1A. Continuum of Care (CoC) Identification

Instructions:

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

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

CoC Lead Organization Name: City of Winston-Salem

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

Instructions:

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

Name of primary decision-making group: Winston-Salem/Forsyth County Council on Services for the Homeless

Indicate the frequency of group meetings: Bi-monthly

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

Specify "other" legal status:

**Indicate the percentage of group members that represent the private sector:
(e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)** 67%

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

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

Specify "other" process(es):

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

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

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

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

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

Specify "other" process(es):

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

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

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

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

Name	Meeting Frequency
Winston-Salem/For...	Bi-monthly
Council Executive...	Monthly or more
Advocacy Committe...	Quarterly
CoC Committee	Monthly or more
Shelter Providers...	Monthly or more
Project Rating Panel	Annually
HMIS Committee	Monthly or more
Ten-Year Plan (TY...	Monthly or more
Outreach and Asse...	Monthly or more
Project Homeless ...	Monthly or more
TYP Substance Abu...	Monthly or more
TYP Housing for H...	Bi-monthly
TYP Advocacy Comm...	Monthly or more
TYP Services Comm...	Monthly or more
TYP Housing Commi...	Monthly or more
TYP Congregationa...	Monthly or more
Overflow Emergenc...	Monthly or more
TYP Mental Health...	Monthly or more
TYP Mainstream/Pu...	Monthly or more
TYP Re-entry and ...	Monthly or more
TYP Veterans Serv...	Monthly or more
TYP Youth Services	Monthly or more
TYP Homeless Fami...	Monthly or more
TYP Domestic Viol...	Bi-monthly

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

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

Name of Committee/Sub-Committee/Work Group: Winston-Salem/Forsyth County Council on Services for the Homeless

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

The Winston-Salem Forsyth County Council on Services for the Homeless (Council) meets to discuss homeless issues, oversee the CoC's efforts, coordinate services, eliminate duplications, exchange information, and vote on all official business of the CoC.

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

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

Name of Committee/Sub-Committee/Work Group: Council Executive Board

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group meets to address current issues, review sub-committee work, set agendas for full Council meetings, and send recommendations to Council for full vote.

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

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

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Name of Committee/Sub-Committee/Work Group: Advocacy Committee of the Council

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

This group exists to give voice to agency and legislative issues that affect the homeless population and to alert Council members of trends or changes in homeless policies.

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

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

Name of Committee/Sub-Committee/Work Group: CoC Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Thsi group meets to facilitate CoC process, review progress on CoC action steps, to oversee homeless forum and frontline worker task groups, and to complete essential tasks of the CoC grant application.

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

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

Name of Committee/Sub-Committee/Work Group: Shelter Providers Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group meets to discuss issues relating to shelters and their homeless clients and to give shelter staff, law enforcement and service providers an opportunity to collaborate.

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

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

Name of Committee/Sub-Committee/Work Group: Project Rating Panel

Indicate the frequency of group meetings: Annually

Describe the role of this group:

This group meets annually on several occasions to select new projects, rate renewal projects, and recommend a project priority chart for CoC Committee and Council Executive Board approval and full Council vote.

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

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

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

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group meets to discuss HMIS implementation issues, training, updates from CHIN (Carolina Homeless Information Network), and CoC-wide and agency-level data quality and is responsible for reviewing CHIN's monthly reports.

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

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

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Name of Committee/Sub-Committee/Work Group: Ten-Year Plan (TYP) Commission on Homelessness

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group meets to discuss Ten-Year Plan (TYP) efforts, oversee committee work, promote Housing First and Permanent Supportive Housing, improve system of care, and seek funding. Members are appointed by the City Council and County Commissioners, with staff from the local United Way, the City and County. The group's mission is to provide effective solutions and accessible service to eliminate chronic homelessness and improve the system's effectiveness for all persons experiencing a housing crisis.

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

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

Name of Committee/Sub-Committee/Work Group: Outreach and Assessment Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group meets to discuss homeless outreach efforts, to coordinate the annual street count and quarterly health screenings, and to collaborate with other community organizations.

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

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

Name of Committee/Sub-Committee/Work Group: Project Homeless Connect Task Group

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

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This group meets from October to April to plan and implement the annual Project Homeless Connect events based on the national model.

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

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

Name of Committee/Sub-Committee/Work Group: TYP Substance Abuse Treatment Task Group

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This task group met frequently for several months to design a grant proposal/project, which addresses the substance abuse treatment needs of women in the CoC.

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

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

Name of Committee/Sub-Committee/Work Group: TYP Housing for Homeless Vets Task Group

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

This group meets to design a project specific to the housing needs of homeless veterans.

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

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

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Name of Committee/Sub-Committee/Work Group: TYP Advocacy Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group meets to develop plans and strategies for educating the general public, elected officials, and target populations about the challenges faced by the homeless in the WS/FC community, about the resources and services available to help people who are homeless or facing a housing crisis, affordable housing, and the Ten-Year Plan (TYP) and other projects that the TYP Commission supports. This group also works on data collection issues in the community and in setting and monitoring outcomes of the work that the Commission and partner agencies achieve.

