.
 - b) A brief description of policies & procedures governing privacy including protections for vulnerable populations.
 - c) Data collection, use and purpose limitations. The Uses of Data must include uses related to de-identified data.
 - d) The client's rights to copy/inspect/correct their record based on agency policy. Agencies may establish reasonable norms for the time and cost related to producing a copy of the report. The agency may say "no" to the request to correct information, but the agency must inform the client of its reasons in writing within 60 days of the request.
 - e) The client complaint procedure
 - f) Notice to the consumer that the Privacy Notice may be updated overtime and applies to all client information held by the Agency.
 - g) All Notices must be posted on the Agencies WEB Site.
- 3) All Agencies are required to have a **Privacy and Security Policy**. Agencies may elect to integrate the Privacy Policies defined in this document into an existing Privacy Policy. See Appendix A for link. All Privacy Policies must include:
 - a) Procedures defined in the Agencies Privacy Notice
 - b) Protections afforded those with increased privacy risks such as protections for victims of domestic violence, dating violence, sexual assault, and stalking. Protection include at minimum:
 - i) Closing of the profile search screen so that only the serving agency may see the record.
 - ii) The right to refuse sharing if the agency has established an external sharing plan.
 - iii) The right to be entered under an Un-Named Record Protocol where identifying information is not recorded in the System and the record is located through a randomly generated number (note: this interface does allow for un-duplication because the components of the Unique Client Id are generated).
 - iv) The right to have a record marked as inactive.
 - v) The right to remove their record from the System.

- c) Agencies may create a paper record by printing the Assessment screens located within the HMIS. These records must be kept in accordance with the procedures that govern all hard copy information (see below).
 - d) Client Information Storage and Disposal. Users may not store information from the System on personal portable storage devices. The Agency will retain the client record for a period of **7** years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.
 - e) Remote Access and Usage: The Agency must establish a policy that governs use of the System when access is approved from remote locations. The policy must address:
 - i) The use of portable storage devices.
 - ii) The environments where use is approved.
 - iii) All browsers used to connect to the System must be secure. No user is allowed to access the database from a public or none-secured private network such as an airport, hotel, library, or internet café.
- 4) Agencies must protect **hard copy data** that includes client identifying information from unauthorized viewing or access.
- a) Client files are locked in a drawer/file cabinet
 - b) Offices that contain files are locked when not occupied.
 - c) Files are not left visible for unauthorized individuals.
- 5) Agency provides a **Privacy Script** to all staff charged with explaining privacy to standardize the explanation of agency privacy rules. The Script must:
- a) The Script must be developed to reflect the agencies sharing agreements and the level of risk associated with the type of data the Agency collects and shares.
 - b) The Script should be appropriate to the general education / literacy level of the Agencies clients.
 - c) A copy of the Script should be available to clients as they complete the intake interview.
- 6) Agencies that plan to share information through the System must sign a **Sharing QSOBAA** (Qualified Services Organization Business Associates Agreement).
- a) Sharing QSOBAAs are managed by the CoC's LSA and negotiated within the CoC planning process.
 - b) The Agreement proscribes the re-release of information shared under the terms of the Agreement.
 - c) The Agreement specifies what is shared with whom.
 - d) Agencies may share different information with different partners and may sign multiple Sharing QSOBAAs to define a layered sharing practice.
 - e) The signatories on the Agreement include authorized representatives from all Agencies covered by the Agreement.

- f) All members of a Sharing QSOBAA are informed that by sharing the electronic record they are creating a common record that can impact the data reflected on Reports. Members of the sharing group agree to negotiate data conflicts.
 - g) No Agency may be added to the Agreement without the approval of all other participating agencies.
 - i) Documentation of that approval must be available for review and may include such items as meeting minutes, email response or other written documentation.
 - h) When a new member is added to the Sharing QSOBAA, the related Visibility Group is end-dated and a new Visibility Group is begun. **A new member may not be added to an existing Visibility Group.**
- 7) Agencies must have appropriate **Release(s) of Information** that are consistent with the type of data the agency's plan to share.
- a) The Agency adapts the NC HMIS Release of Information and Sharing Plan to reflect their sharing decisions and include a list of sharing partners and a description of the information to be shared.
 - b) If the Agency integrates the NC HMIS Release into their existing Releases, the Release must include the following components:
 - i) A brief description of NC HMIS and a discussion of why we collect information.
 - ii) A specific description of the Client Profile Search Screen and an opportunity for the client to request that the Screen be closed.
 - iii) A description of the Agency's sharing partners (if any) and a description of what is shared. **It must reflect items negotiated in the Agency's Sharing QSOBAA.**
 - iv) A defined term of the Agreement.
 - v) The NC HMIS Release is intended to allow for the exchange of information between all agencies included within the Sharing QSOBAA and may be completed one time to cover all entities.
- 8) An **automated ROI** is required to enable the sharing of any particular client's information between any Provider Pages on the System.
- i) Agencies should establish internal sharing by creating a Visibility Group(s) that includes all Agency provider pages where sharing is planned and allowed by law.
 - (1) **Internal sharing** does not require a signed Client Release of Information unless otherwise specified by law.
 - (2) If new provider pages are added to the Agency tree, they may be included in the existing Visibility Group. The information available to that Provider Page will include all information covered by the Visibility Group from the beginning date of the Group – sharing will be retrospective.

