

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 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while 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 this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.

- Some questions require the Collaborative Applicant to 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 CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: NC-501 - Asheville/Buncombe County CoC

1A-2. Collaborative Applicant Name: City of Asheville

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Michigan Coalition to End Homelessness

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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)	Yes	Yes	Yes
Hospital(s)	Yes	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes	Yes
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	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
CoC, HOME and ESG housing providers	Yes	Yes	Yes
Indigent Legal Defense/Legal Aid Organization	Yes	Yes	Yes
Veterans Administration/VA Medical Center	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 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.

The Homeless Initiative Advisory Committee (HIAC), a volunteer joint Committee of the City of Asheville and Buncombe County and the Homeless Coalition, is comprised of service providers, the homeless and community partners/stakeholders that represent a broad and diverse base from which to draw the expertise and insight necessary for appropriate oversight of the implementation of the specific goals outlined in Opening Doors and the HIAC Five Year Strategic Plan to End Homelessness in NC 501. In 2016, a comprehensive Community Survey of the homeless was completed to assist with strategic planning. Sub-committees are structured to focus on specific areas (family and homeless youth, advocacy, veterans, criminal justice, chronic homelessness, etc) and utilize the talent, knowledge and experience of its membership. The Veteran Committee is comprised of SSVF, the VA and Grant Per Diem providers and the Advocacy group is led by a formerly homeless individual who is a Board member of the HIAC.

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 between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Caring for Children's Trinity Place	Yes	Yes	Yes
Buncombe County Schools Homeless Liaison	No	Yes	Yes
Asheville City Schools Homeless Coordinator	No	Yes	Yes
Cornerstone	Yes	No	No
Eliada Homes	No	No	No
Buncombe County Health and Human Services	No	Yes	Yes
Youth OUTright	No	Yes	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.

Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Helpmate, Inc.	Yes	Yes
Pisgah Legal Services	Yes	Yes
Buncombe County Health and Human Services	Yes	Yes
Our Voice (Rape Crisis and Sexual Assault)	Yes	No

1B-2. 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 new projects in 2016. (limit 1000 characters)

The CoC engages in ongoing discussions on the services, housing needs and gaps in our community at the Sub-Committee level and at monthly meetings of the Homeless Coalition and the Homeless Initiative Advisory Committee. New members are encouraged and welcome to the CoC and all its sub-committees. The CoC list serve sends out regular communications to the more than 165 members and the NOFA posts on the City of Asheville web-site. Prior to the NOFA, active recruitment for new projects was undertaken by the CoC Lead. During the open competition, all notifications of meetings, application process information and deadlines are web-posted and emailed to the list serve and regular updates are made at all community meetings during the Agency Update portion of the agenda. The CoC Lead also responds to direct inquiries from agencies throughout the year and available funding opportunities are discussed and information is provided tailored to the entities specific questions and project idea.

1B-3. 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

1C-2. The McKinney-Vento Act, requires CoC's 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 the CoC to 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)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the 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
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
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2
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
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

1C-2a. Based on the responses provided 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 and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The City of Asheville is the Participating Jurisdiction responsible for the Consolidated Plan that includes the CoC. The CoC chose the City of Asheville as the CoC Lead in 2011, and the City of Asheville, with support from Buncombe County, employs the CoC Lead staff as part of the Community Development Division team. This allows the CoC to be an integral part of the daily work of the PJ, both informing policy and collaborating with a broad range of stakeholders to implement the ConPlan's goals of affordable housing and economic development for low to moderate income persons. The CoC Lead, as well as community stakeholders that receive, benefit from and utilize CDBG and HOME funds, are engaged on a monthly basis in policy, programmatic monitoring and decision-making. These collaborations flow to the state ConPlan implementation via the state ESG office and the statewide HMIS Governance Committee of which the CoC Lead and the HMIS Local System Administrator are participating members.

1C-2b. Based on the response 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 City of Asheville is the Participating Jurisdiction responsible for the Consolidated Plan that includes the CoC. The CoC chose the City of Asheville as the CoC Lead in 2011, and the City of Asheville, with support from Buncombe County, employs the CoC Lead staff as part of the Community Development Division team. This allows the CoC to be an integral part of the daily work of the PJ, both informing policy and collaborating with a broad range of stakeholders to implement the ConPlan's goals of affordable housing and economic development for low to moderate income persons. The CoC Lead, as well as community stakeholders that receive, benefit from and utilize CDBG and HOME funds, are engaged on a monthly basis in policy, programmatic monitoring and decision-making. These collaborations flow to the state ConPlan implementation via the state ESG office and the statewide HMIS Governance Committee of which the CoC Lead and the HMIS Local System Administrator are participating members.

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

The CoC coordinates housing and services with victim service providers through the Family Justice Center and the Coordinated Assessment Meeting (CAM) and utilizes a standardized assessment tool in conjunction with an evidence based Danger Assessment designed to predict the risk of homicide and ensure prioritization of housing placement for high-danger domestic violence victims. Victim service providers participate in the CAM, the Board of the CoC and its subcommittees. The CoC's Coordinated Assessment Policy and Procedure mandates all agencies make appropriate referrals for any domestic violence victim that presents for services anywhere in the community. During CAM, victims are not identified to protect personally identifiable information, safety and security and client choice on housing location is considered paramount to avoid further contact with the abuser. Once confidentiality releases have been signed, housing providers conduct shelter-site intakes/interviews at safe locations.

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 July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of the City of Asheville	35.00%	Yes-Both

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)

The CoC utilizes HOME Tenant Based Rental Assistance, Community Development Block Grant funds, Supportive Services for Veteran Families (SSVF) and HOPWA to provide housing/utility assistance and supportive services for persons experiencing homelessness. HOME funds supported 61 homeless households, SSFV 191 households and HOPWA 27 households in 2015-16. Through coordinated entry, persons scoring below the need for PSH or HUD-VASH are linked to a housing case manager that assists the client to

find, secure and maintain affordable housing with private landlords or income based tax credit properties that serve homeless people making at or below a set Area Median Income, the elderly or persons with a disability. The case manager works with client's to develop a client-based case comprehensive plan to address medical, mental or substance abuse treatment, employment, vocational training, federal entitlements, education and financial planning needs so the client can maintain their housing.

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.

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"/>
Other:(limit 1000 characters)	
The Justice Advisory Group (JAG) consists of local criminal justice leaders and the CoC Lead who engage in cooperative efforts to address issues impacting the local criminal justice and detention system. JAG is committed to systemic coordination among agencies, comprehensive planning and problem solving and the efficient utilization of resources to address issues that impact the community. JAG addresses jail population management in a holistic manner that considers overuse of jail resources by high utilizers, pre-trial justice reform and racial, income and ethnic disparity by use of an integrated criminal justice data system that helps develop a data driven response to the demands on the criminal justice system. The Jail Coordination Committee (JCC) is comprised of service providers and law enforcement and the CoC Lead and coordinates, educates and engages policy makers on the issues surrounding criminalization of persons with mental health disorders, substance abuse and homelessness.	<input checked="" 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) 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 checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure 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) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

**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)**

People experiencing homelessness are referred to homelessness assistance services at various coordinated assessment locations in the CoC and at the Day Shelter. Every effort is made to engage and assess persons living on the streets, those with a disability or other debilitating condition that need assistance regardless of their circumstances, location or how they were referred. All persons experiencing homelessness are assessed by trained staff using a standardized assessment tool. Outreach staff whose agencies do assessments and have been approved by the CoC, engage clients living on the street, places not fit for human habitation and those being discharged from jails and hospitals. Based on their assessment score, persons are referred to the designated coordinated entry committee (Veteran/civilian) placed on the by-name list for veteran and/or chronic, and then immediately linked to appropriate services to meet their particular needs for case management and proper housing.

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 there are other organizations or persons who participate but are not on this list,

enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response 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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim 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"/>	<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"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Veteran's Administration/VA Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive Services for Veteran's Families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitional Housing and Service Intensive Substance Abuse Transitional Housing (SITH) Provider	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 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 2016 CoC Program Competition?	8
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 2016 CoC Program Competition?	7
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>

Need for specialized population services:

Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" 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)

The CoC’s review, ranking and selection process encouraged projects to lower barriers and serve persons with the highest needs and vulnerabilities, including MH/SA, criminal background, no/low income and IDD. The CoC accounted for the higher difficulty in serving these populations with extreme needs but emphasized accountability and project performance into the review, ranking and selection process comprehensively. The process included evaluation of project performance outcomes, data quality and fiscal responsibility which were all weighted scores. The CoC penalized projects on the scorecard that did not use a Housing First model or engage in coordinated entry. The CoC also scored retention and returns to homelessness in the renewal projects which predominately serve chronic homeless with extreme needs. The following populations were prioritized for new projects: chronically homeless, veterans, families, youth (18-24 yrs. old), persons experiencing domestic violence and LGBTQ persons.

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. Evidence of the public posting must be attached. (limit 750 characters)

The CoC Program Competition notice and request for Letters of Intent (LOI) was posted on City of Asheville’s (COA) website, emailed to CoC Board, its sub-committees, the CoC list-serve and potential/renewal applicants with a statement on access for those with a disability or limited English proficiency on 7/6/16. Request for LOI to the Homeless Coalition on 7/5 and scorecard/criteria review at Board meeting on 7/20/16. The reallocation policy, project review/ranking guidelines, selection criteria and scorecards posted 8/12/16, emailed to the list-serve and CoC Board 8/15/16. Notice of Inclusion in the Consolidated Application and final project ranking were individually emailed to

applicants on 8/19 and posted on the COA web-site on 8/22/16.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 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). 09/12/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) No

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

1F-6. In the Annual Renewal Demand (ARD) Listing is the CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

The Homeless Initiative Advisory Committee's (HIAC) Chronic Homeless Sub-Committee meets monthly and produces quarterly written reports on PSH CoC program recipients' compliance for the CoC on utilization of designated chronic homeless beds, program efficacy, services, case management, client retention, increases in participant income and access to mainstream benefits. The Sub-Committee reports findings and issues affecting the efficacy of CoC Program recipients directly to the HIAC and the CoC Lead. Periodic on-site monitoring of CoC Program recipients compliance is conducted to meet local CoC priorities and ensure project implementation, administrative capability and agency capacity to fulfill project requirements. Additionally, annual reviews of APR submissions, draw downs, participant income and entitlement acquisition, retention, participant eligibility and review of destinations at program exit are analyzed by the CoC Lead and Finance Sub-Committee and reported to the HIAC.

1G-2. Did the Collaborative Applicant include Yes
accurately completed and appropriately
signed form HUD-2991(s) for all project
applications submitted on the CoC Priority
Listing?

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, 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 attached MOU/MOA. CoC Governance Charter pg. 1/,MOU pages 1-2

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 Organization (CHOs)? Yes

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

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Bowman Systems (a subsidiary of Mediware Information Systems)

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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	\$67,500
ESG	\$10,000
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$77,500

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
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City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

2B-2.4 Funding Type: Private

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

2B-2.5 Funding Type: Other

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

2B-2.6 Total Budget for Operating Year	\$77,500
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 05/02/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	272	20	74	29.37%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	227	0	227	100.00%
Rapid Re-Housing (RRH) beds	162	0	162	100.00%
Permanent Supportive Housing (PSH) beds	595	0	595	100.00%
Other Permanent Housing (OPH) beds	74	0	74	100.00%

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

The bed coverage rate is below 85% for Emergency Shelter. The 176 beds not included in HMIS are all operated by four privately funded faith-based programs. The CoC's largest shelter program, with 104 beds, currently uses a database owned by the same company as the CoC's HMIS. The Local System Administrator (LSA) is working with the agency to begin contributing shelter data directly through HMIS or via a data import module. A seasonal shelter with 12 beds is reviewing the HMIS participation requirements and expected to begin using HMIS in Winter 2016-17. The remaining two shelters, representing 60 beds, have limited staff capacity and rely on a high-turnover volunteer base to manage the programs. The LSA will provide technical assistance or recommend partnerships with other programs to assist with the data entry workload. The CoC will cover the cost of additional user licenses, provide training and build custom real-time reports to encourage shelter programs to participate in HMIS.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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" within the last 10 days of January 2016.

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	1%	0%
3.4 Race	2%	0%
3.5 Ethnicity	2%	0%
3.6 Gender	1%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	9%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	2%	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"/>
HIC/PIT Report and Youth RHYMIS	<input type="checkbox"/>

None	<input type="checkbox"/>
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2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?