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

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

Name of Committee/Sub-Committee/Work Group: TYP Services Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group meets to develop plans and strategies to enhance our system of services and to ensure their continued development into the Housing First model and to ensure that all systems working with people who are homeless are well coordinated. This group oversees the work of several important subcomittees, which include: Mental/Health Substance Abuse Services; Mainstream/Public Benefit Services; Re-entry and Ex-offender Services; Youth Services; Homeless Family Services; and Domestic Violence Services.

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

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

Name of Committee/Sub-Committee/Work Group: TYP Housing Committee

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Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group meets to develop plans and strategies to implement a housing first resource center for our community, and develop housing placements and funding for individuals and families who are homeless. This group's efforts also include: 1)creating plans and strategies for the development of an adequate supply of affordable housing in the community; and 2)ensuring that there is an adequate supply of emergency and transitional housing to meet the needs of the temporarily homeless and those awaiting a housing placement.

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

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

Name of Committee/Sub-Committee/Work Group: TYP Congregational Outreach Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group meets to develop plans and strategies to increase the involvement of local congregations in visions and goals of the Ten-Year Plan to End Chronic Homelessness.

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

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

Name of Committee/Sub-Committee/Work Group: Overflow Emergency Shelter Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group meets from September to March to seek funds, identify a facility, organize volunteers and transportation for the annual implemenation of a winter Overflow Emergency Shelter.

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

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

Name of Committee/Sub-Committee/Work Group: TYP Mental Health/Substance Abuse Services Sub-Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group reports to the TYP Services committee and collaborates with community committees to develop plans and strategies for enhancing the availability and accessibility of mental health, substance abuse and case management services to people who are homeless or are at risk of homelessness.

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

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

Name of Committee/Sub-Committee/Work Group: TYP Mainstream/Public Benefit Services Sub-Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group reports to the TYP Services Committee and meets to develop plans and strategies for enhancing the ability of members of our community to successfully apply for and access mainstream/public benefits such as SSI, SSDI, Food Stamps, Medicaid/Medicare, housing subsidies, etc. This group also oversees and runs the monthly resource center.

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

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

Name of Committee/Sub-Committee/Work Group: TYP Re-entry and Ex-offender Services Sub-Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group reports to the TYP Services Committee and collaborates with community committees to develop plans and strategies to: 1) enhance re-entry into the community for persons who are leaving state systems, such as prisons, hospitals, and mental health facilities; 2) address the specific needs of chronically homeless who are also ex-offenders; and 3) address housing and supportive services needs among ex-offenders, who are being released back into the community, and prevent their homelessness through collaboration with the corrections system.

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

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

Name of Committee/Sub-Committee/Work Group: TYP Veterans Services

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group reports to the TYP Services Committee and collaborates with community committees to develop plans and strategies for improving access to services for veterans in the community, who are homeless or at risk of becoming homeless.

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

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

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Name of Committee/Sub-Committee/Work Group: TYP Youth Services

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group reports to the TYP Services Committee and collaborates with community committees to develop plans and strategies for improving transitional services for homeless youth, including youth exiting the foster care system or entering independent living and youth who are pregnant and/or parents.

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

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

Name of Committee/Sub-Committee/Work Group: TYP Homeless Family Services Sub-Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group reports to the TYP Services Committee and meets to develop plans and stragies for improving access to services for homeless families and focus on rapid re-housing for famiies.

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

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

Name of Committee/Sub-Committee/Work Group: TYP Domestic Violence Services

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

This group reports to the TYP Services Committee and collaborates with community committees to develop plans and strategies for improving access to services and housing for victims of domestic violence.

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1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Winston-Salem/Forsyth County Council on Service...	Private Sector	Funder...	Primary Decision Making Group, Attend 10-year planning me...	NONE
AARP	Private Sector	Non-pro...	None	NONE
Accion Hispana	Private Sector	Non-pro...	None	NONE
Adaptables, Inc.	Private Sector	Non-pro...	None	NONE
AIDS Care Service, Inc.	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend Consolidated P...	HIV/AIDS, Su...
Alcoholics Anonymous/Narcotics Anonymous	Private Sector	Non-pro...	None	Substance Abuse
All God's Children	Private Sector	Faith-b...	None	NONE
American Red Cross of NW North Carolina	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	NONE
American Cancer Society	Private Sector	Non-pro...	None	NONE
American Heart Association	Private Sector	Non-pro...	None	NONE
Ardmore Transportation Ministry	Private Sector	Faith-b...	None	NONE
Arthritis Foundation	Private Sector	Non-pro...	None	NONE
Associates in Christian Counseling	Private Sector	Non-pro...	None	NONE
Augsburg Lutheran Church	Private Sector	Faith-b...	None	Youth, NONE
Baldwin Companies	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE

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Winston-Salem/Forsyth County CoC				COC_REG_v10_000223
BB&T	Private Sector	Busi ness es	Attend 10-year planning meetings during past 12 months	NONE
Bethany Church Medical Clinic	Private Sector	Faith -b...	None	HIV/AID S
Cancer Services	Private Sector	Non- pro.. .	None	NONE
Catholic Social Services	Private Sector	Non- pro.. .	None	NONE
Centenary United Methodist Church	Private Sector	Faith -b...	None	NONE
Center for Homeownership	Private Sector	Non- pro.. .	Attend 10-year planning meetings during past 12 months	NONE
CenterPoint Human Services (LME)	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriousl y Me...
Charles Wilson	Private Sector	Othe r	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
City of Winston-Salem, City Housing Department	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
City of Winston-Salem, Human Relations Department	Public Sector	Loca l g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Clemmons Transport Ministry	Private Sector	Faith -b...	None	NONE
Community Care Center	Private Sector	Hos pita.. .	None	NONE
Consumer Credit Counseling	Private Sector	Non- pro.. .	Attend Consolidated Plan focus groups/public forums durin...	NONE
Crisis Control Ministry, Inc.	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
CenterPoint Human Services Providers (100+)	Private Sector	Busi ness es	None	Seriousl y Me...
Daryl Hunt Project	Private Sector	Non- pro.. .	Attend Consolidated Plan focus groups/public forums durin...	NONE
David Harold, Council Chair, Council Executive ...	Private Sector	Othe r	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
David Plyler, TYP Commission Member and Former ...	Private Sector	Othe r	Attend 10-year planning meetings during past 12 months	NONE
Disability Advocacy and Information Services	Private Sector	Non- pro.. .	Attend 10-year planning meetings during past 12 months	NONE
Enrichment Center	Private Sector	Non- pro.. .	None	NONE
Experiment in Self-Reliance	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE

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Faith Seeds	Private Sector	Non-pro..	None	NONE
Family Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domestic Vio...
The Fellowship Home	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Abuse
FIRST Line	Public Sector	Local g...	None	NONE
Forsyth County Commissioners	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Forsyth County Department of Housing	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Forsyth County Department of Public Health	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Forsyth County Department of Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Forsyth County Detention Center	Public Sector	Local g...	None	NONE
Forsyth County Early Childhood Partnership	Private Sector	Non-pro..	None	Youth
Forsyth County Public Library	Public Sector	Local g...	None	NONE
Forsyth County Sheriff's Department	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Forsyth Jail and Prison Ministries	Private Sector	Non-pro..	None	NONE
Forsyth Medical Center	Private Sector	Hospita..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Friendship Vision House	Private Sector	Non-pro..	None	Substance Abuse
God's Open Hand Outreach	Private Sector	Faith-b...	None	NONE
Forsyth Technical Community College	Public Sector	School...	None	NONE
Goodwill Industries	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	NONE
Green Street United Methodist Church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	NONE
Hosanna House of Transition	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Abuse
Hospice and Palliative Care Center	Private Sector	Non-pro..	None	HIV/AIDS

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Host Homes of Catholic Social Services	Private Sector	Non-pro..	None	Youth
Housing Authority of Winston-Salem	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Ivy House	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
Jackie Hundt, CoC Grant Consultant	Private Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Kate B. Reynolds Charitable Trust	Private Sector	Funder ...	None	NONE
Kidney Foundation	Private Sector	Non-pro..	None	NONE
Laurie Coker, Mental Health Advocate	Private Sector	Other	None	Seriously Me...
Legal Aid of North Carolina	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
Lewisville Transportation Ministry	Private Sector	Faith-b...	None	NONE
Lloyd Presbyterian Church	Private Sector	Faith-b...	None	NONE
Lupus Foundation	Private Sector	Non-pro..	None	NONE
Martha Martinat, Board Member for The Salvation...	Private Sector	Other	None	NONE
Mediation Services of Forsyth	Private Sector	Non-pro..	None	NONE
Melynda Dunigan, Neighborhood Advocate/CHANGE (...	Private Sector	Other	Attend 10-year planning meetings during past 12 months	NONE
MOTHEREAD/FATHEREAD of Forsyth County, Inc. (YM...	Private Sector	Non-pro..	None	Youth
MS Society of Central NC	Private Sector	Non-pro..	None	NONE
My Brother's Keeper	Private Sector	Non-pro..	None	NONE
NC Department of Corrections	Public Sector	State g...	None	NONE
NC Department of Health and Human Services	Public Sector	State g...	None	NONE
NAACP	Private Sector	Non-pro..	None	NONE
National Alliance for the Mentally Ill	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...

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NC Housing Foundation	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	NONE
NC Stroke Association	Private Sector	Non-pro..	None	NONE
Next Step Ministries	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
North Carolina Cooperative Extension Services	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	NONE
North Carolina Housing Coalition (CHIN)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
North Carolina Saves	Public Sector	Other	None	NONE
Northwest Piedmont Council of Governments, Work...	Public Sector	Local w...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Northwest Piedmont Council of Governments, Proj...	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Office of the Mayor	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Oxford House	Private Sector	Non-pro..	None	Substance Abuse
Parents and Friends of Lesbians and Gays	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
PATH Program (Partnership for Behavioral Health...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Refuge Enrichment Center	Private Sector	Non-pro..	None	NONE
Safe on Seven	Public Sector	Local g...	None	NONE
Salem College	Public Sector	School...	None	NONE
Samaritan Ministries	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Abuse
Second Harvest Food Bank of NW NC, Triad Commun...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Senior Services, Inc.	Private Sector	Non-pro..	None	NONE
Piedmont Health Services and Sickle Cell Agency	Private Sector	Non-pro..	None	HIV/AIDS
St. Paul's Episcopal Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE

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Sunnyside Ministry	Private Sector	Non-pro..	None	NONE
The Adaptables, Inc.	Private Sector	Non-pro..	None	NONE
The Advocacy of the Poor, Inc.	Private Sector	Non-pro..	None	NONE
The Bethesda Center for the Homeless	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
The Salvation Army, Winston-Salem Area Command	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
The Shepherd's Center of Greater Winston-Salem	Private Sector	Non-pro..	None	NONE
United Way of Forsyth County, Ten-Year Plan Com...	Private Sector	Funder...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Urban League	Private Sector	Non-pro..	None	NONE
Vocational Rehabilitation	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	NONE
Wake Forest University	Public Sector	School...	None	NONE
Wake Forest University Baptist Medical Center	Private Sector	Hospita..	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Ways to Work, Family Services	Private Sector	Non-pro..	None	NONE
Winston-Salem City Council	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Winston-Salem Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Winston-Salem Regional Office of the Department...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans
Winston-Salem Rescue Mission	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Winston-Salem Social Security Administration Di...	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Winston-Salem State University	Public Sector	School...	None	NONE
Winston-Salem Transit Authority	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Winston-Salem/Forsyth County Schools, Project HOPE	Public Sector	School...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth

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WSSU, Grandparents Raising Grandchildren	Public Sector	Sch ool ...	None	NONE
Youth Opportunities	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Youth
YWCA Hawley House	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Substan ce Abuse
Cathy Welch	Individual	Hom eles...	Attend 10-year planning meetings during past 12 months, C...	NONE
Bernadettte Wilson	Individual	Hom eles...	Attend 10-year planning meetings during past 12 months	NONE
Teri Hairston	Individual	Hom eles...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Melinda Burton	Individual	Hom eles...	Committee/Sub-committee/Work Group	NONE
Obie Johnson	Individual	Hom eles...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
William Pickens	Individual	Hom eles...	Committee/Sub-committee/Work Group	NONE

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

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

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

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

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

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

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

Emergency Shelter: Yes

Briefly describe the reasons for the change:

There was a 27-bed increase in ES Individual Beds from 2007 to 2008. In 2007, the Bethesda Center reported 62 ES Individual Beds in its Current Inventory and another 20 ES Individual Beds in its New Inventory for a total of 82 ES Individual Beds. In 2008, the Bethesda Center reported 100 ES Individual Beds in its Current Inventory. This 18 ES Individual Bed increase was attributed to the opening of a new building, and during the construction phase current bed counts were affected as the Bethesda Center adjusted its facility to accommodate single men and single women in separate rooms. In 2008, the Salvation Army increased its ES Individual Bed count by 2 for its Current Inventory. In 2008, the Winston-Salem Rescue Mission increased its ES Individual Bed count by 7 for its Current Inventory. Both of these increases were simply a reflection of changes in their existing facilities and not a result of new funds for new beds.

There were no changes in the ES Family Beds from 2007 to 2008.

Safe Haven Bed: No
Briefly describe the reasons for the change:

Transitional Housing: Yes
Briefly describe the reasons for the change:

There was a 17-bed decrease in TH Individual Beds from 2007 to 2008. AIDS Care Services overcounted in 2007 by 1 bed, which is a bed used for the Resident Manager. ESR Vives Cottages had 5 TH Individual Beds in 2007, which have been closed due to property acquistion for the construction of a new ballpark. Hosanna House of Transition relocated its TH clients to different facilities in 2008, which accounted for its bed count change. Overall, Hosanna House of Transition decreased its TH Individual Beds by 9 from 2007 to 2008. Winston-Salem Rescue Mission decreased its TH Individual beds by 2 from 2007 to 2008, due to reconfigured facilities as a result of new construction and client needs.

There were no changes in the TH Family Beds from 2007 to 2008.

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Permanent Housing: Yes

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

Three of the City of Winston-Salem's PH projects (HIV, SPC1, and SPC2) increased their Family and Individual Beds from 2007 to 2008, due to overvouchering and increasing the number of families served. The change in bed counts for these three projects combined, from 2007 to 2008, was as follows: increased PH Family Beds by 20 and increased PH Individual Beds by 7. CenterPoint Human Services operates two Shelter Plus Care grants (SRA and TRA). From 2007 to 2008, they had an increased need to serve homeless persons with families, and thus increased PH Family Beds by 35 and decreased PH Individual Beds by 8 for the two SPC projects combined. Through HOME TBRA, the Housing Authority of Winston-Salem increased PH Family Beds by 2 and PH Individual Beds by 1. Due to a delayed start date, the Experiment in Self-Reliance SPC3 project was able to increase its PH Individual Beds by 1 from 2007 to 2008. Winston-Salem Rescue Mission increased its PH Individual Beds by 1 from 2007 to 2008, in the Oak St. facility. None of these increases are a result of new funds for new beds. They simply reflect the City's ability to overvoucher and the CoC's need to serve an increased number of families over individuals. In section 2L. of this application, the CoC documented a PIT decrease in homeless persons in families, which is further evidence of the CoC's efforts to provide PH for families since ES space for families is limited and there are no seasonal shelters for families.