- ii) Agencies may elect to share information with other Agencies – **External Sharing** - by negotiating a Sharing QSOBAA (see 7 above).
 - (1) A signed and dated Client Release of Information(s) must be stored in the Client Record (paper or scanned onto the System) for all Automated ROIs that release data between different agencies – external sharing.
 - (2) To prevent retrospective sharing, a new Visibility Group is constructed whenever a new sharing partner is added to the agencies existing sharing plan / QSOBAA.

- 9) The Agency must have a procedure to assist clients that are hearing impaired or do not speak English as a primary language. For example:
 - a) Provisions for Braille or audio
 - b) Available in multiple languages
 - c) Available in large print

- 10) **Agencies are required to maintain a culture that supports privacy.**
 - a) Staff do not discuss client information in the presence of others without a need to know.
 - b) Staff eliminate unique client identifiers or any information that would allow the public to re-identify the client before releasing data to the public.
 - c) The Agency configures workspaces for intake that supports privacy of client interaction and data entry.
 - d) User accounts and passwords are not shared between users, or visible for others to see.
 - e) Program staff are educated to not save reports with client identifying data on portable media as evidenced through written training procedures or meeting minutes.
 - f) Staff are trained regarding use of email communication.

- 11) All staff using the System must complete Privacy and Security Training annually. Certificates documenting completion of training must be stored for review upon audit.
- 12) Victim Service Providers are precluded from entering client level data on the HMIS or providing client identified data to the HMIS. These providers will maintain a comparable database to respond to grant contracts.

Data Security:

- 1) All licensed Users of the System must be assigned **Access Levels** that are consistent with their job responsibilities and their business “need to know”.
- 2) All computers must have **virus protection with automatic updates.**

- a) Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to insure:
 - i) The Anti-Virus Software is using the up-to-date virus database.
 - ii) That updates are automatic.
 - iii) OS Updates are also run regularly.
- 3) All computers are protected by a Firewall.
 - a) Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to insure:
 - i) For Single Computers, the Software and Version is current.
 - ii) For Network Computers, the Firewall Model and Version is current.
 - iii) That updates are automatic.
- 4) Physical access to computers that connect to the HMIS is controlled.
 - a) All workstations in secured locations (locked offices).
 - b) Workstations are logged off when not manned.
 - c) All workstations are password protected.
 - d) **All HMIS Users are proscribed from using a computer that is available to the public or from access the System from a public location through an internet connect that is not secured.** That is, staff are not allowed to use Internet Cafes, Libraries, Airport Wi-Fi or other non-secure internet connections.
- 5) A plan for remote access if staff will be using the NC HMIS System outside of the office such as doing entry from home. Concerns addressed in this plan should include the privacy surrounding the off-site entry.
 - a) The computer and environment of entry must meet all the standards defined above.
 - b) Downloads from the computer may not include client identifying information.
 - c) Staff must use an agency-owned computer.
 - d) System access settings should reflect the job responsibilities of the person using the System. Certain Access levels do not allow for downloads.

Remember that information security is never better than the trustworthiness of the staff licensed to use the System. The data at risk is the agency's own and that of its sharing partners. If an accidental or purposeful breach occurs, the agency is required to notify MCAH. A full accounting of access to the record can be completed.

Disaster Recovery Plan:

The HMIS can be a critically important tool in the response to catastrophic events. The HMIS data is housed in a secure server bank in Shreveport, LA with nightly off-site backup. The solution means that data is immediately

available via Internet connection if the catastrophe is in North Carolina and can be restored within 4 hours if the catastrophe is in Louisiana.

- 1) HMIS Data System (see “Bowman Systems Securing Client Data” for a detailed description of data security and Bowman’s Disaster Response Plan):
 - a) NC HMIS is required to maintain the highest level disaster recovery service by contracting with Bowman Systems for Premium Disaster Recovery that includes:
 - i) Off site, out-of state, on a different Internet provider and on a separate electrical grid backups of the application server via a secured Virtual Private Network (VPN) connection.
 - ii) Near-Instantaneous backups of application site (no files older than 5 minutes).
 - iii) Nightly off site replication of database in case of a primary data center failure.
 - iv) Priority level response (ensures downtime will not exceed 4 hours).
- 2) HMIS Lead Agencies:
 - a) HMIS Lead Agencies are required to back-up internal management data system’s nightly.
 - b) Data back-ups will include a solution for off-site storage for internal data systems.
- 3) Communication between staff of the Lead Agency, the CoC, and the Agencies in the event of a disaster is a shared responsibility and will be based on location and type of disaster.
 - a) Agency Emergency Protocols must include:
 - i) Emergency contact information including the names / organizations and numbers of local responders and key internal organization staff., designated representative of the CoCs, local HMIS Lead Agency, and the NC HMIS Project Director.
 - ii) Persons responsible for notification and the timeline of notification.
 - b) In the event of System Failure:
 - i) The NC HMIS Project Director or designee will notify all participating CoCs and local System Administrators should a disaster occur at Bowman System’s or in the NC HMIS Administrative Offices. Notification will include a description of the recovery plan related time lines. Local/assigned System Administrators are responsible for notifying Agencies.
 - ii) After business hours, NC HMIS staff report System Failures to Bowman System using the Emergency Contact protocol. An email is also launched to Local System Administrators and Emergency Shelter designated staff no later than one hour following identification of the failure.
 - c) NC HMIS Project Director or designated staff will notify the HMIS Vendor if additional database services are required.
- 4) In the event of a local disaster:
 - a) NC HMIS in partnership with the local Lead Agency will provide access to additional hardware and user licenses to allow the CHO(s) to reconnect to the database as soon as possible.

