1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time.

CoC Name and Number (From CoC Registration):	NC-504 - Greensboro/High Point CoC
CoC Lead Organization Name:	Homeless Prevention Coalition of Guilford County

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and providing final approval for the CoC application submission. This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group:	Homeless Prevention Coalition of Guilford County
Indicate the frequency of group meetings:	Monthly or more
Indicate the legal status of the group:	501(c)(3)
Specify "other" legal status:	
Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)	70%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	
Assigned:	X
Volunteer:	X
Appointed:	
Other:	X

Specify "other" process(es):

Membership is open to all interested organizations and community members and is advertised on the HPCGC Web site.

Briefly describe the selection process including why this process was established and how it works.

Most governmental agencies and private service providers appoint a representative to the HPCGC. Again, membership is open to all interested organizations and community members. Each organization or individual is entitled to one vote on decision-making matters. Funding recommendations are made by a committee whose members are not allowed to be applying for the funding being considered. The primary decision-making body votes on recommendations.

*** Indicate the selection process of group leaders: (select all that apply):**

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

If HUD could provide administrative funds to the CoC, would the primary decision-making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.

Either the primary decision-making body or a designated agent could be responsible for such activities, but sufficient funding would be needed to cover the administrative cost.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Homeless Preventi...	Monthly or more
Homeless Preventi...	Monthly or more
Partners Ending H...	Monthly or more
HPCGC Application...	Semi-annually
HPCGC National Ho...	Semi-annually
HPCGC New Initiat...	Quarterly
HPCGC New Member ...	Annually
HPCGC Performance...	Semi-annually
HPCGC Point In Ti...	Quarterly
HPCGC Policies an...	Quarterly
HPCGC Resource De...	Semi-annually
Advocacy & Market...	Monthly or more
Continuum of Care...	Monthly or more
Day Center/ Neigh...	Monthly or more
Discharge Plannin...	Monthly or more
Education & Job T...	Monthly or more
Mental Health & S...	Monthly or more
Supportive Housin...	Monthly or more
HMIS Task Group	Monthly or more

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Homeless Prevention Coalition of Guilford County (HPCGC)

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The HPCGC is a diverse, community-based coalition working to end homelessness in Guilford County, North Carolina through advocacy, information, funding, and networking. The HPCGC is the lead organization and primary decision-making group of the CoC. The HPCGC oversees all committee work and is a partner in the efforts of the Ten-Year Plan Partners Ending Homelessness Implementation Leadership Council and its action teams.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Homeless Prevention Coalition of Guilford County (HPCGC) Executive Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This committee meets to set the Homeless Prevention Coalition of Guilford County agenda, review committee work, and determine major issues that need to be addressed by the full Coalition.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Partners Ending Homelessness Implementation Leadership Council

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The Implementation Leadership Council, which works in partnership with the Homeless Prevention Coalition of Guilford County, has been charged with: 1) providing strategic direction, oversight, and advocacy for Guilford Countys Ten Year Plan; 2) sustaining the vision and momentum of the Ten Year Plan; 3) setting priorities and evaluating progress; 4) creating community partnership action teams; and 5) coordinating current funding and working to create additional resources. The Implementation Leadership Council is comprised of high-level public and private sector community leaders that include leadership from the City of High Point, City of Greensboro, Guilford County, the Greensboro Neighborhood Congress, the Homeless Prevention Coalition of Guilford County, the United Way of Greater Greensboro, and the United Way of Greater High Point.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HPCGC Application and Program Review Committee

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

This committee reviews grant applications and supporting project documentation from agencies applying for funding from HUD, the City of Greensboro and other funders. This committee uses the form and scoring system developed by the HPCGC Performance Criteria Committee. Membership on this committee is limited to agencies which are NOT funded by HUD or the City of Greensboro. Once grant applications and supporting documentations are reviewed, scored and ranked, the HPCGC Application and Program Review Committee recommends the project list to the full HPCGC membership for vote and approval.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HPCGC National Homeless Persons Memorial Committee

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

This committee brings attention to the tragedy of homelessness and remembers those who have died while experiencing homelessness in our community. This committee is tasked with planning our annual national Homeless Persons Memorial Day observance.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HPCGC New Initiatives Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This committee is responsible for soliciting and identifying viable new initiatives for the HPCGC, which includes bonus projects like the Samaritan Initiative and Rapid Re-housing for Families. In addition, the committee works to ensure that all new projects that address needs or fill gaps within the CoC.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HPCGC New Member Orientation Committee

Indicate the frequency of group meetings: Annually

Describe the role of this group:

This committee establishes an informational packet, makes contact with interested persons/organizations and new members, and coordinates the New Member Orientation.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HPCGC Performance Criteria Committee

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

This committee meets to review HUD and City of Greensboro funding requirements and to develop funding criteria in which to rank HUD, City of Greensboro, and other grant applications, which are reviewed and voted on by the HPCGC. This committee is made up of funded and non-funded agencies. The HPCGC Application and Program Review Committee uses the criteria developed by this HPCGC Performance Criteria Committee to score and rank CoC projects.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HPCGC Point In Time Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This committee, with subcommittees in High Point and Greensboro, organizes the point-in-time, statistically reliable, non-duplicated count of sheltered and unsheltered homeless individuals and families in the county, which includes developing the point-in-time survey instrument, distributing it to all homeless providers, collecting and entering the data in a spreadsheet, and preparing an annual report.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HPCGC Policies and Procedures Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This committee reviews and recommends administrative and operational policies and procedures for the HPCGC.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HPCGC Resource Development Committee

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

This committee builds relationships between funders and the HPCGC, as a group, which includes planning events to facilitate interaction between foundations and other funders and the HPCGC. The committee researches additional funding sources which may be interested in funding programs through this collaboration and makes recommendations to the HPCGC.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Advocacy & Marketing Action Team, Partners Ending Homelessness

