

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

The SSVF Team meets monthly, as does the CoC. We are also a Zero:2016 community. We are in the process of organizing a workgroup of the above members to devise a plan to house the 30 remaining vets in our homeless shelters. During meetings we discuss on-going program collaboration needs, barriers to housing for both individual veterans, and for programs working to house veterans. We are also discussing the ability to share both meta data and client specific data, including allowing the VA to access and/or enter data into NC HMIS. As barriers are developed we develop strategies for overcoming them.

3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the *Ending Homelessness Among Veterans Overview* for additional guidance.

3A. Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)*.

Estimated Annual Total:	129
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3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:
Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

B. Length of Time Homeless Goal (max or average days):	30	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	26	0	26
Of number above, how many will also be counted as chronically homeless:	0	0	0

3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?

	Yes/No/Under Dev
A. Has your community identified every Veteran who is homeless right now by name?	Yes
Is this list updated regularly?	Yes
Is this list reviewed at least bi-weekly by key community partners to ensure Veterans have a permanent housing plan and those plans are achieved?	Yes
B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Yes
C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Yes
If so, is this true no matter where they are initially engaged in your community or what shelter or unsheltered location they may be in?	Yes
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

As of September 14, 2015 there are 21 veterans on our by name list. This excludes the 20 veterans at our GPD program Veterans Helping Veterans Heal (VHVH) VHVH has a 80% exit to permant housing rate, an average length of stay of 72 days and an 80% connection to employment. Becuase of this success, we include VHVH as a positive placement. Of the 21 Veterans on our by name list, 9 were referred to Coordinated Assessment on September 9th. 14 of the Veterans are actively engaged in either SSVF or VASH. One Veteran who is over income for both VASH and SSVF has been working directly with a housing locator. One of the veterans in VASH is pending inspection. 7 of the veterns, all of whom have been connected to coordinated assessment less then 30 days, are scheduled for assessments and housing plan development. In July we piloted a Housing Placement Day for veterans desinged to help veterans identify and secure affordable housing. This even helped us to house 27 veterans in July. Our previous monthly housing placement rate was btween 4-6 veterans.

SSVF: Community Plan Summary

Date Completed/Revised: 9/15/2015

Continuum of Care Name:	Asheville/Buncombe County CoC	CoC Number:	NC-501
CoC Representative:	Title:		
Christiana Glenn Tugman	Community Development Analyst/Homelessness Lead		
Phone/Email:			

828.251.4048/ctugman@ashevillenc.gov

Person Completing this Summary:	Title:
Emily Ball	Housing Services Director, Homeward Bound

Phone/Email:
828.258.1695 x108/emily@homewardboundwnc.org

1. **Primary Planning and Coordination Group:** Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. List the principal members of this group and their affiliation.

Primary Group Name:	Homeless Initiative Advisory Committee - Subcommittee on Veteran Homelessness		
Principal Members	Affiliation		
Allison Bond, Chair	VAMC - Director of Homeless Programs		
Katie Stewart	VAMC - SSVF POC		
Christiana Glenn Tugman	City of Asheville - CoC Lead		
Scott Rogers	ABCCM (SSVF P2 Grantee/GPD provider)		
Mary Sczudlo	ABCCM (SSVF P2 Grantee/GPD provider)		
John Rakes	ABCCM - SSVF Director		
Brian Alexander	Homeward Bound (SSVF P1 Grantee)		
Emily Ball	Homeward Bound (SSVF P1 Grantee)		
Leslie Stewart	Homeward Bound - SSVF Director		
Brooks Ann McKinney	Mission Hospital		
David Nash	Housing Authority of the City of Asheville		
April Burgess-Johnson	Helpmate (domestic violence shelter)		

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

The Homeless Initiative Advisory Committee is jointly appointed by City Council and County Commissioners and was originally convened to oversee implementation of the 10-year plan to end homelessness adopted in 2005. Its Subcommittee on Veteran Homelessness formed this year. The subcommittee meets monthly to review progress on ending Veteran homelessness, implementation of the community's coordinated assessment process as it pertains to Veterans, and overall system change. In particular, in conjunction with Priority 1 SSVF funding and coordinated assessment implementation, this group has been evaluating system flow and entry points for homeless Veterans with a focus on our community's large allotment of GPD beds. With oversight from this committee, a separate coordinated assessment group meets weekly to match homeless Veterans with the most appropriate housing intervention (HUD-VASH, SSVF, GPD, non-Veteran-specific housing resources, or public housing) based on VI-SPDAT scores.

3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the *Ending Homelessness Among Veterans Overview* for additional guidance.

3A. Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)*.

Estimated Annual Total:	568
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3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:
Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

B. Length of Time Homeless Goal (max or average days):	45	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	184	0	184
Of number above, how many will also be counted as chronically homeless:	20	0	20

3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?