- b) NC HMIS in collaboration with the local Lead Agencies will also provide information to local responders as required by law and within best practice guidelines.
- c) NC HMIS in collaboration with the local Lead Agencies will also provide access to organizations charged with crisis response within the privacy guidelines of the system and as allowed by law.

System Administration and Data Quality Plan:

1) Provider Page Set-Up:

- a) Provider Page are appropriately named per the NC HMIS naming standards **<agency name> - <county> - <program> - <project/funding>**. Example: “The Salvation Army – Wake County – Housing for Veterans - ESG”. Identification of funding stream is critical to completing required reporting to funding organization.
- b) Inactive Provider Pages are properly identified with “XXXCLOSED”> followed by the year of the last program exit >Provider Page Name. For example: XXXCLOSED2015 – The Salvation Army...
- c) HUD Data Standards are fully completed on all Provider Pages:
 - i) CoC code is correctly set.
 - ii) Program type codes are correctly set.
 - iii) Geocodes are set correctly for Principal Site provider pages.
 - iv) Bed and Unit Inventories are set for applicable residential programs.
 - v) The Federal Partner Funding Source section is completed for all projects receiving funding from one of the federal partners.
- d) User licenses are set up to “Enter Data As” (EDA) and users are trained to use EDA to navigate provider pages.
- e) All Agency Administrators and System Administrators complete Provider Page Set-Up Training. Set-up instructions will vary by funding and/or Provider type. Agency Administrators and System Administrators update instruction and respective Providers as new instructions are published.

2) Data Quality Plan:

- a) Agencies must require documentation at intake of the homeless status of consumers according to the reporting and eligibility guidelines issued by HUD. The “order of priority” for obtaining evidence of homeless status are (1) third party documentation, (2) worker observations, and (3) certification from the person. Lack of third party documentation may not be used to refuse emergency shelter, outreach or domestic violence services. Local CoCs may designate the local central intake/coordinated assessment agencies to establish the homeless designation and maintain related documentation.

- b) 100% of clients must be entered into the System no more than 15 days after the information is collected from the client. If the information is not entered on the same day it is collected, the agency must assure that date associated with the information be the collection date by:
 - i) Entering entry/exit data including the UDEs on the Entry/Exit Tab of ServicePoint or
 - ii) Backdating the information into the System.
- c) All staff are required to be trained on the definition of Homelessness.¹
 - i) NC HMIS will provide a Homeless Definition Cross-Walk to support agency level training.
 - ii) Documentation of training must be available for audit. This should be maintained in the agency's HMIS binder.
 - iii) There is congruity between the following NC HMIS case record responses, based on the applicable homeless definition: (Housing Status and Residence Prior to Project Entry are being properly completed).
- d) Agency has a process to ensure the First and Last Names are spelled properly and the DOB is accurate.
 - i) An ID is requested at intake to support proper spelling of the client's name as well as the recording of the DOB.
 - ii) If no ID is available, staff request the legal spelling of the person's name.
 - iii) Programs that serve the chronic and higher risk populations are encouraged to use the Scan Card process within ServicePoint to improve un-duplication and to improve the efficiency of recording services.
 - iv) Data for clients with significant privacy needs may be entered under the "Un-Named Record" feature of the System. However, while identifiers are not stored using this feature, great care should be taken in creating the Un-Named Algorithm by carefully entering the first and last name and the DOB. Names and ServicePoint Id #s Cross-Walks (that are required to find the record again) must be maintained off-line in a secure location.
- e) Income, non-cash benefits and health insurance information are being updated at least annually and at exit.
- f) Agencies have an organized exit process that includes:
 - i) Clients and staff are educated on the importance of planning and communicating regarding discharge. This is evidenced through staff meeting minutes or other training logs and records.
 - ii) Discharge Destinations are properly mapped to the HUD Destination Categories.
 - (1) NC HMIS provides a Destination Definition Document to support proper completion of exits (see Appendix A for link).
 - iii) There is a procedure for communicating exit information to the person responsible for data entry.

¹ Specific instruction is available for PATH and HOPWA programs at www.dyns-services.com

- g) Agency Administrator/Staff regularly run data quality reports.
 - i) Report frequency should reflect the volume of data entered into the System. Frequency for funded programs will be governed by Grant Agreements, HUD reporting cycles, and local CoC Standards. However, higher volume programs such as shelters and services only programs must review and correct data at least monthly. In low volume longer stay programs, reports should be run following all intakes and exits and quarterly to monitor the recording of services and other required data elements.
 - ii) The program entry and exit dates should be recorded upon program entry or exit of all participants. Entry dates should record the first day of service or program entry with a new program entry date for each period/episode of service. Exit dates should record the last day of residence before the participant leaves the shelter/housing program or the last day a service was provided.
 - iii) Data quality screening and correction activities must include the following:
 - (1) Missing or inaccurate information in (red) Universal Data Element Fields.
 - (2) If funded through a Federal Partner Funding Source, missing program specific elements are also audited.
 - (3) Un-exited clients using the Length of Stay and Un-exited Client Data Quality Reports.
 - (4) Count reports for proper ratio of children to adults in families. (at least 1.25)
 - (5) Provider Page Completion Reports with an Annual update of the HUD Standards Information.
 - (6) Close all inactive provider pages within the agency tree. Audit of inactive pages includes closing all open services and exiting all un-exited clients.
 - (7) Insure that PH RRH providers have recorded a “Move In” date reflecting when the client was actually housed.
- h) CoCs and Agencies are required to review Outcome Performance Reports. Targets are adjusted by Project Type. The CoC’s HMIS Lead Agency, in collaboration with the CoC Reports Committee or designated CQI Committee, establishes local benchmark targets. See Appendix A for links and “Setting Targets” training podcast.
- i) NC HMIS publishes regional benchmarks on all defined measures annually (see Appendix A).
- j) Agencies are expected to participate in the CoCs Continuous Quality Improvement Plan as they are developed locally. See CQI materials designed to support Data Quality through Continuous Quality Improvement (see Appendix A).