With regard to PH beds for chronically homeless persons, the CoC opened 29 new PH beds, but 15 of the 2007 current PH beds were no longer made available to CH due to an increased need in the CoC by homeless persons with families. Therefore, there was a net increase of 14 beds for chronically homeless persons from 2007 to 2008, which also is reflected in sections 4a and 4b of this application.

Lastly, there are 44 PH Individual Beds under development recorded in the 2008 eHIC, 12 of these beds were under development in 2007 as well and did not move into new inventory in 2008.

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

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

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Winston-Salem For...	10/08/2008

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Attachment Details

Document Description: Winston-Salem Forsyth CoC NC500 Housing Inventory Chart

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

Instructions:

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

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

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

01/30/2008

Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)

HMIS plus housing inventory survey

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply)

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

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply)

HUD unmet need formula, Other, Unsheltered count, Housing inventory, Provider opinion through discussion or survey forms

Specify "other" data types:

Sheltered count

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

The HUD unmet need formula was the only method used for the emergency shelter, transitional housing, and permanent housing calculations. However, the CoC used all of the other selected methods to obtain the necessary data that is part of the HUD unmet need formula. With regards to seasonal unmet need, the CoC determined the seasonal unmet need for families through discussions with providers.

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2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

Select the HMIS implementation type: Regional (multiple CoCs)

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

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? Yes

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

Is the HMIS Lead Organization the same as CoC Lead Organization? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: ServicePoint

What is the name of the HMIS software company? Bowman Systems, Inc.

Does the CoC plan to change HMIS software within the next 18 months? No

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

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

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

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

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

Overcoming HMIS challenges and barriers is an integral part of Council/CoC discussions. As such, the Project Rating Panel incorporated an HMIS data quality measure as one of the scoring criteria for renewal projects. The CoC also has a new HMIS committee, which will formalize a data quality plan and will develop solutions to address inadequate staffing/resources of agencies and participation of non-HUD funded agencies. The CoC is working with the Carolina Homeless Information Network (CHIN) to improve data quality, bed coverage, and to move closer to an unduplicated count of homeless individuals served. The CoC seeks to increase its use of the HMIS for data reporting requirements. CHIN continues to provide quality training and support and has adequate staffing and resources to meet CoC needs. Finally, becoming an AHAR participant will move the CoCs HMIS implementation forward.

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

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HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	NC500 CHIN Agreement	09/17/2008

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Attachment Details

Document Description: NC500 CHIN Agreement

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

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

Organization Name North Carolina Housing Coalition

Street Address 1 224 South Dawson Street

Street Address 2

City Raleigh

State North Carolina

Zip Code 27601
Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

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

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

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

Instructions:

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

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

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

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

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

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

Instructions:

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

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

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	2%	8%
* Date of Birth	0%	0%
* Ethnicity	3%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	2%	3%
* Disabling Condition	9%	8%
* Residence Prior to Program Entry	3%	2%
* Zip Code of Last Permanent Address	10%	24%
* Name	0%	0%

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

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

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

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

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

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

Continua use the CoC-wide CHIN Data Quality Reports to review agency participation frequently throughout the reporting year. This is part of a continuous process of improvement which includes all facets of the data collection, data entry, and reporting processes. Each aspect is reviewed by CHIN staff and continua leadership to determine what measures are needed for agency improvement. In the Winston-Salem/Forsyth CoC, the City of Winston-Salem (CoC Lead Organization) and the HMIS Committee review CHIN's monthly reports and provide the critical leadership necessary to improve data quality for participating agencies.

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

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

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

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

Instructions:

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

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

Data integration/data warehousing to generate unduplicated counts: Never

Use of HMIS for point-in-time count of sheltered persons: Semi-annually

Use of HMIS for point-in-time count of unsheltered persons: Semi-annually

Use of HMIS for performance assessment: Semi-annually

Use of HMIS for program management: Annually

Integration of HMIS data with mainstream system: Never

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

Instructions:

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

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

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

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

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2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

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

Instructions:

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

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

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

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

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

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

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

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

Households with Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	5	23	0	28
Number of Persons (adults and children)	13	73	0	86

Households without Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	265	72	29	366
Number of Persons (adults and unaccompanied youth)	265	72	29	366

All Households/ All Persons				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	270	95	29	394

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Winston-Salem/Forsyth County CoC			COC_REG_v10_000223
Total Persons	278	145	29	452

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

Instructions:

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

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

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	136	5	141
* Severely Mentally Ill	41		41
* Chronic Substance Abuse	165		165
* Veterans	39		39
* Persons with HIV/AIDS	5		5
* Victims of Domestic Violence	19		19
* Unaccompanied Youth (under 18)	0		0

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

Instructions:

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

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

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

How often will the CoC conduct a PIT count? Annually

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

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

Emergency Shelter providers 100%

Transitional housing providers: 100%

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

Instructions:

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

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

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

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

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

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

If Other, specify:

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

The CoC Lead Organization (City of Winston-Salem) distributed and collected a data collection form that was completed by providers. The data was entered into a spreadsheet.   The January 2008 point-in-time was 10% lower than the January 2007 point-in-time count. The reduction was attributed to a decrease in the number of persons in homeless families with children.

