

HOMELESSNESS: Continuum of Care

1. Sources of Funds – Identify the private and public resources that the jurisdiction expects to receive during the next year to address homeless needs and to prevent homelessness. These include McKinney-Vento Homeless Assistance Act program, other special federal, state and local and private funds targeted to homeless individuals and families with children, especially the chronically homeless, the HUD formula programs, and any publicly-owned land or property. Please describe, briefly, the jurisdiction’s plan for the investment and use of funds directed toward homelessness.

The Gaston-Lincoln-Cleveland Tri-County Continuum of Care is the lead entity for addressing homelessness in the jurisdiction. The jurisdiction does not apply directly for funds from the McKinney-Vento Homeless Assistance Act; however, the jurisdiction fully supports the annual competitive application process of non-profits through the Continuum of Care. As an active member of the continuum, the jurisdiction supports the democratic process used to determine the most efficient use of funds to help alleviate homelessness in the Gaston-Lincoln-Cleveland CoC. Through this partnership, non-profit organizations receive awards based upon the pro-rata share of the Continuum of Care grant as well as make application for bonus funds for the Samaritan Initiative.

In addition, Pathways MH/DD/SA Area Authority/Pathways Services, Inc. receive Shelter + Care funds of approximately \$215,000 annually to assist homeless persons with disabilities. Local non-profits receive funds from FEMA for homeless prevention activities; ESG for emergency housing and homeless prevention of homeless persons and those in threat of becoming homeless; TANF/Work First is used for housing, training and supportive services of families with children, in particular long-term homeless families with a disability, and includes homeless families in threat of becoming homeless or have insufficient incomes of support; Workforce Investment Act for training and support as well as other mainstream resources to assist their programs in addressing homeless services at all points along the continuum of care. Private funds match and exceed the dollars provided by HUD’s programs, FEMA, or the jurisdiction’s entitlement funds directed toward homelessness. Private sources include individual contributions, local and regional foundations and support from churches.

For Year Four of the Consolidated Plan, Entitlement funds shall be used to:

1. Support non-profits that address chronic homelessness: As One Ministries' Day Shelter; Gaston Interfaith Hospitality Network, With Friends Youth Shelter. Other small grants will be available for operating cost of agencies that address identified needs in the community.
2. TBRA for rental housing for chronically homeless in partnership with non-profits that will provide supportive services.
2. HOMELESSNESS – In a narrative, describe how the action plan will address the specific objectives of the Strategic Plan and, ultimately, the priority needs identified. Please also identify potential obstacles to completing these action steps.

According to the January, 2007 point-in-time survey, gaps exist in the delivery of appropriate housing and services in the Tri-County CoC, particularly transitional housing and permanent supportive housing. A subsequent point-in-time survey was taken in January, 2008 using the Homeless Management Information System and Administrative Records for consumers that did not consent for their personal information to be entered into HMIS. The 2008 count indicates a second year in which the chronically homeless count decreased.

The gaps identified are:

1. A lack of transitional housing and permanent supportive housing for persons with disabilities. A disability is a diagnosable condition that is physical, mental, developmental (if diagnosed prior to adulthood) or a substance use disorder. The condition must be diagnosed by a professional that is trained and/or experienced to make such a determination. The jurisdiction will give high priority to programs in this category that target chronically homeless individuals.
 - a. Action: The jurisdiction will endorse and support grant applications or renewals for transitional housing that target persons with disabilities.
 - b. Action: The jurisdiction will endorse and support grant applications or renewals for permanent supportive housing such as: Shelter Plus Care, Housing First Initiatives, new construction permanent supportive housing or rehabilitation of structures for homeless persons with disabilities.
 - c. Action: The jurisdiction will provide TBRA for homeless persons, with priority given to chronically homeless persons.
2. A lack of availability of services for homeless persons with substance abuse;
Action: The jurisdiction will continue to support grant applications to DHHS to address this issue.

Obstacles for completing these actions are:

There continues to be regulatory barriers that affect the ability of agencies to increase the stock of affordable housing, specifically the need for permanent supportive housing.

Often non-profit agencies do not have the capacity to develop permanent supportive housing; however, the jurisdiction will support projects that have a favorable feasibility study.