3) Workflow Requirements:

- a) Assessments set in the Provider Page Configuration are appropriate for the funding stream.
- b) Users performing data entry have latest copies of the workflow guidance documents.

- c) If using paper, the intake data collection forms correctly align with the workflow.
- d) 100% of clients are entered into the System within 15 days of data collection.
- e) Agencies are actively monitoring program participation and exiting clients. Clients are exited within 30 days of last contact unless program guidelines specify otherwise.
- f) All required program information is being collected.
 - i) All HMIS participants are required to enter at minimum the Universal Data Elements and if completing entries and exits, the HUD CoC and ESG Exit (NC HMIS) Form.
 - ii) Programs that serve over time are required to complete additional program elements as defined by the funding stream. If the Agency is not reporting to a funding stream, they are encouraged to use the HUD CoC Entry (NC HMIS) and HUD CoC and ESG Exit (NC HMIS) forms.
- g) Data sharing is properly configured for sharing information internally between the agency's programs, including use of visibility groups.
- h) External data sharing aligns with any Sharing QSOBAA's including use of visibility groups.
- i) Visibility groups are managed appropriately (see Privacy 9).

4) Electronic Data Exchanges:

- a) Agencies electing to either import or export data from the NC HMIS must assure:
 - i) The quality of data being loaded onto the System meets all the data quality standards listed in this policy including timeliness, completeness, and accuracy. In all cases, the importing organization must be able to successfully generate all required reports including but not limited to the APR and the North Carolina Basic Counting Report.
 - ii) Agencies exporting data from NC HMIS must certify the privacy and security rights promised participants on the HMIS are met on the destination System. If the destination System operates under less restrictive rules, the client must be fully informed and approve the transfer during the intake process. The agency must have the ability to restrict transfers to those clients that do not approve the exchange.

5) Publication and Research:

- a) MCAH, another statewide entity or your local CoC may sponsor de-identified research to improve the understanding of homelessness and the effectiveness of homeless services.
 - i) De-identification will involve the masking or removal of all identifying or potential identifying information such as the name, Unique Client ID, SS#, DOB, address, agency name, and agency location.

- ii) Geographic analysis will be restricted to prevent any data pools that are small enough to inadvertently identify a client by other characteristics or combination of characteristics.
 - iii) Programs used to match and/or remove identifying information will not allow a re-identification process to occur. If retention of identifying information is maintained by a “trusted party” to allow for updates of an otherwise de-identified data set, the organization/person charged with retaining that data set will certify that they meet medical/behavior health security standards and that all identifiers are kept strictly confidential and separate from the de-identified data set.
 - iv) CoCs will be provided a description of each Study being implemented. Agencies or CoCs may opt out of the Study through a written notice to MCHA or the Study Owner.
- b) MCAH, another statewide entity or the local CoC may sponsor identified research to improve the understanding of homelessness and the effectiveness of homeless services.
- i) All identified research must be governed through an Institutional Research Board including requirements for client informed consent.
 - ii) CoCs will be provided a description of each Study being implemented. Agencies or CoCs may opt out of the Study through a written notice to MCHA or the Study Owner.
- c) Annually MCAH in conjunction with other State and local partners may publish information about the scope and causes of homelessness as well North Carolina’s response to end homelessness. The following strategies will guide publication of statewide data sets:
- i) Content, qualifiers and message will be guided by the Statewide Reports Committee as well as other key stakeholders such as the local Interagency Council on Homelessness/the Campaign to End Homelessness or representatives from public and private organizations that fund homeless services.
 - ii) Identified CoC data may only be included with written CoC approval.
 - iii) CoCs will be provided for review and approval CoC data sets planned for inclusion in the statewide aggregate data (without CoC identification). The review process will include at least two cycles of the data with time between for any data or report correction activities.
 - iv) The cycles of data review can begin no sooner than two months following the close of the report period to all for routine data quality activities to be completed.
- d) MCAH, another statewide entity or the local CoC may sponsor Point in Time or publication of specialized data sets.
- i) Development of the plan for publication including the frequency, data types, analytics and publication media type will be guided by the relevant entity.
 - ii) CoCs will be provided a description of each proposed publication.
 - iii) Agencies or CoCs may opt out of the publication through a written notice to MCHA or the Study Owner.

