# Before Starting the Exhibit 1 Continuum of Care (CoC) Application

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:
- Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements. - Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps. - As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions click here.

# 1A. Continuum of Care (CoC) Identification

### Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

| | |
|---|---|
| **CoC Name and Number (From CoC Registration): (dropdown values will be changed)** | NC-500 - Winston Salem/Forsyth County CoC |
| **Collaborative Applicant Name:** | City of Winston-Salem |
| **CoC Designation:** | CA |

# 1B. Continuum of Care (CoC) Operations

## Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

| | |
|---|---|
| **Name of CoC Structure:** | Winston-Salem/Forsyth County Council on Services for the Homeless |
| **How often does the CoC conduct open meetings?** | Bi-monthly |
| **Are the CoC meetings open to the public?** | Yes |
| **Is there an open invitation process for new members?** | Yes |

**If 'Yes', what is the invitation process? (limit 750 characters)**

The Winston-Salem/Forsyth County Council on Services for the Homeless (Council) meetings are open to the public and anyone may attend. The majority of Council members represent organizations that provide services and housing to the homeless. These individuals attend on a voluntary basis or are assigned to represent their organization. Since meetings are open to the public, community members with personal interests or immediate opportunities for collaboration often attend on a limited basis due to the nature of their individual needs. When a community member contacts a Council member, they are put in direct contact with the Council chair and invited to the meeting. In 2012, the Council held several joint meetings with the Ten Year Plan Commission to accelerate the CoC's HEARTH efforts.

| | |
|---|---|
| **Are homeless or formerly homeless representatives members part of the CoC structure?** | Yes |
| **If formerly homeless, what is the connection to the community?** | Volunteer |

**Does the CoC provide**

| CoC Checks | Response |
|---|---|
| **Written agendas of meeting?** | Yes |
| **Centralized assessment?** | No |
| **ESG monitoring?** | Yes |

**If 'No' to any of the above what processes does the CoC plan to implement in the next year?
(limit 1000 characters)**

In 2012, the CoC developed a business plan to implement centralized/coordinated assessment, which will cover the entire geographic area for NC-500. The United Way of Forsyth County will begin its implementation in January of 2013, using ESG funding. The CoC has requested additional funds for the coordinated Community Intake Center (CIC) in this application through reallocation of SSO funds from one SSO renewal project. In developing the business plan for the CIC, the CoC has incorporated evidenced-based best practices and utilized NAEH's Coordinated Assessment Toolkit.

**Based on the selection made above, specifically describe each of the processes chosen
(limit 1000 characters)**

The Council chair and/or secretary prepare written agendas and minutes for each meeting. After review and corrections, Council members vote to accept minutes. Minutes are distributed both in meetings and via email.

ESG monitoring is part of the Collaborative Applicant's monitoring strategy that is submitted annually as an appendix to the Consolidated Plan Annual Plan and approved by HUD.

## Does the CoC have the following written and approved documents:

| Type of Governance | Yes/No |
|---|---|
| **CoC policies and procedures** | Yes |
| **Code of conduct for the Board** | Yes |
| **Written process for board selection** | Yes |
| **Governance charter among collaborative applicant, HMIS lead, and participating agencies.** | Yes |