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

Instructions:

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

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

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

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

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

Other:
CoC used a combination of methods.

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

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

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

If Other, specify:

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

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

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Each year the CoC distributes a PIT survey, which includes instructions and training, to all homeless providers. This survey collects data in all of the CoC Sheltered Homeless Population and Subpopulation categories. The homeless providers conducted the PIT survey on January 30, 2008. Providers used their case management records of individual clients and their expertise to complete the survey and properly count all homeless individuals. Survey results are submitted to the City of Winston-Salem, where they are compiled and submitted to NC DHHS. Homeless population data are reconciled with the PIT housing inventory.

The CoC experienced an overall decrease of 12% in the sheltered homeless population from 2007 to 2008. The subpopulations with significant numeric decreases were chronic substance abusers and homeless veterans. Other subpopulations with smaller numbers but signficant percentage decreases from 2007 to 2008 were persons with HIV/AIDS and victims of domestic violence. The percentage distributions among sheltered subpopulations did not change dramatically from 2007 to 2008, except among homeless veterans, which represented 15% of the sheltered homeless in 2007 and 8% in 2008.

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

Instructions:

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

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

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

If Other, specify:

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

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

Instructions:

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

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

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

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

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

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

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

If Other, specify:

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

Instructions:

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

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

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

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

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

If Other, specify:

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

Instructions:

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

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

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

If Other, specify:

Describe the techniques used to reduce duplication.

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

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

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

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

The PATH program of Insight Human Services and the Bethesda Center both conduct daily street outreach. Both use a person-centered approach in an attempt to engage persons at a level that is meaningful for the person who is homeless. From 2004 to 2008, de-duplication techniques have improved our assurance of the accuracy of street counts. From 2004 to 2008, counts ranged from 20 to 36 persons and averaged 29 persons. In 2007, the count was 24 persons; in 2008 the count was 29 persons. The same geographic areas were covered in both years. However, more volunteers were available in 2008, which may have helped to increase the number of unsheltered homeless persons who were found and counted.

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Attachment Details

Document Description:

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Attachment Details

Document Description:

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

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

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

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CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

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

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

Select Objective: Create new PH beds for chronically homeless persons

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

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

		Lead Person
Action Step 1	Create 7 new PSH beds for CH persons through the City of Winston-Salem's collaboration with Bethesda Center for the proposed Samaritan SPC project (4 beds) and the new PSH leasing project through Hosanna House (3 beds).	Housing Development Program Supervisor, City of Winston-Salem
Action Step 2	Collaborate with new PH projects to place CH persons and fully utilize existing SPC beds for CH persons through improved tracking and coordination with the Housing Authority of Winston-Salem and creating the maximum number of slots based on usage projections.	TYP Housing Committee Chair and Housing Specialist, CenterPoint Human Services
Action Step 3	Conduct an annual solicitation for new PSH and work to improve CoC's housing emphasis.	Housing Development Program Supervisor, City of Winston-Salem

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	80
Numeric Achievement in 12 months	7
Numeric Achievement in 5 years	130
Numeric Achievement in 10 years	261

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

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

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

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

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

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

		Lead Person
Action Step 1	Maintain percentage of homeless persons staying in PH over 6 months at 88% or above.	Housing Development Program Supervisor, City of Winston-Salem
Action Step 2	Identify or develop supportive services/case management best practices and protocols consistent with the TYP and the local needs assessment.	TYP Services Committee Chair and Associate Director, Department of Social Services
Action Step 3		

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	88
Numeric Achievement in 12 months	88
Numeric Achievement in 5 years	89
Numeric Achievement in 10 years	90

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

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

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

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

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

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

		Lead Person
Action Step 1	Explore funding resources for additional PH case management services.	TYP Commission Chair and CFO, BB&T
Action Step 2	Increase the number of landlords that allow for placement of TH clients in PH, and create an emergency assistance fund for CH persons to ensure that rent and utilities are paid over the course of their first year in housing via the Streets to Homes initiative.	TYP Housing Committee Chair and Housing Specialist, CenterPoint Human Services
Action Step 3	Develop strategies and secure funding to increase PH opportunities and/or placements for single women and women with children, and implement grants targeted at women with sustance abuse and mental health issues if funded.	TYP Director, United Way of Forsyth County

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	58
Numeric Achievement in 12 months	60
Numeric Achievement in 5 years	64
Numeric Achievement in 10 years	66

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

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

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

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

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

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

		Lead Person
Action Step 1	Collaborate with city-wide job fairs to ensure access by homeless persons and disseminate successful employment strategies through collaboration of CoC agencies.	CoC and HMIS Committee Chair and Asst. Director of Social Services, The Salvation Army
Action Step 2	Develop plans and strategies for enhancing access to education, job training and job placement resources for people who are homeless or at risk of becoming homeless.	TYP Services Committee Chair and Associate Director, Department of Social Services
Action Step 3	Assess HMIS data quarterly to track progress and provide technical assistance from mainstream or other providers to projects below achievement level.	CoC and HMIS Committee Chair and Assistant Director of Social Services, The Salvation Army