3. **CHRONIC HOMELESSNESS** The jurisdiction must describe the specific planned action steps it will take over the next year aimed at eliminating chronic homelessness by 2012. Again, please identify barriers to achieving this.

The Care Connection, the lead entity in the tri-county to address homelessness, particularly chronic homelessness, has determined to support all new Housing First Initiatives as priority. Additionally, any low performing programs will receive a lower priority in the CoC competitive process, shall be submitted for one year only or those renewal funds shall be reallocated to proposals that focus on permanent supportive housing for chronically homeless individuals. In addition to participating in this process, the jurisdiction endorses outreach efforts to help chronically homeless access community support services. Project Homeless Connect, a national best practice model has been implemented in Gaston County. It will continue to be an outreach initiative supported by the jurisdiction. Cleveland County, with a somewhat different approach, has endorsed developing Faith Circles of Support to address homelessness and those in threat of becoming homeless. Additionally, through the CoC, Shelby opened a Housing First Initiative last year to address the small number of chronically homeless in that county. The CoC also supports new transitional housing initiatives in the tri-county that will meet the goals of the continuum and address the causes of homelessness among the chronically homeless.

The jurisdiction provides support to the local continuum of care process. The goals and strategies of the continuum continue to include the following:

Strategies to address root causes of chronic homelessness

I. Housing Strategies

1. Seasonal emergency shelter that operates late evening to 7 a.m. to address immediate needs of chronically homeless living on the streets.
2. New Housing First Projects with intense case management to address causes of chronic homelessness.
3. Continue to pursue development of a city/county affordable housing plan.
4. Pursue development of additional affordable housing and permanent supportive housing.
5. Include shelter plan for pregnant teens and teens with infants.
6. Develop short-term supportive housing while homeless individuals with special needs await for approval of disability benefits
7. Maintain local Discharge Policy and continue advocacy with State of North Carolina to ensure State discharge plan requirements for persons being released from prisons and mental institutions are not rendered homeless.

II. Economic Strategies

1. Collaborations with local businesses, Goodwill Job Connection, Joblink/ Employment Security Commission, Vocational Rehabilitation, Workforce Investment Act, Gaston Skills and Cooperative Extension. Investigate possible job credits for employing the chronically homeless, especially ex-inmates.
2. Identify jobs that require short-term training, locate training providers and cost e.g. restaurant, catering, nursing assistant, bricklaying, small motor repair, hairdressing, florist assistant, construction assistant.
3. Explore possibility of development of job mentoring program similar to the education mentoring program sponsored by the Gaston Chamber of Commerce.
4. Work to address transportation issues particular to the local workforce.

5. Encourage GED and Life Skills Training as well as continue these programs in local prisons along with Cognitive Thinking classes.

III. Health & Safety Strategies

A. General needs:

1. Need for Single Portal (One Stop Shop 24/7) for information, services and referrals/implementation of Project Homeless Connect.
2. Investigate SOAR initiative for rapid disability approval for chronically homeless.

B. Substance Abuse:

1. Work with local MH/DD/SA authority on substance abuse treatment programs that are free or affordable for homeless.
2. Work toward greater community prevention programs on substance abuse.
3. Expansion and advertising of alcohol and substance abuse counseling and education. Additional funding for treatment programs.

C. Mental Illness:

1. Develop relationship with state for adequate release of mentally ill individuals back to this community.
2. Work with local MH/DD/SA Area Authority to develop programs that ensure people are not released from institutional care into homelessness.
3. Comprehensive Mental Health Services with adequate follow-up and medication assistance program.

To address the issue of housing for chronically homeless this year, the jurisdiction:

(1) Shall provide Tenant Based Rental Assistance to homeless and chronically homeless individuals; and (2) Shall partner with non-profit organizations, who will provide supportive services to these individuals placed in housing using TBRA; (3) Support the operations of a Day Center that are the first contact for chronically homeless living on the streets; and (4) Shall support viable Housing First initiatives that will address chronic homelessness.

4. **HOMELESS PREVENTION** – The jurisdiction must describe its planned action steps it will take over the next year to address the individual and families with children at imminent risk of becoming homelessness.