8

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 checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" 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)

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context 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. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy) 01/27/2016

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy) 05/02/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 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 checked="" 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)

For HMIS participating partners, HMIS data was used to compile the PIT count to provide the most complete census, consistent results from client information already being collected by trained staff during client intakes and to reduce the

amount of manual de-duplication. Partners not participating in HMIS used a survey with HUD-mandated questions. If the provider has records that can answer PIT questions, the provider can complete the survey and indicate that they have done so on the survey. In order to complete the survey instrument accurately, trained staff and volunteers use personal interviews, case management files, and/or internal client database records. Survey results are compiled by staff, de-duplicated and presented to the Homeless Initiative Advisory Committee (HIAC) for review.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, 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 or change in partners participating in the PIT count). (limit 1000 characters)

Our CoC conducted the same complete census sheltered count methodology in 2016 as 2015. HMIS was used by providers participating in the system while the remaining agencies use a standardized survey with HUD-mandated questions to ensure compliance with HUD requirements. The PIT Data Extrapolation Tool, published by HUD, was used to estimate missing demographic data.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 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 methods). (limit 1000 characters)

To improve data quality, our CoC required all agencies to submit PIT data to be de-duplicated in HMIS. The CoC's Local System Administrator entered data from non-HMIS agencies into a secure HMIS partition, both ensuring client confidentiality and leveraging the system's de-duplication features. This allowed for a workflow integrated into existing client intake, consistent data collection, and automated de-duplication.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days 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): 01/27/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/02/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent 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 checked="" 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 this unsheltered PIT count methodology. (limit 1000 characters)

People experiencing homelessness are notified that a count will be occurring ahead of time by outreach workers and at the local day shelter. Outreach workers plot the area to be covered by the count, and use their personal knowledge, reports from unsheltered people, interview with police and emergency services responders, and reports from other City/County departments like Parks & Recreation. Outreach workers then train volunteers and carry out the unsheltered count at a specified time in order to reduce duplication. On the day following the count, outreach workers and staff at the day shelter ask people where they stayed the night before and if they have been interviewed. If they stayed outside and were not counted, they are interviewed at that time.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, 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 or change in partners participating in the count). (limit 1000 characters)

Our CoC conducted the same complete census count methodology in 2015 as 2016. Experienced outreach staff conducted interviews in known locations and with individuals accessing services at the day shelter. Unsheltered survey data was entered in HMIS for de-duplication purposes and to confirm the unsheltered status of individuals counted.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey questions:	<input checked="" type="checkbox"/>
Enumerator observation:	<input 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 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 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 in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

The implementation of the 2016 unshelterd PIT count did not differ from the tactics used in 2015. Surveys include a screening question to verify homeless status and also have a space for people to provide self-identified initials to minimize duplication. Outreach workers are trained and train volunteers to include initials on all surveys. Surveys are then cross checked for duplication by trained staff, and duplicates eliminated.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange 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 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	562	509	-53
Emergency Shelter Total	273	229	-44
Safe Haven Total	0	0	0
Transitional Housing Total	215	208	-7
Total Sheltered Count	488	437	-51
Total Unsheltered Count	74	72	-2

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

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	1,292
Emergency Shelter Total	750
Safe Haven Total	0
Transitional Housing Total	560

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 of becoming homeless.

(limit 1000 characters)

The CoC supports prevention programs through Community Block Grant funds and HOME/TBRA to coordinate efforts throughout the CoC for homeless prevention outreach, support service information and referral for employment assistance, job training and legal services to prevent unlawful eviction and foreclosure to reduce the known causes and incidents of first time homelessness. Charities, the CoC, Council on Aging and DHHS coordinate through the Buncombe Emergency Assistance Coordinating Network (BEACON) to engage people in crisis seeking assistance through a 211 information line or in-person crisis centers with referral to a provider for assistance in filing out an application for federal entitlements, health insurance, food or emergency utility/rental assistance to those clients at risk of first time homelessness. The CoC Lead and legal services do presentations quarterly at each of the 3 prisons on housing, benefits and support services in the CoC to assist those being discharged.

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 average length of time homeless for individuals and families has been reduced in FY14-15 to 119 days despite less than 1% overall vacancy rate in the CoC. For two years, Coordinated Assessment has efficiently functioned to assist homeless clients with the most appropriate housing matches from ESG, HOME/TBRA and SSVF to pay arrears and house those not in need of permanent supportive housing. This strategy permits PSH beds to be dedicated to the chronically homeless with extreme needs and decreases length of time homeless, especially for the first time homeless. HMIS reports identify length of stay information at both the program and client level and the Chronic By-Name list supports the CoC’s ongoing efforts to monitor and reduce length of time homeless. The PHA reduced its criminal conviction look back period from 5 years to 3 for eligibility and re-organized existing under-occupied units at lease end to maximize unit occupancy which helped increased homeless admissions 7% in 2015

*** 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:

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Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
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, 2014 and September 31, 2015.**

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	690
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?	633
% Successful Retentions/Exits	91.74%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe 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 CoC has strategies in place to minimize returns to homelessness that employ effective case management through ESG/HOME and CoC projects and HMIS recidivism reports that identify individuals who have exited from PSH and returned to emergency shelter/transitional housing. The Projects for Assistance in Transition from Homelessness engage in outreach to the unsheltered and account for returns to homelessness and the Day Center provides a constant contact point for those needing to regain immediate services or access financial assistance or legal services to avoid eviction. After identification and consultation as to what needs may have not been met in previous engagement, these individuals and families are linked to an appropriate provider or legal representation through coordinated entry and re-assigned a case manager. The CoC also utilizes a rental education program to help clients develop good tenant habits and CDBG funds support legal services for homelessness prevention.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's

**specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources.
(limit 1000 characters)**

The CoC monitors income attainment for participants in CoC projects which have SOAR staff to assist participants attain benefits. Since 2010, 47 SOAR workers have been trained in the CoC, 8 in 2015-16. Through Smoky Mountain LME/MCO, SPC clients have increased the probability of positive financial outcomes for homeless individuals and families with disabilities. In particular, Supported Employment provides assistance with choosing, acquiring, and maintaining jobs in the community for individuals. This service is both person-centered and evidence based with the expectation of jobs with competitive wages. Individuals with MH/SU are served via Meridian Behavioral Health Services and Family Preservation Services. For Supported Employment Enterprise Development (SEED) project, Smoky is collaborating with Vocational Rehabilitation, I/DD and MH/SU providers, stakeholders and the North Carolina Business Leadership Network (NCBLN) to clear obstacles and connect workforce needs in the community.

**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 NC Department of Commerce Workforce Solutions representative (NCWorks) and a Regional Ex-Offender Employment Specialist participate in the CoC and provide information on job fairs, employment workshops, monthly online job postings, Federal Bonding, Veteran's employment assistance, training programs and career development, all circulated on the CoC list-serve to assist homeless service providers find employment opportunities. The CoC engages social workers, probation/parole and re-entry service providers to educate on employment and vocational training opportunities. Goodwill Industries Work Force Development and Career Center, Vocational Rehabilitation Services and area training/education programs regularly present or host CoC meetings and are engaged in the relevant subcommittees of the CoC around income attainment and employment. Through CDBG the CoC supports a culinary and construction trade training program that also assists homeless persons gain mainstream employment.

**3A-7. 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)**

The CoC did not exclude specific areas from the unsheltered PIT count. Per the Detailed Instructions for this question: 1) The CoC Lead, Projects for Assistance in Transition from Homelessness (PATH) team, law enforcement and the NC Department of Transportation follow the CoC approved Homeless Camp Protocol to identify and connect unsheltered people with essential resources, housing providers and re-location assistance. 2) The PATH Team is the primary outreach team, consisting of 3 full-time Qualified Mental Health Professionals and 1 full-time SOAR worker. PATH responds to community reports of

homeless individuals and outreaches on a daily basis to those in need of housing in the geographic area. 3) The PATH Team works out of a centrally located Day Center and Housing First agency where needs assessments are conducted, so individuals can be quickly referred to shelter and supportive services or connected with housing opportunities through the Coordinated Assessment System.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)? No

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)? (limit 1000 characters)

N/A

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy) 08/15/2016

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data. (limit 1500 characters)

N/A

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;
2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
3. The highest needs for new and turnover units.

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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	74	72	-2
Sheltered Count of chronically homeless persons	22	32	10
Unsheltered Count of chronically homeless persons	52	40	-12

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, 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 2016 compared to 2015.
 (limit 1000 characters)**

Between the 2015 and 2016 PIT counts, the number of chronically homeless persons who were sheltered increased by 10 while the number of unsheltered chronically homeless persons decreased by 12. This yielded a net decrease in the total number of chronically homeless individuals. The lack of affordable housing in the region has been identified as the main factor contributing to the number of people who become chronically homeless despite proven CoC strategies that were in use. Requiring all PIT data to be de-duplicated within HMIS improved the identification of individuals who were interviewed as unsheltered, but actually secured shelter on the night of the PIT count.

3B-1.2. 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 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	0	418	418

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

The number of beds dedicated for use by chronically homeless persons was missing from the 2015 HIC. The total should have been 223 beds, but the CoC was informed via AAQ that corrections would not be allowed. Additionally, due to a data entry error, the 2016 HIC incorrectly lists the total number of beds dedicated for use by chronically homeless persons as 418. One of the non-CoC programs lists all 265 PSH as dedicated for chronically homeless persons, when only 51 were designated as such.

The totals for each year are as follows:

2015 PSH Beds dedicated for use by chronically homeless persons: 223

2016 PSH Beds dedicated for use by chronically homeless persons: 203

Difference: -20

The 9% decrease in beds dedicated for chronically homeless persons is a result of scattered site unit turnover that was not recovered due to a low rental vacancy rate.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for 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-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found. 1-7

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

The CoC adopted a chronically homeless prioritization policy for homeless housing providers in January 2014 and the Written Standards for Order of Priority/CPD-16-11 in August 2016. The CoC is coordinating efforts with providers, law-enforcement, hospitals and correctional institutions to identify and connect chronically homeless persons with services and housing by development of a Chronic By-Name list. The CoC has identified ending Chronic Homelessness by December of 2017 as Priority 1 out of 7 in the Five Year Strategic Plan and has recommended 100 units of affordable housing be completed each year with 25% of those units dedicated to serve the homeless with the most extreme needs. Providers, local government, the CoC and its subcommittees on Chronic, Hard-to-House, Veteran Homelessness and each work group assisted in developing the CoC Strategic Plan Priorities and are key to the Plans successful implementation which mandate the elimination of chronic homelessness in the CoC.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 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 strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

Information, referral and collaboration by all CoC agencies, housing providers, faith based organizations, LEA's, DV agencies, legal services and the Family and Homeless Youth Sub-Committee have helped quickly case conference and connect homeless families to available resources and housing programs in the CoC. Homeless families are assessed using a standardized assessment tool, come through coordinated entry and are assigned to a housing case manager based on their level of need for services then matched to an appropriate housing program. In the event the family is fleeing domestic violence, a Danger Assessment is completed and it affects the overall vulnerability score. Using a Housing First model with ESG and HOME/TBRA for quicker placement in scattered sites across the CoC combined with efforts of the local public housing agency which re-tooled and re-assigned its larger units at lease end that were occupied by single tenants to enable homeless family's priority placement.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	30	71	41

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, gender or disability when entering shelter or housing? (check all strategies that apply)

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

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count,		
FY2016 CoC Application		Page 43	09/12/2016

	most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	27	21	-6
Sheltered Count of homeless households with children:	27	21	-6
Unsheltered Count of homeless households with children:	0	0	0

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

The small decrease represents practically no change in the relatively low incidence of families experiencing homelessness in our COC. Historically, our community maintains strong support networks consisting of family, friends and community groups for households with children, which reduces the duration of most homeless episodes for households with children. Information, referral and collaboration by all CoC agencies, housing providers, faith based organizations, LEA's, DV agencies, legal services and the Family and Homeless Youth Sub-Committee have quickly helped case conference and connect homeless families to all available resources and housing programs in the CoC through coordinated entry. Using Housing First in ESG and HOME/TBRA for quicker placement in scattered sites combined with efforts of the local public housing agency which re-tooled and re-assigned its larger units at lease end that were occupied by single tenants to enable homeless family's priority housing placement.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

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

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

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
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Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" 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 checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 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 including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	68	55	-13

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 2015 is lower than FY 2014 explain why. (limit 1000 characters)

Effective foster care discharge planning, information and referral by agencies, outreach by Projects for Assistance in Transition from Homelessness, local institutions and schools have helped reduce the number of unsheltered unaccompanied youth and children in the CoC. School Homeless Liaisons, Department of Health and Human Services, staff from the unaccompanied youth shelter, DV and legal services, emergency shelter staff and housing case managers meet monthly for the Family and Youth Sub-Committee and evaluates the data and progress of the CoC in addressing the needs of homeless youth, does client based case conferencing and exchanges information about existing or new programs within the CoC and disseminates information about any changes in local/federal systems and law that affect the entitlements and programs for youth and children. Any unsheltered youth or child within this demographic has an immediate mechanism to access services and housing providers in the Continuum of Care.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$569,470.00	\$571,708.00	\$2,238.00
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):	\$569,470.00	\$571,708.00	\$2,238.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	13
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	5
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	12

