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. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): NC-500 - Winston Salem/Forsyth County CoC

CoC Lead Organization Name: City of Winston-Salem

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

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- 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: Winston-Salem/Forsyth County Council on Services for the Homeless

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

Indicate the legal status of the group: Not a legally recognized organization

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) 67%

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

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

Specify "other" process(es):

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The Winston-Salem/Forsyth County Council on Services for the Homeless meetings are open to the public.

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

The Winston-Salem/Forsyth County Council on Services for the Homeless (Council) meetings are open to the public and anyone may attend. The majority of Council members represent organizations that provide services and housing to the homeless. These individuals attend on a voluntary basis or are assigned to represent their organization. Since meetings are open to the public, community members with personal interests or immediate opportunities for collaboration often attend on a limited basis due to the nature of their individual needs.

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

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

Specify "other" process(es):

If administrative funds were made available 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 a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

The Council (primary decision-making body) and its members work well with the City of Winston-Salem, which is the lead organization designated to apply, serve as grantee, and provide oversight and monitoring for the CoC grant. If additional administrative funds were provided by HUD to the CoC, then it could benefit the local CoC process by freeing up other resources, which could be dedicated to Ten-Year Plan implementation.

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

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Winston-Salem/Forsyth County Council on Services for the Homeless and Council Executive Board	The Winston-Salem Forsyth County Council on Services for the Homeless (Council) meets to discuss homeless issues, oversee the CoC's efforts, coordinate services, eliminate duplications, and exchange information. The Council Executive Board addresses current issues, reviews sub-committee work, and sets agendas for full Council meetings. The full Council votes on all official business of the CoC, including the annual new and renewal project submission list recommended by the Project Rating Panel committee.	Monthly or more
Continuum of Care Committee	The CoC Committee reports directly to the Council and meets to facilitate the CoC process, to review progress on CoC action steps, to coordinate trainings for frontline workers and feedback sessions with homeless clients, and to complete essential tasks of the CoC grant application. The CoC Committee also meets to discuss HMIS implementation issues, training, and updates from CHIN (Carolina Homeless Information Network) and AHAR. The committee reviews CoC and agency-level data quality in CHIN's monthly reports, and it uses data to monitor achievement levels for CoC Strategic Planning Objectives. The Council's Services Committee and Families/Children Committee report their business and action items at CoC Committee meetings.	Monthly or more
Ten-Year Plan (TYP) Commission on Homelessness	The TYP Commission meets to discuss TYP efforts, promote Housing First and PSH, improve the system of care, and seek funding. Members are appointed by the City Council and County Commissioners, with staff from the local United Way, the City and County. Its mission is to provide effective solutions and accessible service to eliminate chronic homelessness and improve the system's effectiveness for all persons experiencing a housing crisis. The Commission reviews the work of its Committees: Advocacy; Housing; Congregational Outreach; Project Homeless Connect; and Housing for Homeless Vets. Members also participate in the Health Department's Mental Health and Homelessness Committee and the Domestic Violence Community Taskforce.	Monthly or more

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Shelter Providers Committee	The Shelter Providers Committee reports directly to the Council and meets to discuss issues relating to shelters and their homeless clients. This group also enables shelter staff, law enforcement and service providers an opportunity to collaborate. The Overflow Emergency Shelter Sub-Committee reports to the Shelter Providers Committee and is responsible for the community's annual plan to shelter homeless clients during the cold weather season. Specifically, the Overflow Emergency Shelter Sub-Committee seeks funds, identifies a facility, and organizes volunteers and transportation for the annual implementation of a winter Overflow Emergency Shelter.	Monthly or more
Outreach and Assessment Committee	This group meets to discuss homeless outreach efforts, to coordinate the point-in-time street and shelter counts and quarterly health screenings, and to collaborate with other community organizations. A consumer representative participates regularly in these committee meetings.	Monthly or more

If any group meets less than quarterly, please explain (limit 750 characters):

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1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Winston-Salem/Forsyth County Council on Service...	Private Sector	Funder...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Adaptables, Inc.	Private Sector	Non-pro...	None	NONE
AIDS Care Service, Inc.	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Substance Ab...
Alcoholics Anonymous/Narcotics Anonymous	Private Sector	Non-pro...	None	Substance Abuse
All God's Children	Private Sector	Faith-b...	None	NONE
American Red Cross of NW North Carolina	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Baldwin Companies	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
BB&T	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Bethany Church Medical Clinic	Private Sector	Faith-b...	None	HIV/AIDS
Catholic Social Services	Private Sector	Non-pro...	None	NONE
Centenary United Methodist Church	Private Sector	Faith-b...	None	NONE
Center for Homeownership	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
CenterPoint Human Services (LME)	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Charles Wilson	Private Sector	Other	Attend 10-year planning meetings during past 12 months, C...	NONE
City of Winston-Salem, City Housing Department	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE

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City of Winston-Salem, Human Relations Department	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Community Care Center	Private Sector	Hospita...	None	NONE
Consumer Credit Counseling	Private Sector	Non-pro...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Crisis Control Ministry, Inc.	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
CenterPoint Human Services Providers (100+)	Private Sector	Businesses	None	Seriously Me...
David Harold, Council Chair, Council Executive ...	Private Sector	Other	Attend 10-year planning meetings during past 12 months, C...	NONE
David Plyler, TYP Commission Member and Former ...	Private Sector	Other	Attend 10-year planning meetings during past 12 months	NONE
Disability Advocacy and Information Services	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
Enrichment Center	Private Sector	Non-pro...	None	NONE
Experiment in Self-Reliance	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Faith Seeds	Private Sector	Non-pro...	None	NONE
Family Services	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
The Fellowship Home	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Substance Abuse
FIRST Line	Public Sector	Local g...	None	NONE
Forsyth County Commissioners	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Forsyth County Department of Housing	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Forsyth County Department of Public Health	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Forsyth County Department of Social Services	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Forsyth County Sheriff's Department	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Forsyth Jail and Prison Ministries	Private Sector	Non-pro...	None	NONE