Local non-profits and social service agencies work with clients that are in threat of becoming homeless. There is a strong network of agencies within the jurisdiction supported by local dollars including private contributions and the local United Way agencies. Additionally, a number of churches either provide direct funds or support non-profits in their annual budgets. The local school system is also involved with helping to identify families that may be in threat of losing their housing.

As a homeless prevention measure, the jurisdiction provides a security deposit (only) program to assist extremely low- very low- and low-income persons entering public housing, Housing Choice Vouchers or those under eviction in order to minimize entry time and/or prevent them from becoming homeless.

5. DISCHARGE POLICY COORDINATION - Explain planned activities to implement a cohesive, community-wide Discharge Coordination Policy, and how, in the coming year, the community will move toward such a policy.

In year One of the Annual Plan a formal discharge policy was lacking; however, the local community has a local discharge plan coordinated by the local CoC. The local CoC has also worked to advocate that statewide discharge policies ensure that individuals are not discharged from publicly funded institutions or systems of care into homelessness.

POINT-IN-TIME-COUNT

During the January, 2008 Point-In-Time Count, the local CoC also updated the number of beds in emergency shelters, transitional housing facilities and permanent supportive housing. There is a significant change in the number of transitional housing beds because it was determined that many of the facilities did not specifically set-aside beds for homeless and greater than 80% of the current residents were not homeless prior to entering the program. Therefore, the local CoC has updated their bed availability significantly.

The 2008 PIT Count and the 2008 Bed Availability space for Emergency, Transitional & Permanent Supportive Housing is attached.

Gaston/Lincoln/Cleveland CoC Housing Inventory Chart -EMERGENCY SHELTER

Provider Name	Facility Name* <small>*Receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	O/V*
Current Inventory -Available for Occupancy by 1/31/07			Ind.	Fam.									
Abuse Prev. Council	Beacon Shelter*	PA	26	0	379045	SM		0	0	26	26	0	0
Abuse Prev. Council	Lighthouse Shelter*	PA	6	10	379045	M		3	10	6	16	0	0
Abuse Prev. Council	Lighthouse Shelter*	DV	0	0	379045	M	DV	4	11	6	17	0	0
Shelter of Gaston Cnty	DV Shelter-Gaston	DV	0	0	371092	M	DV	2	8	5	13	0	10
Amy's House	DV Shelter-Lincoln	DV	0	0	379109	M	DV	2	6	17	23	0	0
The Salvation Army	Emergency Shelter	PA	42	20	371092	M		5	20	42	62	30	0
With Friends, Inc.	W/Friends Youth	PA	9	0	371092	YMF		0	0	9	9	0	0
SUBTOTALS:			89	41	SUBTOTAL CURRENT INVENTORY:			16	55	111	166	18	10
New Inventory -(Available for Occupancy by 1/31/08			Ind.	Fam.									
None													
SUBTOTALS:			0	0	SUBTOTAL NEW INVENTORY:			0	0	0	0	0	0
Inventory Under Development (Available for Occupancy after January 31, 2008)			Anticipated Occupancy Date										
None								0	0	0	0	0	0
SUBTOTAL INVENTORY UNDER DEVELOPMENT:													
Unmet Need			UNMET NEED TOTALS:										
Total Year-Round Beds—Individuals					Total Year-Round Beds—Families								
1. Total Year-Round Individual Emergency Shelter (ES) Beds:			111	6. Total Year-Round Family Emergency Shelter (ES) Beds:								55	
2. Number of DV Year-Round Individual ES Beds:			28	7. Number of DV Year-Round Family ES Beds:								25	
3. Subtotal, non-DV Year-Round Individual ES Beds (Line 1 minus Line 2):			83	8. Subtotal, non-DV Year-Round Family ES Beds (Line 6 minus Line 7):								30	
4. Total Year-Round Individual ES Beds in HMIS:			83	9. Total Year-Round Family ES Beds in HMIS								30	
5. HMIS Coverage—Individual ES Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):			100%	10. HMIS Coverage—Family ES Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):								100%	