6) Staff Training and Required Meetings:

- a) All Users and those that collect information from clients are recertified in Privacy Training Annually.
- b) All Users participate in Workflow Training and Training Updates for their assigned Workflows.
- c) All Users and those that collect data from clients are trained in Data Standard data element definitions.

d) All Agency Administrators participate in:

- i) Provider Page Set-Up Training.
- ii) Workflow Training sponsored by the funding agency or NC HMIS.
- iii) Reports Training
 - (1) Data Quality
 - (2) Required funding Reports
 - (3) Outcome Reporting.
- iv) Other training specified by the CoC.
- v) CoC Agency Administrator Meetings and Trainings.
- vi) Agency specific User Meetings or preside over an HMIS specific topic during routine staff meetings.
- vii) A local Reports Committee that governs the publication of information as requested.

e) All System Administrators participate in:

- i) All System Administrators are required to read and understand the HUD Data Standards that underpin the rules of the HMIS.
- ii) System Administrator Orientation (Live sessions with MCAH to overview the basic rules and provide a place for dialogue and questions – conducted in the second or third month after assuming the role).
- iii) Provider Page Set-Up Training (prior to licensure and routinely as changes occur).
- iv) Workflow Training sponsored by the funding agency or NC HMIS.
- v) Reports Training
 - (1) Data Quality
 - (2) Required Funding Reports
 - (3) Outcome Reporting.
- vi) CQI Training.
- vii) HUD Initiative Training (AHAR, PIT, APR, etc.).
- viii) On Site and System Audits of Agency compliance of Data Privacy, Security and Oversight standards as well as item1 through 4 under System Administration and Data Quality.
- ix) The Monthly System Administrator Call-In.
- x) The CoC Reports Committee or CoC Meeting where data use and release is discussed.
- xi) North Carolina’s Campaign to End Homelessness Work Groups and Regional Meetings as assigned.

Appendix A: Links to Documents referred to in this Policy

<http://mihomeless.org/index.php/north-carolina-documents>

System Administration:

- HUD HMIS Data Standards 2014
- HMIS Requirements Proposed Rules Federal Registered (Hearth)
- HMIS Homeless Definition Crosswalk
- HUD Homeless Definition Matrix
- HMIS Discharge Destination Guidance

Administrative

- Participation Agreement
- Administration QSOBAA
- Sharing QSBAA
- HMIS Operating Policies and Procedures
- Interim MOU

Privacy

- Privacy and Security Training PP or PDFs
- Privacy Certification Questionnaire
- Overview of Agency Requirements
- User Access Levels in ServicePoint
- HUD Public Notice
- User Agreement and Code of Ethics
- Privacy Script Suggestions
- Privacy Notice Sample
- NC HMIS Release of Information and Sharing Plan

Training

- All technical workflow and training documents and podcasts
- Provider Page Training
- Reports Training
- Securing Client Records and establishing Visibility

System Administrator and User Meeting Minutes

- Minutes from Required System Administrator Meetings (current year/recent)

6/1/2015v5

Adopted June 8, 3015

NC HMIS Project



Bedroom Size _____
Date to PD _____
APPL# _____
Disabled _____
Total Income _____

HOUSING
 Town of Chapel Hill
 317 Caldwell Street Extension.
 Chapel Hill, NC 27516

phone (919) 968-2850 fax (919) 932-2935
 www.townofchapelhill.org

Public Housing Application

Date: ____ / ____ / ____ Time: _____ a.m./p.m.

It is the responsibility of each applicant to notify the Town of Chapel Hill Department of Housing **in writing within 10 days of the occurrence**, each time changes occur for the applicant family. Changes include, address, income, birth of a family member, removal of a family member, loss of a job, etc. **If your application is received incomplete, the application will be returned to you. FAXED APPLICATIONS ARE NOT ACCEPTED.**

Failure to keep this office informed of any and all changes of address will prevent contact by mail, and will leave us no alternative but to withdraw the application and remove the family from the Wait List. In the event this happens, if the Wait List is open, it will be necessary for the applicant to submit a new application, which will automatically assign the family a new application position. If a letter is mailed and returned by the post office, the application will be withdrawn.

Part 1: Family Composition

List all persons who will be living with you (including yourself)

Full Name (as noted on Social Security Card)	Relationship To Head	Date of Birth MM/DD/YY	Age	Sex M/F	Race	Place of Birth (City & State)	Social Security Number
1.	<u>Head</u>	/ /					
2.		/ /					
3.		/ /					
4.		/ /					

Are there any additional Family members? check here ____ and attach a separate page with application

Part 2: Residency

Current Street Address: _____	
City: _____	State: _____ ZIP: _____
Mailing Address: (if different from living address) _____	
City: _____	State: _____ ZIP: _____
What County Do you Live in?	Home Telephone Number: () Work Telephone Number: () Email Address: _____

Part 3: Demographic and Accommodations

- 1 Ethnicity: ___ Hispanic ___ Non-Hispanic
- 2 Are you a prior Chapel Hill Housing Department resident? ___ Yes ___ No
If yes, please state the location of the property. _____
- 3 Marital Status: Single ___ Married ___ If married, please provide maiden name: _____
 - a. Divorced ___ Widowed ___ Separated ___ Legally Separated ___
 - b. If you are married, will your spouse live with you? (Y/N): _____
 - c. If not, where will your spouse live? _____
 - d. If not, do you intend for your spouse to live with you anytime in the future? _____
- 4 Do all the children listed on this application live with you? ___ If not, please explain.