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

The CoC follows the Every Student Succeeds Act and has written policies on educational access developed with the school homeless liaison. Two public school systems and a community college exist in the CoC and employ a Homeless Liaison, staff person or a social worker who focus on identification and outreach to homeless youth and families with children. Representatives sit on the CoC Board, the Family and Homeless Youth Sub-Committee and the Homeless Coalition and participate in planning, evaluation and efficacy of CoC programs and strategies that target this population. The Family and Homeless Youth Sub-Committee, comprised of HeadStart, local early childhood development/assistance programs, Dept. of HHS, legal services, youth shelter, the school homeless liaisons and the CoC Lead, consistently educate the CoC on local, state and federal policy and appropriate referral and resources for families and youth and directly assist in planning and strategies to target this population.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless 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. (limit 2000 characters)

Each agency in the CoC must adhere to CoC policy and NC law which requires children between 7 and 16 to be enrolled in a school program. Agencies are required to make an appropriate referral for any parent, guardian or unaccompanied youth to the corresponding school district's homeless education liaison/social worker or an early childhood development representative from an area service provider. Parents/guardians and unaccompanied youth are provided information on Head Start or an appropriate early childhood development program in accordance with CoC policy. To facilitate that process and ensure policy implementation, Head Start workers and Homeless School Liaisons are in constant contact with area emergency shelters and outreach service providers on education access requirements. Head Start staff and School's Homeless Liaisons/social workers are active members of the CoC, Family and Homeless Youth Sub-Committee and the Homeless Coalition and provide regular training and education to the entire CoC on state and federal educational access requirements, policy implementation and appropriate referral processes for families with school age children. Education informational programs are conducted by the school social workers at the shelters and at after-school programs that serve low and no income families who may be at risk of homelessness. Families in need are also be identified by calling a community information line (211), identified by law enforcement, DV agencies, or Book Mobile staff, then directly linked to an emergency shelter if needed and the appropriate school system social worker for assistance. For unaccompanied youth, plans are made to access educational services beyond public high school with assistance in filing for FASFA/Pell or linking them to the local technical college's homeless student liaison to continue their education. For those engaged in the foster care as teenagers, DHHS has the Links/Foster to 21 program for educational assistance monies.

**3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)**

A HUD funded project within the CoC does have written agreements with participating agencies at the Family Justice Center to provide support services for children of Domestic Violence victims. The CoC has a policy on educational access for all CoC and ESG funded programs.

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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. 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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	209	196	-13
Sheltered count of homeless veterans:	194	192	-2
Unsheltered count of homeless veterans:	15	4	-11

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

The overall decrease in number of homeless Veterans is due to an increase in HUD/VASH vouchers and SSVF surge funding for rapid rehousing within the CoC. The decrease in the number of unsheltered Veterans is based on the concerted efforts of the CoC beginning in late 2015 to increase outreach efforts to Veterans not engaged in services and not residing in a long term SITH program and increase awareness of available resources to the community to ensure Veterans were connected to VA providers. The CoC's Veteran Coordinated Assessment meeting (V-CAM) meets weekly and the Veteran By-Name list has ensured targeted strategic intervention on the hard to engage/unsheltered population. For the 2016 PIT, all 184 SITH beds were at capacity and 66% of those Veterans came from outside the CoC specifically for long term SITH programs. In March, the CoC adopted a Veteran Housing

Preference form and mandated referral to V-CAM for any Veteran opting for Housing First within 14 days of entering the CoC

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veteran's Affairs services and housing to appropriate resources such as HUD-VASH and SSVF. (limit 1000 characters)

Outreach occurs at multiple sites including day shelters, local service providers, the Charles George VAMC Walk-In Clinic, and Veterans Restoration Quarters (VRQ) Emergency Overnight Shelter. Representatives from the VA Homeless Program, SSVF grantees, and the VRQ make contact with un-engaged/newly engaged homeless Veterans in our community to assess needs through the VI-SPDAT. When a Veteran is identified who is not yet receiving care through the VA, outreach workers collaborate to confirm eligibility and enroll in appropriate healthcare services. Through an assessment Veteran's preferences are identified and a release of information consent is obtained. If the Veteran consents, they are presented at a weekly Veteran Coordinated Assessment Meeting and the Veteran is referred to appropriate housing resource matched to his/her needs. If a Veteran is not eligible for VA related services, he/she is referred to the civilian coordinated assessment meeting for services and housing placement.

3B-3.3. 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 2016 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)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	200	196	-2.00%
Unsheltered Count of homeless veterans:	9	4	-55.56%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. No

This question will not be scored.

3B-3.4a. 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 2016?

(limit 1000 characters)

The CoC has adopted a new functional zero definition that accounts for Veterans who choose long term SITH in our Veteran homeless count. Due to the disproportionate number of GPD beds (184 beds) to the size of our community and the limited availability of permanent housing (-1%), it was necessary that the CoC change the functional zero definition to accurately reflect those individuals who are seeking permanent housing within our community rather than those that engage long term service intensive treatment/housing through the GPD program who come to the community only for that purpose. Now, finite housing resources can be accessed by targeted intervention for every Veteran who chooses to access housing in the CoC, including those that formerly refused to engage services and outreach. To end Veteran homelessness per the USICH guidelines our community would need the assistance of Congress to "right size" GPD in Asheville/Buncombe.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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 program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This 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 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	7
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 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	7
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

Pisgah Legal Services (PLS), Council on Aging and Mountain Area Healthcare and Education Center (MAHEC) have Health Insurance Navigators within the CoC that are designed to outreach and assist individuals/families enroll in the ACA or Medicaid/Medicare. A SOAR/Navigator Co-Chairs the Homeless Coalition and does outreach onsite at homeless service providers, SA/MH sites and correctional facilities to help individuals/families acquire ACA, Medicaid/Medicare. Since 9/2015, PLS, a CoC partner, helped more than 1,700 people sign up for ACA plans at 8 sites in the CoC and provided legal

representation in 132 cases to obtain, preserve, or increase Medicare or Medicaid benefits. Mission Hospital's Director of Vulnerable Populations serves on the CoC Board; the CoC Lead is on the Board of the FQHC/HCH that provides healthcare at shelter/CoC project sites. At FQHC primary site, 401 homeless patients registered for healthcare and 158 received Health Access Counseling for insurance since 2/2016.

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

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Regular reports on new initiatives to the CoC Board and active participation from health care providers at CoC meetings to inform service providers	<input checked="" type="checkbox"/>
FQHC/HCH provider has outreach site located at emergency shelter	<input checked="" 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 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?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	7
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 2016 competition:	7
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	7
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	7
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 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 style="width: 40px; height: 20px;" type="checkbox"/>
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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"/>
PATH outreach and engagement to unsheltered persons in remote locations	<input checked="" type="checkbox"/>
CoC and service provider outreach and engagement to NC Department of Public Safety/Corrections and local jail	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	64	162	98

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

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

(limit 1000 characters)

N/A

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

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

N/A

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 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)

N/A

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. Yes

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 checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input checked="" type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input checked="" type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
CoC project leasing, participant eligibility and documentation requirements	<input checked="" type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
CoC project leasing, participant eligibility and documentation requirements	04/22/2016	5
HMIS NC Governance Oversight	02/08/2016	5
HIC corrections	06/16/2016	5
Re-tooling Transitional Housing-GPD	08/26/2016	5
Environmental Review compliance	02/13/2016	4

4C. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	CoC Consolidated ...	09/12/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	CoC Rating and Re...	09/12/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC's Rating ans ...	09/12/2016
05. CoCs Process for Reallocating	Yes	NC 501 Process fo...	09/11/2016
06. CoC's Governance Charter	Yes	NC-501 Governance...	09/08/2016
07. HMIS Policy and Procedures Manual	Yes	NC HMIS Operating...	09/08/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No	Applicable Sectio...	09/12/2016
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Administratio...	09/11/2016
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	NC-501 HMIS MOU	09/08/2016
11. CoC Written Standards for Order of Priority	No	NC 501 Written St...	09/11/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	2016 System Perfo...	09/08/2016
14. Other	No	NC 501 Coordinate...	09/11/2016
15. Other	No	NC 501 Educationa...	09/11/2016

Attachment Details

Document Description: CoC Consolidated Application: Evidence of the CoC's communication to rejected participants

Attachment Details

Document Description:

Attachment Details

Document Description: CoC Rating and Review Procedure

Attachment Details

Document Description: CoC's Rating and Review Procedure Public Posting Evidence

Attachment Details

Document Description: NC 501 Process for Reallocating

Attachment Details

Document Description: NC-501 Governance Documents

Attachment Details

Document Description: NC HMIS Operating Policy and Procedures

Attachment Details

Document Description: Applicable Sections of the CONPLAN to Serving Persons Defined as Homeless

Attachment Details

Document Description: PHA Administration Plan_Homeless Preference

Attachment Details

Document Description: NC-501 HMIS MOU

Attachment Details

Document Description: NC 501 Written Standards for Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: 2016 System Performance Measures

Attachment Details

Document Description: NC 501 Coordinated Assessment Policy and Procedure

Attachment Details

Document Description: NC 501 Educational Access Policy

Submission Summary

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

Page	Last Updated
1A. Identification	09/06/2016
1B. CoC Engagement	09/07/2016
1C. Coordination	09/07/2016
FY2016 CoC Application	Page 62
	09/12/2016

1D. CoC Discharge Planning	08/30/2016
1E. Coordinated Assessment	09/07/2016
1F. Project Review	09/11/2016
1G. Addressing Project Capacity	09/07/2016
2A. HMIS Implementation	08/31/2016
2B. HMIS Funding Sources	09/08/2016
2C. HMIS Beds	09/11/2016
2D. HMIS Data Quality	09/07/2016
2E. Sheltered PIT	09/11/2016
2F. Sheltered Data - Methods	08/31/2016
2G. Sheltered Data - Quality	09/11/2016
2H. Unsheltered PIT	09/11/2016
2I. Unsheltered Data - Methods	09/11/2016
2J. Unsheltered Data - Quality	08/31/2016
3A. System Performance	09/12/2016
3B. Objective 1	09/11/2016
3B. Objective 2	09/11/2016
3B. Objective 3	09/09/2016
4A. Benefits	09/12/2016
4B. Additional Policies	09/09/2016
4C. Attachments	Please Complete
Submission Summary	No Input Required

**NC 501 Asheville-Buncombe
Evidence of the CoC's Communication to Rejected Projects**

NC 501 Asheville-Buncombe Continuum of Care did not reject any project applications in the FY2016 CoC Program Competition and this document does not apply.

Christiana Glenn Tugman

From: Christiana Glenn Tugman
Sent: Friday, August 19, 2016 12:41 PM
To: 'April Burgess-Johnson'
Subject: FY 2016 CoC Competition Project Applications Tier and Ranking Selections by CoC
Attachments: NC 501 FY16 Project Ranking_Final.pdf

Dear Ms. Burgess Johnson,

I am very pleased to inform you that Helpmate, Inc., Housing Support for Domestic Violence Survivors RRH bonus project application for FY2016 CoC Competition was selected as a Tier II project for the NC 501 Collaborative Application. I have attached for your review the Tier I and Tier II rankings approved by the CoC for this competition year. I look forward to working with you as we continue to strengthen our Continuum and provide housing and support for the homeless and survivors of domestic violence in our community.

Thank you,
Christiana Glenn

Christiana Glenn Tugman
Homelessness Lead
The Asheville-Buncombe Homeless Initiative
Community and Economic Development
City of Asheville
P.O. Box 7148
Asheville, NC 28802
t.(828) 251-4048
c.(828) 231-5682
CTugman@ashevillenc.gov

Christiana Glenn Tugman

From: Christiana Glenn Tugman
Sent: Friday, August 19, 2016 1:09 PM
To: 'Jim Lowder'; 'Jenny Simmons'; Emily Ball
Subject: FY 2016 CoC Competition Project Applications Tier and Ranking Selections by CoC
Attachments: NC 501 FY16 Project Ranking_Final.pdf

Dear Jim Lowder,

I am very pleased to inform you that Homeward Bound of WNC renewal projects (PPHEN, PPHEN5, PPHEN2, Bridge to Recovery and PPHEN 3) for FY2016 CoC Competition have been selected for the NC 501 Collaborative Application. I have attached for your review the Tier I and Tier II project rankings approved by the CoC for this competition year. I look forward to working with you as we continue to strengthen our Continuum and provide housing and support for the homeless members of our community.