	Yes/No/Under Dev
A. Has your community identified every Veteran who is homeless right now by name?	Yes
Is this list updated regularly?	Yes
Is this list reviewed at least bi-weekly by key community partners to ensure Veterans have a permanent housing plan and those plans are achieved?	Yes
B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Yes
C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Yes
If so, is this true no matter where they are initially engaged in your community or what shelter or unsheltered location they may be in?	Yes
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

Our community has significant GPD resources (184 beds) that continue to be highly utilized. We are, accordingly, projecting that the only Veterans in our 2016 PIT count will be in GPD beds. We are currently discussing housing tracks within GPD and making targeted efforts to house all chronic Veterans in our community, even within GPD. We're projecting 20 chronic Veterans in GPD in our 2016 PIT count - half of whom will be in GPD beds in a substance abuse treatment program and half of whom will have been offered either SSVF or HUD-VASH but declined the intervention.

SSVF: Community Plan Summary

Date Completed/Revised: 9/14/2015

Continuum of Care Name:	Durham City & County CoC	CoC Number:	NC-502
CoC Representative:	Matt Schnars	Title:	CoC Collaborative Applicant / CoC Lead Agency
Phone/Email:	matthew.schnars@durhamnc.gov		
Person Completing this Summary:	Tiana Terry	Title:	Program Director
Phone/Email:	919-530-1100 / Tterry@voa.org		

1. **Primary Planning and Coordination Group:** Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. List the principal members of this group and their affiliation.

Primary Group Name:	Durham Homeless Services Advisory Committee	
Principal Members	Affiliation	
John Bowman	Maxwell, Freeman & Bowman	
Cora Cole-McFadden	City Council	
Tom Bonfield	City Manager's Office	
Lois Harvin-Ravin	Durham County Veteran Services	
Mayme Webb-Bledsoe	Duke-Durham Neighborhood Partnership	
Drew Cummings	Durham County Manager's Office	
Michael Becketts	Director Durham County DSS	
Jackie Love	Durham Public Schools Administration	
Minnie Forte-Brown	Board Members Durham Public Schools	
Michelle Jordan	Durham Technical College	
Stephanie Williams	Alliance Behavioral Health Care	
Stan Harris	Durham County Sherriff	
Charita McCollers	Lincoln Community Health	
Chris Tuttle	Westminster Presbyterian	
Fred Stoppelkamp	Urban Ministries	
Lindsey Jordan Arledge	Durham VAMC	
Jason Allen Wimmer	CoD Office of Economic & Workforce Development	
Edward Abdullah	Formerly Homeless Representative	

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

We have convened the key stakeholders that work with homeless Veterans in Durham and we have utilized the tools and technical assistance materials which have been provided to our community via the Mayors Challenge Portal on the HUD Exchange website (<http://1.usa.gov/1oWU4Go>). We have adapted the framework and methodology that was successful in New Orleans, to Durham's unique circumstances and have established specific goals and outcomes. Since June 2015, stakeholders began weekly meetings where a by name list of homeless Veterans is reviewed and coordination of housing for those Veterans occurs. All VA and HUD funded homeless housing providers (including VA Grant Per Diem, Health Care for Homeless Veteran, and HUD-HUD-VASH programs) enter Universal Data Elements (UDE's) into the community wide Homeless Management Information System (HMIS). This facilitates the ability to create, update, and monitor our by-name list and track progress toward our takedown target. Historically, unsheltered homelessness among Veterans in Durham has consistently declined into single digits according to the annual HUD homeless point in time count with thirteen in 2011, sixteen in 2012, six in 2013, and five in 2015 (unsheltered count was not conducted in 2014 due to unsafe weather conditions). For this reason, we are confident in our effort in tracking data through the HMIS. We have adopted a Housing First approach across our homeless housing system and continue to deepen system wide commitment. Both SSVF and HUD-VASH have adopted Housing First. Some challenges remain in identifying one bedroom apartments in Durham that meet Housing Quality Standards and finding more landlords willing to accept HUD-HUD-VASH vouchers. We have developed a monthly takedown target using the VA Gaps Analysis Tool as a basis for modeling the number of Veteran inflows and outflows to our Continuum of Care. We have partnered closely with the Durham VA Medical Center and the Durham Housing Authority as well as all key VA and HUD funded homeless housing providers.

3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the *Ending Homelessness Among Veterans Overview* for additional guidance.

3A. Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)*.

Estimated Annual Total:	436
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3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:
Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

B. Length of Time Homeless Goal (max or average days):	30	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	60	0	60
Of number above, how many will also be counted as chronically homeless:	0	0	0

3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?