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Forsyth Medical Center	Private Sector	Hos pita.. .	Attend 10-year planning meetings during past 12 months, C...	NONE
God's Open Hand Outreach	Private Sector	Faith -b...	None	NONE
Forsyth Technical Community College	Public Sector	Sch ool ...	None	NONE
Goodwill Industries	Private Sector	Non- pro.. .	Attend Consolidated Plan focus groups/public forums durin...	NONE
Hosanna House of Transition	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substan ce Abuse
Hospice and Palliative Care Center	Private Sector	Non- pro.. .	None	HIV/AID S
Host Homes of Catholic Social Services	Private Sector	Non- pro.. .	None	Youth
Housing Authority of Winston-Salem	Public Sector	Publi c ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Ivy House	Private Sector	Non- pro.. .	Attend 10-year planning meetings during past 12 months	NONE
Jackie Hundt, CoC Grant Consultant	Private Sector	Othe r	Attend 10-year planning meetings during past 12 months, C...	NONE
Kate B. Reynolds Charitable Trust	Private Sector	Fun der ...	None	NONE
Legal Aid of North Carolina	Private Sector	Non- pro.. .	Attend 10-year planning meetings during past 12 months	NONE
Lloyd Presbyterian Church	Private Sector	Faith -b...	None	NONE
Melynda Dunigan, Neighborhood Advocate/CHANGE (...	Private Sector	Othe r	Attend 10-year planning meetings during past 12 months	NONE
MOTHEREAD/FATHEREAD of Forsyth County, Inc. (YM...	Private Sector	Non- pro.. .	None	Youth
NC Department of Health and Human Services	Public Sector	Stat e g...	None	NONE
National Alliance for the Mentally Ill	Private Sector	Non- pro.. .	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
NC Housing Foundation	Private Sector	Non- pro.. .	Attend 10-year planning meetings during past 12 months, A...	NONE
Next Step Ministries	Private Sector	Non- pro.. .	Attend 10-year planning meetings during past 12 months, C...	Domesti c Vio...

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North Carolina Cooperative Extension Services	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	NONE
North Carolina Housing Coalition (CHIN)	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
North Carolina Saves	Public Sector	Other	None	NONE
Northwest Piedmont Council of Governments, Work...	Public Sector	Local w...	Attend 10-year planning meetings during past 12 months, A...	NONE
Northwest Piedmont Council of Governments, Proj...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Office of the Mayor	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
PATH Program (Partnership for Behavioral Health...	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Safe on Seven	Public Sector	Local g...	None	NONE
Salem College	Public Sector	School ...	None	NONE
Samaritan Ministries	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Substance Abuse
Second Harvest Food Bank of NW NC, Triad Commun...	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Piedmont Health Services and Sickle Cell Agency	Private Sector	Non-pro...	None	HIV/AIDS
St. Paul's Episcopal Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Sunnyside Ministry	Private Sector	Non-pro...	None	NONE
The Adaptables, Inc.	Private Sector	Non-pro...	None	NONE
The Advocacy of the Poor, Inc.	Private Sector	Non-pro...	None	NONE
The Bethesda Center for the Homeless	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
The Salvation Army, Winston-Salem Area Command	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
The Shepherd's Center of Greater Winston-Salem	Private Sector	Non-pro...	None	NONE

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United Way of Forsyth County, Ten-Year Plan Com...	Private Sector	Fun der ...	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
Vocational Rehabilitation	Public Sector	Stat e g...	Attend 10-year planning meetings during past 12 months	NONE
Wake Forest University	Public Sector	Sch ool ...	None	NONE
Wake Forest University Baptist Medical Center	Private Sector	Hos pita.. .	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
Ways to Work, Family Services	Private Sector	Non-pro.. .	None	NONE
Winston-Salem City Council	Public Sector	Loca l g...	Attend 10-year planning meetings during past 12 months	NONE
Winston-Salem Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Winston-Salem Regional Office of the Department...	Public Sector	Loca l g...	Attend 10-year planning meetings during past 12 months, C...	Veteran s
Winston-Salem Rescue Mission	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months, C...	NONE
Winston-Salem Social Security Administration Di...	Public Sector	Loca l g...	Attend 10-year planning meetings during past 12 months	NONE
Winston-Salem State University	Public Sector	Sch ool ...	None	NONE
Winston-Salem Transit Authority	Public Sector	Loca l g...	Attend 10-year planning meetings during past 12 months	NONE
Winston-Salem/Forsyth County Schools, Project HOPE	Public Sector	Sch ool ...	Attend 10-year planning meetings during past 12 months, C...	Youth
Youth Opportunities	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months	Youth
YWCA Hawley House	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months	Substan ce Abuse
Cathy Welch	Individual	Hom eles. ..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Bernadettte Wilson	Individual	Hom eles. ..	Attend 10-year planning meetings during past 12 months	NONE
Teri Hairston	Individual	Hom eles. ..	Attend 10-year planning meetings during past 12 months, C...	NONE
Melinda Burton	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	NONE

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Obie Johnson	Individual	Hom eles...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Family Promise	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Eureka House	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
The Children's Home/My Aunt's House	Private Sector	Non-pro...	None	Youth
Recovery Innovations	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Abuse