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This action team develops strategies for educating the general public, elected officials, the Faith community, business and civic groups about implementation of the Ten Year Plan and Housing First. It oversees the development of financial resources, volunteer resources and in-kind resources to support implementation of the Ten Year Plan.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Continuum of Care Supportive Services and Housing Providers Action Team, Partners Ending Homelessness

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This action team meets to increase coordination between mainstream supportive services and providers of housing and to enhance the delivery of services and housing to homeless clients.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Day Center/ Neighborhood Resource Center & Coordinated Portal of Entry System Action Team, Partners Ending Homelessness

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This action team works to create a Coordinated Portal of Entry System and establish a day center(s) in High Point and a day center(s) in Greensboro that have linkages to the Central Resource System.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Discharge Planning Action Team, Partners Ending Homelessness

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This action team meets to ensure that every person being discharged from jail, hospitals, mental health care, or foster care has a discharge plan that leads to stable housing and supports a community policy of zero tolerance for discharge to homelessness.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Education & Job Training Action Team, Partners Ending Homelessness

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This action team meets to increase coordination of services between mainstream job training, employment, and education programs, supportive employment agencies, homeless service agencies, and homeless individuals.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Mental Health & Substance Abuse Services Action Team, Partners Ending Homelessness

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This action team meets to develop a task force to enhance mental health and substance abuse services in Guilford County.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Supportive Housing Goods & Services Action Team, Partners Ending Homelessness

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This action team meets to support newly housed individuals through the formation of Hope Teams, to work with the community to provide in-kind donations of housing supplies and to increase newly housed individuals access to the community.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HMIS Task Group

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This task group reviews monthly CHIN reports and meets to address HMIS challenges and improve data quality in the CoC.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Homeless Prevention Coalition of Guilford County	Private Sector	Non-pro...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Action Greensboro	Private Sector	Funder ...	None	NONE
Affordable Housing Management	Private Sector	Businesses	Attend Consolidated Plan planning meetings during past 12...	NONE
Alcohol and Drug Services	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Abuse
American Express	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
American Red Cross	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
Audrey Watkins	Individual	Homeles...	Committee/Sub-committee/Work Group	NONE
Barnabas Network	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Beloved Community Center	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
Bennett College	Private Sector	Other	Attend 10-year planning meetings during past 12 months	NONE
Bernetta Thigpen	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Bryan Foundation	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months	NONE
Christian Counseling and Wellness	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Abuse
City of Greensboro, Housing and Community Devel...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
City of High Point, Community Development and H...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

Community Foundation of Greater Greensboro	Private Sector	Funder ...	Attend Consolidated Plan focus groups/public forums durin...	NONE
D.S.Miller, Inc.	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
DREAMS Treatment Center, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Abuse
Eastern Triad HIV Consortium	Private Sector	Non-pro...	None	HIV/AIDS
Faith Step Ministries Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Family Service of the Piedmont	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domestic Vio...
Final Call Outreach Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
First Lutheran Church	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Food Not Bombs	Private Sector	Other	Attend Consolidated Plan focus groups/public forums durin...	NONE
Freedom House	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Goodwill Industries	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
Grace Community Church	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Greensboro Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Greensboro Housing Coalition	Private Sector	Funder ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Greensboro Merchants Association	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Greensboro Partnership	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Greensboro Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Greensboro Urban Ministry	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Guilford College	Private Sector	Other	Attend 10-year planning meetings during past 12 months	NONE
Guilford County Department of Planning and Deve...	Public Sector	Local g...	Authoring agency for Consolidated Plan, Attend Consolidat...	NONE
Guilford County Department of Public Health	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	HIV/AIDS

Guilford County Department of Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Guilford County Homeownership	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Guilford County Schools	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Guilford County Substance Abuse Coalition	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Abuse
Guilford Interfaith Hospitality Network	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Guilford Technical Community College	Public Sector	School ...	Attend 10-year planning meetings during past 12 months	NONE
High Point Community Clinic	Private Sector	Hospita...	Attend 10-year planning meetings during past 12 months	NONE
High Point Enterprise	Private Sector	Other	Attend 10-year planning meetings during past 12 months	NONE
High Point Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
High Point Housing Coalition	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months	NONE
High Point Police Department	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months	NONE
High Point Regional Health System	Private Sector	Hospita...	Attend 10-year planning meetings during past 12 months	NONE
Holy Trinity Church	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Jericho House	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Joblink	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
Joseph's House	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Joy A. Shabazz Center for Independent Living	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Legal Aid	Private Sector	Non-pro...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Lincoln Financial	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Malachi House, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE

Mary's House, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Abuse
Mental Health Association of Greensboro	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Mental Health Association of High Point	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Seriously Me...
Merrill Lynch	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Michele Forrest	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Moses Cone Health System	Private Sector	Hospita...	Attend 10-year planning meetings during past 12 months	HIV/AIDS
Moses Cone-Wesley Long Community Foundation	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months	NONE
Mount Zion Baptist Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
NC Agricultural & Technical State University	Public Sector	School ...	Attend Consolidated Plan focus groups/public forums durin...	NONE
NC Department of Health and Human Services	Public Sector	State g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
NC Employment Security Commission	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Neighborhood Congress	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months	NONE
NIA Community Action	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months	NONE
Night Watch	Private Sector	Other	Attend 10-year planning meetings during past 12 months	NONE
Open Door Ministries	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Partnership for Health Management	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Rabbit Quarter Ministries	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
Raymond P.	Individual	Homeles...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Recovery Innovations of NC	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
RHA Behavioral Health Services, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE

Room at the Inn of the Carolinas	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Senior Resources	Private Sector	Non-pro...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Sickle Cell Disease Association of the Piedmont	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months	NONE
Smith Moore LLP	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	NONE
Social Security Administration	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Tabitha Ministry	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Temple Emmanuel	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	NONE
The Center to Create Housing Opportunities	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
The Guilford Center Behavioral Health and Disab...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
The Salvation Army of Greensboro	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
The Salvation Army of High Point	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
The Servant Center	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veterans
Travis Compton	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Triad Apartment Association	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	NONE
Triad Health Project	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	HIV/AIDS
Triad Real Estate and Building Industry Coalition	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	NONE
United Way of Greater Greensboro	Private Sector	Funder ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
United Way of Greater High Point	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months	NONE
University of NC at Greensboro	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Veteran's Administration	Public Sector	Local g...	Committee/Sub-committee/Work Group	Veterans

Weaver Foundation	Private Sector	Fun der ...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Welfare Reform Liaison Project	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months	NONE
West End Ministries	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Westminster Presbyterian Church	Private Sector	Faith -b...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Westover Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
WFMY-TV	Private Sector	Othe r	Attend 10-year planning meetings during past 12 months	NONE
Women in Organizing	Private Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Women's Resource Center	Private Sector	Non-pro.. .	None	NONE
Wright Focus Group	Private Sector	Non-pro.. .	None	Substan ce Ab...
Youth Focus	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth
Greensboro/High Point/Guilford County Workforce...	Public Sector	Loca l w...	None	NONE

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

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

Open Solicitation Methods: (select all that apply)	a. Newspapers, b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, d. Outreach to Faith-Based Groups, e. Announcements at CoC Meetings, f. Announcements at Other Meetings
Rating and Performance Assessment Measure(s): (select all that apply)	a. CoC Rating & Review Commitee Exists, b. Review CoC Monitoring Findings, c. Review HUD Monitoring Findings, d. Review Independent Audit, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, i. Evaluate Project Readiness, k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, p. Review Match, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status
Voting/Decision Method(s): (select all that apply)	a. Unbiased Panel/Review Commitee, b. Consumer Representative Has a Vote, d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reasons for the change:

The CoC reported a net increase of 18 ES Family beds and 39 ES Individual beds from 2007 to 2008. The Salvation Army of Greensboro rearranged their Family beds and Individual beds to accommodate changing client populations, which resulted in a decrease of 8 ES Family beds and an increase of 16 ES Individual beds. The Salvation Army of High Point also rearranged their Family beds and Individual beds to accommodate changing client populations, which resulted in a decrease of 6 ES Family beds and an increase of 6 ES Individual beds. Greensboro Urban Ministry/Weaver House reported a decrease of 6 ES Individual beds. West End Ministries/Leslie's House added 21 ES Individual beds and Room at the Inn added 4 ES Family beds to the 2008 housing inventory. Open Door Ministries reported an increase of 2 ES Individual beds. Guilford Interfaith Hospitality Network ES Family beds are available Year-Round now instead of seasonally, which accounts for an increase of 28 ES Family beds. The CoC does not have any seasonal ES beds at this time.

See PH section for explanation of bed utilization formula.

Safe Haven Bed: No

Briefly describe the reasons for the change:

Transitional Housing: Yes

Briefly describe the reasons for the change:

The CoC reported a net increase of 31 TH Family beds and 50 TH Individual beds. Greensboro Urban Ministry expanded Partnership Village II and III from 2007 to 2008, by 48 TH Family beds and 18 TH Family beds respectively, as a result of its fundraising/capital campaign. Joseph's House was able to add 1 TH Individual bed in 2008, as was The Servant Center. Family Service/Carpenter House reported a decrease of 1 TH Family bed; and Mary's House reported a decrease of 4 TH Family beds. The Salvation Army of Greensboro reported a decrease of 8 TH Family beds and 20 TH Individual beds. Room at the Inn, Youth Focus and The Salvation Army of High Point rearranged their Family beds and Individual beds to accommodate changing client populations. DREAMS, I Am Now, and Tabitha House were not included in the 2007 housing inventory, which together accounts for an increase of 20 TH Individual beds.

See PH section for explanation of bed utilization formula.

Permanent Housing: Yes

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

The CoC reported a net increase of 8 PH Family beds and 6 PH Individual beds (22 more PH Individual beds under development, 20/22 for CH). Under the Greensboro Housing Authority, Mary's Homes was able to increase the number of family beds and units through overvouchering. Due to smaller family sizes and the income of working mothers, Mary's Homes is able to reduce the number of bedrooms and increase the number of vouchers for this project. GHA/Home at Last reported an increase of 2 PH Family beds. GHA/Housing Opportunities rearranged to serve clients, increasing PH Family beds by 3 and decreasing PH Individual beds by 3. Youth Focus reported 3 PH Family beds and 1 PH Individual bed in the 2008 housing inventory. Other PH changes are reflected in the following PH chronically homeless bed count inventory.

From 2007 to 2008, the CoC had a net increase of 9 PH beds for chronically homeless persons (CH). The reported PH bed changes are as follows: 1) Servant Center/Glenwood House: minus 8 CH beds (not serving CH clients); 2) Grace Homes: plus 4 CH beds; 3) GHA/Housing Opportunities: plus 2 CH beds (increased their priority/beds for CH; 4) City of Greensboro/HMHHI: plus 4 CH beds; and 5) City of High Point/S+C: plus 7 CH beds.

With regard to bed utilization, the CoC based its 2008 PH utilization on the following: 61 current/new PH Family beds + 127 current/new PH Individual beds = 188 current/new PH beds available for occupancy on the PIT. Of those 188 current/new PH beds, 169 persons were utilizing those beds on the PIT. This gives a utilization rate of 90%. There were 20 beds under development on the 2008 PIT. The bed utilization tab calculates an average of the bed utilization percentages across all inventory types, and does not accurately portray the CoC's PIT utilization.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	NC-504 Housing In...	10/20/2008

Attachment Details

Document Description: NC-504 Housing Inventory Chart

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)	01/30/2008
Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)	HMIS plus housing inventory survey
Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply)	Instructions, Updated prior housing inventory information, Follow-up, Confirmation, HMIS
Must specify other:	
Indicate the type of data or method(s) used to determine unmet need: (select all that apply)	HUD unmet need formula, Other, Unsheltered count, Housing inventory, Provider opinion through discussion or survey forms

Specify "other" data types:

Sheltered count

If more than one method was selected, describe how these methods were used.