	Yes/No/Under Dev
A. Has your community identified every Veteran who is homeless right now by name?	Yes
Is this list updated regularly?	Yes
Is this list reviewed at least bi-weekly by key community partners to ensure Veterans have a permanent housing plan and those plans are achieved?	Yes
B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Under Dev
C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Yes
If so, is this true no matter where they are initially engaged in your community or what shelter or unsheltered location they may be in?	Yes
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

Our CoC has adopted a common assessment tool to be used across all projects in our CoC regardless of funding source. Our CoC has fully implemented coordinated intake for families and uses the HMIS to make referrals and prioritize families for the most appropriate housing intervention. Our community has a 150 bed shelter which is partially funded with emergency Solutions Grant (ESG) funds and that houses homeless single adults and families. This shelter has fully implemented the common assessment tool among singles and has successfully administered the tool to nearly 400 single adults including Veterans. The Durham VAMC Homeless Staff have been trained on the use of the tool and it has been incorporated into the process the VA uses to screen Veterans for HUD-VASH and other VA funded homeless housing programs. While we have incorporated many elements of a coordinated entry system, we have not yet fully implemented coordinated entry for Veterans. While we have made progress toward full implementation of coordinated entry systems, a lack of dedicated federal funding and lack of clarity from HUD and the VA on how to implement coordinated entry systems locally while complying with federal regulations across VA and HUD funded homeless housing programs remains a challenge. Establishing and clearly documenting Veteran Status as it relates to eligibility for VA and non-VA funded homeless housing programs remains a challenge at the local level. We are encountering many nuanced circumstances in determining who to count as a Veteran and how this should be documented and verified as it pertains to the homeless housing system.

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

The Balance of State CoC Veteran specific group is under development. The next step is to have a meeting with all the SSVF providers and develop a plan to coordinate efforts and design a strategy for progress review. In the meantime, the SSVF providers will provide their numbers of Veterans served with HMIS numbers through a shared internet platform to be determined.

3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the *Ending Homelessness Among Veterans Overview* for additional guidance.

3A. Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)*.

Estimated Annual Total:	367
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3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:
 Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

B. Length of Time Homeless Goal (max or average days):	30	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	38	8	46
Of number above, how many will also be counted as chronically homeless:	13	5	18

3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?

	Yes/No/Under Dev
A. Has your community identified every Veteran who is homeless right now by name?	Under Dev
B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Yes
C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Yes
If so, is this true no matter where they are initially engaged in your community or what shelter or unsheltered location they may be in?	Yes
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

The collaboration between the BoS CoC and the SSVF is mutually supportive. The CoC has agreed to facilitate the process of addressing the homeless Veteran group that is under development and SSVF has set a benchmark of housing homeless Veterans within 30 days. The greatest challenge is the large geographic area of 79 counties and SSVF's ability to meet regularly.

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

Guilford County meets regularly with the VA. They have a coordinated assessment team that meets monthly. During meetings the partners discuss how to improve collaboration across programs serving the community. In September partners began reviewing a By Name List. Partners are working to insure the list covers all known homeless veterans in the county.

3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the *Ending Homelessness Among Veterans Overview* for additional guidance.

3A. Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)*.

Estimated Annual Total:	164
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3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:
 Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

B. Length of Time Homeless Goal (max or average days):	30	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	50	10	60
Of number above, how many will also be counted as chronically homeless:	0	0	0

3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?

	Yes/No/Under Dev
A. Has your community identified every Veteran who is homeless right now by name?	Under Dev
B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Under Dev
C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Under Dev
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	No
E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

COC leadership meets regularly with partners from VASH and SSVF.

SSVF: Community Plan Summary

Date Completed/Revised: 9/1/2015

Continuum of Care Name:	Charlotte/Mecklenberg CoC	CoC Number:	NC-505
CoC Representative:	Rebecca Pfeiffer	Title:	Community Service Manager
Phone/Email: 704-336-2266 / rpfeiffer@ci.charlotte.nc.us			
Person Completing this Summary:	John Rakes	Title:	SSVF Director, ABCCM
Phone/Email: 828-398-6775 / john.rakes@abccm.org			

1. **Primary Planning and Coordination Group:** Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. List the principal members of this group and their affiliation.