# 1C. Continuum of Care (CoC) Committees

## Instructions:

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

## Committees and Frequency:

| Name of Group | Role of Group (limit 750 characters) | Meeting Frequency |
|---|---|---|
| Winston-Salem/Forsyth County Council on Services for the Homeless and Council Executive Board | The Council oversees all CoC work and meets to discuss homeless issues, coordinate services and eliminate duplications. The Council Executive Board addresses current needs, reviews committee work, and sets full Council agendas. The full Council votes on official business of the CoC, including the CoC application, project monitoring, and project submissions/priorities recommended by the Project Rating Panel. The Council leads HEARTH Act implementation efforts. In 2012, the Council oversaw the development of a coordinated Community Intake Center plan, opening in early 2013. This year the Council will work on governance (i.e., CoC policies, procedures, Board selection/code of conduct, and governance charter), consistent with UFA standards. | Monthly or more |
| Continuum of Care Committee | The CoC/HMIS Committee reports to the Council and meets to facilitate the CoC process, review progress on CoC action steps, coordinate trainings for frontline workers and feedback sessions with homeless clients, and complete essential tasks of the CoC application. It also meets to discuss HMIS implementation issues, training, and action items related to CHIN (Carolina Homeless Information Network) and AHAR, as well as mainstream services enrollment. The committee reviews CoC and agency-level data quality in CHIN's monthly reports, and uses data to monitor achievement levels for CoC Strategic Planning Objectives. The TYP Services Committee and Council's Families/Children Committee report business and action items at CoC/HMIS meetings. | Monthly or more |
| Ten-Year Plan (TYP) Commission on Homelessness | The TYP Commission meets to discuss TYP efforts and progress. Members are appointed by the City Council and County Commissioners, with staff from United Way, the City and County. Its mission is to provide solutions and services to eliminate chronic homelessness and improve the system for all homeless persons. The Commission reviews the work of its Committees: Employment; Advocacy; Housing; Project Homeless Connect; and Housing for Homeless Veterans. Members participate in the Health Department's Mental Health and Homelessness Committee and the Domestic Violence Taskforce. The Commission also supports the CoC's efforts to develop coordinated intake, better serve homeless veterans, increase rapid rehousing, and expand use of SOAR. | Monthly or more |

| | | |
|---|---|---|
| Shelter Providers Committee | The Shelter Providers Committee reports directly to the Council and meets to discuss issues relating to shelters and their homeless clients. This group also enables shelter staff, law enforcement and service providers an opportunity to collaborate. The Overflow Emergency Shelter Sub-Committee reports to the Shelter Providers Committee and is responsible for the community's annual plan to shelter homeless clients during the cold weather season. Specifically, the Overflow Emergency Shelter Sub-Committee seeks funds, identifies a facility, and organizes volunteers and transportation for the annual implementation of a winter Overflow Emergency Shelter. | Monthly or more |
| Outreach and Assessment Committee | This group meets to discuss homeless outreach efforts, to coordinate the point-in-time street and shelter counts and quarterly health screenings, and to collaborate with other community organizations. A consumer representative participates regularly in these committee meetings. In 2012, the CoC conducted a more rigorous street and service-based count of unsheltered homeless persons, in coordination with the vulnerability index survey administration as part of the CoC's participation in the 100,000 Homes Campaign. In 2013, the CoC will participate in the USICH Youth Count! initiative. | Monthly or more |

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

# 1D. Continuum of Care (CoC) Member Organizations

**Click on the  icon to enter information for the CoC Member Organizations.**

| Membership Type |
|---|
| Public Sector |
| Private Sector |
| Individual |

# 1D. Continuum of Care (CoC) Member Organizations Detail

## Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

**Type of Membership:** Public Sector
**Click Save after selection to view grids**

### Number of Public Sector Organizations Represented in Planning Process

| | Law Enforcement/ Corrections | Local Government Agencies | Local Workforce Investment Act Boards | Public Housing Agencies | School Systems/ Universities | State Government Agencies | Other |
|---|---|---|---|---|---|---|---|
| **Total Number** | 2 | 15 | 1 | 1 | 5 | 3 | 1 |

### Number of Public Sector Organizations Serving Each Subpopulation

| | Law Enforcement/ Corrections | Local Government Agencies | Local Workforce Investment Act Boards | Public Housing Agencies | School Systems/ Universities | State Government Agencies | Other |
|---|---|---|---|---|---|---|---|
| **Subpopulations** | | | | | | | |
| **Seriously mentally ill** | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| **Substance abuse** | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| **Veterans** | 0 | 1 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **HIV/AIDS** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Domestic violence** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Children (under age 18)** | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| **Unaccompanied youth (ages 18 to 24)** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

### Number of Public Sector Organizations Participating in Each Role

| | Law Enforcement/ Corrections | Local Government Agencies | Local Workforce Investment Act Boards | Public Housing Agencies | School Systems/ Universities | State Government Agencies | Other |
|---|---|---|---|---|---|---|---|
| **Roles** | | | | | | | |
| **Committee/Sub-committee/Work Group** | 1 | 6 | 0 | 1 | 1 | 0 | 0 |
| **Authoring agency for consolidated plan** | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| **Attend consolidated plan planning meetings during past 12 months** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Attend consolidated plan focus groups/ public forums during past 12 months** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Lead agency for 10-year plan** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Attend 10-year planning meetings during past 12 months** | 0 | 7 | 1 | 1 | 1 | 2 | 0 |
| **Primary decision making group** | 0 | 7 | 0 | 1 | 1 | 0 | 0 |