The HUD unmet need formula was the only method used for the emergency shelter, transitional housing, and permanent housing calculations. However, the CoC used all of the other selected methods to obtain the necessary data that is part of the HUD unmet need formula. The CoC used provider opinion through discussion to determine seasonal unmet need.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type:	Regional (multiple CoCs)
Select the CoC(s) covered by the HMIS: (select all that apply)	NC-500 - Winston Salem/Forsyth County CoC, NC-501 - Asheville/Buncombe County CoC, NC-503 - North Carolina Balance of State CoC, NC-504 - Greensboro/High Point CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-508 - Anson, Moore, Montgomery, Richmond Counties CoC, NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-513 - Chapel Hill/Orange County CoC, NC-516 - Northwest North Carolina CoC
Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?	Yes

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization?	No
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	ServicePoint
What is the name of the HMIS software company?	Bowman Systems, Inc.
Does the CoC plan to change HMIS software within the next 18 months?	No
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	10/01/2002
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	Inadequate staffing, Inadequate resources, No or low participation by non-HUD funded providers, No CoC formal data quality plan

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

Briefly describe the CoC's plans to overcome challenges and barriers:

The HPCGC is working with the Carolina Homeless Information Network (CHIN) to overcome the CoC's HMIS challenges and barriers. As such, the HPCGC meets with CHIN staff monthly to improve data quality, bed coverage, and to move closer to an unduplicated count of homeless individuals served. The CoC will work to develop a formal data quality plan and will identify next steps to address or eliminate other HMIS challenges. The Application Review Committee, which ranks projects, will incorporate an HMIS data quality measure as one of the scoring criteria for renewal projects. The CoC seeks to increase its use of the HMIS for data reporting requirements. CHIN continues to provide quality training and support and has adequate staffing and resources to meet CoC needs. Finally, becoming an AHAR participant will move the CoCs HMIS implementation forward.

CHIN staff use standardized and customized reporting, end user certification and refresher training, and focused technical assistance as tools to assist CoCs. CHIN is also developing a Continuous Improvement Plan with measurable goals to help CoCs monitor improvement throughout the year. Beyond standard APR/AHAR reports, CHIN developed a monthly data quality report to give agencies an overview of their usage. The report categories are: % of created records with complete demographic info; % of enrolled records with complete program info; # newly enrolled; # served; and Occupancy Rate.

HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	NC504 CHIN Agreement	09/17/2008

Attachment Details

Document Description: NC504 CHIN Agreement

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Organization.

Organization Name	North Carolina Housing Coalition
Street Address 1	224 South Dawson Street
Street Address 2	
City	Raleigh
State	North Carolina
Zip Code **Format: xxxxx or xxxxx-xxxx**	27601
Organization Type	Non-Profit
If "Other" please specify	

2C. Homeless Management Information System (HMIS) Contact Person

Prefix:	Mr
First Name	Harold
Middle Name/Initial	E.
Last Name	Thompson
Suffix	Jr
Telephone Number: (Format: 123-456-7890)	919-827-4500
Extension	
Fax Number: (Format: 123-456-7890)	919-881-0350
E-mail Address:	hthompson@nchousing.org
Confirm E-mail Address:	hthompson@nchousing.org

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

*** Emergency Shelter (ES) Beds**	86%+
*** Safe Haven (SH) Beds**	No beds in CoC
*** Transitional Housing (TH) Beds**	86%+
*** Permanent Housing (PH) Beds**	76-85%

How often does the CoC review or assess its HMIS bed coverage? Semi-annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

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

Instructions:

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	2%	1%
* Date of Birth	1%	0%
* Ethnicity	27%	0%
* Race	1%	0%
* Gender	0%	0%
* Veteran Status	24%	1%
* Disabling Condition	63%	2%
* Residence Prior to Program Entry	21%	1%
* Zip Code of Last Permanent Address	60%	6%
* Name	0%	0%

Did the CoC or subset of the CoC participate in AHAR 3? No

Did the CoC or subset of the CoC participate in AHAR 4? No

How frequently does the CoC review the quality of client level data? Monthly

How frequently does the CoC review the quality of program level data? Monthly

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

CHIN uses comparative reporting to assist agencies as they improve their client and program data. The primary report is the monthly Data Quality Report; however, agencies may request a report at any time during the month. Standardized ServicePoint reports are available continuously including: APR data; clients served; and clients not served. For agencies that need improvement, on-site and on-line data entry technical assistance and training are available at no charge to agencies. In extreme cases, contract data entry assistance is available for agencies to help them catch up on data entry.

CoCs use the CoC-wide CHIN Data Quality Reports to review agency participation frequently throughout the reporting year. This is part of a continuous process of improvement, which includes all facets of the data collection, data entry, and reporting processes. Each aspect is reviewed by CHIN staff and CoC leadership to determine what measures are needed for agency improvement. In the Greensboro/High Point CoC, the HPCGC (CoC Lead Organization) and the HMIS Task Group review CHIN's monthly reports and inform CoC leaders and HMIS users about measures to improve data quality.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

A commitment to accurate data entry, including program entry and exit dates, begins when agencies signed their Agency Participation Agreement. In this contract, agencies agree to adhere to CHINs Standard Operating Policies, which explicitly covered all HUD-required data elements. Agencies and end users are reminded again during certification training. Program entry and exit dates are covered specifically in the materials.

In addition to regular Data Quality Reports, when requested, CHIN staff can generate a report for participating agencies that lists all clients with their program entry and exit dates and the fields that remain incomplete. This report assists agencies in determining how much data is missing from each clients record. As end users enter data into the network, CHIN staff provides follow-up reports.