Thank you,
Christiana Glenn

Christiana Glenn Tugman
Homelessness Lead
The Asheville-Buncombe Homeless Initiative
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CTugman@ashevillenc.gov

Christiana Glenn Tugman

From: Christiana Glenn Tugman
Sent: Friday, August 19, 2016 1:15 PM
To: Sarah.Lancaster@smokymountaincenter.com
Cc: 'Jenny Simmons'
Subject: FY 2016 CoC Competition Project Applications Tier and Ranking Selections by CoC
Attachments: NC 501 FY16 Project Ranking _Final.pdf

Dear Ms. Sarah Lancaster

I am very pleased to inform you that Smoky Mountain Center, LME, Shelter Plus Care renewal project for FY2016 CoC Competition has been selected for the NC 501 Collaborative Application. I have attached for your review the Tier I and Tier II project rankings approved by the CoC for this competition year. I look forward to working with you as we continue to strengthen our Continuum and provide housing and support for the homeless members of our community.

Thank you,
Christiana Glenn

Christiana Glenn Tugman
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COMMUNITY DEVELOPMENT

About Us

The Community Development Division is part of the City's Community & Economic Development Department.

The Division manages and administers HUD funded programs for Asheville and for a four county consortium, consisting of Buncombe, Henderson, Transylvania and Madison Counties. These programs provide affordable housing, economic opportunities and other benefits for low-income residents. They include the Community Development Block Grant (CDBG), HOME Partnership Act (HOME) and other programs funded by HUD. Most of the funding from these programs is distributed to organizations in Asheville and the four county consortium through competitive application processes.

The Division also manages and administers City of Asheville funding for affordable housing and outside agencies. Affordable Housing programs include the Housing Trust Fund, and Affordable Housing Fee Rebate program. The Asheville-Buncombe County Homelessness Initiative is managed within the Community Development Division.

The Division is the staff liaison to Asheville area citizens for issues related to affordable housing and community development.

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2016 COC PROGRAM FUNDING PROCESS COMPETITION

[The Notice of Funding Availability \(NOFA\) for the Fiscal Year \(FY\) 2016 Continuum of Care \(CoC\) Program Competition](#) has been posted to the [FY 2016 CoC Program Competition: Funding Availability page](#) on the HUD Exchange.

ELIGIBLE APPLICANTS FOR THE COC PROGRAM SHOULD SUBMIT A LETTER OF INTENT BY FRIDAY, JULY 15, 2016 AT 5:00 PM.

TO BE ELIGIBLE TO SUBMIT AN APPLICATION THE APPLICANT/AGENCY MUST:

1. Meet all requirements found in the FY 2016 CoC Funding Notice (Section V.A.).
2. Be an active CoC member or commit to attending monthly meetings.
3. Complete the on line Project Application in *e-snaps* and submit it in PDF format to the CoC Lead by 12:00 p.m. (noon), August 8, 2016 for review and ranking by the CoC, and;
4. Be financially responsible for any match requirement.

The FY 2016 CoC Program Competition is administered under the CoC Program interim rule (24 CFR part 578) and covers the application and award process for the FY 2016 CoC Program funds.

The electronic application, *e-snaps*, is **not yet available**. HUD strongly encourages CoCs, Collaborative Applicants, project applicants, and stakeholders to use the time before *e-snaps* opens to:

An announcement will be made on the [FY 2016 CoC Program Competition: Funding Availability page](#) on the HUD Exchange and via listserv message when the *e-snaps* is available. For your planning purposes, we anticipate this will occur sometime after July 6, 2016.

Project Applications for all new, renewal and CoC Planning projects are due to the CoC c/o the Collaborative Applicant: Christiana Glenn Tugman c/o the Asheville Buncombe Homeless Initiative at P.O. Box 7148, Asheville, NC 28802, ctugman@ashevillenc.gov on or before 12:00 p.m. (noon), **Monday, August 8, 2016**, for review and ranking by the Continuum of Care funding subcommittee.

Project Applications will be reviewed and written notification will be sent to all project applicants regarding whether a project application(s) would be included as part of the CoC Consolidated Application submission no later than close of business **Monday, August 29, 2016**.

The CoC used Rating and Review Procedures described in the [NC501 FY2016 CoC Tier 1 and Tier 2 Funding Summary and Scoring Criteria](#) and [Asheville-Buncombe Reallocation Process](#). The projects were evaluated using NC501 FY2016 NOFA Application Scorecards for [New Projects](#) and [Renewal Projects](#).

THE COC CONSOLIDATED APPLICATION SUBMISSION DEADLINE IS WEDNESDAY, SEPTEMBER 14, 2016 AT 7:59:59 PM EDT

Arrangements will be made to provide and review any or all parts of the CoC Consolidated Application in a manner that is effective for

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partes del CoC Consolidated Application en una forma eficaz para personas discapacitadas y personas con competencia de idiomas

limitadas).

Additional information can be found at www.hudexchange.info or you may contact:

Christiana Glenn Tugman
Homelessness Lead
The Asheville-Buncombe Homeless Initiative
Community and Economic Development
City of Asheville
P.O. Box 7148
Asheville, NC 28802
(828) 251-4048
ctugman@ashevillenc.gov

Committees and Advisory Boards

[HOUSING AND COMMUNITY DEVELOPMENT COMMITTEE](#)

The Housing and Community Development Committee aims to enhance the quality of life in Asheville and the livability of neighborhoods by providing policy recommendations to Council on all matters relating to the creation and maintenance of housing within the city, including public housing and affordable private housing; and all matters relating to the alleviation of homelessness and services provided to homeless individuals within the city.

[AFFORDABLE HOUSING ADVISORY COMMITTEE](#)

The Affordable Housing Advisory Committee works in conjunction with City leadership and staff to implement the 2008 Affordable Housing Plan. The specific functions of the committee are to consider affordable housing policy issues and advise City leadership about those policies; to develop concrete action steps to implement the highest priorities of the Affordable Housing Plan, and to update that Plan as appropriate over time.

For a copy of the 2008 Affordable Housing Plan, click [here](#).

View the Affordable Housing Advisory Committee's ['Overcoming Challenges in Our Community'](#) PowerPoint.

ASHEVILLE REGIONAL HOUSING CONSORTIUM

The purpose of this Consortium is to improve the quality and increase the supply of affordable housing for low- and very low-income people within the jurisdictions of the units of general local government located in Buncombe, Henderson, Madison, and Transylvania Counties that have executed the Consortium's "Joint Cooperation Agreement."

to provide oversight for the implementation of the 10-Year Plan to End Homelessness by sharing, applying, and tracking groundbreaking strategies that make a permanent and measurable difference in homelessness in Asheville and Buncombe County.

[HOMELESS COALITION](#)

The Homeless Coalition is a group of advocates, providers, and people who have experienced or are experiencing homelessness. The group manages the Continuum of Care grant, which provides nearly a million dollars to the community's homeless programs.

OTHER

For more information on funding, plans, initiatives, reports, and other helpful resources, please call 828-259-5723.

Contact Us

Location: Asheville City Hall, Fifth Floor, 70 Court Plaza

Hours: Monday-Friday, 8:30 a.m.-5 p.m.

Mailing address: P. O. Box 7148, Asheville, NC 28802

Fax: (828) 350-0014

Email: cd@ashevillenc.gov

We Are An Award Winning Department

- *2009: Housing North Carolina Award, for Enka Hills (co-awarded with Asheville Area Habitat for Humanity)*
- *2012: US Department of Housing and Urban Development "Door-Knocker Award," for Supportive Housing (co-awarded with the Housing Authority of the City of Asheville and Homeward Bound)*
- *2014: Housing North Carolina Award, for Carney Place (co-awarded with Asheville Area Habitat for Humanity)*

COMMUNITY DEVELOPMENT STAFF

JEFF STAUDINGER

HEATHER DILLASHAW

Assistant Director of Community Community Development Manager

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70 Court Plaza, P.O. Box 7148, Asheville, NC 28802
ph: (828) 251-1122 email: info@ashevillenc.gov

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Asheville-Buncombe Continuum of Care (NC-501) Reallocation Process for Continuum of Care Project Competition

The Asheville-Buncombe Continuum of Care (hereinafter CoC) manages the performance of all CoC projects in the community and reallocates financial resources whenever doing so will improve the CoC's capacity to end homelessness. The CoC encourages new and existing providers to apply for new projects each fiscal year through reallocation. The CoC reallocates funds using the following process when it has determined that a reallocation of funds from underperforming, underutilized or exiting programs will benefit the entirety of the homeless community.

- The CoC, through the Collaborative Applicant, the City of Asheville, issues a notice for a Letter of Intent (LOI) for new, bonus and renewal project applications, with a deadline at least 30 days prior to HUD's Continuum of Care grant deadline.
- The LOI specifies that an agency must indicate that it intends to submit a new, renewal or permanent housing bonus project for consideration as per HUD guidelines.
- New projects may only be funded through reallocation of funds from existing projects or through the permanent housing bonus process.

HUD strictly limits the types of eligible projects for which reallocated or bonus funds may be used but will allow the CoC to reduce or eliminate funds from eligible renewal projects through reallocation to create projects. Therefore, the LOI indicates which, if any, existing projects may or may not renew, whether any agency will pursue the permanent housing bonus and whether any new projects will be submitted. For FY 2016, the following project types may utilize reallocated funds:

(a) new permanent supportive housing projects where all beds will be dedicated for use by chronically homeless individuals and families; (b) new rapid rehousing projects for homeless individuals and families who enter directly from the streets or emergency shelters, youth up to age 24, and persons fleeing domestic violence situations; (c) new Supportive Services Only (SSO) projects specifically for a centralized or coordinated assessment system; and (d) new dedicated Homeless Management Information System (HMIS) projects.

All projects considered for funding must pass a preliminary threshold review for completeness and whether the project is eligible under HUD rules. The Finance Sub-Committee of the Homeless Initiative Advisory Committee (HIAC) is tasked annually with scoring and ranking eligible projects for recommendation to the full Continuum. The HIAC reviews all applications received which pass threshold review and then determines if a reallocation process is necessary based on the project applications it receives following the LOI.

If reallocation is necessitated by submissions, the HIAC develops a priority listing of projects recommended for funding, including a consideration and discussion of projects losing or gaining funds through reallocation, reviews renewal projects based on performance, new projects based on organizational capacity, strategic priority, project approach and design, and total cost effectiveness. Recommendations to reallocate funds by the HIAC consider HUD's policy priorities and strategic objectives and the CoC's needs and priorities, in relation to any new and existing renewal project proposals, as well as the performance and spending history of existing renewal projects.

Asheville-Buncombe Continuum of Care (NC-501) Reallocation Process for Continuum of Care Project Competition

Finally, the recommended priority listing is presented by the Finance Sub-Committee to the full CoC for review, discussion and a vote. A single priority listing of projects is then developed for submission to HUD through the Collaborative Application. The priority listing, if applicable, indicates to HUD the renewal grants which have been eliminated or reduced in funding, so as to create one or more new projects through the reallocation process.

The Notice for Letters of Intent, New Project Application Score Card and Renewal Project Application Scorecard are posted annually by the Collaborative Applicant at <http://www.ashevilenc.gov/Departments/CommunityEconomicDevelopment/CommunityDevelopment.aspx> and distributed directly to each prospective applicant that sends a Letter of Intent.

2015-2019

**Consolidated Strategic Housing & Community
Development Plan**

**City of Asheville
&
The Asheville Regional
Housing Consortium**



Department of Community &
Economic Development

May 2015



award in 2012. Homeward Bound, in turn, coordinates an array of public health and mental health services for its clients, leading to an over 90% success rate in its housing placements.

Describe coordination with the Continuum of Care and efforts to address the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans, and unaccompanied youth) and persons at risk of homelessness

The Continuum of Care Lead staff person for Buncombe County is staff of the City of Asheville Community Development Division, and is responsible for coordinating the Continuum of Care's (CoC) efforts to end and reduce homelessness in Buncombe County. Additionally, this staff person oversees CDBG, HOME, ESG and Continuum of Care funded projects related directly to homeless services and housing for homeless persons. Two CDBG projects serve chronically homeless individuals and families, families with children, veterans and unaccompanied youth. The Asheville-Buncombe Continuum of Care's focused efforts on these collaborative efforts is responsible for a large decrease in chronically homeless individuals and lower incidences of homelessness among families with children. The recent migration of Runaway and Homeless Youth organizations into the Homeless Management Information System (HMIS) has led to great collaboration with Trinity Place in Buncombe County, the main provider of shelter and services for unaccompanied youth.

Buncombe County, due to this strong level of coordination of partners, projects and funding has seen chronic homelessness decrease by more than 75% since 2006. The Veterans Administration (VA) works with Asheville's homelessness staff person to address veteran homelessness in all 4 counties. Priority 1 Supportive Services for Veterans and their Families (SSVF) funding for Buncombe has resulted in a county-wide planning effort with the VA lead staff person and the CoC Lead staff person co-coordinating the implementation of a 2-year strategy to end veteran homelessness in Buncombe County. Madison, Transylvania and Henderson counties are in the Balance of State Continuum of Care, and work with Asheville to utilize HOME funding in appropriate ways to serve the housing needs of homeless individuals and families in those areas, with specific workgroups in the Balance of State overseeing efforts to reach homeless families with children, homeless veterans, unaccompanied youth and those who are chronically homeless.