Gaston/Lincoln/Cleveland CoC Housing Inventory Chart -TRANSITIONAL HOUSING

Provider Name	Facility Name* <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds
						A	B	Fam. Units	Fam. Beds	Indiv. Beds	
Current Inventory - Available for Occupancy by 1/31/07			Ind.	Fam.							
Gaston Interfaith Hospitality	IFH Network*	PA	0	14	371092	FC		4	14	0	14
Sisters of Mercy	Catherine's House	PA	10	10	379071	M		5	10	10	20
With Friends, Inc.	Adam's House*	PA	12	0	379071	SM		0	0	12	12
SUBTOTALS:			22	24	SUBTOTAL CURRENT INVENTORY:			9	24	22	46
New Inventory -Available for Occupancy 1/31/2008			Ind.	Fam.							
None			0	0				0	0	0	0
SUBTOTALS:					SUBTOTAL NEW INVENTORY:			0	0	0	0
Inventory Under Development (Available for Occupancy after January 31, 2008)			Anticipated Occupancy Date								
None								0	0	0	0
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	0	0	0
Unmet Need								UNMET NEED TOTALS:			
Total Year-Round Beds—Individuals						Total Year-Round Beds—Families					
1. Total Year-Round Individual Transitional Housing Beds:		22		6. Total Year-Round Family Transitional Housing Beds:		24					
2. Number of DV Year-Round Individual TH Beds:		0		7. Number of DV Year-Round Family TH Beds:		0					
3. Subtotal, non-DV Year-Round Individual TH Beds (Line 1 minus Line 2):		22		8. Subtotal, non-DV Year-Round Family TH Beds (Line 6 minus Line 7):		24					
4. Total Year-Round Individual TH Beds in HMIS:		22		9. Total Year-Round Family TH Beds in HMIS		24					
5. HMIS Coverage—Individual TH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):		100%		10. HMIS Coverage—Family TH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):		100%					

Gaston/Lincoln/Cleveland CoC Housing Inventory Chart -PERMANENT SUPPORTIVE HOUSING

Provider Name	Facility Name <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop.		Year-Round			Total Year-Round Beds		
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv./CH Beds			
Current Inventory - (Available for Occupancy by 1/31/07)			Ind.	Fam.									
Pathways/GRS	S+C, Scattered Site*	PA	35	25	379071	M		10	25	35/0	60		
Pathways Services	Gaston Resid. S+C*	PA	8	0	371092	SMF		0	0	8/1	8		
As One Ministries	Perm Supp Housing*	PA	4	0	371092	SMF		0	0	4/4	4		
SUBTOTALS:			47	25	SUBTOTAL CURRENT INVENTORY:			10	25	47/5	72		
New Inventory in Place in 2007 (Available for Occupancy Feb. 1, 2007 – Jan. 31, 2008)			Ind.	Fam.									
Abuse Prev Council	Samaritan/New Start	PA			379045	SMF		0	0	5/5	5		
Reinvestment in Comm.	Boyce St. Supp. Housing	PA			371092	SMF		0	0	4/4	4		
SUBTOTALS:					SUBTOTAL NEW INVENTORY:			0	0	9/9	9		
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date										
Reinvestment in Comm.	Willow St. Supp. Housing		3/1/2008		371092	M		2	6	7/7	13		
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								2	6	7/7	13		
Unmet Need								UNMET NEED TOTALS:		6	18	223	241
Total Year-Round Beds—Individuals					Total Year-Round Beds—Families								
1. Total Year-Round Individual Permanent Housing Beds:		56		6. Total Year-Round Family Permanent Housing Beds:						31			
2. Number of DV Year-Round Individual PH Beds:		0		7. Number of DV Year-Round Family PH Beds:						0			
3. Subtotal, non-DV Year-Round Individual PH Beds (Line 1 minus Line 2):		56		8. Subtotal, non-DV Year-Round Family PH Beds (Line 6 minus Line 7):						31			
4. Total Year-Round Individual PH Beds in HMIS:		56		9. Total Year-Round Family PH Beds in HMIS						31			
5. HMIS Coverage—Individual PH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):		100%		10. HMIS Coverage—Family PH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):						100%			