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

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC uses each of the following items:

Data integration/data warehousing to generate unduplicated counts:	Never
Use of HMIS for point-in-time count of sheltered persons:	Semi-annually
Use of HMIS for point-in-time count of unsheltered persons:	Semi-annually
Use of HMIS for performance assessment:	Semi-annually
Use of HMIS for program management:	Annually
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following standards:

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

How often does the CoC assess compliance with HMIS Data and Technical Standards?	Annually
How often does the CoC aggregate data to a central location (HMIS database or analytical database)?	Never
Does the CoC have an HMIS Policy and Procedures manual?	Yes
If 'Yes' indicate date of last review or update by CoC:	04/01/2008
If 'No' indicate when development of manual will be completed:	

2H. Homeless Management Information System (HMIS) Training

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

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

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Quarterly
Using HMIS data for assessing program performance	Semi-annually
Basic computer skills training	Monthly
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
Households with Dependent Children - Sheltered Transitional
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
Households without Dependent Children - Sheltered Transitional
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the date of the last PIT count: 01/30/2008

For each homeless population category, the number of households must be less than or equal to the number of persons.

	Households with Dependent Children			
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	26	64	5	95
Number of Persons (adults and children)	94	201	12	307

	Households without Dependent Children			
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	321	263	96	680
Number of Persons (adults and unaccompanied youth)	321	263	96	680

	All Households/ All Persons			
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	347	327	101	775

Total Persons	415	464	108	987

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
*** Chronically Homeless (Federal definition)**	51	50	101
*** Severely Mentally Ill**	75	19	94
*** Chronic Substance Abuse**	275	54	329
*** Veterans**	79	26	105
*** Persons with HIV/AIDS**	12	10	22
*** Victims of Domestic Violence**	51	11	62
*** Unaccompanied Youth (under 18)**	11	0	11

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

Separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Annually

Enter the date in which the CoC plans to conduct its next annual point-in-time count: (mm/dd/yyyy) 01/28/2009

Indicate the percentage of providers supplying population and subpopulation data collected via survey, interview, and/or HMIS.

Emergency Shelter providers 100%

Transitional housing providers: 100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

Survey Providers:
Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

HMIS:
The CoC used HMIS to complete the point-in-time sheltered count.

Extrapolation:
The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count: (Select all that apply):

Survey Providers:	X
HMIS:	
Extrapolation: (Extrapolation attachment is required)	
Other:	

If Other, specify:

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

The Homeless Prevention Coalition of Guilford County's Point in Time Committee prepared and distributed the point-in-time survey instrument to all homeless providers in the county. After collecting the data, it was entered into a spreadsheet to produce a CoC-wide sheltered population count. The final report of sheltered population data was submitted to the North Carolina DHHS and reconciled with the housing inventory bed counts.

In 2008, the point-in-time sheltered count was 879, which represents a 10% decrease from 2007. This 10% decrease reflects a decline in the number of persons in households without dependent children. Looking at the counts by housing type, the number of households with dependent children in emergency shelter dropped from 2007 to 2008, but the number of households with dependent children in transitional housing rose.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

HMIS:
Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:
Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:
Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:
Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:
Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:
CoC used a combination of methods.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	
Sample Strategy:	
Provider Expertise:	X
Non-HMIS client level information:	X
None:	
Other:	X

If Other, specify:

HPCGC Point-in-Time Survey Instrument

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

The HPCGC distributes its point-in-time survey instrument annually to all homeless providers in the CoC. In order to complete the survey instrument accurately and count subpopulations, homeless providers use their case management records of individual clients and their expertise. Survey results are compiled by the Homeless Prevention Coaltion of Guilford County Point in Time Committee and submitted to the North Carolina DHHS.

There were several subpopulations with significant changes from 2007 to 2008. First, the sheltered count of chronically homeless persons dropped from 142 to 51. This is a result of increased instructions and training of homeless providers on HUD's definition of chronically homeless persons, and it may also be attributed to the slight decline of the total number of sheltered persons without dependent children in emergency shelters. Another significant sheltered subpopulation change was among persons with a documented chronic substance abuse problem, which increased by 17.5% from 2007 to 2008. There was also a significant population change from 2007 to 2008, among persons with HIV/AIDS. There were only 2 sheltered persons with HIV/AIDS counted in 2007, as compared to the 12 sheltered persons with HIV/AIDS counted in 2008. Finally, the CoC counted 11 unaccompanied youth in 2008, whereas in 2007 no accompanied youth were documented/counted.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used to ensure the data quality of the sheltered persons count:
(select all that apply)

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

Each homeless provider in the CoC is given specific instructions and training on avoiding duplicate counts. They conduct the count based on the clients they are serving on the PIT and are responsible for providing accurate data. Providers have several strategies in place for their de-duplication techniques, such as having their clients initial survey forms and cross-checking client records with the HMIS.

2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Public places count:
Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:
Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:
Counted homeless persons using non-shelter services based on interviews.

HMIS:
HMIS used to collect, analyze or report data on unsheltered persons.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	
Public places count with interviews:	X
Service-based count:	X
HMIS:	
Other:	

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Complete coverage:
Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:
Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:
Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the level of coverage of the PIT count of unsheltered homeless people: Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count.
(select all that apply)

Training:	X
HMIS:	
De-duplication techniques:	X
Other:	

If Other, specify:

Describe the techniques used to reduce duplication.

The Homeless Prevention Coalition of Guilford County Point in Time Committee trains all persons involved in the unsheltered point-in-time count. As part of this training, persons learn the specifics of the interview, which include de-duplication techniques. An interviewer is responsible for asking the unsheltered person if they have been interviewed before that evening, and the interviewee initials the interview form to ensure that there is no duplication. Also, interview teams are assigned to different geographic areas to prevent overlap/duplicate counting.

