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-504 - Greensboro/High Point CoC
CoC Lead Organization Name:	Homeless Prevention Coalition of Guilford County

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

Instructions:

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

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

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

Specify "other" process(es):

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

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

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

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

If 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):

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

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

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
Homeless Prevention Coalition of Guilford County (HPCGC) and Executive Committee	The HPCGC is a diverse, community-based coalition working to end homelessness in Guilford County, North Carolina through advocacy, information, funding, and networking. The HPCGC is the lead organization and primary decision-making group of the CoC. The HPCGC oversees all committee work, which includes recommendations from the New Initiatives Committee. The HPCGC is a partner in the efforts of the Ten-Year Plan Partners Ending Homelessness Implementation Leadership Council and its action teams. The Executive Committee meets to set the HPCGC agenda, review committee work, and determine major issues that need to be addressed by the full Coalition.	Monthly or more
Partners Ending Homelessness Implementation	The Implementation Leadership Council, which works in partnership with the Homeless Prevention Coalition of Guilford County (HPCGC), has been charged with: 1) providing strategic direction, oversight, and advocacy for Guilford County's Ten Year Plan; 2) sustaining the vision and momentum of the Ten Year Plan; 3) setting priorities and evaluating progress; 4) creating community partnership action teams; and 5) coordinating current funding and working to create additional resources. This Council is comprised of high-level public and private sector community leaders, including City of High Point, City of Greensboro, Guilford County, the Greensboro Neighborhood Congress, the HPCGC, and the two United Way agencies.	Monthly or more
HPCGC Performance Criteria and Application/Program Review Committees	These committees work together to implement the annual CoC project review process. The Performance Criteria Committee meets to review HUD and City of Greensboro funding requirements and to develop funding criteria in which to rank HUD, City of Greensboro, and other grant applications. This committee is made up of funded and non-funded agencies. The Application/Program Review Committee uses the performance criteria to score and rank CoC project applications. Membership on this committee is limited to agencies which are NOT funded by HUD or the City of Greensboro. After projects are reviewed, scored and ranked, the Application/Program Review Committee recommends the project list to the full HPCGC membership for vote and approval.	Quarterly

CoC Supportive Services and Housing Providers Action Team, Partners Ending Homelessness	The purpose of this committee is to increase awareness, access, and coordination of services within Guilford County's CoC. This action team meets to increase coordination between mainstream supportive services and providers of housing and to enhance the delivery of services and housing to homeless clients. This action team also conducts regular trainings for direct service providers. The CoC Supportive Services and Housing Providers Action Team reports its activities to the HPCGC and TYP Partners Ending Homelessness Implementation Leadership Council.	Monthly or more
HPCGC Point In Time and HMIS Committees	These committees work together to ensure accurate reporting and monitor data quality for the CoC. The Point in Time Committee, with subcommittees in High Point and Greensboro, organizes the point-in-time, statistically reliable, non-duplicated count of sheltered and unsheltered homeless individuals and families in the county, which includes developing the point-in-time survey instrument, distributing it to all homeless providers, collecting and entering the data in a spreadsheet, and preparing an annual report. The HMIS Committee reviews monthly CHIN reports and meets to address HMIS challenges and improve data quality in the CoC. Both of these committees report directly to the HPCGC.	Bi-monthly

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

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

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

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

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

Raymond P.	Individual	Homeles...	Attend 10-year planning meetings during past 12 months, C...	NONE
Recovery Innovations of NC	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
RHA Behavioral Health Services, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
Room at the Inn of the Carolinas	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Senior Resources	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	NONE
Sickle Cell Disease Association of the Piedmont	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months	NONE
Smith Moore LLP	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, A...	NONE
Social Security Administration	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Tabitha Ministry	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Temple Emmanuel	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	NONE
The Center to Create Housing Opportunities	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
The Guilford Center Behavioral Health and Disab...	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
The Salvation Army of Greensboro	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
The Salvation Army of High Point	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
The Servant Center	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Veterans
Travis Compton	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Triad Apartment Association	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	NONE
Triad Health Project	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	HIV/AIDS