Primary Group Name:	Housing Our Heroes		
Principal Members	Affiliation		
Laressa Witt	Family Endeavors SSVF		
Branden Lewis	Community Link SSVF		
Melaine Holmes	ABCCM SSVF		
Tiffany Major	Alston Wilkes Society SSVF		
Kim Stephens	VA Medical Center		
Rebecca Pfeiffer	City of Charlotte		
Tommy Reiman	Charlotte Bridge Home		
Linda Miller	Supportive Housing Communities		
Deronda Metz	Salvation Army		
Liz Clasen-Kelly	Urban Ministries		
Karen Chisholm	VA Medical Center		
Mary Gaertner	City of Charlotte		
Delia Joyner	City of Charlotte		
Alisha Pruett	Community Link SSVF		

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

The City of Charlotte, Mecklenburg County and the W.G. (Bill) Hefner VA Medical Center formally accepted the Mayor’s Challenge through the introduction and implementation of the Charlotte-Mecklenburg Housing Our Heroes initiative. This initiative seeks to house Charlotte-Mecklenburg’s 383 homeless veterans by Dec. 31, 2015. The January 2014 Point-In-Time count, a yearly single-day effort to provide an accounting and snapshot of a community’s homeless population, helped determine the number of homeless veterans for this initiative. The Housing Our Heroes efforts are directly connected to the Charlotte-Mecklenburg Ten Year Plan to End Homelessness. The strategy has shifted from a shelter-based model of assisting the homeless, to a housing-based model that offers permanent stability for these individuals and families. The principal members and participating agencies of the Charlotte-Mecklenburg CoC are highly engaged in a collaborative effort to end veteran homelessness through the Housing our Heroes initiative. This group meets weekly to update the community’s registry of unduplicated veterans experiencing homelessness and to connect these veterans with the appropriate housing interventions. Four SSVF grantees serve this CoC and actively participate in these weekly meetings, as do representatives from the VA’s HUD-VASH program.

3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the *Ending Homelessness Among Veterans Overview* for additional guidance.

3A. Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)*.

Estimated Annual Total:	383
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3B. Community/CoC Goals: Identify your community’s/CoC’s key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:
Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

B. Length of Time Homeless Goal (max or average days):	30	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC’s January 2016 PIT count:	5	0	5
Of number above, how many will also be counted as chronically homeless:	0	0	0

3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?

	Yes/No/Under Dev
A. Has your community identified every Veteran who is homeless right now by name?	Yes
Is this list updated regularly?	Yes
Is this list reviewed at least bi-weekly by key community partners to ensure Veterans have a permanent housing plan and those plans are achieved?	Yes
B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Under Dev
C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Yes
If so, is this true no matter where they are initially engaged in your community or what shelter or unsheltered location they may be in?	Yes
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

The Charlotte/Mecklenburg Continuum of Care is committed to ending veteran homelessness by the end of 2015. The Housing Our Heroes working group continues to review progress toward achieving this goal at its weekly meetings. Our current challenge is making contact with veterans who have been entered into the state's Homeless Management Information System (HMIS), but whose contact information is inaccurate or missing. The group is implementing several outreach strategies to locate these veterans and engage them in services as quickly as possible. Another challenge the group has identified is connecting veterans to the best pathway to permanent housing who are ineligible for both the HUD-VASH and SSVF programs. The group has discussed raising private dollars to assist with housing these veterans. Otherwise, the Charlotte Mecklenburg COC currently has the resources it needs to house all veterans on the registry.

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

The above group meets monthly to discuss ending veteran homelessness throughout the three counties served. The group discusses how it can coordinate efforts among housing providers in collaboration with local Veterans Administration homeless programs as well as HUD funded programs. During these meetings the resources are discussed that are available to assist homeless Veterans in these counties. The group has a basic master list of Veterans but is still in its infancy. The group also is working with coordinated assessment for a plan to identify Veterans.

3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the *Ending Homelessness Among Veterans Overview* for additional guidance.

3A. Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)*.

Estimated Annual Total:	125
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3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:
 Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

B. Length of Time Homeless Goal (max or average days):	40	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	16	3	19
Of number above, how many will also be counted as chronically homeless:	5	1	6

3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?

	Yes/No/Under Dev
A. Has your community identified every Veteran who is homeless right now by name?	Under Dev
B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Yes
C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Yes
If so, is this true no matter where they are initially engaged in your community or what shelter or unsheltered location they may be in?	Yes
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

The strengths in this specific CoC is that everyone is highly engaged and collaborative. There are sufficient resources and everyone is knowledgeable of these resources in order to address the issue of homelessness among Veterans. The challenge, as with most areas within the CoC is that housing is limited.

SSVF: Community Plan Summary

Date Completed/Revised: 9/14/2015

Continuum of Care Name:	Raleigh/Wake County CoC	CoC Number:	NC-507
CoC Representative:	Shana Overdorf	Title:	Executive Director, Partnership to End Homelessness
Phone/Email:	Cell (919) 632-0598 Office (919) 473-6933 soverdorf98@gmail.com		
Person Completing this Summary:	Tiana Terry	Title:	Program Director
Phone/Email:	(919) 530-1100 tterry@voa.org		

1. **Primary Planning and Coordination Group:** Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. List the principal members of this group and their affiliation.