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

The Greensboro/High Point CoC has several outreach efforts in place to reduce the number of unsheltered homeless, including households with dependent children. As part of the overall outreach plan, the CoC routinely conducts outreach through the following programs/organizations: Night Watch; Beloved Community Center; Food Not Bombs; law enforcement agencies; and the Mental Health Association. Unsheltered homeless persons, especially families, are often identified through the CoC's area feeding programs, which include Urban Ministry, the Hive, Grace Church and other local churches. These outreach efforts enable the CoC to connect unsheltered homeless persons, like the five families counted in the 2008 PIT, to shelter and housing.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

As previously indicated, the CoC has several outreach efforts in place to engage persons routinely sleeping on the streets and other places not meant for human habitation. These outreach programs/organizations include: Night Watch; Beloved Community Center; Food Not Bombs; law enforcement agencies; and the Mental Health Association. The CoC also uses the point-in-time count as an outreach effort. The unsheltered homeless population dropped by 45.6% from 2007 (186 unsheltered persons) to 2008 (108 unsheltered persons). This decline was specific to the number of unsheltered homeless persons without dependent children. The CoC attributes this decline to warm weather on the night of the PIT and to unsheltered homeless persons not being in their usual camps or locations, due to increased efforts of law enforcement to move unsheltered persons from the downtown business district.

Attachment Details

Document Description:

Attachment Details

Document Description:

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Create 20 new PH beds for chronically homeless persons (i.e., these beds are currently under development and will be new beds on 2009 PIT).	TYP Partners Ending Homelessness Director, Family Service of the Piedmont
Action Step 2	Develop 6 PH beds for chronically homeless persons through the proposed Samaritan Housing Initiative (i.e., these proposed beds are anticipated to be under development on 2009 PIT).	Executive Director, Open Door Ministries
Action Step 3	Increase CoC housing emphasis and the number of PH projects through annual solicitation of new initiatives.	Chair, New Initiatives Committee, Homeless Prevention Coalition of Guilford County

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	37
Numeric Achievement in 12 months	57
Numeric Achievement in 5 years	128
Numeric Achievement in 10 years	228

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Provide continued support to homeless persons, with specific focus on chronically homeless persons with mental illness, to attain and maintain PH through Housing Support Teams.	HOPE Team Coordinator, Family Service of the Piedmont
Action Step 2	Utilize AmeriCorps workers to supplement case management activities to move more homeless persons into PH and remain in PH.	AmeriCorps Director, The Servant Center
Action Step 3	Analyze providers' HMIS/APR data on percentage of homeless persons length of stay in PH and implement criteria to encourage higher performance.	Chair, Application Review Committe, Homeless Prevention Coalition of Guilford County

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	75
Numeric Achievement in 12 months	76
Numeric Achievement in 5 years	78
Numeric Achievement in 10 years	80

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Identify barriers that prevent TH clients from obtaining PH, through HMIS/APR data analysis and other CoC providers data.	Director of Transitional Housing, Open Door Ministries
Action Step 2	Utilize Housing Specialist to increase every TH programs knowledge of available PH and provide tenant education and assistance programs to improve performance.	Housing Specialist, Family Service of the Piedmont
Action Step 3	Improve coordination of services between homeless providers and all mainstream services.	Chair, CoC Supportive Services and Housing Providers Action Team, TYP Partners Ending Homelessness

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	77
Numeric Achievement in 12 months	77
Numeric Achievement in 5 years	77
Numeric Achievement in 10 years	77

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Analyze providers APR data on percentage of homeless persons employed at exit and implement criteria to encourage higher performance.	Chair, Application Review Committee, Homeless Prevention Coalition of Guilford County
Action Step 2	Implement specialized programs within CoC provider organizations (i.e., Reading Connections at Arthur Cassell House).	Executive Director, Open Door Ministries
Action Step 3	Increase coordination of services between mainstream job training, employment, and education programs, supportive employment agencies, homeless service agencies, and homeless individuals.	Chair, Education and Job Training Action Team, TYP Partners Ending Homelessness

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	30
Numeric Achievement in 12 months	30
Numeric Achievement in 5 years	31
Numeric Achievement in 10 years	32

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps
List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person

Action Step 1	Implement the proposed Beyond Pathways project to provide rapid re-housing for 20-40 families.	Executive Director, Greensboro Urban Ministry
Action Step 2	Increase number of housing vouchers for families from 16 to an estimated 45, as working mothers pay more rent and family size is smaller (GHA grant).	Executive Director, Marys House
Action Step 3	Continue to expand efforts to identify homeless children within the school system and connect them and their families with services and housing.	Homeless Prevention Coordinator, Guilford County Schools

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	95
Numeric Achievement in 12 months	85
Numeric Achievement in 5 years	75
Numeric Achievement in 10 years	50

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons dicharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge Protocol:	Formal Protocol Implemented
Health Care Discharge Protocol:	Formal Protocol Implemented
Mental Health Discharge Protocol:	Formal Protocol Implemented
Corrections Discharge Protocol:	Formal Protocol Implemented

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For addtional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge
For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Homeless Prevention Coalition of Guilford County (HPCGC), the CoC lead organization, and the Department of Social Services (DSS) understand that per the U.S. Department of Housing and Urban Development (HUD), no person discharged from the Foster Care system is to be placed in any HUD McKinney-Vento funded program for the homeless or discharged to the streets. A list of the HUD McKinney-Vento funded programs is on file with DSS. Foster Care social workers provide services and help with housing placement within a reasonable amount of time before a participant is discharged. A goal of discharge preparation, including participation in the LINKS program, is to ensure that participants in the Foster Care system are able to transition from Foster Care into permanent housing. Furthermore, for any youth who may be in need of ongoing behavioral health services, the DSS should contact Guilford Countys Local Management Entity regarding the provision of behavioral health services. HPCGC members will assist with housing placement in the form of public housing, housing vouchers and affordable housing produced through the low income housing tax credit program -- non-McKinney-Vento funded permanent housing opportunities. As part of 10-year plan efforts, the Discharge Planning Action Team will review and update this protocol as needed, will work to ensure appropriate foster care discharge plans, and will support a community policy of zero tolerance for discharge to homelessness.