Increased efforts to assist formerly homeless individuals and families sustain permanent, stable housing include longer periods of case management by Homeward Bound of Western North Carolina, family self-sufficiency supportive services through the Public Housing Authorities, regular appointments with MANNA Food Bank, and supportive services enrollment including mental and behavioral health services through the Smoky Mountain Center Managed Care Organization.

Describe consultation with the Continuum(s) of Care that serves the jurisdiction's area in determining how to allocate ESG funds, develop performance standards and evaluate outcomes, and develop funding, policies and procedures for the administration of HMIS

Emergency Solutions Grant funding in the Buncombe County Continuum of Care is allocated in collaboration with Continuum of Care, CDBG and HOME Funding in order to leverage this resource most effectively. The performance outcomes are set by the CoC and overseen by the CoC Lead Staff person, who also monitors CoC, CDBG and HOME funding performance outcomes. ESG funding has been re-allocated in Buncombe County to reflect the need for Rapid Re-housing funds, with 60% of the allocation going to Rapid Re-housing activities, with the remainder allocated to emergency shelter and HMIS activities. Transylvania and Henderson Counties receive ESG funds through coordinated efforts with the Balance of State Continuum of Care, Their performance outcomes are set and monitored by both the State of North Carolina and the North Carolina Coalition to End Homelessness, who serves as the Lead for the Balance of State Continuum of Care. Madison County does not receive ESG funds.

The Homeless Management Information System (HMIS) in North Carolina is a state-wide implementation. Its implementation is overseen by the 12 Continua of Care through a Governance Committee. Each CoC has designated seats on the Governance Committee. This body meets regularly and is responsible for working with the HMIS Lead Agency to ensure adequate funding, and to create and implement policies and procedures for the administration and operation of HMIS.

2. Describe Agencies, groups, organizations and others who participated in the process and describe the jurisdictions consultations with housing, social service agencies and other entities

Nature and Extent of Homelessness: (Optional)

Race:	Sheltered:	Unsheltered (optional)
White	498	223
Black or African American	139	41
Asian	2	1
American Indian or Alaska Native	3	4
Pacific Islander	0	0
Ethnicity:	Sheltered:	Unsheltered (optional)
Hispanic	104	95
Not Hispanic	501	165

Data Source
Comments:

Estimate the number and type of families in need of housing assistance for families with children and the families of veterans.

Families with children represent less than 25% of the nonveteran homeless population and less than 10% of the veteran homeless population. Nearly all families with children are in need of rapid re-housing financial assistance for short-term rental assistance to move back into an appropriate, stable housing placement. Family homelessness has risen slightly due to the near zero vacancy rate of fair market units, causing longer length of stays in emergency shelter waiting for an available unit.

Describe the Nature and Extent of Homelessness by Racial and Ethnic Group.

70% of those experiencing sheltered homelessness are White, and more than 80% of unsheltered homeless are White. The racial make-up of the 4-county region is predominately White. The non-White homeless population is a higher percentage than the non-White housed population, reflecting a higher incidence of homelessness in minority populations, particularly African-American.

Describe the Nature and Extent of Unsheltered and Sheltered Homelessness.

The unsheltered homeless population is more than 90% single adult households, the majority of them classified as chronically homeless. Incidences of mental, physical and addictive disorders are high. The sheltered homeless population includes families with children and single male and female households. Under employment, lack of employment, poor credit scores and previous criminal background are common barriers to housing for those experiencing sheltered homelessness.

Discussion:

Overall numbers of those experiencing homelessness in the 4-county region remained flat until the past 12 months, when affordable housing stock reached near-zero vacancy rates throughout the region. Building capacity to create new affordable units, as well as make existing units affordable, is a key priority for the region's efforts in continuing to reduce homelessness. The Balance of State Continuum of Care and the Buncombe County Continuum of Care require participation in a Coordinated Assessment process, using best practice tools and coordination of care to appropriately assess individuals' and families' housing needs and person-centered plans to achieve safe and sustainable permanent housing.

Buncombe County's efforts to implement a 10-year plan to end chronic homelessness by investing resources in a coordinated, sustained effort that addresses the underlying causes of homelessness has resulted in a more than 75% decrease in chronic homelessness since 2006. Strong data collection and analysis through the utilization of the HMIS resource created a collaborative CoC-wide effort in Buncombe County that includes cross-collaboration with Buncombe County, the City of Asheville, Housing Authority of the City of Asheville, Homeward Bound of Western North Carolina, Smoky Mountain Center, Asheville-Buncombe Community Christian Ministries, Mission Hospital and United Way of Asheville and Buncombe County.

SP-60 Homelessness Strategy - 91.415, 91.215(d)

Describe how the jurisdiction's strategic plan goals contribute to:

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

A priority goal for each part of the Asheville region is: "Provide affordable and accessible housing to persons with special needs including the homeless...and help people sustain stable housing through support services coordinated with housing development." This goal contributes in Buncombe County through a Projects for Assistance in Transition from Homelessness (PATH) team dedicated to outreach and assessment for homeless persons, with a focus on unsheltered and other highly vulnerable individuals and households. The PATH team is embedded at the lead agency for housing for homeless persons in order to streamline access to housing for these highly vulnerable individuals.

Buncombe County has a Coordinated Assessment process, as required by HUD, for all homeless providers and programs. This process uses the best practice Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) to determine acuity and connect individuals to housing and supportive services. Henderson, Transylvania and Madison Counties on are a part of the Balance of State Continuum of Care. Henderson and Transylvania Counties have expanded capacity for outreach through non-profit providers' outreach staff and shelter staff outreach.

Addressing the emergency and transitional housing needs of homeless persons

The priority goal of "Provide affordable and accessible housing to persons with special needs including the homeless...and help people sustain stable housing through support services coordinated with housing development," supports the public-private partnerships within the Asheville region among emergency and transitional housing providers as part of a coordinated system of care that leads to sustainable, permanent housing.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again.

Three priority goals support these efforts:

1. Provide affordable housing for households earning 60% of median income or less

2. Provide affordable and accessible housing to persons with special needs including the homeless...and help people sustain stable housing through support services coordinated with housing development,
3. Coordinate housing development with transportation, jobs and services and make efficient use of available land and infrastructure.

Each of these goals support on-going and augmented efforts to target persons and households at 60% AMI or less through public and private outreach strategies for housing assistance; increase the number of affordable units available to homeless persons and households; and streamline access for opportunities to increase income.

Help low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families who are likely to become homeless after being discharged from a publicly funded institution or system of care, or who are receiving assistance from public and private agencies that address housing, health, social services, employment, education or youth needs

Four priority goals support these efforts:

1. Provide affordable housing for households earning 60% of median income or less
2. Provide affordable and accessible housing to persons with special needs including the homeless...and help people sustain stable housing through support services coordinated with housing development,
3. Coordinate housing development with transportation, jobs and services and make efficient use of available land and infrastructure.
4. Preserve existing housing and focus preservations efforts to make both rental and ownership housing affordable and preserve long-term affordability of rental housing.

AP-65 Homeless and Other Special Needs Activities - 91.420, 91.220(i)

Introduction

Ending and reducing homelessness is a priority goal for the participating jurisdiction. Overall homelessness numbers, after a several year period of remaining relatively flat for non-chronic homeless persons and significant reduction in chronic homelessness, have risen in the past 12 months due to the near zero vacancy rate of available affordable units. Efforts to address the growing affordable housing crisis are at the forefront of new strategies of ending and reducing homelessness, along with the on-going successful efforts of utilizing a Housing First best practice model with both Rapid Re-housing and Permanent Supportive Housing subsidy and case management.

Describe the jurisdictions one-year goals and actions for reducing and ending homelessness including

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

Increased access to the new Coordinated Assessment models being used by the Buncombe County and Balance of State Continuum of Care, utilizing HOME funding for targeted Tenant-Based Rental Assistance, ESG funding for Rapid Re-housing Services, Continuum of Care funding for Permanent Supportive Housing and the on-going collaboration of community service providers, Public Housing Authorities, and local government support will result in more than 3,000 homeless persons completing a housing assessment and being assisted in determining a path back into safe, stable and permanent housing.

A priority goal for each part of the PJ's region is: "Provide affordable and accessible housing to persons with special needs including the homeless...and help people sustain stable housing through support services coordinated with housing development." This goal contributes in Buncombe County through a Projects for Assistance in Transition from Homelessness (PATH) team dedicated to outreach and assessment for homeless persons, with a focus on unsheltered and other highly vulnerable individuals and households. The PATH team is embedded at the lead agency for housing for homeless persons in order to streamline access to housing for these highly vulnerable individuals. Buncombe County has a Coordinated Assessment process, as required by HUD, for all homeless providers and programs. This process uses the best practice Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) to determine acuity and connect individuals to housing and supportive services. Henderson, Transylvania and Madison Counties are a part of the Balance of State Continuum of Care. Henderson and Transylvania Counties have expanded capacity for outreach through non-profit providers' outreach staff and shelter staff outreach in order to more effectively assess the vulnerability of unsheltered persons and connect to appropriate housing and supportive services.

Addressing the emergency shelter and transitional housing needs of homeless persons

The priority goal of "Provide affordable and accessible housing to persons with special needs including

the homeless...and help people sustain stable housing through support services coordinated with housing development," supports the public-private partnerships within the PJ's region among emergency and transitional housing providers as part of a coordinated system of care that leads to sustainable, permanent housing.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again

Three priority goals support these efforts: "1. Provide affordable housing for households earning 60% of median income or less 2. Provide affordable and accessible housing to persons with special needs including the homeless...and help people sustain stable housing through support services coordinated with housing development, 3. Coordinate housing development with transportation, jobs and services and make efficient use of available land and infrastructure." Each of these goals support on-going and augmented efforts to target persons and households at 60% AMI or less through public and private outreach strategies for housing assistance; increase the number of affordable units available to homeless persons and households; and streamline access for opportunities to increase income. Buncombe County intends to end chronic homelessness and Veterans homelessness by the end of 2016, in line with federal strategic goals to end and reduce homelessness.

Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); or, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs.

Four priority goals support these efforts: "1. Provide affordable housing for households earning 60% of median income or less 2. Provide affordable and accessible housing to persons with special needs including the homeless...and help people sustain stable housing through support services coordinated with housing development, 3. Coordinate housing development with transportation, jobs and services and make efficient use of available land and infrastructure. 4. Preserve existing housing and focus preservations efforts to make both rental and ownership housing affordable and preserve long-term affordability of rental housing."

Strategies include engagement with local re-entry councils working with individuals returning from correctional institutions to assess for appropriate housing match and needed supportive services; collaborating with County Health and Human Services to identify youth aging out of foster care needing

Asheville Housing Authority

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

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

HACA Policy

HACA will use the following local preferences. Each preference for which the applicant is eligible will be represented by assigning the resident one preference point. Preferences 3, 4, and 5 below apply both to project-based and tenant-based vouchers. Applicants with the highest number of preference points will be processed first except as provided in this section.

1. PBV Tenant Mobility Vouchers: For regular HCV tenant-based vouchers, Project Based Voucher residents who have resided in the PBV unit for at least one year will have first priority. To implement this priority, HACA will develop a separate waiting list and assign two preference points to those requests. This preference does not apply to specialized voucher programs, such as Non-Elderly Disabled (aka Mainstream) vouchers and HUD-VASH vouchers. Status will be verified by internal HACA documentation. If demand for these vouchers exceeds available funding for tenant-based vouchers, the regular HCV tenant based waiting list will remain closed.
2. Non-Elderly Disabled Persons with Community-Based Support: Solely for purposes of tenant-based vouchers that are specifically designated for Non-Elderly Disabled persons, HACA will give one preference point to non-elderly disabled persons determined to be ready for release from a group home, care facility, or other supportive housing program to reside in a community-based setting, and who will be receiving regular on-site community-based support from a local social services, disability services or mental health agency for at least one year after moving into a voucher-assisted unit. Status will be verified through the agency providing the community-based support.
3. HACA Families Losing Housing Assistance without Fault: HACA will give one preference point to any eligible family that has been terminated from its HCV or any voucher program due to insufficient program funding, through no fault of the family. HACA will give one preference point to any eligible family that is required to move, through no fault of the family, from a public housing, RAD PBV, or other HACA dwelling unit because of a natural disaster, major renovation project, or similar situation requiring the family's dwelling unit to be vacant for an extended period of time. Status will be verified by HACA internal documentation.
4. Homeless Families with Case Management Support: Consistent with the City of Asheville's *10-Year Plan to End Homelessness*, HACA will give one preference point to families/individuals who are homeless as defined by HUD and have been homeless for the last 90 days or more, and who will be receiving regular on-site case

management support from a local homeless services, social services or mental health agency for at least one year after moving into a voucher-assisted unit. Status will be verified through the agency providing case management.