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

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods:
(select all that apply)
f. Announcements at Other Meetings, a. Newspapers, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s):
(select all that apply)
b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s):
(select all that apply)
c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Commitee, e. Consensus (general agreement), d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months?
No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

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

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

In 2008, Bethesda Center reported 100 ES Households without Dependent Children Beds, after opening a new building in 2007. However, 18 of those 100 beds were actually overflow mats. The facility can house 100 SMF with their 82 beds and 18 mats, which is what is recorded in the 2009 inventory. The Winston-Salem Rescue Mission opened a new building in 2008, and reconfigured its facility and programs. This reduced their ES Households without Dependent Children Bed Count by 1 bed. There were no changes in the ES Households with Dependent Children Beds from 2008 to 2009. Since the Winston-Salem Rescue Mission opened a new building, they provided 20 Seasonal Beds for Households without Dependent Children during some of the winter months.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

Bethesda Center closed 2 TH beds for Households without Dependent Children. The Winston-Salem Rescue Mission opened a new building in 2008, and reconfigured its facility and programs, reducing its TH Households without Dependent Children Bed Count by 11 beds. The Fellowship Home and the YWCA Hawley House added 17 TH beds and 6 TH beds, respectively to the Households without Dependent Children bed count. Experiment in Self-Reliance (ESR) reconfigured its TH Households with Dependent Children bed counts for Burton Street (decrease of 4 beds) and Spring Street (increase of 4 beds). ESR/American Red Cross closed 20 beds for TH Households with Dependent Children. The Children's Home opened 12 beds for Households with Dependent Children.

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Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

Two PH programs adjusted their bed counts, by overvouchering and/or changing client population (i.e., floating beds). AIDS Care Service decreased their PH Households with Dependent Children Beds by 14 and increased their PH Households without Dependent Children beds by 3. The Housing Authority of Winston-Salem increased their PH Households with Dependent Children Beds by 9 and increased their PH Households without Dependent Children beds by 4. The Winston-Salem Rescue Mission's new facility reduced their PH Households without Dependent Children Bed Count by 4, and it closed another 26 beds at Oak St. after moving its senior men to apartments or assisted living facilities. eHIC shows "U" beds. See 4b for chronic bed changes.

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

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

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	NC-500 Housing In...	11/11/2009

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Attachment Details

Document Description: NC-500 Housing Inventory Chart 2009

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

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)   01/28/2009

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)   Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply)   Unsheltered count, HUD unmet need formula, Other, 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 together (limit 750 characters):

The HUD unmet need formula was the only method used for the emergency shelter, transitional housing, and permanent housing unmet need 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. With regards to seasonal unmet need, the CoC determined the seasonal unmet need for families through discussions with providers.

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2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type: Regional (multiple CoCs)

Select the CoC(s) covered by the HMIS: (select all that apply) NC-507 - Raleigh/Wake County CoC, NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC, NC-504 - Greensboro/High Point CoC, NC-513 - Chapel Hill/Orange County CoC, NC-501 - Asheville/Buncombe County CoC, NC-502 - Durham City & County CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-503 - North Carolina Balance of State CoC, NC-516 - Northwest North Carolina CoC, NC-500 - Winston Salem/Forsyth County 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

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 05/01/2006

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): Inadequate staffing, No or low participation by non-HUD funded providers, Inadequate resources

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If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

The City of Winston-Salem (CoC Lead) and the HMIS Committee oversee local implementation and work to address issues. The CoC's main challenges with HMIS implementation relate to staffing and resources among small provider organizations. Staffing issues include: turnover of trained users; minimal technical skills among staff members using HMIS; and insufficient resources to hire skilled staff for HMIS data entry. The HMIS Committee addresses these issues through regular review of CHIN Data Quality Reports to evaluate agency participation and discuss data quality. In these meetings, HMIS users provide peer support on data entry issues, and the CoC maintains regular dialog among and between agency directors and HMIS users to continually improve the process. The other major challenge is the CoC has a non-HUD funded provider that does not currently participate in the HMIS and has a sizable bed inventory. As the local HMIS process improves, the CoC hopes this provider will participate.

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

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	North Carolina Housing Coalition
Street Address 1	118 St. Mary's 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	
Is this organization the HMIS Lead Agency in more than one CoC?	Yes

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

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:	Mr.
First Name	Harold
Middle Name/Initial	E.
Last Name	Thompson
Suffix	Jr.
Telephone Number: (Format: 123-456-7890)	919-600-4737
Extension	
Fax Number: (Format: 123-456-7890)	919-881-0350
E-mail Address:	hthompson@nchousing.org
Confirm E-mail Address:	hthompson@nchousing.org

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

Instructions:

HMIS bed coverage measures the level of participation in a CoC¿s HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

 HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

  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.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

* **Emergency Shelter (ES) Beds**	65-75%
* **Safe Haven (SH) Beds**	No beds in CoC
* **Transitional Housing (TH) Beds**	65-75%
* **Permanent Housing (PH) Beds**	76-85%

How often does the CoC review or assess its HMIS bed coverage?   Quarterly

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

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

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

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 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	9%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	6%
* Disabling Condition	1%	8%
* Residence Prior to Program Entry	0%	3%
* Zip Code of Last Permanent Address	1%	18%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories¿i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM)¿to be eligible to participate in AHAR 4.

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

Did the CoC or subset of CoC participate in AHAR 5?   Yes

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 agencies participating in the HMIS (limit 750 characters):

CHIN uses comparative reporting to assist agencies as they improve their client and program data. The main report is the monthly Data Quality Report that provides agencies and CoCs with an overview of their data completeness, utilization rates, and inventory; however, agencies may request a report at any time. 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. In extreme cases, contract data entry assistance is available for agencies to help them catch up on data entry. The local CoC reviews and discusses data quality regularly.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

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 CHIN's 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. Program enrollment figures are included as elements on CHIN's monthly 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 indications of fields that remain incomplete.