Health Care Discharge
For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Homeless Prevention Coalition of Guilford County (HPCGC), the CoC lead organization, and the Moses Cone Regional Health System (hereinafter hospital) understand that per the U.S. Department of Housing and Urban Development (HUD), no person discharged from the hospital is to be placed in any HUD McKinney-Vento funded program for the homeless. A list of these programs is on file with the hospital. Hospital social workers provide services and help with housing placement before a patient is discharged. A goal of discharge preparation is to ensure that patients in the hospital are able to transition from the hospital into appropriate housing or treatment programs. Furthermore, for any person leaving the Hospital who may be in need of ongoing behavioral health services, the Hospital should contact the Local Management Entity regarding the provision of behavioral health services, and with assistance in identifying appropriate housing options. HPCGC members will assist with housing placement in the form of public housing, housing vouchers and affordable housing produced through the low income housing tax credit program -- non-McKinney-Vento funded permanent housing opportunities. As part of ten-year plan efforts, the Discharge Planning Action Team will review and update this protocol as needed, will work to ensure appropriate hospital discharge plans, and will support a community policy of zero tolerance for discharge to homelessness.

Mental Health Discharge
For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Homeless Prevention Coalition of Guilford County (HPCGC), the CoC lead organization, and the Guilford Center, the Local Management Entity, understand that per the U.S. Department of Housing and Urban Development (HUD), no person discharged from the residential programs of the Guilford Center is to be placed in any HUD McKinney-Vento funded program for the homeless. A list of the HUD McKinney-Vento funded programs is attached. Various HPCGC members assist with housing placement in the form of public housing, housing vouchers and affordable housing produced through the low income housing tax credit program. These non-McKinney-Vento funded permanent housing opportunities are appropriate permanent housing options for participants who are leaving residential services of the Guilford Center. As part of ten-year plan efforts, the Discharge Planning Action Team will review and update this protocol as needed, will work to ensure appropriate mental health care discharge plans, and will support a community policy of zero tolerance for discharge to homelessness. In addition to the local protocol, the HPCGC also has state-level protocols finalized with the Central Regional State Psychiatric Hospital and the Murdoch Developmental Center, which are both scheduled for 12/1/08 implementation.

Corrections Discharge
For Formal Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Homeless Prevention Coalition of Guilford County (HPCGC), the CoC lead organization, and the Guilford County Sheriffs Office, which operates the jail for Guilford County, understand that per the U.S. Department of Housing and Urban Development (HUD), no person discharged from the jail system is to be placed in any HUD McKinney-Vento funded program for the homeless. A list of the HUD McKinney-Vento funded programs is on file with the Guilford County Sheriffs Office. Furthermore, for any person leaving the jail who may be in need of ongoing behavioral health services, the jail should contact Guilford Countys Local Management Entity (LME) regarding the provision of behavioral health services, and with assistance in identifying appropriate housing options. Various HPCGC members assist with housing placement in the form of public housing, housing vouchers and affordable housing produced through the low income housing tax credit program. These non-McKinney-Vento funded permanent housing opportunities are appropriate permanent housing options for participants who are leaving the jail. As part of ten-year plan efforts, the Discharge Planning Action Team will review and update this protocol as needed, will work to ensure appropriate corrections discharge plans, and will support a community policy of zero tolerance for discharge to homelessness.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Foster Care Disch...	10/19/2008
Mental Health Discharge Protocol	No	Mental Health Dis...	10/19/2008
Corrections Discharge Protocol	No	Corrections Disch...	10/19/2008
Health Care Discharge Protocol	No	Health Care Disch...	10/19/2008

Attachment Details

Document Description: Foster Care Discharge Protocol

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Mental Health Discharge Protocol

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Corrections Discharge Protocol

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Health Care Discharge Protocol

Please Note: Any CoC that seleced "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness?	Yes
If yes, briefly list a few of the goals included in the Consolidated Plan:	In the City of Greensboros Consolidated Plan, Goal 2: Provide Housing and Services for Homeless and Non-Homeless Populations with Special Needs has five priority areas with correlated objectives. The priority areas include: providing a range of housing/services for homeless families with children; increasing the availability of housing/services for homeless persons with special needs (mental illness, substance abuse, HIV/AIDS); broadening the range of housing/service options; improving public awareness on homelessness; and improving public/private interagency partnerships. Each of these objectives has several strategies and outcome goals/measures. In the City of High Point's Consolidated Plan, "Goal 2: Provide Housing and Services for Homeless Populations with Special Needs" addresses the specific need to provide service-enriched transitional and permanent housing for homeless persons with special needs, which has three identified strategies with output indicators.
Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)?	Yes
Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness?	Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

The 10-Year Plan focuses on Housing and Prevention/Supportive Services. The Housing objective is to provide a variety of supportive housing for homeless persons, targeting the least restrictive model that ensures success. There are four strategies under Housing, which include a Housing First model, increasing the permanent housing supply, addressing barriers to permanent housing opportunities, and increasing permanent housing funds. The Prevention/Supportive Services objective is to provide prevention and supportive services to homeless persons. There are several strategies under Prevention/Supportive Services, which include a zero tolerance discharge policy, a mental health and substance abuse services task force, increased coordination between mainstream supportive services/employment programs and homeless providers, Treatment and Housing teams to wrap services around permanent supportive housing, increased resources for supportive services, and a 24-hour Resource System.