Primary Group Name:	Working Group	
Principal Members	Affiliation	
Lisa Crosslin	Passage Home, Inc.	
Tavenia Williams	Passage Homes, Inc. SSVF Director	
Jeanne Tedrow	Founder, Passage Home, Inc. & Director Partnership to End Homelessness	
Jeff Doyle	VA VISN 6 Homelessness Coordinator	
Brian Sangutei	VA VASH Coordinator	
Shana Overdorf	Executive Director, Partnership to End Homelessness	
Tiana Terry	Volunteers of America, Program Director	
Esther Goeke	Volunteers of America, SSVF Team Lead	
Joy Hager	Volunteers of America, Director of Veterans Services	
Barbara Banaszynski	Volunteers of America	
KeQuana Shaheed	Volunteers of America	
Larayshea Jackson	Passage Home Inc	
Norman Nelson	Healing Place Grant Per Diem	
Allen Reep	The Caring Place	
Michael Bishop	Veteran Administration Outreach	
Deborah Dolan	Wake County	
Kenneth Kempf	NC Commence	
Jim Frink	Cornerstone Employment Liaison	
Priscilla Batt	Raleigh Housing Authority	
Amy Cole	City of Raleigh Housing and Neighborhoods	
Terry Allebaugh	Community Impact Coordinator	
John Youker	South Wilmington Street Center	

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

The Veteran Housing Support Center has established a Veterans Working Group by partnering with other Wake County homeless and social service providers. The Working Group is comprised of representatives from the Wake County Housing Authority, the City of Raleigh's Housing department, local emergency shelters, VA representatives, Wake County COC leadership, and other social service agencies who work with homeless individuals. The Wake County Mayor has signed the Mayors challenge for Wake County. Since August 2015 we have started a Mayors Challenge working group that has been joined with the Veterans Working group. We meet weekly to discuss additional resources available to the Veterans we are serving, agency updates, and our main goal "scrubbing" the list of homeless Veterans in Wake County. Scrubbing the list is another way of saying housing the homeless Veterans on the master list of homeless Veterans. During our weekly meetings we will review the list of homeless Veterans. The goal is to take the list name by name and permanently house them. We are currently working on establishing a Master List. We had some challenges with establishing this list due to some sharing changes within our new HMIS provider. We had a meeting with our local HMIS provider and they provided guidance to how we can share the Veterans on the list and assure that we are not violating the Veterans confidentiality. We are starting our list from the Veterans that are in the local HMIS system. We plan to coordinate with our SSVF Veterans Outreach worker to organize a list for Veterans that are not enrolled in the HMIS systems. This list will be added to our Master List. Our COC lead has agreed to assist in managing the list.

3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the *Ending Homelessness Among Veterans Overview* for additional guidance.

3A. Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)*.

Estimated Annual Total:	88
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3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:
Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

B. Length of Time Homeless Goal (max or average days):	30	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	47	0	47
Of number above, how many will also be counted as chronically homeless:	14	0	14

3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?

	Yes/No/Under Dev
A. Has your community identified every Veteran who is homeless right now by name?	Yes
Is this list updated regularly?	Yes
Is this list reviewed at least bi-weekly by key community partners to ensure Veterans have a permanent housing plan and those plans are achieved?	Yes
B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Under Dev
C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Yes
If so, is this true no matter where they are initially engaged in your community or what shelter or unsheltered location they may be in?	Yes
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

An added strength to Wake County is having the Mayor recently sign the Mayors Challenge. She is committed to ending Veteran Homelessness. With the added support from our Mayor we are working hard to overcome our barriers. One of the challenges is lack of sufficient affordable housing resources, including rental housing, home ownership, and permanents supportive housing. The Mayors Challenge group is working with the VA and city on a press release that will inform the community of our goals and also target landlords and property managers.

SSVF: Community Plan Summary

Date Completed/Revised: 9/2/2015

Continuum of Care Name:	Gastonia/Cleveland, Gaston, Lincoln Counties CoC	CoC Number:	NC-509
CoC Representative:	Stephen Crane	Title:	Executive Director, Reinvestment in Communities of Gaston County, Inc. (RIC)
Phone/Email:	704-866-6766 / combuildadvo@gmail.com		
Person Completing this Summary:	Branden Lewis	Title:	Director of Veteran Services/ Community Link
Phone/Email:	704-943-3594 / brandenl@communitylink-nc.org		

1. **Primary Planning and Coordination Group:** Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. List the principal members of this group and their affiliation.