# 1D. Continuum of Care (CoC) Member Organizations Detail

## Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

**Type of Membership:** Private Sector
**Click Save after selection to view grids**

## Number of Private Sector Organizations Represented in Planning Process

| | Businesses | Faith-Based Organizations | Funder Advocacy Group | Hospitals/ Med Representatives | Non-Profit Organizations | Other |
|---|---|---|---|---|---|---|
| **Total Number** | 2 | 6 | 3 | 3 | 39 | 0 |

## Number of Private Sector Organizations Serving Each Subpopulation

| | Businesses | Faith-Based Organizations | Funder Advocacy Group | Hospitals/ Med Representatives | Non-Profit Organizations | Other |
|---|---|---|---|---|---|---|
| **Subpopulations** | | | | | | |
| **Seriously mentally ill** | 1 | 0 | 0 | 2 | 1 | 0 |
| **Substance abuse** | 1 | 0 | 0 | 1 | 7 | 0 |
| **Veterans** | 0 | 0 | 0 | 0 | 0 | 0 |
| **HIV/AIDS** | 0 | 0 | 0 | 1 | 1 | 0 |
| **Domestic violence** | 0 | 0 | 0 | 0 | 2 | 0 |
| **Children (under age 18)** | 0 | 0 | 0 | 0 | 0 | 0 |
| **Unaccompanied youth (ages 18 to 24)** | 0 | 0 | 0 | 0 | 0 | 0 |

## Number of Private Sector Organizations Participating in Each Role

| | Businesses | Faith-Based Organizations | Funder Advocacy Group | Hospitals/ Med Representatives | Non-Profit Organizations | Other |
|---|---|---|---|---|---|---|
| **Roles** | | | | | | |
| **Committee/Sub-committee/Work Group** | 0 | 3 | 3 | 2 | 26 | 0 |
| **Authoring agency for consolidated plan** | 0 | 0 | 0 | 0 | 0 | 0 |
| **Attend consolidated plan planning meetings during past 12 months** | 0 | 0 | 0 | 0 | 0 | 0 |
| **Attend Consolidated Plan focus groups/ public forums during past 12 months** | 0 | 0 | 0 | 0 | 0 | 0 |
| **Lead agency for 10-year plan** | 0 | 0 | 1 | 0 | 0 | 0 |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Attend 10-year planning meetings during past 12 months** | 1 | 0 | 3 | 1 | 15 | 0 |
| **Primary decision making group** | 0 | 4 | 2 | 2 | 23 | 0 |

# 1D. Continuum of Care (CoC) Member Organizations Detail

## Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

**Type of Membership:** Individual
**Click Save after selection to view grids**

### Number of Individuals Represented in Planning Process

| | Homeless | Formerly Homeless | Other |
|---|---|---|---|
| **Total Number** | 4 | 1 | 5 |

### Number of Individuals Serving Each Subpopulation

| | Homeless | Formerly Homeless | Other |
|---|---|---|---|
| **Subpopulations** | | | |
| **Seriously mentally ill** | 0 | 0 | 1 |
| **Substance abuse** | 0 | 0 | 0 |
| **Veterans** | 0 | 0 | 0 |

| | | | |
|---|---|---|---|
| **HIV/AIDS** | 0 | 1 | 0 |
| **Domestic violence** | 0 | 1 | 0 |
| **Children (under age 18)** | 0 | 0 | 0 |
| **Unaccompanied youth (ages 18 to 24)** | 0 | 0 | 0 |

## Number of Individuals Participating in Each Role

| | Homeless | Formerly Homeless | Other |
|---|---|---|---|
| **Roles** | | | |
| **Committee/Sub-committee/Work Group** | 1 | 4 | 5 |
| **Authoring agency for consolidated plan** | 0 | 0 | 0 |
| **Attend consolidated plan planning meetings during past 12 months** | 0 | 0 | 0 |
| **Attend consolidated plan focus groups/ public forums during past 12 months** | 0 | 0 | 0 |
| **Lead agency for 10-year plan** | 0 | 0 | 0 |
| **Attend 10-year planning meetings during past 12 months** | 0 | 1 | 2 |
| **Primary decision making group** | 1 | 3 | 4 |

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

### Instructions:

The CoC solicitation of project applications and the project application selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s). Where applicable, describe how the process works.