5. Homeless Victims of Domestic Violence: HACA will give one preference point to families in which at least one member is a victim of domestic violence, if HACA can verify that the family is residing in a domestic violence shelter or transitional housing program as a result of that domestic violence. Status will be verified through the domestic violence shelter or transitional housing program.

**Memorandum of Understanding
North Carolina Statewide HMIS
North Carolina Continua of Care and the Michigan Coalition Against Homelessness
July 1, 2016 – June 30, 2017**

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-501 Asheville-Buncombe 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:

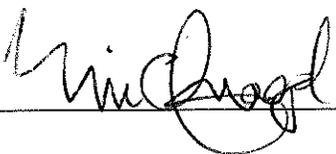
1. Management of the Statewide Vendor Contract with Bowman Systems, Inc.
2. Host the Statewide coordination meeting – the Monthly SA Call-In.
3. Define privacy and security protocols that allow for the broadest possible participation.
4. Provide Statewide Operating Policies and Procedures that represent 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 NC HMIS Governance Committee monthly reports updating the status and accomplishments of the NC HMIS project.

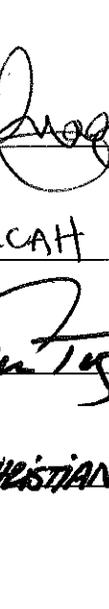
North Carolina Continua of Care:

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:
 - i. Review, revise and approve Privacy, Security and Data Quality Plans.
 - j. Ensure HMIS is administered to meet HUD standards.

- k. 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: 6/6/16

HMIS Lead Agency: MCAH Title: Exec. Director

Signed:  Date: 6/29/2016

CoC Representative: CHRISTIANA GREEN Title: HOMELESSNESS LEAD

Asheville-Buncombe HOMELESS INITIATIVE

NC-501 Written Standards for Chronically Homeless Prioritization for Permanent Supportive Housing

Agencies within the Asheville-Buncombe Continuum of Care, (NC-501, CoC) shall prioritize clients who are chronically homeless for the Permanent Supportive Housing (PSH) beds not already dedicated to chronically homeless as described in CPD-16-11, issued on July 25, 2016, which supersedes all previous notices. All recipients of CoC Program-funded PSH will be required to follow these written standards as required by their grant agreement.

I. Purpose

These written standards reflect the new definition of chronically homeless as amended by the Final Rule on Defining “Chronically Homeless” (herein referred to as the Definition of Chronically Homeless final rule) and updates the orders of priority that were established under the prior written standards in Notice CPD-14-012, which CPD-16-11 supersedes.

To end chronic homelessness, it is critical that limited resources awarded through the CoC Program are being used in the most effective manner possible and that households that are most in need of assistance are being prioritized. Therefore, PSH must be targeted to serve persons with the highest needs and greatest barriers towards obtaining and maintaining housing in the Continuum.

II. Goals of the Orders of Priority

The overarching goal of the Orders of Priority is to ensure that those individuals and families who have spent the longest time in places not meant for human habitation, in emergency shelters, or in safe havens and who have the most severe service needs within our community are prioritized for PSH. By ensuring that persons with the longest histories of homelessness and most severe service needs are prioritized for PSH, the goal of ending chronic homelessness by 2017 will increase. These standards revise the orders of priority related to how persons should be selected for PSH as previously established in Notice CPD-14-012 to reflect the changes to the definition of chronically homeless as defined in the Definition of Chronically Homeless final rule.

These standards achieve two goals:

1. Establish a recommended order of priority for dedicated and prioritized PSH that ensure that those persons with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens and with the most severe service needs are given first priority.
2. Establish an order of priority for PSH that is not dedicated or prioritized for chronic homelessness in order to ensure that those persons who do not yet meet the definition of chronic homelessness but have the longest histories of homelessness and the most severe service needs, and are the most at risk of becoming chronically homeless, are prioritized.

III. Key Terms

Housing First refers to a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions for entry (such as sobriety or a minimum income threshold).

Chronically Homeless; The definition of “chronically homeless”, as stated in HUD’s Definition of Chronically Homeless final rule is:

- (a) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;
- (b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;
- (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Severity of Service Needs refers to persons who have been identified as having the most severe service needs.

- (a) An individual for whom at least one of the following is true:
 - i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or
 - ii. Significant health or behavioral health challenges, substance use disorders, or functional impairments that require a significant level of support in order to maintain permanent housing.

- iii. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.
 - iv. When applicable, CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high- need, high cost beneficiaries.
- (b) Severe service needs as defined in paragraphs i.-iv above, should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and shall be documented in a program participant’s case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements (*see* 24 C.F.R. § 5.105(a)).

IV. Dedication and Prioritization of Permanent Supportive Housing Strategies to Increase Number of PSH Beds Available for Chronically Homeless Persons

A. Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness.

Dedicated PSH beds are those which are required through the project grant agreement to only be used to house persons experiencing chronic homelessness unless there are no persons within NC 501’s geographic area that meet that criteria. When there are no persons within NC 501’s geographic area that meet the definition of chronically homeless at a point in which a dedicated PSH bed is vacant, the recipient may then follow the order of priority for non- dedicated PSH as described in these standards. However, the bed will continue to be a dedicated bed, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within NC 501’s geographic area at that time. These PSH beds are reported as “CH Beds” on NC 501’s Housing Inventory Count (HIC).

B. Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness.

Prioritization means implementing an admissions preference for chronically homeless persons for CoC Program-funded PSH beds. During the CoC Program competition, project applicants for CoC Program-funded PSH indicate the number of non-dedicated beds that will be prioritized for use by persons experiencing chronic homelessness during the operating year of that grant, when awarded. Projects are required to prioritize chronically homeless persons in their non-dedicated CoC Program-funded PSH beds for the applicable operating year as the project application is incorporated into the existing grant agreement.

All recipients of non-dedicated CoC Program-funded PSH shall change the designation of their PSH to dedicated beds or at a minimum shall prioritize the chronically homeless as PSH beds become vacant to the maximum extent practicable, until there are no persons within NC 501’s geographic area who meet that criteria. The total number of non-dedicated beds designated as being prioritized for the chronically homeless may be increased at any time during the operating year and may occur without an amendment to the grant agreement.

V. Order of Priority in CoC Program-funded Permanent Supportive Housing

A. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. These written standards include an order of priority for CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual's or family's service needs. Recipients of CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness are required to follow this order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.
2. When there are no chronically homeless individuals and families within NC 501's geographic area, recipients of CoC Program-funded PSH shall follow the order of priority in these standards.
3. Recipients of CoC Program-funded PSH shall follow the order of priority above while also considering the over-all goals of the CoC and any identified target populations served by the specific project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness should follow the order of priority to the extent in which persons with serious mental illness meet the criteria. However, if there were no persons with a serious mental illness that also met the criteria of chronically homeless within the NC 501's geographic area, the recipient should follow the order of priority under Section B, below, for persons with a serious mental illness.
4. Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. Some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to entering housing. Recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. However, CoC Program-funded PSH providers shall follow a Housing First approach to the maximum extent practicable. Therefore, a person experiencing chronic homelessness should not be forced to refuse an offer of PSH if they do not want to participate in the project's services, nor should a PSH project have eligibility criteria or preconditions to entry that systematically exclude those with severe service needs. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and these chronically homeless persons must continue to be prioritized for PSH until they are sustainably housed.

B. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. Recipients of CoC Program-funded PSH that are not dedicated or prioritized for the chronically homeless shall be required to follow this order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

(a) First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months **and** has been identified as having severe service needs.

(b) Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless shall also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless shall be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(d) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a short term transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

2. Recipients of CoC Program-funded PSH shall follow the order of priority above, as adopted by the CoC, while also considering the goals and any identified target populations served by the project. For example, non-dedicated or non-prioritized CoC Program-funded PSH that is permitted to target youth experiencing homelessness should follow the order of priority under Section V.B.1., to the extent in which youth meet the stated criteria.
3. Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are prioritized for assistance based on their length of time homeless and the severity of their needs following the order of priority as adopted by the CoC. Some persons—particularly those living on the streets or in places not meant for human habitation—may require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant indefinitely while waiting for an identified eligible individual or family to accept an offer of PSH. Recipients of CoC Program-funded PSH shall follow a Housing First approach to the maximum extent practicable and street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and these individuals and families must continue to be prioritized until they are housed.

VI. Using Coordinated Entry and a Standardized Assessment Process to Determine Eligibility and Establish a Prioritized Waiting List

A. Coordinated Entry Requirement

Provisions at 24 CFR 578.7(a)(8) requires that the CoC, establish and operate either a centralized or coordinated entry system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. These written standards incorporate a coordinated entry process to ensure that there is a single prioritized list for all CoC Program-funded PSH within the CoC. The NC 501 Coordinated Assessment Policy and Procedure manual provides the criteria for coordinated entry and mandates use of a standardized assessment tool. Under no circumstances shall the order of priority be based upon diagnosis or disability type, but instead on the length of time an individual or family has been experiencing homelessness and the severity of needs of an individual or family and in accordance with NC 501 Coordinated Assessment Policy and Procedure.

B. Written Standards for Creation of a Single Prioritized List for PSH

All CoC Program-funded PSH shall accept referrals through a single prioritized list that is created through NC 501's coordinated assessment process and informed by the CoCs street outreach and other administrative data systems. Adoption of this referral process into the CoC's policies and procedures for coordinated entry will ensure that CoC Program-funded PSH is used most effectively. The single prioritized list should be updated frequently to reflect the most comprehensive, up-to-date and real-time data as possible.

C. Standardized Assessment Tool Requirement

Agencies must utilize the standardized assessment tool and referral requirements as described in the NC 501 Coordinated Assessment Policy and Procedure manual, and in accordance with 24 CFR 578.3 and these written standards.

D. Nondiscrimination Requirements

Recipients of CoC Program-funded PSH must continue to comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, as applicable (*see* 24 C.F.R. § 5.105(a)).

VII. Recordkeeping Recommendations for the Orders of Priority

Documentation requirements are outlined in 24 CFR 578.103(a)(4) for all recipients of dedicated and non-dedicated CoC Program-funded PSH for determining whether or not an individual or family is chronically homeless for the purposes of eligibility. In addition to those requirements, recipients of CoC Program-funded PSH will maintain evidence of implementing these priorities. Evidence of following these orders of priority may be demonstrated by:

- A. Evidence of Severe Service Needs.** Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined, using data-driven methods such as an administrative data match or through the use of a standardized assessment tool. The documentation should include any pertinent information on how the determination was made, such as notes associated with case conferencing decisions.
- B. Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance.** Recipients must follow these written standards for prioritizing assistance, as adopted by the CoC. In accordance with the written standards for prioritizing assistance, recipients must document that the CoC's written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.
- C. Evidence that there are no Households Meeting Higher Order of Priority within NC 501's Geographic Area.**
 - (a)** When dedicated and prioritized PSH is used to serve non-chronically homeless households, the recipient of CoC Program-funded PSH should document how it was determined that there were no chronically homeless households identified for assistance within NC 501's geographic area. This documentation should include evidence of the outreach efforts that are undertaken to locate eligible chronically homeless households within the defined geographic area and, where chronically homeless households have been identified but have not yet accepted assistance, the documentation should specify the number of persons that are chronically homeless that meet this condition and the attempts that have been made to engage the individual or family. The recipient of PSH may refer to the priority list as evidence to satisfy this requirement.
 - (b)** When non-dedicated and non-prioritized PSH is used to serve an eligible individual or family that meets a lower order of priority, the recipient of CoC Program-funded PSH shall document how the determination was made that no eligible individuals or families were within NC 501's geographic area. The recipient of PSH may refer to the priority list as evidence that there were no households identified within NC 501's geographic area that meet a higher order of priority.

Performance Measurement Module (Sys PM)

Summary Report for NC-501 - Asheville/Buncombe County CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH		755		37			13	
1.2 Persons in ES, SH, and TH		1271		119			44	

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	-	-	-	-	-	-	-
1.2 Persons in ES, SH, and TH	-	-	-	-	-	-	-	-

Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	48	11	23%	6	13%	3	6%	20	42%
Exit was from ES	66	16	24%	4	6%	1	2%	21	32%
Exit was from TH	171	22	13%	13	8%	16	9%	51	30%
Exit was from SH									
Exit was from PH	438	21	5%	17	4%	15	3%	53	12%
TOTAL Returns to Homelessness	723	70	10%	40	6%	35	5%	145	20%

Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	530	562	32
Emergency Shelter Total	237	273	36
Safe Haven Total	0	0	0
Transitional Housing Total	228	215	-13
Total Sheltered Count	465	488	23
Unsheltered Count	65	74	9

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons		1292	
Emergency Shelter Total		750	
Safe Haven Total		0	
Transitional Housing Total		560	

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		100	
Number of adults with increased earned income		1	
Percentage of adults who increased earned income		1%	

Performance Measurement Module (Sys PM)

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		100	
Number of adults with increased non-employment cash income		29	
Percentage of adults who increased non-employment cash income		29%	

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		100	
Number of adults with increased total income		30	
Percentage of adults who increased total income		30%	

Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		12	
Number of adults who exited with increased earned income		0	
Percentage of adults who increased earned income		0%	

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		12	
Number of adults who exited with increased non-employment cash income		5	
Percentage of adults who increased non-employment cash income		42%	

Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		12	
Number of adults who exited with increased total income		5	
Percentage of adults who increased total income		42%	

Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.		1067	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		256	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)		811	

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.		1424	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		386	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)		1038	

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in 2016.