- 5 Are any family members pregnant? _____ If yes, please state due date. _____
- 6 Do you or any member of your household need a unit with accessible features due to a disability or handicap? ___ Yes ___ No If yes, please state the accessible feature needed
(ex. Wheelchair access, etc.)

- 7 Do you or any member of your family require a reasonable accommodation due to a disability or handicap? If yes, please describe accommodation required _____

Part 4: Preference Information

The following information is critical and will determine your position on the waiting list. Please check all of the preferences below that apply to you. If you wish to claim a preference, you may need to provide additional documentation before the preference can be applied.

SELECTION ORDER

Local Preference #1 – Orange County Residents

- A. Applicants who are working, disabled, elderly and/ or homeless
- B. Applicants paying 50% of their income for rent and/or utilities
- C. Applicants who are Involuntarily Displaced (as indicated below)

Local Preference #2 - Outside of Orange County Residents – same order as above

- Employed – **Attach a copy of your most recent pay stub(s)**
- Paying 50% of your income for rent and/or utilities (water, gas, and power) – **Receipts for 3 months**
- Involuntarily Displaced - **Documentation Required (fire report, report from Health Dept., etc.)**
- Elderly (62 years or older) – **Birth Certificate Required**
- Homeless- Documentation Required (letter from shelter, Case Management Support letter, etc.)
- Disabled - Are you or someone in your household disabled? If yes, check one of the following boxes:
 - Physically
 - Mentally
 - Developmentally
- Victim of Domestic Violence - **Documentation Required (Police Record, Violence Center, etc.)**

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the PHA may admit families that are not on the waiting list, or without considering the family's position on the waiting list. The PHA must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a PHA funding for a specified category of families on the waiting list. The PHA must use this funding only to assist the families within the specified category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

The PHA administers the following types of targeted funding:

None currently

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

The PHA uses the following local preference system:

- *Date and time of receipt of a completed application.*
- *Residency preference for families who live, work, or have been hired to work in the jurisdiction.*
- *Veteran preference: veterans or surviving spouses of veterans.*
- *Disability preference: This preference is extended to disabled persons or families with a disabled member as defined in this plan. Proof of disability will be required at time of selection.*
- *Families who are graduates of or active participants in educational and training programs designed to prepare the individual for the job market.*
- ✱ • *Graduates of transitional housing programs for homeless/substance abuse/victims of domestic abuse.*
- ✱ • *Involuntarily displaced.*

- ✱ • *Currently living in substandard housing (including homeless families).*
- *Currently paying more than 50% of income for rent and utilities ("Rent Burden").*

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

The PHA will monitor progress in meeting the ELI requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

Order of Selection

Families will be selected from the waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with the PHA's hierarchy of preferences, if applicable. Within each targeted funding or preference category, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the PHA. Documentation will be maintained by the PHA as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notation maintained so that the PHA does not have to ask higher placed families each time targeted selections are made.

4-III.D. NOTIFICATION OF SELECTION

The PHA will notify the family by first class mail when it is selected from the waiting list. The notice will inform the family of the following:

Date, time, and location of the scheduled application interview, including any procedures for rescheduling the interview

Who is required to attend the interview

Documents that must be provided at the interview to document the legal identity of household members, including information about what constitutes acceptable documentation

Other documents and information that should be brought to the interview

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

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

Continuum of Care (CoC): NC-513 Chapel Hill/Orange County agrees to adopt the North Carolina Statewide shared HMIS platform vendor, Bowman Systems Inc. ServicePoint. The CoC agrees that administration of the shared platform will be provided by the North Carolina HMIS Project, operated by the Michigan Coalition Against Homelessness. The CoC further agrees to operate the local CoC implementation in compliance with HUD Data Standards and the North Carolina Statewide Operating Policies and Procedures.

Roles and Responsibilities:

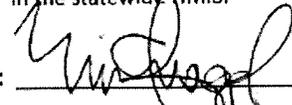
Michigan Coalition Against Homelessness:

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

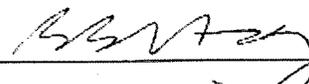
North Carolina Continua of Care:

1. Designate HMIS system.
2. Designate CoC members and CoC alternates to NC HMIS Governance Committee.

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

Signed:  Date: 11/3/15

HMIS Lead Agency: MCAH Title: EXEC. DIRECTOR

Signed:  Date: 10/24/15

CoC Representative: Bonnie Hammerstey Title: Orange County Manager

North Carolina Homeless Management Information System Governance Committee

By-Laws

Article I: Name and Representation

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

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

Article II: Purpose

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

Article III: Activities of the NC HMIS GC

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

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

Article IV: Composition

- A. The NC HMIS GC is a partnership of representatives from each of the participating Continua of Care. The committee is composed of one member and one alternate member from each independent jurisdiction in NC participating in the multi-jurisdiction HMIS implementation, and 4 members and 4 alternates from the NC Balance of State CoC.
- B. Every participating CoC in North Carolina shall be responsible for electing their representative(s) and alternate(s) to the NC HMIS GC, and recording elected representatives in CoC meeting minutes. Each CoC shall be allowed to determine any requirements to be a member/alternate to the NC HMIS GC above and beyond the minimum qualification outlined in these by-laws.
- C. Additional ad hoc representatives may be invited by the NC HMIS GC to advise and support the NC HMIS GC as non-voting, non-officer members for a designated term.
- D. One staff member from the HMIS Lead Agency shall participate in the NC HMIS GC as an ad hoc non-voting member.