Primary Group Name:		Gaston/Cleveland/Lincoln CoC	
Principal Members	Affiliation		
John Rakes	ABCCM		
Melaine Holmes	ABCCM		
Tonya Lawrence	Family Endeavors		
Branden Lewis	Community Link		
Karen Creech	Partners Behavioral Health		
Stephen Crane	Reinvestment in Communities of Gaston County, Inc.		
Donyel Barber	Family Promise		
Mark Hunter	Salvation Army		
Doug Lance	Cornerstone		
Marisol Tomas	VA		
Angela Barrett	VA		
Mike Cloy	NCWorks		
Erin Hultgren	Gaston Family Health Services		
	Hesed House of Hope		

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

The Veterans Workgroup meets quarterly after the CoC meeting to track progress toward ending veteran homelessness throughout the three counties served. The group discusses how it can coordinate efforts among housing providers in collaboration with local Veterans Administration homeless programs as well as HUD funded programs. During these meetings we discuss the resources that are available to assist homeless Veterans in these counties. Also discussed is how many Veterans have been housed among the three counties, and what can be done to house those that are in need. The SSVF providers are still working together to develop a Veteran registry to identify the Veterans by name that are currently homeless. This community is also currently developing it's coordinated assessment plan and the SSVF providers are involved.

3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the *Ending Homelessness Among Veterans Overview* for additional guidance.

3A. Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)*.

Estimated Annual Total:	37
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3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:
 Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

B. Length of Time Homeless Goal (max or average days):	30	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	4	0	4
Of number above, how many will also be counted as chronically homeless:	0	0	0

3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?

	Yes/No/Under Dev
A. Has your community identified every Veteran who is homeless right now by name?	Under Dev
B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Under Dev
C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Yes
If so, is this true no matter where they are initially engaged in your community or what shelter or unsheltered location they may be in?	Yes
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

The strengths in this specific CoC is that everyone is highly engaged and collaborative. There are sufficient resources and everyone is knowledgeable of these resources in order to address the issue of homelessness among Veterans. The challenge, as with most areas within the CoC is that housing is limited.

SSVF: Community Plan Summary

Date Completed/Revised: 7/15/2015

Continuum of Care Name:	Fayetteville/Cumberland County CoC	CoC Number:	NC-511
CoC Representative:	Delores Taylor	Title:	Community Services manager
Phone/Email:	910-437-1891 dtaylor@co.cumberland.nc.us		
Person Completing this Summary:	Laressa Witt	Title:	SSVF Program Manager, Family Endeavors
Phone/Email:	910-672-6166 / lwitt@familyendeavors.org		

1. **Primary Planning and Coordination Group:** Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. List the principal members of this group and their affiliation.

Primary Group Name:	VA Medical Center and City of Fayetteville Collaboration Meeting	
Principal Members	Affiliation	
Nat Roberson	Fayetteville Mayor	
Elizabeth Goolsby	Fayetteville VA Medical Center	
Jeri Veirs	Fayetteville VA Medical Center	
Laressa Witt	Family Endeavors	
Councilwomen Kathy Jensen	City of Fayetteville	
William H. Roberson	Alliance Behavior Health	
Manny Specht	Salvation Army	
Adolf Thomas	City of Fayetteville	
Delores Taylor	CoC/ City of Fayetteville	
Councilmen Larry Wright	City of Fayetteville	
Paul Taylor	Interested Party	
Chaplain Paul Witt	Fayetteville VA Medical Center	

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

The collaboration between Mayor’s office and the Fayetteville VA Medical Center Healthcare for Homeless Veteran (HCHV) continues with quarterly meetings co-facilitated by the VA Director and the Mayor. Both the county and city have agreed to prioritize homelessness and have developed a Homeless Action Plan with three goals: 1) Engage a VA national homeless expert to speak to the council regarding homelessness; 2) Seek technical assistance from HUD and 3) Utilize the VA foreclosure process as a means to offer affordable housing. Likewise the CoC adopted the Vulnerability Index (VI) and referral from for the coordinated assessment process. The VA, SSVF and Coordinated Assessment meets weekly to ensure all homeless Veterans are housed and supported. And the faith based community has been engaged to provide gaps in services especially for emergency shelter for Veterans without children but have barriers that prohibit shelter care.

3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the *Ending Homelessness Among Veterans Overview* for additional guidance.

3A. Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)*.

Estimated Annual Total:	179
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3B. Community/CoC Goals: Identify your community’s/CoC’s key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:
Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

B. Length of Time Homeless Goal (max or average days):	30	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC’s January 2016 PIT count:	21	8	29
Of number above, how many will also be counted as chronically homeless:	7	3	10

3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?