Triad Real Estate and Building Industry Coalition	Private Sector	Businesses	Attend Consolidated Plan focus groups/public forums durin...	NONE
United Way of Greater Greensboro	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months, C...	NONE
United Way of Greater High Point	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months	NONE
University of NC at Greensboro	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Veteran's Administration	Public Sector	Local g...	Committee/Sub-committee/Work Group	Veterans
Weaver Foundation	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months, A...	NONE
Welfare Reform Liaison Project	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
West End Ministries	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Westminster Presbyterian Church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, A...	NONE
Westover Church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
WFMY-TV	Private Sector	Other	Attend 10-year planning meetings during past 12 months	NONE
Women in Organizing	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Women's Resource Center	Private Sector	Non-pro...	None	NONE
Wright Focus Group	Private Sector	Non-pro...	None	Substance Ab...
Youth Focus	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Youth
Greensboro/High Point/Guilford County Workforce...	Public Sector	Local w...	None	NONE

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, 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, p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, 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)	a. Unbiased Panel/Review Commitee, 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):

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):

The Salvation Army of High Point reconfigured its facility and expanded emergency shelter bed counts to meet client needs. The Salvation Army of Greensboro converted all of its transitional housing beds to emergency shelter beds, due to a policy related to leasing and an inability to operate both housing types in one facility. This increased Salavation Army of Greensboro's overall emergency shelter bed count. Lastly, the CoC opened six new 20-bed seasonal shelters this past winter.

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):

The Salvation Army of Greensboro converted all of its transitional housing beds to emergency shelter beds, due to a policy related to leasing and an inability to operate both housing types in one facility. This eliminated Salavation Army of Greensboro's transitional housing bed counts from the CoC's inventory. Christian Counseling and Wellness/Prince of Peace is no longer in operation, and thus 30 beds were removed from the transitional housing inventory for households without dependent children. Caring Services increased its transitional housing inventory for households without dependent children bed count by 4.

Permanent Housing: Yes

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

Youth Focus decreased its bed count by 1 based on its client population and operation of "floating" beds (i.e., beds that shift between households with dependent children and households without dependent children). Greensboro Housing Authority (GHA) had several changes in its bed inventory. Over the past year, GHA was able to overvoucher and serve more clients in several of its programs. It also operates "floating" beds, so bed inventory changes based on client population. The eHIC highlights beds that are under development in the CoC.

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

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

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-504 Housing In...	11/18/2009

Attachment Details

Document Description: NC-504 Housing Inventory Chart

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, 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 calculations. However, the CoC used all of the other selected methods to obtain the necessary data that is part of the HUD unmet need formula. The CoC used provider opinion through discussion to determine seasonal unmet need.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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)	10/01/2002
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

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).

Carolina Homeless Information Network is working with CoC participating agencies and leadership to assist them in improving their data quality, bed coverage, and to move closer to an unduplicated count of homeless individuals served. Standardized and customized reporting, end user certification and refresher training, and focused technical assistance are some of the tools that CHIN staff use to assist continua. CHIN produces a monthly data quality report to provide agencies with an overview of their data completeness, utilization rates, and inventory. In addition to standard reports and support, CHIN has developed a Healthy Indicators tool to help agencies and stakeholders monitor their HMIS improvement throughout the year.

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 CoC's primary challenge impacting HMIS implementation is ensuring that non-HUD funded providers maintain a high level of data quality. The CoC's agencies are working diligently to ensure they have the appropriate resources and adequate staffing for HMIS implementation, and they have made significant progress over the past year or more. Overvouchering of permanent housing programs continues to create bed inventory issues for the CoC, and the CoC is working closely with CHIN to ensure that beds are properly entered into the system.

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

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

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**	86%+
*** Safe Haven (SH) Beds**	No beds in CoC
*** Transitional Housing (TH) Beds**	86%+
*** Permanent Housing (PH) Beds**	86%+

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:

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%	3%
* Date of Birth	1%	0%
* Ethnicity	1%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	2%	9%
* Disabling Condition	3%	13%
* Residence Prior to Program Entry	2%	4%
* Zip Code of Last Permanent Address	3%	16%
* 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.

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 primary report is the monthly Data Quality Report that provides agencies and CoC with an overview of their data completeness, utilization rates, and inventory; however, agencies may request a report at any time during the month. Standardized ServicePoint reports are available continuously including: APR data, clients served, and clients not served. For agencies that need improvement, on-site and on-line data entry technical assistance and training are available at no charge to agencies. In extreme cases, contract data entry assistance is available for agencies to help them catch up on data entry. The CoC reviews data quality often.