Performance Measurement Module (Sys PM)

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons who exit Street Outreach		185	
Of persons above, those who exited to temporary & some institutional destinations		41	
Of the persons above, those who exited to permanent housing destinations		65	
% Successful exits		57%	

Metric 7b.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited		1113	
Of the persons above, those who exited to permanent housing destinations		562	
% Successful exits		50%	

Metric 7b.2 – Change in exit to or retention of permanent housing

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH		690	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		633	
% Successful exits/retention		92%	

NC-501

Coordinated

Assessment

Policy and Procedure

OVERVIEW

Overview of Coordinated Assessment

Coordinated Assessment refers to the process used to assess and assist in meeting the housing needs of people at-risk of homelessness and people experiencing homelessness. Key elements of coordinated assessment include:

- Coordinated assessment meetings and staff members;
- The use of a standardized assessment tool to assess individual housing needs and need for supportive services;
- Referrals based on the results of the assessment tool to homelessness assistance programs;
- Capturing and managing data related to assessment and referrals in the Homeless Management Information System (HMIS); and
- Prioritization of individuals with the most barriers to obtaining housing.

The implementation of coordinated assessment is now a requirement of receiving certain funding, namely Emergency Solutions Grant and Continuum of Care funds, from the Department of Housing and Urban Development (HUD) and is considered a national best practice. When implemented effectively, coordinated assessment can:

- Reduce the amount of research and the number of contacts people experiencing homelessness must make before finding crisis housing or services;
- Reduce new entries into homelessness through coordinated, system wide diversion and prevention efforts;
- Prevent people experiencing homelessness from entering and exiting multiple programs before getting their needs met;
- Minimize the need for individual provider wait lists for services;
- Foster increased collaboration between homelessness assistance providers; and
- Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH Act) outcomes and make progress on ending and reducing homelessness.

These policies and procedures will govern the implementation, governance, and evaluation of coordinated assessment in the Asheville-Buncombe Continuum of Care (NC-501). These policies may only be changed by the approval of the Homeless Initiative Advisory Committee (HIAC), the governing body of the Asheville-Buncombe Continuum of Care.

Basic Definitions

- **Provider** – Organization that provides services or housing to people experiencing or at-risk of homelessness.
- **Program** – A specific set of services or a housing intervention offered by a provider.
- **Client** – Person or persons at-risk of or experiencing homelessness being served by the coordinated assessment process.
- **Housing Interventions** – Housing programs and subsidies; these include transitional housing, rapid re-housing, and permanent supportive housing programs, as well as permanent housing subsidy programs, such as Housing Choice Vouchers.

Target Population

This process is intended to serve people experiencing homelessness. Homelessness will be defined in accordance with the official HUD definition of literal homelessness.¹ People at imminent risk of homelessness are people who believe they will become homeless, according to the HUD definition of literal homelessness, within the next 72 hours. People who do not fall under HUD's definition of literal homelessness will be referred to other prevention-oriented resources available within the community.

Goals and Guiding Principles

The goal of the coordinated assessment process is to provide each client with adequate services and supports to meet their housing needs, with a focus on housing them as quickly as possible. Below are the guiding principles that will assist in meeting these goals.

- **Client Choice:** Clients will be given information about the programs available to them and will choose which programs they want to participate in once program eligibility is determined.
- **Collaboration:** Collaboration will be fostered through open communication, transparent work, consistently scheduled meetings and reporting on the performance of the coordinated assessment process.
- **Accurate Data:** Data collection on people experiencing homelessness is a key component of the coordinated assessment process. Data from the assessment process that reveals what resources clients need the most will be used to assist with reallocation of funds and other funding decisions. To capture this data accurately, all assessment staff and providers must use the assessment tool as intended, enter data into the HMIS in a timely fashion (with the exception of some special populations and special cases outlined later in this document). Individual rights with regard to access to and release of privileged information will always be made explicit to persons and no individual will be denied services for refusing to share personal data.

¹ https://www.onecpd.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

- **Performance-Driven Decision Making:** Decisions about and modifications to the coordinated assessment process will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of wait time for an assessment.
- **Housing First:** Coordinated assessment will support a housing first approach, and will thus work to connect households with the appropriate permanent housing opportunity, as well as any necessary supportive services to help maintain housing, as quickly as possible.

COORDINATED ASSESSMENT PROCESS

Coordinated Assessment Meetings

People experiencing homelessness will be assessed and referred to homelessness assistance services in designated coordinated assessment meetings. All persons experiencing homelessness should be directed to be assessed **prior to receiving admission to any homelessness assistance program** (with the exception of situations where assessment hours are over for the day and the person needs emergency shelter). No additional agencies may become designated to perform assessments and participate in meetings without notification to the CoC Lead and being approved by the appropriate Coordinated Assessment Sub-Committees. The list of approved agencies will be updated if and when additional designated coordinated assessment providers are added or removed.

The designated assessment tool will be administered by trained staff from agencies approved through this process. All staff utilizing the assessment tool will attend trainings on the proper administration, scoring and use of the assessment tool at least annually. No assessments shall be performed by any staff not properly trained or supervised on the designated assessment tool for coordinated entry.

Outreach staff whose agencies do assessments and have been approved by the Coordinated Assessment Sub-Committees and the HIAC may assess clients living on the street or other places not fit for human habitation. These staff and those who work with clients being discharged from jails and hospitals will also need to be approved by the Sub-Committees and the HIAC, as well as be trained, before administering assessments and participating in coordinated assessment.

All staff that administer the assessment tool will receive training on the standardized assessment forms to be used, the Homeless Management Information System*(HMIS), proper referral and prioritization procedures, scoring and client priority management (except those agencies prohibited by law from utilizing HMIS*). Staff will also receive training in serving domestic violence survivors, referral of those clients and other population-specific topics as needed. It is the responsibility of the CoC Lead to ensure this training is available and to make sure it is offered on an annual basis.

Throughout these policies and procedures, assessment staff will find instructions and other guidance on how to conduct assessments, make referrals, and prioritize clients for services. However, not every conceivable situation is covered in this manual. Assessment staff will need to rely on their judgment, their training, and their supervisor as well as guidance from the Sub-Committees in these situations.

Assessment Staff Responsibilities vs. Program Staff Responsibilities

Assessment staff will be responsible for homelessness assistance assessments using the assessment tool and appropriate prevention/diversion referrals when required. Case managers at provider agencies that are not part of the system assessment process will be responsible for:

- Connecting clients to other mainstream resources outside of the homelessness assistance system;
- Ensuring that, once notified by assessment staff that a spot in the appropriate housing intervention has opened up, clients are connected to their next referral;
- Assisting with any documentation requirements of the client's referral; and
- Any other service provision related to their agency's program model.

System Entry

Clients presenting at participating agencies that are seeking homelessness assistance services will be referred for an assessment, unless that person is a domestic violence survivor in imminent danger: these clients will be referred directly to the Family Justice Center or Helpmate. If the client is unable to have the assessment due to a disability or lack of transportation, an effort should be made by the agency where they present to assist the client in connecting to the appropriate staff.

The Assessment Process

Assessment refers to the process of asking the client a set of questions designed to determine which programs or services are most appropriate to meet their needs and prioritize them for various services. A standardized assessment tool will be used to make these determinations. Assessment staff will be trained on administering and scoring these tools, as well as the order in which they should be administered and the average amount of time each assessment should take. Assessments will be administered by the following agencies:

- AHOPE Day Center/Homeward Bound of WNC
- ABCCM's Steadfast House, Veterans Restoration Quarters and Crisis Centers
- Charles George VA Medical Center
- Helpmate
- Smoky Mountain Center, LME

While Assessment Staff Are On Duty:

1. Persons who enter or call into a homelessness assistance provider agency, or other community agency that works with clients, will be asked questions to determine if they can self-resolve their housing crisis or should go through the coordinated assessment process. If it is determined that an individual does not need homelessness assistance services, they will be directed to other more appropriate prevention-oriented resources.

2. If they are eligible for an assessment, they will be directed to an available coordinated assessment staff member (if not speaking with one already). The assessment staff member will then explain the assessment process and share and discuss the client release of information with the client. If the client signs the form, the staff member will enter assessment information into the HMIS – if not, or if the HMIS is not yet hosting the assessment form, or if the client is seeking domestic violence specific services, they will do the assessment on paper.
3. The assessment staff member will administer an assessment to determine if the client has alternative housing options within the community, UNLESS they are chronically homeless (e.g., have engaged with outreach workers on multiple occasions in the past) or sleeping somewhere not fit for human habitation.
4. Assessment staff will have to use their judgment to gauge if they are able to do a full diversion session with the client based on the current wait times/demand for assessments and the depth of diversion services the client needs. If neither the assessment worker nor a case manager is available, the assessment staff member should continue with the assessment process as if the client is not able to be diverted.
5. If the client is successfully diverted, they will end their engagement with the assessment worker, who will make a note in the assessment form and in the HMIS that the client was not appropriate for coordinated entry.
6. Clients who are deemed eligible will continue with the assessment process and enter the date the assessment tool was administered. This process will prioritize them for housing interventions and accompanying services, including transitional housing, rapid re-housing, and permanent supportive housing.

Data Collection

Data will be collected on everyone that is assessed through the coordinated assessment process. This section, in addition to instructions embedded within the assessment tool, will detail when and how data about clients going through coordinated assessment will be collected.

Once a client is deemed eligible to be assessed, the assessment staff member will show the client the data confidentiality form/ROI. Assessment staff will go over it with clients and explain what data will be requested, how it will be shared, whom it will be shared with, and what the client's rights are regarding the use of the client's data. Assessment staff will be responsible for ensuring clients understand their rights as far as release of information and data confidentiality. If they sign the form, the assessment staff member will begin the assessment process. Until the assessment tool is available in the HMIS, assessments should be completed on paper initially with relevant data entered into the data fields in the HMIS. Access to parts of each client record or assessment form may be restricted for safety reasons or by client request.

Some clients should never be entered into the HMIS. These include:

- Clients who are in imminent danger and want domestic violence-specific services. The assessment should be done on a paper form and passed off to the appropriate provider. If the client ends up being served by a domestic violence provider, that agency may enter their information into a HMIS-comparable database.
- Clients who do not agree to share their data through the HMIS on the client release of information form should also never have their data entered into the HMIS.

Once the assessment process has been completed, the assessment staff member will share the client's record in HMIS (or the paper form) with the program they are being referred to during the coordinated assessment meeting. This way the program will have the client's information and can ensure they do not ask the same questions again, potentially re-traumatizing the client.

Basis of Referrals

Referrals to additional services may be made based on the following factors:

- Results of the assessment tool process;
- Bed availability and number of people on priority lists;
- Established system wide priority populations; and
- Program eligibility admission criteria, including populations served and services offered.

The assessment tool has a scoring mechanism that will prioritize households for access to an appropriate housing and service intervention. This score will serve as a jumping-off point for a discussion between the assessment staff member and the client about what referral may be made. All bed availability should be determined, ideally, in real-time through HMIS. Until this is possible, bed information should be managed through coordinated efforts of providers who engage in coordinated assessment.

The coordinated process will be geared toward prioritizing households with the most intensive service needs and housing barriers (e.g. chronically homeless households and households with multiple episodes of homelessness). The annual CoC Collaborative Application process will include decisions about which populations should be prioritized for services in the community based upon relevant data and housing stock availability. Prioritization of populations will be adjusted to reflect any changes to the priority groups. The Sub-Committees will be responsible for making changes to the scoring prioritization and re-distributing the applicable criteria to the coordinated assessment staff.

Referrals should also be based on each program's admissions eligibility criteria. For example, programs that serve only single adult men will only receive single adult male referrals. **Agencies wishing to participate in coordinated assessment must submit all of**

their program eligibility criteria to the CoC Lead, the appropriate Sub-Committees and have approval by the HIAC, before they can participate in the coordinated assessment process. Any changes to a participating program’s eligibility criteria or target population must be sent immediately to the CoC Lead to ensure referral protocol is updated accordingly. If the CoC Lead or Sub-Committees have a concern that a program’s requirements may be contributing to “screening out” or excluding households from needed services, the CoC Lead may request to meet with the provider to discuss their criteria. If a causal link between underserved populations and a provider’s eligibility criteria is shown to affect outcomes, and the provider is unwilling to modify the criteria, the CoC Lead and Sub-Committees may recommend to the HIAC that the provider be de-prioritized by the CoC or other sources of future funding.