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for addtional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)?	No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevent national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	48	**Beds**	37	**Beds**
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	72	**%**	75	**%**
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	52	**%**	77	**%**
Increase percentage of homeless persons employed at exit to at least 18%	42	**%**	30	**%**
Ensure that the CoC has a functional HMIS system	75	**%**	93	**%**

4B. Continuum of Care (CoC) Chronic Homeless Progress

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	203	25
2007	212	28
2008	101	37

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008 9

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	$265,440			$30,000	
Total	$265,440	$0	$0	$30,000	$0

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	28
b. Number of participants who did not leave the project(s)	67
c. Number of participants who exited after staying 6 months or longer	24
d. Number of participants who did not exit after staying 6 months or longer	47
e. Number of participants who did not leave and were enrolled for 5 months or less	20
TOTAL PH (%)	75

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	522
b. Number of participants who moved to PH	402
TOTAL TH (%)	77

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 679

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	35	5	**%**
SSDI	50	7	**%**
Social Security	5	1	**%**
General Public Assistance	24	4	**%**
TANF	20	3	**%**
SCHIP	0	0	**%**
Veterans Benefits	14	2	**%**
Employment Income	202	30	**%**
Unemployment Benefits	10	1	**%**
Veterans Health Care	2	0	**%**
Medicaid	102	15	**%**
Food Stamps	207	30	**%**
Other (Please specify below)	28	4	**%**
Child Support, Medicare, Trust Fund			
No Financial Resources	95	14	**%**

The percentage values are automatically calculated by the system when you click the "save" button.

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

Instructions:

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

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

Has the CoC notified its members of the Energy Star Initiative?	Yes
Are any projects within the CoC requesting funds for housing rehabilitation or new construction?	No

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

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

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

The Application Review Committee reviews APRs annually as part of the project ranking process. Agencies with HUD-funded projects review APR data annually as they prepare their reports for submission. The new Partners Ending Homelessness Continuum of Care Supportive Services and Housing Action Team will include APR review in its activities, as well.

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

If "Yes", indicate all meeting dates in the past 12 months.

As part of 10-Year Plan efforts the CoC formed a new action team, the Partners Ending Homelessness Continuum of Care Supportive Services and Housing Action Team, to improve CoC-wide participation in mainstream programs. These meeting were held: August 20, 2008; September 17, 2008; and October 15, 2008.

The HPCGC, which meets monthly, used to oversee this CoC issue.

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

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

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. Bi-monthly

Does the CoC uses HMIS to screen for benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

Members of the CoC have participated in SOAR trainings on March 19-20, 2007; June 7-8, 2007; December 3-4, 2007; and June 25-26, 2008.

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits.	94%
1a. Describe how service is generally provided:	
Case managers or social workers meet with clients, conduct an assessment at intake, assist client in completing applications/gathering documents, and scheduling appointments with mainstream program staff. Services are generally provided through one-one-one counseling, home visits, and/or telephone contact. Case managers set goals with clients and monitor achievement. Clients attend classes as needed (e.g., life skills).	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	65%
3. Homeless assistance providers use a single application form for four or more mainstream programs:	26%
3.a Indicate for which mainstream programs the form applies:	
Providers that use a single application form report that their forms are used for SSI, SSDI, SCHIP, Medicaid, Food Stamps, JobLink, and housing (HOPWA, SPC, and SHP). Some forms also are used for programs at external agencies (e.g., ESC, daycare, medical assistance, substance abuse issues/counseling, education/community colleges, clothing banks).	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	82%
4a. Describe the follow-up process:	
Case managers or social workers follow-up with clients by phone or in person (e.g., home visits), and they also follow-up with benefits coordinators to ensure submission and processing of application. Case managers or social workers also advocate for clients as necessary. Case managers also check to see if clients received and/or renewed benefits, and they maintain copies of Medicaid cards and food stamps amounts in files.	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

***1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?** **A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.**	Yes
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	No
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a)sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? **(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.**	Yes
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?	No
***5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?** **If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.**	No
6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?	

Part A - Page 2

***7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?**	Yes
***8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?** **Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)**	Yes
***9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.** **In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?**	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
***10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?**	No
***11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?**	Yes
***12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)**	No
***13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?**	Yes

Part A - Page 3

***14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?** **(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)**	No
***15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?** **Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?**	Yes
***16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?**	Yes
***17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?**	No
***18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?**	Yes
***19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?**	No
***20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?**	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Clara House/Carpe...	2008-10-01 16:32:...	1 Year	Family Service of...	34,276	Renewal Project	SHP	TH	F6
Home At Last	2008-10-20 20:22:...	1 Year	Greensboro Housin...	124,260	Renewal Project	S+C	TRA	U15
Case Management/ ...	2008-10-17 11:58:...	1 Year	The Salvation Arm...	19,274	Renewal Project	SHP	TH	F13
Youth Focus Trans...	2008-10-19 14:38:...	1 Year	Youth Focus, Inc.	51,700	Renewal Project	SHP	TH	F9
Clara House - Cas...	2008-10-01 16:38:...	1 Year	Family Service of...	35,943	Renewal Project	SHP	TH	F4
Arthur Cassell Me...	2008-10-19 14:50:...	1 Year	Open Door Ministr...	48,919	Renewal Project	SHP	TH	F7
Project Home Front	2008-10-20 14:06:...	1 Year	Alcohol and Drug ...	34,996	Renewal Project	SHP	SSO	F12
Partnership Villa...	2008-10-19 16:05:...	1 Year	Greensboro Urban ...	31,920	Renewal Project	SHP	TH	F10
Servant House	2008-10-19 12:09:...	1 Year	The Servant Center	47,586	Renewal Project	SHP	TH	F5
Housing Opportuni...	2008-10-21 08:57:...	1 Year	Greensboro Housin...	467,384	Renewal Project	SHP	PH	F11
Joseph's House Yo...	2008-10-19 14:27:...	1 Year	Joseph's House, Inc.	43,730	Renewal Project	SHP	PH	F14
Mary's House	2008-10-19 14:11:...	1 Year	Mary's House, Inc.	135,982	Renewal Project	SHP	TH	F3
Partnership Villa...	2008-10-19 16:12:...	1 Year	Greensboro Urban ...	27,930	Renewal Project	SHP	TH	F8

Budget Summary

FPRN	$979,640
Rapid Re-Housing	$248,580
Samaritan Housing	$124,319
SPC Renewal	$124,260
Rejected	$0