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.

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

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):	

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

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	33	63	3	99
Number of Persons (adults and children)	115	205	12	332

Households without	Dependent Children			
	Sheltered		**Unsheltered**	**Total**
	Emergency	**Transitional**		
Number of Households	363	265	112	740
Number of Persons (adults and unaccompanied youth)	363	265	118	746

All Households/	All Persons			
	Sheltered		**Unsheltered**	**Total**
	Emergency	**Transitional**		
Total Households	396	328	115	839
Total Persons	478	470	130	1,078

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)**	56	26	82
*** Severely Mentally Ill**	115	27	142
*** Chronic Substance Abuse**	259	46	305
*** Veterans**	91	14	105
*** Persons with HIV/AIDS**	19	6	25
*** Victims of Domestic Violence**	67	15	82
*** Unaccompanied Youth (under 18)**	10	0	10

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)	01/27/2010

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%

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

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):

In 2009, the point-in-time sheltered count was 948, which represents a 7.8% increase from 2008. This increase is a result of the CoC serving more persons in the emergency shelters, for both persons in households without dependent children and persons in households with dependent children. The transitional housing shetered counts were fairly stable from 2008 to 2009.

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:

HPCGC Point-in-Time Survey Instrument

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

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

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):

First, the sheltered count of chronically homeless persons remained fairly stable with 56 persons in 2009, and 51 persons in 2008. There were several subpopulations with significant changes from 2008 to 2009. The sheltered count of persons with severe mental illness was 115, which represented a 53% increase from 2008. Persons with HIV/AIDS also rose by 63%, from 12 persons in 2008 to 19 persons in 2009. These increases reflect trends being seen by the department of health and also indicate the challenges persons face in seeking and obtaining mental healthcare. The other notable increase was in victims of domestic violence, which rose by 29%.

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:	X
None:	
Other:	

If Other, specify:

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

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

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

Instructions:

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

If Other, specify:

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

Instructions:

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:

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):

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

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

The Greensboro/High Point CoC has several outreach efforts in place to reduce the number of unsheltered homeless, including households with dependent children. As part of the overall outreach plan, the CoC routinely conducts outreach through the following programs/organizations: Night Watch; Beloved Community Center; Food Not Bombs; law enforcement agencies; and the Mental Health Association. Unsheltered homeless persons, especially families, are often identified through the CoC's area feeding programs, which include Greensboro Urban Ministry, the Hive, Grace Church and other local churches. These outreach efforts enable the CoC to connect unsheltered homeless persons, like the three families counted in the 2009 PIT, to shelter and housing. Lastly, through Housing First efforts, the CoC works to end homelessness quickly, thereby reducing the number of unsheltered homeless households with dependent children.

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):

As previously indicated, the CoC has several outreach efforts in place to engage persons routinely sleeping on the streets and other places not meant for human habitation. These outreach programs/organizations include: Night Watch; Beloved Community Center; Food Not Bombs; law enforcement agencies; and the Mental Health Association. The CoC also uses the point-in-time count as an outreach effort.

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):

The unsheltered homeless population rose by 20.4% from 2008 (108 unsheltered persons) to 2009 (130 unsheltered persons). However, the 2009 count was still lower than the 2007 count of 186 unsheltered persons. This increase was specific to the number of unsheltered homeless persons without dependent children. The CoC attributes this slight increase to better count methodology and more homeless persons. While the overall unsheltered count of persons in households without dependent children increased, the number of chronically homeless unsheltered persons decreased by almost 50%, with the CoC documenting 26 persons in this category for the point-in-time count.

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)?

The Homeless Prevention Coalition of Guilford County (HPCGC), the CoC lead, will increase its emphasis on the creation of new permanent housing (PH) projects through the annual solicitation of new initiatives. Open Door Ministries will open a new PH project, adding 6 beds for chronically homeless, and will seek 2 beds for chronically homeless women in partnership with Mary's House as part of this application. Partners Ending Homelessness (PEH) will work to develop 20 new beds for chronically homeless as part of annual goals in the community's 10-Year Plan. The Servant Center will create nine new 1-bedroom apartments for low-income disabled individuals, who may fit HUD's chronically homeless definition. Lastly, the HPCGC and PEH will work together to educate the community about the need for PH for chronically homeless individuals and will participate in the 5-year Housing and Community Development Consolidated Plan for Greensboro and High Point.