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

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Semi-annually
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

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

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security 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:	08/03/2009
If 'No' indicate when development of manual will be completed (mm/dd/yyyy):	

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2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency 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

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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. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

 Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/28/2009

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	8	25	0	33
Number of Persons (adults and children)	26	68	0	94

Households without	Dependent Children			

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	265	62	68	395
Number of Persons (adults and unaccompanied youth)	265	62	68	395

All Households/	All Persons			

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	273	87	68	428
Total Persons	291	130	68	489

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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 statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. 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.

	Sheltered	Unsheltered	Total
* **Chronically Homeless (Federal definition)**	116	3	119
* **Severely Mentally Ill**	49	1	50
* **Chronic Substance Abuse**	157	8	165
* **Veterans**	28		28
* **Persons with HIV/AIDS**	9		9
* **Victims of Domestic Violence**	29		29
* **Unaccompanied Youth (under 18)**	5		5

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

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).
 CoCs will 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%.

How frequently does the CoC conduct a point-in-time count? Annually

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

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

Emergency shelter providers: 100%

Transitional housing providers: 100%

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

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
 - 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 emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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:	
Other:	

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

The CoC Lead Organization (City of Winston-Salem) distributed and collected a data collection form that was completed by providers. The data was entered into a spreadsheet.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

The January 2009 point-in-time sheltered count was only 2 persons lower than the January 2008 point-in-time sheltered count. There were slight changes in the various sheltered count categories, but none were significant. Even though the CoC's efforts to eliminate homelessness continue to improve, families and individuals face significant challenges in this troubling economy, which gives rise to stable and not declining sheltered population counts.

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

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.
- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD¿s Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: ¿A Guide for Counting Sheltered Homeless People¿ at http://www.hudhre.info/documents/counting_sheltered.pdf.

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

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	X
Non-HMIS client level information:	X
None:	
Other:	X

If Other, specify:

CoC PIT Sheltered Homeless Population and Subpopulation Survey (data collection tool)

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

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Each year the CoC distributes a PIT survey, which includes instructions and training, to all homeless providers. This survey collects data in all of the CoC Sheltered Homeless Population and Subpopulation categories. The homeless providers conducted the PIT survey on January 28, 2009. Providers used their case management records of individual clients and their expertise to complete the survey and properly count all homeless individuals. Providers were asked to cross-check survey data with HMIS data. Survey results were submitted to the City of Winston-Salem, where they were compiled and submitted to NC DHHS. Homeless population data were reconciled with the PIT housing inventory.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

The sheltered subpopulations with significant numeric decreases from 2008 to 2009 were chronically homeless persons, chronic substance abusers and homeless veterans. The sheltered count of chronically homeless persons decreased by 15%. The subpopulations with significant numeric increases from 2008 to 2009 were persons with severe mental illness and HIV/AIDS and victims of domestic violence. Sheltered persons with HIV/AIDS increased by 80%, going from 5 persons to 9 persons. The Department of Health has reported increases in other STDs in the community, and is working aggressively to turn the numbers around. Victims of domestic violence increased by 53%. There is little variation from one year to the next when one looks at what percentage the subpopulation represents of the total sheltered population.

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

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:
- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

 CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

Indicate the steps used by the CoC 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:	
None:	
Other:	

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

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

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:
- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see ¿A Guide to Counting Unsheltered Homeless People¿ at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

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:	
HMIS:	
Other:	

If Other, specify:

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

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

 ¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.
 ¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.
 ¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Known Locations

   If Other, specify:

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

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

 All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

 For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at: www.hudhre.info/documents/counting_unsheltered.pdf.

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 by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

Teams were assigned to discrete areas to conduct searches. Teams were trained and kept logs indicating location and gender of persons found. Most unsheltered persons found agreed to participate in a short interview, which was recorded by a volunteer. A code was assigned to each person interviewed based on personal information and interview results. During the compilation and analysis of interview forms, codes were reviewed to ensure an unduplicated count of unsheltered persons.

Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

Current records, which go back to 1996, show no family with children has been found in an unsheltered count of the homeless. CoC member agencies have arranged to give preference for shelter beds to homeless households with children. Both PATH and shelter agency street outreach provide transportation to shelter for any homeless family or individual.

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Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

The PATH program of Insight Human Services and the Bethesda Center both conduct daily street outreach. Both use a person-centered approach in an attempt to engage persons at a level that is meaningful for the person who is homeless.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

From 2004 to 2009, de-duplication techniques have improved our assurance of the accuracy of street counts. From 2004 to 2008, counts ranged from 20 to 36 persons and averaged 29 persons. For this year's point-in-time count of unsheltered persons, the numbers went up significantly from 29 persons in 2008 to 68 persons in 2009. The same geographic areas were covered in both years. However, more volunteers were available in 2009, and those volunteers, using de-duplication techniques worked two shifts (10pm-midnight and 1am-3am), which may have helped to increase the number of unsheltered homeless persons who were found and counted.