Making Referrals and Prioritizing Clients

The referral process for Coordinated Assessment will be standardized:

1. After the assessment process is complete, the assessment staff member shall refer to a manager/supervisor who will determine the score. No one who administers the assessment tool shall score the assessment of that client. The assessment staff member should provide information about the different intervention types the client is prioritized for, including general intervention attributes (e.g., length of services, type of housing) and the size of the current priority lists.
2. If the client was not prioritized by their score, the staff member should explain what other services will be available to them (e.g., shelter case management, connection to mainstream resources, help connecting with family or friends). The client should be referred to the appropriate emergency shelter or other housing crisis resource where they will receive case management and other services assist them with their needs. The assessment process ends for that client at this point.
3. The assessment staff member should then describe how the referral process works to the client – the client will then be able to make an informed choice about whether to participate.
4. The assessment staff member should then refer the client to coordinated assessment. Clients should be added by their HMIS identification number only (or another coded, non-identifying number if they are a client that requested DV-specific services). For transitional housing for substance abuse, people will be referred to an appropriate service provider, except for those coming from other programs within the system. For permanent supportive housing or rapid re-housing clients will be slated for coordinated entry based on their Vulnerability Index score.
5. To make a referral to an agency outside of coordinated assessment, the assessment staff member should call the program to let them know they are sending them a client (domestic violence, e.g.). They should also ensure the client’s information is in the HMIS and that the HMIS record or the paper assessment is shared with the program in question via secure fax or email.

The client should be given the address and other information for reaching the referred program.

6. If there is not currently an opening for Rapid Re-Housing/PSH or at an appropriate program within the clients needed intervention, the client should be referred to the appropriate emergency shelter or other housing crisis resource. The assessment staff member should make a note in the HMIS or on the client's paper assessment form of where the client was referred and their contact information. Upon referral, the case manager at the referred-to program should contact the assessment worker to let them know they will be working with that particular client. The assessment staff member should then enter the case manager's name (if assigned) and contact information as a note into the HMIS before the exit is entered. Clients should also be given a card that includes that information. This process will ensure that any other people who serve them know they have already been through an assessment process and prevent duplication.
7. If a client does not show up when referred to a program, the referred-to program should notify the assessment staff member or case manager. The case manager at the referred-to program should attempt to make contact with the client. If the client cannot be located after being notified that a space was available in a program, the slot will be offered to the next eligible person.

Special Populations

There are many subpopulations of people coming through the Coordinated Assessment process that may have special needs or need to be directed to specific resources to have their needs met. While this document includes specific instructions for some of those populations, the tool itself covers many others. Assessment staff members who believe that a client is eligible for another specific resource not discussed in this document should go to the coordinated assessment staff supervisor for additional assistance.

Post-Referral Procedure

Once a client has had an assessment and is slated for coordinated entry, the program should make sure the client is connected to a case manager. Both the case manager and client will receive updates on where their client stands in the process if they are waiting for a longer-term intervention or appropriate housing is not available.

DECLINED REFERRALS AND GRIEVANCE PROCEDURES

Provider Declines Referral

There may be rare instances where program staff do not accept a referral from the coordinated assessment process. Refusals are acceptable only in limited situations, including:

- The person does not meet the program's eligibility criteria (income, e.g.);
- The person would be a danger to others or themselves if allowed to stay at this particular program; and
- The person has previously caused serious conflicts within the program and was banned (was violent with another client, e.g.).

If program staff determines a client is not eligible for their program after they have received the referral from coordinated assessment, the client should be sent back to their initial assessment point for assessment staff to determine an appropriate referral. If assessment hours are over for the day, the client should be referred to a population-appropriate emergency shelter. Any cases that are unable to be resolved to the client's satisfaction will be referred to a manager and the Sub-Committees to be addressed at the next scheduled coordinated assessment meeting. If a program is consistently refusing referrals, they will need to meet with the CoC Lead and the Sub-Committees to determine the program's appropriate role in the coordinated assessment process.

Client Declines Referral

Assessment staff, through the administration of the assessment tools and the assessment process (which includes client input), will attempt to do what they can to meet each client's needs while also respecting community wide prioritization standards. The CoC has the authority to limit the number of program refusals or housing option refusals any client can make per episode of homelessness. If a client exceeds this set number, (s)he forfeits his/her right to be served in the coordinated assessment system.

Provider Grievances

Providers should bring any concerns about coordinated assessment to the CoC Lead and Sub-Committees, unless they believe a client is being put in immediate or life-threatening danger, in which case they should deal with the situation immediately. A summary of concerns should be provided via email to the chair of the appropriate Sub-Committee. The chair should then schedule that provider's representative to come to the next available Coordinated Assessment Meeting so the issue can be resolved. If the issues need more immediate resolution, the chair in conjunction with the CoC Lead will determine the best course of action to resolve the issue.

Client Grievances

The assessment staff member or the staff supervisor should address any complaints by clients as best as they can in the moment. Complaints that should be addressed directly by the assessment staff member or staff supervisor include complaints about how they were treated by assessment staff or violation of the data agreements. Any other complaints should be referred to the chair(s) of the Coordinated Assessment Sub-Committee(s) for resolution as noted above. Any complaints filed by a client should note their name and contact information so the chair can contact them and offer them the chance to appear before the committee to discuss the grievances.

GOVERNANCE

Roles and Responsibilities

The Coordinated Assessment process will be governed by the HIAC through the Coordinated Assessment Subcommittees. This group will be responsible for:

- Providing general oversight and management of coordinated assessment;
- Investigating and resolving client and provider complaints or concerns about the process.
- Providing information and feedback to the CoC and the community at-large about Coordinated Assessment;
- Evaluating the efficiency and effectiveness of the coordinated assessment process;
- Reviewing performance data and proposed outcomes from the Coordinated Assessment process; and
- Recommending changes or improvements to the process, based on performance outcomes and data.

EVALUATION

The Coordinated Assessment process will be evaluated on a regular basis to ensure that it is operating at maximum effectiveness and efficiency. Evaluation will be carried out primarily through the Coordinated Assessment Sub-Committees and any consultants or third parties they engage to help them. Evaluation mechanisms may include the following:

- **A review of metrics from the coordinated assessment process.** The data to be reviewed and the thresholds that should be met in the process
- **A periodic review with people experiencing homelessness who have been through the coordinated assessment process.**
- **A report issued to the community at least annually on coordinated assessment and homelessness assistance system outcomes.** This report may include trends from an analysis of coordinated assessment data, as well as the total number of assessments and referrals made, successes to be shared and notes from the Coordinated Assessment Sub-Committees on the process's progress. A member of the Sub-Committees may present major findings from this report at the HIAC meeting the month it is completed. Sub-Committees may ask for assistance from the CoC Lead in writing and producing this report.

For Agencies Providing Staffing:

- Provide a designated number of staff, which may change over time based on client needs and agency capacity, for the Coordinated Assessment process.
- Allow assessment to be evaluated on a regular basis by the CoC Lead, participating entities and any outside evaluators deemed necessary.
- Ensure assessment staff receive training on the assessment, referral, and data entry processes associated with coordinated assessment, as well as any other trainings the Coordinated Assessment Sub-Committees deem necessary to ensure an efficient and effective process.
- Make referrals based on the agreed-upon system-wide criteria, bed availability, and the assessment tools.

Coordinated Assessment Staff Members:

- Administer assessments to clients attempting to access the Coordinated Assessment process to determine eligibility
- Report any capacity issues to an agency staff supervisor or CoC Lead
- Record assessment tool results on paper and in the HMIS
- Be knowledgeable of data confidentiality and client confidentiality rights and be able to explain these rights to each client
- Obtain a signed data confidentiality agreement from each client whose information is entered into the HMIS and an ROI for each client referred for Coordinated Assessment
- Refer clients ineligible for homeless assistance services to other, more appropriate community resources

Coordinated Assessment Staff Supervisor Duties:

In addition to the responsibilities listed above:

- Ensure noted fluctuations in client demand and issues that impair efficiency and the efficacy of Coordinated Assessment and entry are communicated to the Sub-Committees and the CoC Lead
- Ensure Coordinated Assessment staff are following all policies and procedures and help them address any obstacles

For all agencies participating in Coordinated Assessment:

- Treat all clients equitably with dignity and respect
- Collaborate to address process issues for the purpose of evaluating service efficiency and effectiveness
- Provide all program eligibility criteria to the CoC Lead and appropriate Coordinated Assessment Sub-Committees
- Participate in the Homeless Management Information System (HMIS) and enter assessment information into the HMIS unless legally prohibited from doing so
- Adhere to the policies and procedures of the Coordinated Assessment process contained in this manual

- Meet with the appropriate Coordinated Assessment Sub-Committee when requested to discuss concerns and issues around the coordinated assessment process
- Discourage staff from administering system wide assessments or any program assessments that duplicate questions asked during the Coordinated Assessment process.

Confidentiality and Record Retention

- a. Participating agencies must comply with any and all applicable laws and regulations concerning the confidentiality of client records, files or communications
- b. Participating agencies must secure privacy, confidentiality and integrity of client data
- c. Participating agencies must either have or develop a record retention policy
- d. Participating agencies must ensure the protection of and ultimate destruction of paper copies of a client assessment and only store a client's score
- e. Participating agencies must ensure that clients are not informed of their assessment score as this information may erode the efficacy of coordinated assessment
- f. Participating agencies must not inform clients that a given score permits entry into a particular program as this baseline is not fixed within coordinated entry and therefore, such information may erode the integrity of the Coordinated Assessment System

**Asheville-Buncombe Homeless Initiative
NC-501 Continuum of Care**

Ensuring Access to Educational Services Policy

Asheville-Buncombe Continuum of Care is dedicated to ensuring that all homeless children are provided the resources necessary to stabilize their housing, support their growth and development, and minimize the trauma of homelessness. To that end, the immediate assessment of children's needs and connection to all early intervention and educational supports available and assisting guardians in advocating for their rights under the McKinney-Vento program is key. Therefore, Homeless service providers should incorporate information from the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH Act) related to education assurances into program intakes.

Providers receiving federal funding through the CoC, ESG and CDBG programs for shelter, transitional housing, housing services and permanent supportive housing for families are required to follow these practices in order to meet the developmental needs of homeless children and youth as defined under McKinney-Vento (42 U.S.C § 11434a(2)):

School Enrollment

Every parent, guardian or custodian having charge or control of a child between the ages of seven and 16 years must be enrolled in school (*see*, N.C.G.S. § 115C-378). Program staff must provide the parent, guardian, and unaccompanied youth with information on school enrollment and:

- The district school that is the appropriate for the age/grade level of the child.
- The rights under the McKinney-Vento legislation to remain at the school of origin, if feasible, and to be immediately enrolled regardless of the availability of previous school records, health records, birth certificates, or proof of residency.
- The contact information for the school social worker and/or the Buncombe County or Asheville City Schools McKinney-Vento Liaison.
- Parents or Guardians choosing to home school children should provide grade appropriate curriculum or web-based programming being used to support an adequate home-school program and ongoing progress in mastering grade-level material, via progress reports and/or testing results in accordance with North Carolina General Statutes.
- Programs will provide or make arrangements with the appropriate school's transportation service coordinator if requested by the parent, guardian or unaccompanied youth to facilitate engagement in school-based services.

Attendance and Success

School attendance is critical in realizing academic success. Program staff must ensure that parents are following school policies regarding excused absences and medical documentation necessary to return to school after an illness or injury.

Programs are encouraged to develop relationships with community partners to offer educational support on-site, such as tutoring, reading programs, and access to supplemental learning material.

Early Childhood Development

Programs are required to inform families of all available options for child care and developmental support and should assist the parent, guardian or unaccompanied youth with enrollment in early childhood programs.

Programs are also encouraged to assist families in enrolling children in health care coverage and accessing annual wellness evaluations to support understanding of age-appropriate developmental milestones and immunization choice.

Training and Professional Development

At least one CoC Committee will focus on information and materials related to educational and developmental support for children and youth. Attendance by any service provider is encouraged at the Family and Homeless Youth Sub-Committee, the HIAC or the Homeless Coalition.

Program staff are encouraged to attend the annual HUD, McKinney-Vento, or CoC sponsored trainings on access to education and supporting childhood development.

Resources

The following is a list of online resources with additional information on supporting homeless children and youth in accessing all available education resources:

National Association for the Education of Homeless Children and Youth
www.naehcy.org

National Center for the Homeless Education
www.serve.org/nche

North Carolina Homeless Education Program
center.serve.org/hepnc

National Network for Youth
www.NN4Youth.org

NC Department of Education
www.ncpublicschools.org

National Coalition for the Homeless
www.nationalhomeless.org