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

The CoC will utilize state funds for Housing Support Team to continue developing new housing for chronically homeless persons. Additionally, the CoC will support and assist in meeting the goals and implementing the strategies set forth in Guilford County's 10-Year Plan. In order to create new permanent housing beds in the community, the CoC will advocate for increases in available funds from HUD, whether it is PPRN or new project bonus money. Lastly, the CoC will explore innovative strategies to create and support new permanent housing beds by maximizing community resources and increasing collaboration. With community leaders already increasing their involvement in local efforts to end homelessness, the CoC will strengthen these partnerships over the long-term in order to generate new means for creating permanent housing beds.

How many permanent housing beds do you currently have in place for chronically homeless persons?	55
How many permanent housing beds do you plan to create in the next 12-months?	61

How many permanent housing beds do you plan to create in the next 5-years?	128
How many permanent housing beds do you plan to create in the next 10-years?	228

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 provide continued support to homeless persons, with specific focus on chronically homeless with mental illness, to attain and maintain permanent housing through Housing Support Teams, led by the HOPE Team Coordinator for the TYP Partners Ending Homelessness, and through agency-level case managers dedicated to serving clients in permanent housing projects. In addition to those supports, the CoC will implement other strategies to help clients remain in permanent housing (e.g. Alcohol and Drug Services' monthly intervention and Mary's Homes 24/7 licensed therapists). The CoC also utilizes AmeriCorps workers to supplement case management activities to move more homeless persons into permanent housing and remain in permanent housing. The HPCGC (CoC lead) will review providers' APR/HMIS data quarterly to monitor progress toward achieving the 77% threshold, which is 1% higher than the current level, and will provide technical support as needed to address challenges.

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).

The CoC will continue to assess and re-assess its permanent housing programs to identify strengths and weaknesses in their abilities to help homeless persons remain in permanent housing. As more permanent beds are created and permanent housing client populations change, the permanent housing outcomes may change too. The permanent housing providers will have to monitor programs carefully, identify and share best practices, and collaborate as this CoC component expands in the community.

What percentage of homeless persons in permanent housing have remained for at least six months?	76

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)?

Currently, the CoC is at 68% of homeless persons moving from transitional housing to permanent housing. To maintain this level, the CoC will continue and expand intensive case management and supportive services to persons in transitional housing. The CoC also will improve coordination of services between homeless and mainstream providers through the local CoC Supportive Services and Housing Providers Action Team. Over the next 12 months, this Action Team will update comprehensive resources (brochures, website, etc.) about community services, implement training opportunities for frontline staff, and create community-wide opportunities for homeless clients to access housing and services. The Housing Specialist will inform the CoC about available permanent housing, and will provide education and assistance programs to improve performance. The HPCGC (CoC lead) will review data quarterly to identify and eliminate barriers that exist for moving clients into permanent housing.

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).

As the CoC works toward creating new permanent housing beds/vouchers for both chronically homeless persons and homeless households with children, there will be an increase in the percentage of homeless persons moving from transitional to permanent housing (e.g., VASH vouchers). However, the CoC recognizes that bed availability is not the only issue. Clients must have the necessary skills for self-sufficiency in order to move into permanent housing. Over the long-term, TYP Partners Ending Homelessness (PEH) will lead CoC efforts to expand the day center activities in Greensboro and develop a day center in High Point, as part of the Interactive Resource Center's mission. The day center will offer courses in Life Skills, budgeting, Money Management, Banking and Check Writing Skills, Credit Training, Tenant Rights and Responsibilities, etc. The skills gained through these courses will prepare more clients to move from transitional housing to permanent housing.

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 21% of persons employed at program exit. In order to maintain or exceed this level, the CoC will increase coordination of services between mainstream job training, employment and education programs, supportive employment agencies, homeless service agencies, and homeless individuals through the work of the TYP PEH Education and Job Training Action Team. Specifically, this Action Team seeks to develop and implement strategies that will address educational and training needs for individuals who lack necessary "soft skills" that would enable them to retain employment, to increase awareness and collaboration amongst employment service providers, and to educate potential employers about the target population and incentives for hiring. The CoC also will capitalize on the Interactive Resource Center's services and efforts.

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).