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

| | |
|---|---|
| **Open Solicitation Methods (select all that apply):** | d. Outreach to Faith-Based Groups, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, a. Newspapers, f. Announcements at Other Meetings, e. Announcements at CoC Meetings |
| **Rating and Performance Assessment Measure(s) (select all that apply):** | g. Site Visit(s), m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, i. Evaluate Project Readiness, p. Review Match, o. Review CoC Membership Involvement, r. Review HMIS participation status, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, j. Assess Spending (fast or slow), b. Review CoC Monitoring Findings, a. CoC Rating & Review Commitee Exists, f. Review Unexecuted Grants, e. Review HUD APR for Performance Results, d. Review Independent Audit, c. Review HUD Monitoring Findings |

**Describe how the CoC uses the processes selected above in rating and ranking project applications.**
**(limit 750 characters)**

The unbiased Project Rating Panel reviewed all project applications to ensure applicants and subrecipients met the CoC's performance standards and threshold criteria, which includes APR performance, HMIS data quality, and results of monitoring. The Panel also evaluated project applications based on completeness/accuracy, organizational capacity and role in CoC, ability to meet CoC's strategic priority (consistency with CoC Action Plan), project design, cost effectiveness/prior spending, and timeliness using a Scoring Guide. The Collaborative Applicant (City of Winston-Salem) collected and reviewed all leveraging letters on behalf of the Panel. Final ranking was based on this application review and the CoC’s Strategic Planning.

| | |
|---|---|
| **Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community?** | Yes |
| **Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds?** | Yes |
| **Voting/Decision-Making Method(s) (select all that apply):** | b. Consumer Representative Has a Vote, c. All CoC Members Present Can Vote, d. One Vote per Organization, e. Consensus (general agreement), a. Unbiased Panel/Review Commitee, f. Voting Members Abstain if Conflict of Interest |
| **Is the CoC open to proposals from entities that have not previously received funds in the CoC process?** | Yes |

**If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)**

The Collaborative Applicant (CA), which is the City of Winston-Salem, works with all homeless service providers that express an interest in applying for HUD funds. The CA coordinates the open solicitation process and meets with homeless service providers to answer questions about the project application and HUD CoC requirements, as detailed in the NOFA. Since there were many new developments in the CoC program in 2012, the Council, in coordination with the CA, conducted several meetings to educate homeless service providers on information in the Interim Rule and NOFA. The CA is a non-voting member of the CoC's Project Rating Panel, and communicates recommendations and application feedback to homeless service providers seeking HUD funds. Per HUD requirements, the CA, on behalf of the CoC, notified all project applicants more than 15 days before the application deadline about the CoC Project Listing.

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

**If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)**

This is not applicable.

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

## Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

**Emergency Shelter:** Yes

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

Bethesda Center for the Homeless added 18 new beds in its Men's Shelter and 1 new bed in its Paynter Bldg./Kinser Women's Shelter between 2011 and 2012, which was simply due to purchasing new beds and re-configuring facility. In an effort to reduce length of stay and streamline programming, Family Service Inc. converted all of its TH beds to ES beds, which resulted in an increase of 7 beds for households with children and an increase of 3 beds in the households without children in the ES program type (Note: One bed switched from households with children to households without children during the program type shift.).

**HPRP Beds:** Yes

**Briefly describe the reason(s) for the change in HPRP beds or units, if applicable**
**(limit 750 characters)**

On the PIT, HPRP programs reported the following changes since 2011 PIT. Eureka Ministries had no HPRP clients on the 2012 PIT (a decrease of 4 households without children beds). Goodwill WS State-HPRP added 6 beds for households with children and 5 beds for households without children beds in 2012. The Salvation Army/HPRP had a total of 22 beds in 2011 and 20 beds in 2012, which represents an increase of 3 beds for households with children and a decrease of 5 beds for households without children).