Article V: Meetings and Attendance

- A. At a minimum, the NC HMIS GC conducts regular meetings on a quarterly basis and will convene more frequently as needed. Notification of regular meeting dates, times, and locations will be provided to all members as well as posted on the North Carolina HMIS web site at least 14 days prior to the meeting. Special meetings, made via conference call or other form of electronic meeting, may be called by the chair with a notice of three business days. Agenda and minutes will be posted publicly prior to the meeting.
- B. A meeting schedule for the following fiscal year shall be adopted by the NC HMIS GC in the final meeting of the fiscal year.
- C. Meetings may be held in person, electronically, or via phone. However, at least once per quarter meetings shall be held in person.
- D. Members and/or their alternate shall attend every meeting. Remote access to the meetings will be provided at the discretion of the Executive Committee. If a member and their alternate are absent from more than one meeting in a quarter, the Chair of the NC HMIS GC shall notify that member's CoC Executive Committee or its equivalent.
- E. In accordance with North Carolina General Statute Article 33C., meetings of the NC HMIS GC and its subcommittees are open meetings. The NC HMIS GC and its subcommittees will enter closed

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

Article VI: Voting

- A. Each NC HMIS GC member shall have one vote; in the absence of the member or in the event of a conflict of interest, the alternate may vote. A quorum consists of representation from at least two-thirds of the participating CoCs.
- B. The NC HMIS GC will strive to make decisions by consensus. However, if after 1 meeting consensus cannot be reached, the Executive Committee may call a vote. If a vote is called, a 60% majority is required for passage.
- C. Fiscal matters, by-law changes, Lead Agency and Vendor decisions will require a 75% majority vote.
- D. Ad Hoc Members and meeting guests do not have voting privileges. To maintain order, members and alternates, Ad Hoc members, and guests may speak after being recognized by the chair.
- E. Both members and alternates are encouraged to attend all meetings of the NC HMIS GC. Only the member, or in the absence of the member, the alternate is allowed to vote.

Article VII: Officers

- A. The NC HMIS GC members shall elect a Chairperson, Vice-Chairperson, Secretary and Treasurer. To be eligible to serve as an officer an individual must be either a CoC representative or CoC alternate.
- B. The Chairperson's duties will be to:
 - 1. Serve as primary point of contact for the NC HMIS GC
 - 2. Preside over NC HMIS GC meetings
 - 3. Facilitate the development of meeting agendas
 - 4. Ensure communication of NC HMIS GC matters to all members
 - 5. Shall Chair the NC HMIS GC Executive Committee
- C. The Vice-Chairperson's duties will be to:
 - 1. Assist the Chairperson as necessary
 - 2. Fulfill the duties of the Chairperson in the absence of said Chairperson
 - 3. Shall chair the Monitoring Committee
 - 4. Shall be a member of the NC HMIS GC Executive Committee
- D. The Secretary's duties will be to:
 - 1. Record minutes of all NC HMIS GC meetings
 - 2. Ensure distribution of minutes to all members
 - 3. Carry out the duties of the Chairperson and Vice-Chairperson in the event both officers are absent
 - 4. Shall be a member of the NC HMIS GC Executive Committee

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

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

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

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

Article VIII: Resignation and Removal

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

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

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

Article IX: Code of Conduct

- A. The following Code of Conduct shall govern the performance, behavior and actions of the NC HMIS GC and its members.
 - 1. No member or alternate shall participate in the selection, award or administration of a bid or contract supported by Federal funds if a conflict of interest is real or apparent to a reasonable person.
 - 2. Conflicts of interest may arise when any committee member has a financial, family or other beneficial interest in the vendor firm selected or considered for an award.
 - 3. No committee member shall do business with, award contracts to, or show favoritism toward a member of his/her immediate family, spouse's family or to any company, vendor or concern who either employs or has any relationship to a family member; or award a contract or bid which violates the spirit or intent of Federal, State and local procurement laws and policies established to maximize free and open competition among qualified vendors.
 - 4. Committee members shall neither solicit nor accept gratuities, gifts, consulting fees, trips, favors or anything having a monetary value from a vendor, potential vendor, or from the family or

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

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

Article X: Standing Sub Committees

A. Executive Committee

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

B. Finance Committee

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

C. The NC HMIS Monitoring Committee

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

D. Committee membership

1. Committee members of the NC HMIS GC's Executive, Finance, and Monitoring Committees must be either CoC members or CoC alternate members of the NC HMIS GC.
2. Committee members for all other committees of the NC HMIS GC may be selected from the membership of any of the NC continua of care.
3. The Chair of all committees of the NC HMIS GC shall be a CoC member or alternate of the NC HMIS GC.
4. Non-officer CoC members are limited to serving on one standing committee, unless approval is given by the NC HMIS GC for additional responsibilities.