In addition to continuing work on the aforementioned 12-month action steps, the CoC will include job retention and job placement for clients hard to employ as part of its long-term plans to increase the percentage of persons employed at program exit. With regards to job retention, the CoC needs to create a way to follow the progress of a client in a job situation by integrating this into existing services or creating a new program. The CoC will focus on developing a job placement resource for employing clients who have a diagnosed disability or who come from correctional facilities.

What percentage of persons are employed at program exit?	21
In 12-months, what percentage of persons will be employed at program exit?	22
In 5-years, what percentage of persons will be employed at program exit?	24

In 10-years, what percentage of persons will be employed at program exit?	26

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 is using the rapid re-housing model to decrease the number of homeless households with children in Guilford County. In the next 12 months, the CoC will provide rapid re-housing for approximately 100 families through HPRP funding and other local sources. Youth Focus will open a 5-bed facility for pregnant and parenting teens with stimulus funds. The Guilford Interfaith Hospitality Network will continue to serve and house an estimated forty homeless families each year. The area VA Medical Center will provide 35 VASH housing vouchers for homeless veterans in Guilford County, and some of those will benefit veterans in households with children. The Guilford County Schools will expand efforts to identify homeless children within the school system and connect them and their families with services and housing. In addition, the Guilford County Schools will work with the HPCGC (CoC lead) to ensure that all agencies meet 2010 NOFA requirements related to the HEARTH Act becoming law.

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

In following with objective 1 which focuses on creating permanent housing beds, the CoC will work to develop new permanent housing projects for homeless families with children. As part of this application, the CoC is proposing the development of a permanent supportive housing project to serve four mothers, who have a primary substance abuse diagnosis, and their children. The CoC also will develop a community-based rental subsidy fund to complement government vouchers. Using HOME vouchers and coordinating with consolidated plans, the CoC will provide clients education and training programs that lead to sustainable employment.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2l)?	99
In 12-months, what will be the total number of homeless households with children?	95
In 5-years, what will be the total number of homeless households with children?	90

In 10-years, what will be the total number of homeless households with children?	85

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:

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

Health Care:

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

Mental Health:

The HPCGC (CoC lead) and the Guilford Center (LME), understand that per HUD, no person discharged from the residential programs of the Guilford Center is to be placed in any HUD McKinney-Vento funded program for the homeless. A list of the HUD McKinney-Vento funded programs is on file with the Guilford Center. Various HPCGC members assist with housing placement in the form of public housing, housing vouchers and affordable housing produced through the low income housing tax credit program. These non-McKinney-Vento funded permanent housing opportunities are appropriate permanent housing options for participants who are leaving residential services of the Guilford Center. As part of ten-year plan efforts, the Discharge Planning Action Team will review and update this protocol as needed, will work to ensure appropriate mental health care discharge plans, and will support a community policy of zero tolerancefor discharge to homelessness. At the state level, it is the policy of NC DHHS, 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 HPCGC (CoC lead) and the Guilford County Sheriff's Office understand that per HUD, no person discharged from the jail system is to be placed in any HUD McKinney-Vento funded program for the homeless. A list of the HUD McKinney-Vento funded programs is on file with the Guilford County Sheriff's Office. Furthermore, for any person leaving the jail who may be in need of ongoing behavioral health services, the jail should contact Guilford County's LME regarding the provision of behavioral health services, and with assistance in identifying appropriate housing options. Various HPCGC members assist with housing placement in the form of public housing, housing vouchers and affordable housing produced through the low income housing tax credit program. These non-McKinney-Vento funded permanent housing opportunities are appropriate options for persons who are leaving the jail. The CoC's Discharge Planning Action Team will review and update this protocol as needed, will work to ensure appropriate corrections discharge plans, and will support a community policy of zero tolerance for discharge to homelessness. 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.

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 City of Greensboros Consolidated Plan, Goal 2: Provide Housing and Services for Homeless and Non-Homeless Populations with Special Needs has five priority areas with correlated objectives. The priority areas include: providing a range of housing/services for homeless families with children; increasing the availability of housing/services for homeless persons with special needs (mental illness, substance abuse, HIV/AIDS); broadening the range of housing/service options; improving public awareness on homelessness; and improving public/private interagency partnerships. Each of these objectives has several strategies and outcome goals/measures. In the City of High Point's Consolidated Plan, "Goal 2: Provide Housing and Services for Homeless Populations with Special Needs" addresses the specific need to provide service-enriched transitional and permanent housing for homeless persons with special needs, which has three identified strategies with output indicators.