	Yes/No/Under Dev
A. Has your community identified every Veteran who is homeless right now by name?	Yes
Is this list updated regularly?	Yes
Is this list reviewed at least bi-weekly by key community partners to ensure Veterans have a permanent housing plan and those plans are achieved?	Yes
B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Yes
C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Yes
If so, is this true no matter where they are initially engaged in your community or what shelter or unsheltered location they may be in?	Yes
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

Cumberland County has reached functional zero with over 240 homeless Veterans housed. The community is working with technical assistance to validate the claim. More importantly, Cumberland County has made significant strides with Coordinated Assessment and community planning to keep the community at functional zero. Cumberland County has a substantial military and Veteran population with community support but the community at large has limited resources for those facing homelessness other than SSVF and HUDVASH. Because the community is transient, housing is prevalent which supports the goal of ending homeless. One challenge continues. Employment can be difficult to secure especially when a Veteran has barriers such as any criminal background or limited work history.

SSVF: Community Plan Summary

Date Completed/Revised: 9/14/2015

Continuum of Care Name:	Chapel Hill/Orange County CoC	CoC Number:	NC-513
CoC Representative:	Jamie Rohe	Title:	Homeless Programs Coordinator
Phone/Email:	919-245-2496 / jrohe@orangecountync.gov		
Person Completing this Summary:	Tiana Terry	Title:	Program Director
Phone/Email:	919-530-1100 / tterry@voa.org		

1. **Primary Planning and Coordination Group:** Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. List the principal members of this group and their affiliation.

Primary Group Name:	100,000 Homes Taskforce (Veterans subcommittee)	
Principal Members	Affiliation	
Jamie Rohe	Chapel Hill / Orange County CoC Lead Agency	
Tiana Terry	VoA	
Jonathan Crooms	VoA	
Lindsey Arledge	Durham VA	
Brian Sangutei	Durham VA	
Terry Allebaugh	NC Coalition to End Homelessness	
Bebe Smith	UNC-CH School of Social Work	
Nick Lemmon	UNC Center for Excellence in Community Mental Health	
Michael Kelly	Housing for New Hope PATH street outreach	
Stephani Kilpatrick	Inter-Faith Council for Social Service	
Rachel Stern	Freedom House Recovery Center	
Matt Kauffman	Community Empowerment Fund	
Sarah Furman	Chapel Hill Police Department	
Jerry Covington	UNC Health Care	
Joel Rice	Cardinal Innovations	
Suzanne Hitt	Orange County Department of Social Services	

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

The 100,000 Homes Taskforce formed in 2012 and meets monthly; it's purpose is to identify and assess the needs of people who are experiencing chronic homelessness and those who are the most vulnerable homeless in the community. The group works collaboratively across disciplines to connect clients with housing and services. Clients sign a consent form that allows 100,000 Homes Taskforce members to discuss their situation and needs to find solutions for ending their homelessness.

The Veterans Subcommittee was formed in 2015 to focus on ending homelessness among veterans. The subcommittee has started meeting biweekly in efforts to end Veteran Homelessness in Orange County. The group is working on the Mayors Challenge goal of becoming a functional zero community. Orange county is a smaller community with not as many homeless Veterans as some of the surrounding areas. The group believes we are close to functional zero given the smaller number of homeless Veterans in the community.

3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the *Ending Homelessness Among Veterans Overview* for additional guidance.

3A. Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)*.

Estimated Annual Total:	10
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3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:
 Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

B. Length of Time Homeless Goal (max or average days):	30	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	0	0	0
Of number above, how many will also be counted as chronically homeless:	0	0	0

3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?

	Yes/No/Under Dev
A. Has your community identified every Veteran who is homeless right now by name?	Yes
Is this list updated regularly?	Yes
Is this list reviewed at least bi-weekly by key community partners to ensure Veterans have a permanent housing plan and those plans are achieved?	Yes
B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Yes
C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Yes
If so, is this true no matter where they are initially engaged in your community or what shelter or unsheltered location they may be in?	Yes
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

The 100K Taskforce has been very successful in creating interagency communication and helping to prioritize and collaboratively provide services and resources for the most vulnerable homeless in Orange County. Its success has been in having multiple partners sitting at the same table talking through solutions together. OC Connect is a first step toward Coordinated Entry in Orange County that utilizes the VISPDAT and a community Resource Database. It is an online tool that structures intake, assessment, and provision of resources and referrals for vulnerable homeless individuals being referred to the 100K Taskforce. This tool is being looked at as a possible tool to use in other Coc's.

Orange County's largest challenge is lack of affordable housing. Many people end up moving to the surrounding areas for housing. The group continues to brain storm on this issue.

SSVF: Community Plan Summary

Date Completed/Revised: 9/1/2015

Continuum of Care Name:	Northwest North Carolina CoC	CoC Number:	NC-516
CoC Representative:	Tina Krause	Title:	Executive Director, Hospitality House
Phone/Email:	828-264-1237 / tina@hosphouse.org		
Person Completing this Summary:	John Rakes	Title:	SSVF Director, ABCCM
Phone/Email:	828-398-6775 / john.rakes@abccm.org		

1. **Primary Planning and Coordination Group:** Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. List the principal members of this group and their affiliation.