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

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

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

Article XII: Amendments

- A. Amendments shall be submitted at regular meetings of the committee. A vote on the submitted amendment will occur at the next meeting of the committee.
- B. Recommendation to change or amend by-laws may be made by any member at any time and shall be submitted at a regular meeting of the committee as follows:
 - 1. For proposals which fundamentally change the responsibilities or structure of the NC HMIS GC shall stand for action and be open for discussion among members and upon recommendation of a 75% majority vote, shall be submitted to the 12 CoCs for approval.
 - 2. For changes that do not fundamentally alter the responsibilities or structure of the NC HMIS GC, they shall stand for action and be open for discussion among members and shall be in effect upon approval by a 75% majority vote of the current and present members of the committee.
- C. Upon approval, the Ad-Hoc Executive Committee member shall update the By-Laws document to reflect the changes and distribute updated copies to all members before the next regular meeting. Members shall be responsible for communicating amendments to the by-laws made by the NC HMIS GC to their CoC leadership board/body.

Article XIII: Dissolution of Relationship with the NC HMIS GC

- A. If a Continuum of Care decides to withdraw from participating in the Statewide HMIS, the CoC must provide written notice to the Chairperson and Vice-Chairperson of the NC HMIS GC according to the remaining time in the current contract period which must be no less than 6 months. A CoC withdrawing from the Statewide HMIS is still responsible for paying its share of outstanding costs as defined in the contracts signed by that CoC unless the Governance Committee agrees otherwise. A CoC terminating their contract with the NC HMIS Lead Agency does not automatically constitute a terminated relationship with the NC HMIS GC, and may have the option of becoming an Ad Hoc member as defined in VI D.
- B. The severing of an individual CoC's relationship with the NC HMIS GC does not dissolve the NC HMIS GC or the existence of the statewide implementation. However, if more than 1/3 of the NC CoCs dissolve their relationship with the NC HMIS GC and statewide HMIS, then the remaining CoCs will re-organize to maintain a regional HMIS implementation.
- C. If a CoC fails to ratify any recommendation of the NC HMIS GC that is submitted to the participating CoCs for ratification, such failure shall constitute a decision to withdraw from participation in the Statewide HMIS.
- D. If all of the North Carolina Continua of Care unanimously wish to dissolve their relationship with the NC HMIS GC, then the organization shall be dissolved.

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



Permanent Supportive Housing Prioritization Policies and Procedures

Policy

All CoC program-funded Permanent Supportive Housing (PSH) projects shall follow the “Order of Priority” described in HUD’s *Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in PSH and Recordkeeping Requirements for Documenting Chronic Homeless Status* (issued July 28, 2014) for all PSH beds. Recipients of CoC program funding shall document chronically homeless status of program participants according to the recordkeeping requirements described in the above notice. CoC program-funded PSH projects shall adhere to this policy in a manner consistent with their HUD grant agreements.

Procedures

1. For beds dedicated or prioritized for persons experiencing chronic homelessness the Order of Priority shall be as follows:
 - a. First priority shall be chronically homeless persons with the longest history of homelessness and with the most severe service needs. The history of homelessness shall be established based on HMIS records and/or third party documentation. The severity of service needs shall be gauged by the use of the VI-SPDAT (Vulnerability Index Service Prioritization Decision Assistance Tool), which has been adopted as the Orange County CoC’s standardized assessment tool.
 - b. Second priority shall be chronically homeless persons with the longest history of homelessness.
 - c. Third priority shall be chronically homeless persons with the most severe service needs.
 - d. Fourth priority shall be all other chronically homeless persons.
 - e. When chronically homeless persons have the same VI-SPDAT score households with the longest history of homelessness will be prioritized.
2. For beds not dedicated or prioritized for persons experiencing chronic homelessness the Order of Priority shall be as follows:
 - a. First priority shall be homeless persons with a disability with the most severe service needs, as determined by the VI-SPDAT.
 - b. Second priority shall be homeless persons with a disability with the longest period of continuous or episodic homelessness.
 - c. Third priority shall be homeless persons with a disability coming from places not meant for human habitation, safe havens, or emergency shelters.
 - d. Fourth priority shall be homeless individuals and families with a disability coming from transitional housing.
 - e. When homeless persons have the same VI-SPDAT score households with the longest history of homelessness will be prioritized.

- f. Within the Order of Priority above, homeless families with an adult with a disability shall have priority over homeless families in which a child has a disability.
3. Recipients of CoC program-funded PSH should follow the Order of Priority above while also considering the goals and identified target population(s) that may be served by the project.
4. All CoC program-funded PSH projects shall accept referrals only through the CoC's prioritized waiting lists for single adults, families, and/or veterans.
5. CoC program-funded PSH projects must maintain and follow written intake procedures to ensure compliance with the definition of chronic homelessness per 24 CFR 578.3. The order of priority for obtaining evidence of chronic homelessness is (1) third-party documentation,(2) intake worker observations, and (3) certification from the person seeking assistance.
6. Records evidencing that the persons receiving PSH assistance meet the definition for chronic homelessness must include evidence of the household's homeless status, evidence of the duration of homelessness, and evidence of the disabling condition required for chronic homelessness designation.
7. CoC program-funded projects shall document that these written standards for prioritizing assistance have been incorporated into the project's intake procedures and that the project is following its intake procedures when accepting new participants into the project.
8. PSH projects that do not receive CoC program funds (e.g., HUD-VASH) are encouraged to adopt the Order of Priority outlined in this policy and procedures, to use the VI-SPDAT to gauge the severity of service needs of households applying for their PSH, and to participate in the CoC's prioritized wait list processes while considering the goals and target populations that may be served by the project.

Adopted by the Orange County CoC's 100,000 Homes Taskforce on November 18, 2015