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):

The CoC New Initiatives Committee and other interested members of the CoC developed the plan for the HPRP. The agency managing the HPRP grant (City of Greensboro) and the agencies providing services (Greensboro Housing Coalition and Family Service of the Piedmont) regularly attend the monthly CoC meetings to provide updates, answer questions, or receive input from CoC members. The Greensboro Housing Coalition serves as the central point of intake for the HPRP program. Services currently being provided include rapid re-housing and homelessness prevention through case management, housing location services, and financial assistance.

Open Door Ministries of High Point received $900,000 in stimulus funds from the State of North Carolina through the HPRP. These funds will provide financial assistance and case management to assist households in jeopardy of becoming homeless; as well as financial assistance and case management to assist households who are currently homeless. Open Door Ministries will work the Guilford County CoC to coordinate access to this program and services to clients represented by the CoC agencies.

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 of Greensboro is utilizing an ARRA funded Transitional Employment Program employee to assist with some of the HPRP clerical work. $600,000 has been set aside in Greensboro's Neighborhood Stabilization Program planned use of funds for acquisition of foreclosed units for permanent supportive housing. Allocations will be made through a request for proposals process. $50,000 has been awarded through Greensboro's CDBG-R program for acquisition of a 6-unit building for permanent supportive housing. The project sponsor has applied for an allocation of HOME CHDO program funds for rehabilitation of the units. $103,000 in CDBG-R funds has also been awarded to Housing Greensboro for minor and major home repairs. The program includes a work mentoring component employing residents from the winter emergency overflow shelters. $23,000 in CDBG-R funds has been awarded to Beloved Community Center to improve the energy efficiency of the Homeless Hospitality House historic windows. Homeless program participants will be given job training opportunities in the restoration and weatherization of the windows. The City of High Point, as well as the City of Greensboro, actively participates on the leadership council to help implement the 10 year plan to end chronic homelessness. NSP funding has only recently been released and High Point is exploring opportunities to assist the homeless effort. The CoC received 35 VASH vouchers, which are being administered by the Greensboro Housing Authority. VASH tenants are being selected by Veterans Affairs social workers and outreach is being conducted through CoC agencies serving veterans and the HPCGC (CoC lead entity).

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.	57	**Beds**	55	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	76	**%**	76	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	77	**%**	68	**%**
Increase percentage of homeless persons employed at exit to at least 19%	30	**%**	21	**%**
Decrease the number of homeless households with children.	85	**Households**	99	**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:

The CoC set a very high goal of 20 new permanent housing beds for chronically homeless (CH) in the 12-month period, which would have been a 54% increase in its inventory (from 37 to 55). It almost reached that achievement with 55 CH permanent housing (PH) beds at the January point in time count. The CoC was able to overvoucher some PH programs in 2008, which indicated a higher chronically homeless bed count at that time, and this was above the actual funded CH beds in the CoC and it contributed to the CoC coming a little short of it 20-bed achievement.

The CoC's 2008 baselines for persons moving from transitional housing to permanent housing and for persons employed at exist were well above the threshold in 2008, and the CoC hoped to maintain those levels. However, due to changing client populations and a struggling economy, the CoC was unable to maintain those levels, but the CoC remains above the HUD threshold in both of these categories.

A point-in-time decrease in households with children from one year to the next is also a difficult achievement to make at a time when employment rates are falling. With the new rapid re-housing initiatives, the CoC has every expectation that it will have greater success in serving homeless households with children. The CoC also voted to use part of its proposed 2009 bonus project funds to serving homeless households with children, in an effort to achieve this objective.

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	212	28
2008	101	37
2009	82	55

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.