CONTINUUM OF CARE SUMMARY POINT IN TIME COUNT

HOMELESS POINT IN TIME COUNT CONDUCTED ON JANUARY 30, 2008 Gaston, Lincoln, Cleveland Counties		A	B	C	D
		Sheltered		Unsheltered	TOTAL (column A+B+C)
		Emergency	Transitional		
Households <u>with</u> Dependent Children					
1	# of Men	3	0	9	12
2	# of Women	14	5	24	43
3	# of Children	36	7	62	105
4	Total Persons in Households with Dependent Children (Rows 1+2+3)	53	12	95	160
5	Total Number of Households with Dependent Children	16	5	29	50
Households <u>without</u> Dependent Children (includes singles, couples without children, unaccompanied youth)					
6	# of Men	114	32	408	554
7	# of Women	39	7	160	206
8	Total Persons in Households without Dependent Children (Rows 6 +7)	153	39	568	760
9	Total Number of Households without Dependent Children	152	39	495	686
10	TOTAL HOMELESS PEOPLE (Row 4 + Row 8)	206	51	663	920
11	TOTAL HOMELESS ADULTS (Rows 1 + 2 + 8)	170	44	601	815
SUBPOPULATIONS					
12	Of the people in Row 8 , columns A and C only, how many are definitely Chronically Homeless (have a disability and have been homeless for at least 1 year, or have had 4 episodes in 3 years, and do not live in transitional housing)	7		98	105
For Row 13 – 18, please note how many people from Row 11 are definitely members of the named subpopulation					
13	Seriously Mentally Ill (diagnosable by a mental health professional)	19	1	138	158
14	Diagnosable Substance Use Disorder	54	14	277	345
15	Veterans	10	0	53	63
16	Persons with HIV/AIDS	0	0	7	7
17	Victims of Domestic Violence	31	0	30	61
18	Unaccompanied youth	7	3	2	12
Of the persons in Column D, Row 10 , how many do you know were discharged from the following systems within 30 days prior to becoming homeless:					
CRIMINAL JUSTICE SYSTEM (jails, prisons)					86
BEHAVIORAL HEALTH SYTEM (mental health hospitals or substance abuse treatment programs)					14
HEALTH CARE SYSTEM (hospitals)					8

HOMELESS POINT IN TIME COUNT GASTON COUNTY January 30, 2008		A	B	C	D
		Sheltered		Unsheltered	TOTAL (column A+B+C)
		Emergency	Transitional		
Households <u>with</u> Dependent Children					
1	# of Men	2	0	9	11
2	# of Women	9	5	24	38
3	# of Children	17	7	62	86
4	Total Persons in Households with Dependent Children (Rows 1+2+3)	28	12	95	135
5	Total Number of Households with Dependent Children	10	5	29	44
Households <u>without</u> Dependent Children (includes singles, couples without children, unaccompanied youth)					
6	# of Men	73	32	406	511
7	# of Women	22	7	158	187
8	Total Persons in Households without Dependent Children (Rows 6 +7)	95	39	564	698
9	Total Number of Households without Dependent Children	95	39	491	625
10	TOTAL HOMELESS PEOPLE (Row 4 + Row 8)	123	51	659	833
11	TOTAL HOMELESS ADULTS (Rows 1 + 2 + 8)	106	44	597	747
SUBPOPULATIONS					
12	Of the people in Row 8 , columns A and C only, how many are definitely Chronically Homeless (have a disability and have been homeless for at least 1 year, or have had 4 episodes in 3 years, and do not live in transitional housing)	5		97	102
For Row 13 – 18, please note how many people from Row 11 are definitely members of the named subpopulation					
13	Seriously Mentally Ill (diagnosable by a mental health professional)	6	1	137	144
14	Diagnosable Substance Use Disorder	42	14	273	329
15	Veterans	4	0	53	57
16	Persons with HIV/AIDS	0	0	7	7
17	Victims of Domestic Violence	13	0	30	43
18	Unaccompanied youth	7	3	2	12
Of the persons in Column D, Row 10 , how many do you know were discharged from the following systems within 30 days prior to becoming homeless:					
CRIMINAL JUSTICE SYSTEM (jails, prisons)					85
BEHAVIORAL HEALTH SYTEM (mental health hospitals or substance abuse treatment programs)					14
HEALTH CARE SYSTEM (hospitals)					6