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	26
Numeric Achievement in 12 months	27
Numeric Achievement in 5 years	28
Numeric Achievement in 10 years	29

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

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

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

Select Objective: Decrease the number of homeless households with children

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

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

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Winston-Salem/Forsyth County CoC	COC_REG_v10_000223
	Lead Person
Action Step 1 Implement the proposed Rapid Re-Housing for Families project serving families who are victims of domestic violence.	Director of Safe Relationships, Family Services
Action Step 2 Increase collaboration with faith-based initiatives to place homeless families in housing.	TYP Congregational Outreach Committee Chair, TYP Commission
Action Step 3 Establish a Family and Children Sub-Committee of the TYP Services Committee, which integrates and addresses needs of families in overall CoC process and related housing action steps.	Homeless Liaison Coordinator, Winston-Salem/Forsyth County Schools

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	28
Numeric Achievement in 12 months	27
Numeric Achievement in 5 years	25
Numeric Achievement in 10 years	23

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

Instructions:

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

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

Foster Care Discharge Protocol: Formal Protocol Implemented

Health Care Discharge Protocol: Protocol in Development

Mental Health Discharge Protocol: Formal Protocol Implemented

Corrections Discharge Protocol: Formal Protocol Implemented

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

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

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

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

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

Health Care Discharge
For Protocol in Development, indicate the collaborating agencies/partners, the estimated date of implementation, and a brief description of the protocol being developed.

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

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

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

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

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

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

Locally, as documented in the Memorandum of Understanding with the CoC, no person discharged from the Forsyth County Detention Center is to be placed in any HUD McKinney-Vento funded CoC program for the homeless. Currently, housing placement services are provided upon request of persons for whom release is pending. Under discussion is a periodic Housing Resource Center to be brought into the jail under the auspices of the Ten Year Plan. Supporting local efforts, at the state level, the N.C. Department of Corrections 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.

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

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	DSS Foster Care P...	10/15/2008
Mental Health Discharge Protocol	No	CenterPoint Disch...	10/15/2008
Corrections Discharge Protocol	No	Forsyth County De...	10/15/2008
Health Care Discharge Protocol	No	--	No Attachment

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Attachment Details

Document Description: DSS Foster Care Protocol

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

Attachment Details

Document Description: CenterPoint Discharge Protocol

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

Attachment Details

Document Description: Forsyth County Detention Center Protocol

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

Attachment Details

Document Description:

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

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3E. Continuum of Care (CoC) Coordination

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

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness?

Yes

If yes, briefly list a few of the goals included in the Consolidated Plan:

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

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)?

No

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness?

Yes

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

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There are several goals in the 10-year plan that address homelessness and chronic homelessness. They include: 1) Enhance street outreach efforts to individuals living on the streets; 2) Create 69 units of transition in place units for individuals with chronic disabilities; 3) Create 261 units of permanent housing with wrap around services for individuals with chronic disabilities; 4) Expand short-term prevention assistance; 5) Develop a no wrong door approach to service delivery; 6) Create 268 transition in place units for individuals with short-term service needs; 7) Enhance employment and training services for individuals in the shelter system; 8) Create a Housing Resource Center to coordinate housing and service needs for the homeless; and 9) Develop discharge planning procedures for individuals returning to our community from state institutions.

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3F. Hold Harmless Need (HHN) Reallocation

Instructions:

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

Refer to the NOFA for addtional guidance on reallocating projects.

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

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

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4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

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

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	14	**Beds**	14	**Beds**
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	83	**%**	88	**%**
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	60	**%**	58	**%**
Increase percentage of homeless persons employed at exit to at least 18%	26	**%**	39	**%**
Ensure that the CoC has a functional HMIS system	75	**%**	77	**%**

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2006	165	97
2007	122	66
2008	141	80

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008   14

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$0	$0	$0	$0	$0
Operations	$215,778	$9,280	$0	$0	$0
Total	$215,778	$9,280	$0	$0	$0

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4C. Continuum of Care (CoC) Housing Performance

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	21
b. Number of participants who did not leave the project(s)	108
c. Number of participants who exited after staying 6 months or longer	19
d. Number of participants who did not exit after staying 6 months or longer	94
e. Number of participants who did not leave and were enrolled for 5 months or less	14
TOTAL PH (%)	88

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	786
b. Number of participants who moved to PH	455
TOTAL TH (%)	58

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

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

Total Number of Exiting Adults: 938

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	130	14	%
SSDI	46	5	%
Social Security	56	6	%
General Public Assistance	60	6	%
TANF	113	12	%
SCHIP	0	0	%
Veterans Benefits	9	1	%
Employment Income	364	39	%
Unemployment Benefits	17	2	%
Veterans Health Care	4	0	%
Medicaid	282	30	%
Food Stamps	332	35	%
Other (Please specify below)	39	4	%
family/friends, child support, Medicare			
No Financial Resources	148	16	%

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

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

Instructions:

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

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

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

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

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

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

The CoC systematically analyzes APR data for its projects each year and discusses the results of the analysis with project sponsors to identify barriers and strategies for improvement. This data is also provided to the TYP Mainstream/Public Benefits Sub-Committee, which works to improve access across the CoC, and it is used annually as part of the CoC's project priority rating process.