6

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	$38,388			$45,000	
Total	$38,388	$0	$0	$45,000	$0

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):

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)	52
b. Number of participants who did not leave the project(s)	116
c. Number of participants who exited after staying 6 months or longer	34
d. Number of participants who did not exit after staying 6 months or longer	93
e. Number of participants who did not exit and were enrolled for less than 6 months	23
TOTAL PH (%)	76

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	457
b. Number of participants who moved to PH	310
TOTAL TH (%)	68

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: 570

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	41	7	%
SSDI	69	12	%
Social Security	8	1	%
General Public Assistance	5	1	%
TANF	17	3	%
SCHIP	0	0	%
Veterans Benefits	21	4	%
Employment Income	121	21	%
Unemployment Benefits	15	3	%
Veterans Health Care	10	2	%
Medicaid	78	14	%
Food Stamps	231	41	%
Other (Please specify below)	58	10	%
Child Support, Family/Friends, Medco, Section 8, WIC, VA Disability, Trust Fund, Alimony			
No Financial Resources	174	31	%

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

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

Instructions:

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

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

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

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

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

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

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

As part of 10-Year Plan efforts, the CoC formed a new action team in summer 2008. The Partners Ending Homelessness Continuum of Care Supportive Services and Housing Action Team meets monthly to improve CoC-wide participation in mainstream programs and to provide training to frontline staff. These meetings were held: 10/15/08; 11/19/08; 12/17/08; 1/21/09; 2/18/09; 3/18/09; 4/15/09; 5/20/09; 6/17/09; 9/16/09; and 10/21/09. In addition to meetings, the Action Team conducted Direct Service Provider trainings on February 10 and May 8, 2010.

The PEH CoC Supportive Services and Housing Action Team provides regular reports on its activities to the HPCGC, the CoC's primary decision-making group.

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

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

If yes, identify these staff members	Provider Staff
Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.	Yes
If "Yes", specify the frequency of the training.	Semi-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 have participated in SOAR trainings on August 4, 2008; October 1, 2008; December 2, 2008; and June 15, 2009.

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

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

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

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

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

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

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

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

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

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

Part A - Page 2

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

Part A - Page 3

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

Continuum of Care (CoC) Project Listing

Instructions:

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

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

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Mary's Homes - Hi...	2009-11-14 14:06:...	2 Years	Open Door Ministr...	124,318	New Project	SHP	PH	P1
Partnership Villa...	2009-11-08 12:06:...	1 Year	Greensboro Urban ...	31,920	Renewal Project	SHP	TH	F
Joseph's House Yo...	2009-11-13 12:23:...	1 Year	Joseph's House, Inc.	43,730	Renewal Project	SHP	PH	F
Housing Opportuni...	2009-11-18 09:08:...	1 Year	Greensboro Housin...	477,369	Renewal Project	SHP	PH	F
Case Management/ ...	2009-11-07 15:51:...	1 Year	The Salvation Arm...	19,274	Renewal Project	SHP	TH	F
Partnership Villa...	2009-11-08 12:21:...	1 Year	Greensboro Urban ...	27,930	Renewal Project	SHP	TH	F
Mary's Homes	2009-11-18 09:04:...	1 Year	Greensboro Housin...	314,364	Renewal Project	S+C	TRA	U
Servant House	2009-11-10 12:33:...	1 Year	The Servant Center	47,586	Renewal Project	SHP	TH	F
Clara House/Carpe...	2009-11-07 16:14:...	1 Year	Family Service of...	34,276	Renewal Project	SHP	TH	F
Project Home Front	2009-11-07 10:05:...	1 Year	Alcohol and Drug ...	34,996	Renewal Project	SHP	SSO	F
Youth Focus Trans...	2009-11-13 11:26:...	1 Year	Youth Focus, Inc.	51,700	Renewal Project	SHP	TH	F
Clara House - Cas...	2009-11-07 16:22:...	1 Year	Family Service of...	35,942	Renewal Project	SHP	TH	F

Mary's House	2009-11-07 09:47:...	1 Year	Mary's House, Inc.	135,982	Renewal Project	SHP	TH	F
Arthur Cassell Me...	2009-11-14 13:36:...	1 Year	Open Door Ministr...	48,919	Renewal Project	SHP	TH	F
HMIS - High Point	2009-11-14 13:44:...	1 Year	Open Door Ministr...	13,750	Renewal Project	SHP	HMIS	F
Home at Last	2009-11-18 20:29:...	1 Year	Greensboro Housin...	120,804	Renewal Project	S+C	TRA	U

Budget Summary

FPRN	$1,003,374
Permanent Housing Bonus	$124,318
SPC Renewal	$435,168
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	NC-504 Certificat...	11/22/2009

Attachment Details

Document Description: NC-504 Certification of Consistency with the Consolidated Plan and HMIS Agreement