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

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

Over the next 12 months, the CoC will create 13 new permanent supportive housing (PSH) beds for chronically homeless (CH) persons. The City of Winston-Salem's collaborations with the Bethesda Center for the Homeless for a SPC project will create 3 beds and with Hosanna House of Transition for a PSH leasing project will create 3 beds. CenterPoint Human Services will open 7 beds with Project New Hope. (Note: The CoC anticipates losing 3 existing beds in a HOME TBRA project for a net gain of 10 beds.) The CoC members, as part of Ten Year Plan efforts, also will collaborate with PSH projects to place CH persons and fully utilize existing SPC beds for CH persons through improved tracking and coordination with the Housing Authority of Winston-Salem and maximizing CH housing placements based on usage projections. Finally, the City of Winston-Salem, on behalf of the CoC, will conduct an annual solicitation for new PSH projects and will continue to improve the CoC's housing emphasis.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

The CoC's Ten Year Plan (TYP) includes objectives for creating 261 permanent supportive housing beds and 69 transition-in-place beds over ten years, specifically for chronically homeless persons. In addition, to address episodic homelessness and thereby preempt development of chronic homelessness, the plan calls for 268 additional transition-in-place units for persons and families not yet deemed to be chronically homeless. The CoC will continue to work on these TYP objectives and also will address the need for transition-in-place group housing over the next ten years. Other system enhancements to complement bed development will include better mainstream service coordination, better discharge planning, enhancement of employment and training services, staff training on best practices, a public awareness campaign on homelessness, increased advocacy, and better performance measurement and use of HMIS.

How many permanent housing beds do you currently have in place for chronically homeless persons? 87

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How many permanent housing beds do you plan to create in the next 12-months? 97

How many permanent housing beds do you plan to create in the next 5-years? 130

How many permanent housing beds do you plan to create in the next 10-years? 261

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

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC will maintain its percentage of homeless persons staying in permanent housing over 6 months at 85% or above through regular client contact and by continuing to focus on meeting clients' needs and delivering the necessary supportive services. The CoC Committee will review quarterly HMIS data for each PH project to monitor housing retention. Additionally, the CoC, through its Services Committee, will increase collaborations among SPC providers to maximize resources and efficiency in delivering supportive services to persons in permanent housing. Over the next 12 months, SPC providers will begin efforts to identify and pool funding to create a position designed to provide tracking/follow-up for all SPC clients in the CoC and support existing SPC case managers.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Hands-on supportive services are the key element in PH retention and part of the CoC's long-term plan. Most PH beds in the CoC are funded through SPC and SHP PH with case management. Combining rental or leasing assistance with services are ideal program models for PH retention. Thus, the CoC will pursue the CoC housing bonus funds each year for SPC or SHP PH funding. As the CoC utilizes other funding sources, it will attempt to replicate the supportive housing model. For example, HOME TBRA is used to provide transition-in-place housing and is paired with SHP TH case management for up to the full six months allowable under the SHP regulations. Another critical element is our locally-funded Housing Assurance Fund through United Way, which will pay rent or utilities temporarily for CH persons who are participating in case management, in the event of income changes or other unforeseen circumstances. This fund will provide a long-term safety net to ensure housing retention.

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What percentage of homeless persons in permanent housing have remained for at least six months? 85

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 85

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 87

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 89

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

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

While currently at the 65 percent threshold, the CoC recognizes maintaining and exceeding this level is a challenge. In the next 12 months, the CoC Committee will identify and address local barriers that may prevent TH participants from moving to PH based on results from needs assessments and quarterly HMIS data. The CoC Committee also will identify and enhance/disseminate local best practices and work to decrease the waiting period for application process to one month or less. The CoC also will work to increase housing case management services and permanent supportive housing services by identifying barriers for agencies and providing technical assistance and education as part of TYP efforts. Finally, the CoC, through the TYP office, will explore creative funding resources and collaboration opportunities to increase supportive services and housing case management for additional PH case management services for continued PH.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The key ingredients in improving PH placement are hands-on housing location services and assistance in increasing skills and incomes. Two HPRP projects will be implemented locally and will include housing search and placement services as a complement to case management. By centralizing the housing location services as a staff function separate from case management, housing placement will be expedited. This local "best practice" model will impact our view of how to do housing placement most efficiently and effectively over the long term. For housing placement, a client needs income. The CoC is becoming better at using SOAR to obtain disability income for clients more quickly. Winston-Salem continues to face challenges in obtaining employment income for clients due to the local and national economy. However, WIA and CSBG Recovery funds are being used to create new training programs so workers will be ready to accept jobs and start their own businesses, as described in Objective 4.

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What percentage of homeless persons in transitional housing have moved to permanent housing? 65

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 66

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 68

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 69

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

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC is currently at 34% of persons employed at program exit. This success is due to CoC agencies' efforts to stabilize the underlying problem before referring to vocational resources, educational facilities, etc. In the next 12 months, ESR, Goodwill, Forsyth Tech, Consumer Credit, and the ESC will operate ARRA-funded IMPACT to provide jobs assistance. The CoC will take steps to identify funding to create a new job placement/job locator position within the CoC, which is designed to place homeless clients in temporary and/or permanent job situations. The CoC also will develop and disseminate successful strategies which enhance access to education, job training and job placement resources for people who are homeless or at risk of becoming homeless and continue to collaborate with city-wide job fairs. Lastly, the CoC will assess HMIS data quarterly to track progress and provide technical assistance from mainstream or other providers to projects below achievement level.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC's Ten Year Plan proposes ensuring the availability of employment and training services that improve access to job listings, communication technology, transportation, and workforce development efforts. The CoC will continue to partner with regional and local WIA programs, recently expanded due to Recovery Act funding. Under the governor's JobsNOW initiative, the community colleges and the NC Department of Commerce joined together for "12 in 6", an initiative to serve those who have lost their jobs or seek work. "12 in 6" creates programs in 12 careers, each requiring less than six months to complete, in areas where employment is highest and jobs are available (e.g., construction and healthcare). In addition to these Recovery programs, CoC agencies will continue to make concerted efforts to develop and maintain relationships with employers. The assurances offered by CoC agencies about specific program participants have been helpful to those participants in obtaining jobs.