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

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

The TYP Mainstream/Public Benefits Sub-Committee meetings were held on 8/17/07, 9/21/07, 10/19/07, 11/16/07, 1/18/08, 2/15/08, 5/16/08, 7/10/08, and 9/11/08.

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. Annually

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

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

Has the CoC participated in SOAR training? Yes

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

Members of the CoC participated in SOAR training on March 19-20, 2007; May 22-23, 2007; and June 25-26, 2008.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	100%
Case managers provide individualized services that include assessing eligibility, preparing referral letters, completing applications, assembling documentation, making phone calls to mainstream providers, transporting clients to appointments, setting and monitoring outcome goals, and conducting follow-up to ensure enrollment and receipt of mainstream benefits.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	91%
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	27%
For those providers using a single application form, the form applies for SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, Veterans Health Care, HUD Housing, Workforce Development, JobLink, WIC, Childcare, Children's Education, Vocational Rehab, and Consumer Credit Counseling.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Case managers meet with clients on a weekly or biweekly basis to review each client's progress toward achieving goals/objectives in his/her case plan, which includes the receipt and utilization of mainstream benefits. The case manager also will contact the mainstream agency to assess status of application process and ensure its completion.	

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

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

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

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

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

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

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

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

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

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Continuum of Care (CoC) Project Listing

Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Supportive Services	2008-10-16 09:40:...	1 Year	Next Step Ministr...	37,800	Renewal Project	SHP	TH	F15
CPHS Shelter Plus...	2008-10-16 09:42:...	1 Year	CenterPoint Human...	220,920	Renewal Project	S+C	SRA	U18
Shelter Plus Care...	2008-10-16 10:06:...	5 Years	City of Winston-S...	104,640	New Project	S+C	TRA	S1
Project Transform...	2008-10-16 10:01:...	1 Year	City of Winston-S...	17,270	Renewal Project	SHP	TH	F16
Shelter Plus Care...	2008-10-16 10:04:...	1 Year	City of Winston-S...	179,940	Renewal Project	S+C	TRA	U19
BC Women's Services	2008-10-16 09:45:...	1 Year	City of Winston-S...	18,355	Renewal Project	SHP	TH	F10
HIV Shelter Plus ...	2008-10-16 09:51:...	1 Year	City of Winston-S...	124,812	Renewal Project	S+C	TRA	U21
CPHS Shelter Plus...	2008-10-16 09:43:...	1 Year	CenterPoint Human...	112,020	Renewal Project	S+C	TRA	U22
TSA Case Management	2008-10-16 10:07:...	1 Year	City of Winston-S...	70,206	Renewal Project	SHP	TH	F4
ESR PSH Case Mana...	2008-10-16 09:48:...	1 Year	City of Winston-S...	22,575	Renewal Project	SHP	PH	F12
BC Case Management	2008-10-16 09:45:...	1 Year	City of Winston-S...	46,475	Renewal Project	SHP	TH	F8
ESR Case Management	2008-10-16 09:46:...	1 Year	City of Winston-S...	98,122	Renewal Project	SHP	TH	F7
Project Cornerstone	2008-10-16 09:54:...	1 Year	City of Winston-S...	56,829	Renewal Project	SHP	TH	F9

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|---|---|---|---|---|---|---|---|---|
TSA Mental Health...	2008-10-16 11:42:...	1 Year	City of Winston-S...	47,545	Renewal Project	SHP	TH	F13
Homeless Manageme...	2008-10-16 09:51:...	1 Year	City of Winston-S...	25,000	Renewal Project	SHP	HMIS	F3
Project Homemaker	2008-10-16 09:41:...	1 Year	CenterPoint Human...	51,373	Renewal Project	SHP	PH	F14
Project SHOTS	2008-10-16 09:56:...	2 Years	City of Winston-S...	52,828	New Project	SHP	PH	F17
Shelter Plus Care...	2008-10-16 10:03:...	1 Year	City of Winston-S...	181,716	Renewal Project	S+C	TRA	U20
Project HOPE	2008-10-16 09:55:...	1 Year	City of Winston-S...	90,511	Renewal Project	SHP	SSO	F5
FS Case Management	2008-10-16 09:49:...	1 Year	City of Winston-S...	49,614	Renewal Project	SHP	TH	F6
FS Hispanic Services	2008-10-16 09:50:...	1 Year	City of Winston-S...	14,663	Renewal Project	SHP	TH	F11
Rapid Re-Housing ...	2008-10-16 10:02:...	3 Years	City of Winston-S...	209,754	New Project	SHP	TH	R2

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Budget Summary

FPRN	$699,166
Rapid Re-Housing	$209,754
Samaritan Housing	$104,640
SPC Renewal	$819,408
Rejected	$0