HOMELESS POINT IN TIME COUNT LINCOLN COUNTY January 30, 2008		A	B	C	D
		Sheltered		Unsheltered	TOTAL (column A+B+C)
		Emergency	Transitional		
Households <u>with</u> Dependent Children					
1	# of Men	0	0	0	0
2	# of Women	4	0	0	4
3	# of Children	11	0	0	11
4	Total Persons in Households with Dependent Children (Rows 1+2+3)	15	0	0	15
5	Total Number of Households with Dependent Children	4	0	0	4
Households <u>without</u> Dependent Children (includes singles, couples without children, unaccompanied youth)					
6	# of Men	7	0	2	9
7	# of Women	5	0	2	7
8	Total Persons in Households without Dependent Children (Rows 6 +7)	12	0	4	16
9	Total Number of Households without Dependent Children	11	0	4	15
10	TOTAL HOMELESS PEOPLE (Row 4 + Row 8)	27	0	4	31
11	TOTAL HOMELESS ADULTS (Rows 1 + 2 + 8)	16	0	4	20
SUBPOPULATIONS					
12	<i>Of the people in Row 8, columns A and C only, how many are definitely Chronically Homeless (have a disability and have been homeless for at least 1 year, or have had 4 episodes in 3 years, and do not live in transitional housing)</i>	2		1	3
For Row 13 – 18, please note <i>how many people from Row 11</i> are definitely members of the named subpopulation					
13	Seriously Mentally Ill (diagnosable by a mental health professional)	6	0	1	7
14	Diagnosable Substance Use Disorder	9	0	4	13
15	Veterans	0	0	0	0
16	Persons with HIV/AIDS	0	0	0	0
17	Victims of Domestic Violence	9	0	0	9
18	Unaccompanied youth	0	0	0	0
Of the persons in Column D, Row 10 , how many do you know were discharged from the following systems within 30 days prior to becoming homeless:					
CRIMINAL JUSTICE SYSTEM (jails, prisons)					0
BEHAVIORAL HEALTH SYTEM (mental health hospitals or substance abuse treatment programs)					0
HEALTH CARE SYSTEM (hospitals)					0

HOMELESS POINT IN TIME COUNT CLEVELAND COUNTY January 30, 2008		A	B	C	D
		Sheltered		Unsheltered	TOTAL (column A+B+C)
		Emergency	Transitional		
Households <u>with</u> Dependent Children					
1	# of Men	1	0	0	1
2	# of Women	1	0	0	1
3	# of Children	8	0	0	8
4	Total Persons in Households with Dependent Children (Rows 1+2+3)	10	0	0	10
5	Total Number of Households with Dependent Children	2	0	0	2
Households <u>without</u> Dependent Children (includes singles, couples without children, unaccompanied youth)					
6	# of Men	34	0	0	34
7	# of Women	12	0	0	12
8	Total Persons in Households without Dependent Children (Rows 6 +7)	46	0	0	46
9	Total Number of Households without Dependent Children	46	0	0	46
10	TOTAL HOMELESS PEOPLE (Row 4 + Row 8)	56	0	0	56
11	TOTAL HOMELESS ADULTS (Rows 1 + 2 + 8)	48	0	0	48
SUBPOPULATIONS					
12	Of the people in Row 8 , columns A and C only, how many are definitely Chronically Homeless (have a disability and have been homeless for at least 1 year, or have had 4 episodes in 3 years, and do not live in transitional housing)	0		0	0
For Row 13 – 18, please note how many people from Row 11 are definitely members of the named subpopulation					
13	Seriously Mentally Ill (diagnosable by a mental health professional)	7	0	0	7
14	Diagnosable Substance Use Disorder	3	0	0	3
15	Veterans	6	0	0	6
16	Persons with HIV/AIDS	0	0	0	0
17	Victims of Domestic Violence	9	0	0	9
18	Unaccompanied youth	0	0	0	0
Of the persons in Column D, Row 10 , how many do you know were discharged from the following systems within 30 days prior to becoming homeless:					
CRIMINAL JUSTICE SYSTEM (jails, prisons)					1
BEHAVIORAL HEALTH SYTEM (mental health hospitals or substance abuse treatment programs)					0
HEALTH CARE SYSTEM (hospitals)					2