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What percentage of persons are employed at program exit?   34

In 12-months, what percentage of persons will be employed at program exit?   34

In 5-years, what percentage of persons will be employed at program exit?   35

In 10-years, what percentage of persons will be employed at program exit?   36

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

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

The CoC has identified several steps to take over the next 12 months to decrease the number of homeless households with children. First, the CoC will implement rapid re-housing initiatives through collaborations with housing agencies and faith-based institutions and will increase case management for homeless households with children through Stimulus funding and other sources. VASH vouchers will house some veterans with dependent children. The CoC will work with the Housing Authority of Winston-Salem and faith-based organizations to provide housing to homeless households with children and to establish local income-based housing preferences. The CoC will collaborate with businesses to provide job placement opportunities for families with children. While the CoC already collaborates with Project HOPE of the Winston-Salem/Forsyth County Schools, they will work together to ensure that all CoC agencies meet 2010 NOFA requirements that result from the HEARTH Act being signed into law.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

Development of new financial assistance tools for prevention of homelessness is a key element of the CoC's Ten Year Plan. The HPRP is enabling us to implement a program to meet this goal. Over the next three years, the CoC projects that HPRP will prevent homelessness or re-house homeless households with children in up to 225 cases with over 400 persons. At this time, the CoC also projects that it will be able to suspend plans for a seasonal overflow shelter for families that has been part of our annual unmet need calculated at the January point-in-time count. The HPRP is also enabling us to implement a rapid re-housing initiative for those who do become homeless and will serve as a model for the long term. While not directly related to this objective, the CoC's Family and Children Committee will improve efforts to address the needs of unaccompanied homeless youth.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)? 33

In 12-months, what will be the total number of homeless households with children? 32

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In 5-years, what will be the total number of homeless households with children? 30

In 10-years, what will be the total number of homeless households with children? 28

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3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs.   In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs).   Response should address the following:

 ¿ What? Describe the policies that have been developed or are in the process of being developed.
 ¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
 ¿ Who? Identify the stakeholders or collaborating agencies.

 Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

Locally, as documented in the Memorandum of Understanding with the CoC, Forsyth County Department of Social Services (DSS) staff provide services and help with housing placement before youth age out of foster care. The Social Services Department utilizes the North Carolina Foster Care Independence Program called NC LINKS (not an acronym). A goal of transition to independent living preparation, including participation in the NC LINKS program, is to ensure that participants in the foster care system are able to move from foster care into permanent housing.

Health Care:

Social workers at Forsyth Medical Center and Wake Forest University Baptist Medical Center provide services and help with housing placement before a patient is discharged. A goal of discharge preparation is to ensure that patients in the hospitals are able to transition from the hospital into appropriate housing or treatment programs.

Mental Health:

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CenterPoint Human Services is the Local Management Entity for mental health services, and it coordinates services and participates in the CoC to prevent homelessness of persons re-entering the community from residential behavioral health care institutions or systems. As documented in the MOU with the CoC, local service coordination includes dedicated staff Care Coordinators and a Jail Liaisonthat visit inpatient facilities, jails, homeless shelters, and other facilities to coordinate aftercare treatment, including living arrangements, for citizens with a Mental Health, Developmental Disability, or Substance Abuse diagnosis. Living arrangements may be made with residential facilities with which CenterPoint maintains a Contract or MOA, as well as with other facilities identified through coordination with the City and the CoC's Homeless Council. Supporting local efforts, at the state level, it is the policy of the State of North Carolina, Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services that discharge to homeless shelters or conditions is not appropriate and not in the best interests of patients. As a consequence, suitable housing shall be determined and arranged for each long stay patient as a condition of discharge from a State psychiatric hospital. FY2009 data indicates that 82% of people discharged from mental health institutions go to other outpatient and residential non-state facilities.

Corrections:

The NC Interagency Council for Coordinating Homeless Programs (ICCHP) members include representatives from the Department of Correction (DOC). DOC representatives have been participating on the ICCHP's Discharge Planning Workgroup for over 4 years. In addition, representatives from DOC participated in this year's ICCHP co-sponsored trainings on homelessness and discharge planning. Prisons across NC are not allowed to sign MOAs with local CoCs; instead all MOAs must be coordinated with the DOC itself. Final protocols between the CoC and DOC are under final review by DOC attorneys. We anticipate the protocols will be implemented by winter 2010. Locally, as documented in the MOU with the CoC, no person discharged from the Forsyth County Detention Center is to be placed in any HUD McKinney-Vento funded CoC program for the homeless. Currently, housing placement services are provided upon request of persons for whom release is pending. Under discussion is a periodic Housing Resource Center to be brought into the jail under the auspices of the Ten Year Plan. Supporting local efforts, at the state level, the NC DOC uses a multi-staff team approach to aftercare, in which the case manager, mental health social worker (as needed), and probation/parole officer assure that the released inmate has a home plan to ensure housing placement and prevention of homelessness. FY2009 data indicates that approximately 91% of offenders are discharged to family, friends or own home.

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3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?

Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

In the Consolidated Plan, Goal 3, "Expanding Access and Opportunities" has two specific strategies, which address homelessness and chronic homelessness. They are: 1) Meet the Housing and Service Needs of Homeless Persons. The 10-year plan proposes increased permanent supportive housing and transition in place housing to reduce the need for emergency and transitional shelter. However, during the transition, the needs for shelter and basic services must continue to be met; and 2) Coordinate City, County, State, Federal and Private Funds and Activities To Meet The Needs of The Homeless, Reduce Poverty and Prevent and End Homelessness. Each of these strategies has several programs identified as measures to achieve the overall goal. The Consolidated Plan also has another strategy under Goal 4, "Expanding Economic Opportunities" which is to expand the creation of jobs and employment opportunities with an identified program specific to homeless persons.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

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The Council began planning for HPRP in March, guided by NCCEH. Mainstream agencies receiving Recovery Act funds were included. Council members participated in training coordinated by the state and NAEH. The City of Winston-Salem received HPRP entitlement funds of $748,097 in July 2009. At the request of the Council and the TYP Commission (TYPC), the City also successfully applied for HPRP funding through the State for $1,091,170, making Winston-Salem the only jurisdiction in NC to receive both entitlement and state HPRP funds. Both the Council and TYPC voted on project priorities for entitlement and state HPRP funding, to ensure CoC coordination. As an example, Crisis Control Ministry's project will use its extensive financial assistance experience to pay landlords. Salvation Army will act as a partner, housing the HPRP case management and housing location staff, who will be located at the Bethesda Center for the Homeless, another CoC agency which operates the centralized TYP Housing Resource Center. The second, state-funded project pairs United Way's TYP office with Goodwill Industries and other partners at the multi-agency Prosperity Center. Having front doors for the HPRP program at Bethesda and the Prosperity Center gives HPRP access both north and south of downtown and enhances both prevention and re-housing elements. Lastly, the state-funded project with Eureka Ministry will focus on the post-incarcerated population and partner closely with the other projects.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

The City and County, who are CoC members, successfully applied together for $3 million in NSP-1 funds from the state. Funds are being used for (1) a first-time homebuyer program, (2) acquisition-rehab of rental housing for projects supporting the Ten Year Plan, and (3) acquisition of property for development by Habitat for Humanity and Partners for Homeownership. The City and County have also applied for $2 million in NSP-2 funds from the state. The Housing Authority of Winston-Salem received 35 VASH vouchers. VASH tenants are being selected by Veterans Affairs staff and outreach is being conducted through the COSH. VA is a long-time, active member of the CoC. The City of Winston-Salem also received $489,198 in CDBG-R funds of which $150,000 are being used to rehabilitate short-term transitional housing for families operated by the Experiment in Self-Reliance (ESR), a key CoC agency. ESR is also a recipient of ARRA CSBG funds from the state, which has allowed development of a new job training program which will assist many homeless persons. Winston-Salem is receiving over $5 million in T-CAP funds from the state housing finance agency for a tax credit project, for which the set aside units will be managed through key CoC member and which will serve persons from the Shelter Plus Care wait list. Additional WIA funds under ARRA have come to the regional council and community college and will provide an additional job training resource. The regional council is a member of the COSH, and the community college is represented on the TYP. ARRA has also provided additional McKinney-Vento funds to educate youth through the local public school system, a key CoC agency which serves homeless children. The PHA, a CoC member, will receive ARRA capital funds for public housing, which may decrease the wait time for public housing for homeless persons.

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4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	87	Beds	87	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	88	%	85	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	60	%	65	%
Increase percentage of homeless persons employed at exit to at least 19%	27	%	34	%
Decrease the number of homeless households with children.	27	Households	33	Households

Did CoC submit an Exhibit 1 application in 2008?   Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

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The 2008 baseline for objective 2, increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%, was 88% for the WS/FC CoC, and the CoC proposed to maintain that level over the 12-month period, due to the fact that it was a high level of achievement. The 3% decrease from 2008 to 2009 for this objective still keeps the CoC above threshold and does not reflect a decline in overall CoC performance.   The CoC attributes this slight decrease to its efforts to continually expand permanent housing and place more chronically homeless clients in new beds or available beds.

With regards to objective 5, the CoC began to notice an increase in homeless households with children as the nation's economy began to take a downturn, and for the January point-in-time count, the CoC reported an increase of 6 households with children from 2008 to 2009. The CoC is working to address this issue through new rapid re-housing initiatives. Over the next three years, the CoC projects that HPRP will prevent homelessness or re-house homeless households with children in up to 225 cases with over 400 persons.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

 This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year¿s Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

 CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	122	66
2008	141	80
2009	119	87

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.   19

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	$113,778	$46,080			
Total	$113,778	$46,080	$0	$0	$0

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If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

The CoC opened 19 "new" beds for chronically homeless persons between February 1, 2008 and January 31, 2009. However, the net gain of permanent beds for chronically homeless persons was only 7 beds due to the fact that the Housing Authority of Winston-Salem's HOME TBRA vouchers were serving less chronically homeless clients in 2009, and thus no longer set aside as many beds for the chronically homeless persons.

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4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? No

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	40
b. Number of participants who did not leave the project(s)	144
c. Number of participants who exited after staying 6 months or longer	35
d. Number of participants who did not exit after staying 6 months or longer	122
e. Number of participants who did not exit and were enrolled for less than 6 months	22
TOTAL PH (%)	85

Instructions:

HUD will be assessing the percentage of all transitonal housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? No

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	653
b. Number of participants who moved to PH	427
TOTAL TH (%)	65

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

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 819

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	103	13	%
SSDI	39	5	%
Social Security	8	1	%
General Public Assistance	36	4	%
TANF	86	11	%
SCHIP	0	0	%
Veterans Benefits	9	1	%
Employment Income	280	34	%
Unemployment Benefits	15	2	%
Veterans Health Care	1	0	%
Medicaid	187	23	%
Food Stamps	262	32	%
Other (Please specify below)	25	3	%
family/friends, child support, Medicare			
No Financial Resources	176	21	%

The percentage values will be calculated by the system when you click the "save" button.