Primary Group Name:	Northwest NC CoC	
Principal Members	Affiliation	
Tina Krause	Hospitality House	
Branden Lewis	Community Link	
John Rakes	Asheville Buncombe Community Christian Ministry	
Melaine Holmes	Asheville Buncombe Community Christian Ministry	
Graham Doege-Osler	Hospitality House	
Kerry Gersonde	OASIS	
David Barr	Easter Seals	
Tim Brulet	Veterans Administration	
Carl Jenkins	NWRHA	
Kelsi Butler	OASIS	
Murray Hawkinson	Daymark	
Paul Holden	WCS	
Lori Watts	Smoky Mountain Center	
Kristi Case	Smoky Mountain Center	
Deanna Stoker	ASHE	
Ariana DeToro-Forlenza	Veterans Administration	

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group meets to review progress and coordinate efforts. Include a summary of what information is reviewed during these meetings.

The Continuum of Care members meet bi-monthly to track progress toward ending veteran homelessness throughout the 7 counties served, and is responsible for coordinating efforts among housing providers in collaboration with local Veterans Administration homeless programs. The bi-monthly review includes the number of veterans entering the homeless service system within the past 60 days, number of housing placements through other subsidy (Public Housing or market rentals). A primary focus of this group is quality improvement with regard to accuracy and completeness of data collected to inform coordinated interventions and strategies aimed at reducing area homelessness. Adjustments to strategy are made as necessary. The group maintains a by name list of homeless veterans needing housing interventions in the 7 county region. SSVF service providers are immediately notified of any new homeless veterans presenting in the area and are connected with the appropriate housing intervention immediately in order to achieve the community's goal of housing any new homeless veterans within a 30 day period. This list is updated bi-weekly and progress is reviewed at the bi-monthly meetings.

3. Annual Demand, Goals, and Strategies for Achieving and Sustaining Functional Zero: Identify the estimated number of Veterans who are homeless annually and the community/CoC goals and strategies for achieving a functional end to Veteran homelessness by the end of 2015 (overall community/CoC goals, not just SSVF grantees). If one or more of the goals and strategies below have not yet been established for the community, leave blank and identify the date by which they will be established. See the *Ending Homelessness Among Veterans Overview* for additional guidance.

3A. Estimated Annual Number of Homeless Veterans: Identify the total unduplicated number of Veterans expected to be homeless in 2015 using data from the SSVF Edition of the Veteran Homelessness Gaps Analysis Tool FY15Q3 or data assumptions that have already been adopted by the community, such as the *VA CoC Gaps Analysis Tool (GAT)*.

Estimated Annual Total:	18
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3B. Community/CoC Goals: Identify your community's/CoC's key goals and targets.

A. Permanent Housing Placement Target & SSVF Rapid Re-Housing Placement Target:
Complete and attach *SSVF Edition of Veteran Homelessness Gaps Analysis Tool FY15Q3 OR an CoC Gaps Analysis Tool – Strategy 4 (SSVF) Worksheet*

B. Length of Time Homeless Goal (max or average days):	30	days
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C. January 2016 Point-in-Time (PIT) Count Goal	Sheltered	Unsheltered	Total
Number of Veterans expected to be counted as homeless during the CoC's January 2016 PIT count:	3	0	3
Of number above, how many will also be counted as chronically homeless:	0	0	0

3C. Implementation Strategies: What strategies are being used to achieve and sustain functional zero?

	Yes/No/Under Dev
A. Has your community identified every Veteran who is homeless right now by name?	Yes
Is this list updated regularly?	Yes
Is this list reviewed at least bi-weekly by key community partners to ensure Veterans have a permanent housing plan and those plans are achieved?	Yes
B. Does every Veteran who is homeless now have a Housing Plan and access to safe (and low barrier as needed) shelter and/or permanent housing?	Yes
C. Is every Veteran who becomes homeless rapidly engaged and offered shelter and/or housing that meets their needs?	Yes
If so, is this true no matter where they are initially engaged in your community or what shelter or unsheltered location they may be in?	Yes
D. Are sufficient SSVF resources allocated to ensure there are no RRH gaps or turn-aways?	Yes
E. Are you using SSVF to rapidly re-house Veterans who are waiting on VASH or other PSH assistance if VASH/PSH is not available immediately or in near future?	Yes

4. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

Strengths: Our CoC is highly engaged and collaborative. Sufficient resources and systems exist to address veteran housing needs.
 Challenges: Most areas within the CoC are rural and are therefore more difficult to engage in services.