**Safe Haven:** Not Applicable

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

**Transitional Housing:** Yes

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

The ACS Horseshoe facility now serves only households (hh) w/o children (5 beds for hh w/o children). Family Service Inc. converted all of its TH beds to ES (decrease of 8 hh with children beds and 2 hh w/o children beds). HHT Project Transformation now serves only hh with children (increase of 8 hh with children beds and decrease of 4 hh w/o children beds). IMPACT De'Asja's House increased its hh with children bed count by 3 and decreased its hh w/o children bed count by 1 due to changes in client population. TCH My Aunt's House reported 8 beds/8 units in their facility along with cribs for babies. Fellowship Home's New Horizon program closed 3 hh w/o children beds. GPD-VHVH TH program was corrected to show 30 beds under development.

**Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing?** No

**If yes, how many transitional housing units in the CoC are considered "transition in place":**

**Permanent Housing:** Yes

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

Most bed changes were due to changes in client populations (i.e., changing family sizes or shifting beds from one household type to another). Programs with these types of bed changes include: Bethesda Center's SPC1 and SPC4; CenterPoint Human Services' SPC TRA (2002) and SPC; ESR's SPC3; Salvation Army's SPC4; and VASH-HA Winston-Salem (2009) and VASH-HA Winston-Salem (2010). Other changes included: 1) CenterPoint Human Services made a short-term increase in Project Homemaker by 1 bed for hh w/o children and Project New Hope by 1 bed for hh w/o children; and 2) WSRM reduced Life Builders PH be 1 hh w/o children bed. In beds Under Development, ESR added 2 hh w/o children beds to 5th St II and 3 hh w/o children beds to Veterans SPC (2010).

**CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding:** Yes

# 1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

**Instructions:**

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24 hour period during the last ten days of January 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

| | |
|---|---|
| **Did the CoC submit the HIC data in HDX by April 30, 2012?** | Yes |
| **If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)** | |
| **Indicate the type of data sources or methods used to complete the housing inventory count (select all that apply):** | HMIS plus housing inventory survey |
| **Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply):** | Follow-up, Updated prior housing inventory information, Training, Instructions, HMIS, Confirmation |
| **Must specify other:** | |
| **Indicate the type of data or method(s) used to determine unmet need (select all that apply):** | Provider opinion through discussion or survey forms, Unsheltered count, Housing inventory, HUD unmet need formula |
| **Specify "other" data types:** | |
| **If more than one method was selected, describe how these methods were used together (limit 750 characters)** | |

The HUD unmet need formula was the only method used for the emergency shelter, transitional housing, and permanent housing unmet need calculations. However, the CoC used all of the other selected methods to obtain the necessary data that is plugged into the HUD unmet need formula. After running calculations on unmet need, the CoC only found unmet need in permanent housing beds. With regards to seasonal unmet need, the CoC determined the seasonal unmet need through discussions with providers. There was no seasonal unmet need in 2012 HIC as reported in HDX.

# 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

| | |
|---|---|
| **Select the HMIS implementation coverage area:** | Statewide |
| **Select the CoC(s) covered by the HMIS (select all that apply):** | NC-500 - Winston Salem/Forsyth County CoC, NC-507 - Raleigh/Wake County CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-516 - Northwest North Carolina CoC, NC-501 - Asheville/Buncombe County CoC, NC-504 - Greensboro/High Point CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-502 - Durham City & County CoC, NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC, NC-513 - Chapel Hill/Orange County CoC, NC-505 - Charlotte/Mecklenburg County CoC, NC-503 - North Carolina Balance of State CoC |
| **Is there a governance agreement in place with the CoC?** | Yes |
| **If yes, does the governance agreement include the most current HMIS requirements?** | Yes |

**If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)**

This is not applicable.

| | |
|---|---|
| **Does the HMIS Lead Agency have the following plans in place?** | Data Quality Plan, Privacy Plan, Security Plan |

| | |
|---|---|
| **Has the CoC selected an HMIS software product?** | Yes |
| **If 'No', select reason:** | |
| **If 'Yes', list the name of the product:** | ServicePoint |
| **What is the name of the HMIS software company?** | Bowman Systems Inc. |
| **Does the CoC plan to change HMIS software within the next 18 months?** | No |
| **Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)** | 05/01/2006 |
| **Indicate the challenges and barriers impacting the HMIS implementation (select all the apply):** | No or low participation by non-HUD funded providers, Inadequate resources, Inadequate staffing |

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

This is not applicable.