Does CoC have projects for which an APR should have been submitted?   No

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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

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

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

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

The CoC systematically analyzes APR data for its projects each year and discusses the results of the analysis with project sponsors to identify barriers and strategies for improvement. APR data is used annually as part of the CoC's project priority rating process. Over the past year the Council and TYP Commission mutually agreed to have the Council create a new Services Committee, which will assume responsibility for analyzing the CoC's mainstream enrollment and participation on a regular basis.

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.

The most recent Project Rating Panel meeting was held on 9/8/09 and the most recent TYP Mainstream/Public Benefits Sub-Committee meeting was held on 9/11/08. The Sub-Committee is transitioning from the TYP to the Council. On 7/21/09 the Council Executive Board formally voted to transition the Sub-Committee into the Council. Services Sub-Committee volunteers met on 8/18/09 to discuss selection of a chairperson. As of the 11/17/09 meeting of the Council, the Council chair has been asked to meet with the Mayor for assistance in identifying a capable chair.

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

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If "Yes", specify the frequency of the training.   Annually

Does the CoC use HMIS as a way to screen for mainstream 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 participated in SOAR training on March 19-20, 2007; May 22-23, 2007; and June 25-26, 2008. The CoC now has two trained SOAR caseworkers housed at Disability Advocates and Recovery Innovations. Through their efforts, the CoC is becoming better at using SOAR to obtain disability income for clients more quickly.

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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. **1a. Describe how service is generally provided:**	100%
Case managers provide individualized services that include assessing eligibility, preparing referral letters, completing applications, assembling documentation, making phone calls to mainstream providers, transporting clients to appointments, setting and monitoring outcome goals, and conducting follow-up to ensure enrollment and receipt of mainstream benefits.	

Activity	Percentage
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	91%

Activity	Percentage
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	27%
For those providers using a single application form, the form applies for SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, Veterans Health Care, HUD Housing, Workforce Development, JobLink, WIC, Childcare, Children's Education, Vocational Rehab, and Consumer Credit Counseling.	

Activity	Percentage
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Case managers meet with clients on a weekly or biweekly basis to review each client's progress toward achieving goals/objectives in his/her case plan, which includes the receipt and utilization of mainstream benefits. The case manager also will contact the mainstream agency to assess status of application process and ensure its completion.	

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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

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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?	Yes
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.**	Yes
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?	No

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*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	No
*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.)	No
*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?**	No
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

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*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.)**	Yes
*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?	No
*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

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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
Project Cornerstone	2009-11-09 18:54:...	1 Year	City of Winston-S...	56,829	Renewal Project	SHP	TH	F
Supportive Services	2009-11-11 13:26:...	1 Year	Next Step Ministr...	37,800	Renewal Project	SHP	TH	F
BC Women's Services	2009-11-09 16:01:...	1 Year	City of Winston-S...	18,355	Renewal Project	SHP	TH	F
FS Case Management	2009-11-09 17:33:...	1 Year	City of Winston-S...	49,614	Renewal Project	SHP	TH	F
Homeless Manageme...	2009-11-09 18:50:...	1 Year	City of Winston-S...	25,000	Renewal Project	SHP	HMIS	F
Shelter Plus Care...	2009-11-09 19:15:...	1 Year	City of Winston-S...	183,792	Renewal Project	S+C	TRA	U
TSA Mental Health...	2009-11-09 19:22:...	1 Year	City of Winston-S...	47,545	Renewal Project	SHP	TH	F
CPHS Shelter Plus...	2009-11-11 13:09:...	1 Year	CenterPoint Human...	225,636	Renewal Project	S+C	SRA	U
BC Case Management	2009-11-09 16:38:...	1 Year	City of Winston-S...	46,475	Renewal Project	SHP	TH	F
CPHS Shelter Plus...	2009-11-11 13:12:...	1 Year	CenterPoint Human...	114,420	Renewal Project	S+C	TRA	U
Project HOPE	2009-11-09 18:57:...	1 Year	City of Winston-S...	90,511	Renewal Project	SHP	SSO	F
Project Transform...	2009-11-09 19:08:...	1 Year	City of Winston-S...	17,670	Renewal Project	SHP	TH	F
ESR Case Management	2009-11-09 16:41:...	1 Year	City of Winston-S...	98,122	Renewal Project	SHP	TH	F

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Shelter Plus Care...	2009-11-09 19:11:...	1 Year	City of Winston-S...	185,604	Renewal Project	S+C	TRA	U
ESR PSH Case Mana...	2009-11-09 16:52:...	1 Year	City of Winston-S...	22,575	Renewal Project	SHP	PH	F
Project PATHS	2009-11-09 19:03:...	1 Year	City of Winston-S...	56,889	Renewal Project	SHP	PH	F
Project Homemaker	2009-11-11 13:15:...	1 Year	CenterPoint Human...	51,373	Renewal Project	SHP	PH	F
FS Hispanic Services	2009-11-09 17:35:...	1 Year	City of Winston-S...	14,663	Renewal Project	SHP	TH	F
HIV Shelter Plus ...	2009-11-09 17:38:...	1 Year	City of Winston-S...	127,476	Renewal Project	S+C	TRA	U
ESR Shelter Plus ...	2009-11-12 09:25:...	5 Years	City of Winston-S...	103,500	New Project	S+C	PRA	P1
TSA Case Management	2009-11-09 19:18:...	1 Year	City of Winston-S...	70,206	Renewal Project	SHP	TH	F

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Budget Summary

FPRN	$703,627
Permanent Housing Bonus	$103,500
SPC Renewal	$836,928
Rejected	$0

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Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	NC-500 Certificat...	11/18/2009

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Attachment Details

Document Description: NC-500 Certification of Consistency with Consolidated Plan and HMIS Agreement

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