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

The CoC’s Collaborative Applicant/HMIS Lead and the CoC/HMIS Committee oversee local implementation and HMIS issues. The CoC's main challenges are staffing and resources among small provider organizations. Staffing issues include turnover of trained users; minimal technical skills among staff using HMIS; and insufficient funds to hire skilled HMIS data entry staff. The CoC will address this issue through the new coordinated intake and continued efforts of the CoC/HMIS Committee, which reviews Data Quality Reports. In these committee meetings, HMIS users provide peer support on data entry issues and there is regular dialog among agency directors, HMIS users, and CHIN staff to continually improve the process. Another challenge is the CoC has a large non-HUD funded provider not using the HMIS. The CoC will continue to encourage this provider to use the HMIS. Also, this year statewide HMIS fees were restructured, causing several CoCs, including NC500, to apply for HMIS expansion funds.

| | |
|---|---|
| **Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured?** | Yes |

# 2B. Homeless Management Information System (HMIS): Funding Sources

## In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

| | | |
|---|---|---|
| **Operating Start Month/Year** | July | 2012 |
| **Operating End Month/Year** | June | 2013 |

## Funding Type: Federal - HUD

| Funding Source | Funding Amount |
|---|---|
| **SHP** | $25,000 |
| **ESG** | |
| **CDGB** | $6,873 |
| **HOPWA** | |
| **HPRP** | |
| **Federal - HUD - Total Amount** | $31,873 |

## Funding Type: Other Federal

| Funding Source | Funding Amount |
|---|---|
| **Department of Education** | |
| **Department of Health and Human Services** | |
| **Department of Labor** | |
| **Department of Agriculture** | |
| **Department of Veterans Affairs** | |
| **Other Federal** | |
| **Other Federal - Total Amount** | |

## Funding Type: State and Local

| Funding Source | Funding Amount |
|---|---|
| **City** | |
| **County** | |
| **State** | |
| **State and Local - Total Amount** | |

## Funding Type: Private

| Funding Source | Funding Amount |
|---|---|
| Individual | |
| Organization | |
| Private - Total Amount | |

## Funding Type: Other

| Funding Source | Funding Amount |
|---|---|
| Participation Fees | |

| Total Budget for Operating Year | $31,873 |
|---|---|

**Is the funding listed above adequate to fully fund HMIS?** No

**If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)**

The City of Winston-Salem (CoC Lead/Collaborative Applicant and HMIS Lead) is including a CoC expansion project in the 2012 CoC submission.

**How was the HMIS Lead Agency selected by the CoC?** Agency was Appointed

**If Other, explain (limit 750 characters)**

The City of Winston-Salem (Collaborative Applicant (CA)/HMIS Lead) is including an HMIS expansion project in the 2012 CoC submission. With a GIW-approved HMIS Component renewal, where the City is applicant, the City then is HMIS Lead as “The interim rule provides that the HMIS component is for funds that are used by HMIS Leads only.” Also, because the CoC needed to include an expansion project for increased software costs for Carolina Homeless Information Network (CHIN), coordinated intake HMIS staff, and computers, and because HUD guidance said such funds could only be reallocated to a dedicated HMIS project "by the HMIS Lead", the City/CA agreed to be HMIS Lead and do a subrecipient agreement with CHIN, which provides HMIS services.

# 2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

## Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

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

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

| | |
|---|---|
| *** Emergency Shelter (ES) beds** | 65-75% |
| *** HPRP beds** | 86%+ |
| *** Safe Haven (SH) beds** | Housing type does not exist in CoC |
| *** Transitional Housing (TH) beds** | 65-75% |
| *** Rapid Re-Housing (RRH) beds** | 86%+ |
| *** Permanent Housing (PH) beds** | 65-75% |

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

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

# 2D. Homeless Management Information System (HMIS) Data Quality

## Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

**Does the CoC have a Data Quality Plan in place for HMIS?** Yes

### What is the HMIS service volume coverage rate for the CoC?

| Types of Services | Volume coverage percentage |
|---|---|
| **Outreach** | 95% |
| **Rapid Re-Housing** | 100% |
| **Supportive Services** | 95% |

### Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

| Type of Housing | Average Length of Time in Housing (Months) |
|---|---|
| **Emergency Shelter** | 2 |
| **Transitional Housing** | 3 |
| **Safe Haven** | 0 |

### Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

| Universal Data Element | Records with no values (%) | Records where value is refused or unknown (%) |
|---|---|---|
| **Name** | 0% | 0% |
| **Social security number** | 1% | 10% |
| **Date of birth** | 0% | 0% |
| **Ethnicity** | 0% | 0% |

| Universal Data Element | Records with no values (%) | Records where value is refused or unknown (%) |
|---|---|---|
| **Race** | 0% | 0% |
| **Gender** | 0% | 0% |
| **Veteran status** | 1% | 0% |
| **Disabling condition** | 3% | 0% |
| **Residence prior to program entry** | 2% | 0% |
| **Zip Code of last permanent address** | 1% | 2% |
| **Housing status** | 4% | 0% |
| **Destination** | 0% | 3% |
| **Head of household** | 0% | 0% |

**How frequently does the CoC review the quality of project level data, including ESG?** At least Quarterly

**Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters)**

CHIN, the HMIS provider, uses comparative reporting to help agencies improve client and program data. The monthly Data Quality Report provides the CA/HMIS Lead, agencies, and the CoC/HMIS committee with an overview of data quality & completeness, entry/exit dates, utilization rates, and inventory. Also, agencies may request a report at any time. Standardized ServicePoint reports always available include: APR data; clients served; and clients not served. For agencies needing improvement, on-site and on-line data entry TA and training are provided. Also, the CA/HMIS Lead coordinates HMIS policy annually and samples client data records on monitoring visits and prior to APR submission to audit data collection and HMIS system performance.

**How frequently does the CoC review the quality of client level data?** At least Quarterly

**If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)**

**Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS?** Yes

| | |
|---|---|
| **Indicate which reports the CoC submitted usable data (Select all that apply):** | 2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR |
| **Indicate which reports the CoC plans to submit usable data (Select all that apply):** | 2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR |

# 2E. Homeless Management Information System (HMIS) Data Usage

## Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

## Indicate the frequency in which the CoC uses HMIS data for each of the following:

| | |
|---|---|
| **Integrating or warehousing data to generate unduplicated counts:** | Never |
| **Point-in-time count of sheltered persons:** | At least Semi-annually |
| **Point-in-time count of unsheltered persons:** | Never |
| **Measuring the performance of participating housing and service providers:** | At least Quarterly |
| **Using data for program management:** | At least Monthly |
| **Integration of HMIS data with data from mainstream resources:** | Never |

## Indicate if your HMIS software is able to generate program-level reporting:

| Program Type | Response |
|---|---|
| **HMIS** | Yes |
| **Transitional Housing** | Yes |
| **Permanent Housing** | Yes |
| **Supportive Services only** | Yes |
| **Outreach** | Yes |
| **Rapid Re-Housing** | Yes |
| **Emergency Shelters** | Yes |
| **Prevention** | Yes |

# 2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

## Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

### For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

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

**How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices?** At least Annually

**How often does the CoC Lead Agency 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', does the HMIS Policy and Procedures manual include governance for:

| | |
|---|---|
| **HMIS Lead Agency** | X |
| **Contributory HMIS Organizations (CHOs)** | |

| | |
|---|---|
| **If 'Yes', indicate date of last review or update by CoC:** | 09/05/2012 |
| **If 'Yes', does the manual include a glossary of terms?** | No |
| **If 'No', indicate when development of manual will be completed (mm/dd/yyyy):** | 02/28/2013 |

# 2G. Homeless Management Information System (HMIS) Training

## Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

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

| | |
|---|---|
| *** Privacy/Ethics training** | At least Monthly |
| *** Data security training** | At least Monthly |
| *** Data quality training** | At least Monthly |
| *** Using data locally** | At least Quarterly |
| *** Using HMIS data for assessing program performance** | At least Semi-annually |
| *** Basic computer skills training** | Never |
| *** HMIS software training** | At least Monthly |
| *** Policy and procedures** | At least Annually |
| *** Training** | At least Monthly |
| *** HMIS data collection requirements** | At least Monthly |

# 2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

### Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

| | |
|---|---|
| **How frequently does the CoC conduct the its sheltered point-in-time count:** | annually (every year) |
| **Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy):** | 01/25/2012 |
| **If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012?** | Not Applicable |
| **Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012?** | Yes |

**If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)**

**Indicate the percentage of homeless service providers supplying sheltered population and subpopulation data for the point-in-time count that was collected via survey, interview and HMIS:**

| Housing Type | Observation | Provider Shelter | Client Interview | HMIS |
|---|---|---|---|---|
| **Emergency Shelters** | 0% | 100% | 100% | 60% |
| **Transitional Housing** | 0% | 100% | 100% | 63% |
| **Safe Havens** | 0% | 0% | 0% | 0% |

### Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

There was a decrease in the sheltered count from 2011 to 2012. In 2012, the CoC reported 277 persons in Emergency Shelters and 159 persons in Transitional Housing, as compared to to the 309 persons in Emergency Shelters and 159 persons in Transitional Housing in 2011. Some of this decrease was a result of an increase in unsheltered persons, which was largely attributed to the weather. Another reason for the decrease is one of the larger providers reported a significant number of client exits in January (prior to the PIT count) due to clients receiving tax return money.

### Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

| Need/Gap | Identified Need/Gap (limit 750 characters) |
|---|---|
| *** Housing** | There is a need for both rapid rehousing and permanent supportive housing for both households with children and households without children, including chronically homeless families and individuals. |
| *** Services** | Many homeless persons reported needs for a variety of services that indicate a need for coordinated assessment, referral and case management. |
| *** Mainstream Resources** | Many homeless persons reported needs for food, income assistance, health care, veterans services and other services, but the homeless persons need assistance in accessing these services. |

# 2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

### Instructions:

Accuracy of the data reported in the sheltered point-in-time count is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

**Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):**

| | |
|---|---|
| **Survey providers:** | X |
| **HMIS:** | X |
| **Extrapolation:** | |
| **Other:** | |

**If Other, specify:**

**Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)**

The CoC Collaborative Applicant (City of Winston-Salem) distributed and collected a data collection form that was completed by providers, who were asked to compare it to their HMIS client lists for accuracy. The agency data was entered into a spreadsheet, and compiled into a CoC-wide, point-in-time count report.

More specifically, in 2012, the CoC distributed 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 25, 2012. Providers used their case management records of individual clients and their expertise to complete the survey and properly count all homeless individuals. Providers were asked to cross-check survey data with HMIS data. Survey results were submitted to the City of Winston-Salem, where they were compiled and submitted to the statewide homeless coalition. Homeless population data were reconciled with the PIT housing inventory. In 2012, a vulnerability survey also was administered to all homeless persons, and providers submitted a list of chronically homeless persons. Further evaluation of PIT data is accomplished through comparison with prior counts and comparison with counts from other CoCs in the state, since data collection formats and posting are done through the state homeless coalition (NCCEH).

# 2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

### Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons. Sheltered chronically homeless persons are those living in emergency shelters only.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

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

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

**If Other, specify:**

**Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)**

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 25, 2012. Providers used their case management records of individual clients and their expertise to complete the survey and properly count all homeless individuals. Providers were asked to validate survey data on all sheltered homeless persons against HMIS data. Survey results were submitted to the City of Winston-Salem, where they were checked for accuracy and inconsistencies. Homeless population data were reconciled with the PIT housing inventory. After data was confirmed, the City (CA/HMIS Lead) compiled and submitted it to NCCEH and later to HUD HDX.

Additionally, in 2012, shelter providers were asked to coordinate with volunteers who administered a 100,000 Homes vulnerability survey on behalf of the local Ten Year Plan to End Chronic Homelessness. Shelter providers also were asked to provide the CoC with a list of chronically homeless persons. The survey data and lists were reconciled to produce an unduplicated list of chronically homeless persons. Provider expertise was necessary to identify accurately those who were chronically homeless.

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

### Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

**Indicate the method(s) used to verify the data quality of sheltered homeless persons (select all that apply):**

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

**If Other, specify:**

**If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters)**

Survey forms were counted and compared to shelter censuses. Survey takers coded survey forms to create a client identifier to use in de-duplication.

**Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)**

Instructions were emailed to shelter providers with the PIT count form developed in coordination with the North Carolina Coalition to End Homelessness and the Balance of State CoC. Training was provided to shelter providers at CoC meetings. The final form is sent out 7 days prior to the actual count. One day prior to the count, a reminder is sent. Data is requested to be returned within 3 business days. Follow-up occurs on the fourth day. All shelter providers are requested to check a box on the PIT count form, indicating data has been verified against HMIS. Non-HMIS de-duplication of chronically homeless persons is done by having agencies provide a list of chronically homeless persons by HMIS identifier.

# 2L. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

### Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

| | |
|---|---|
| **How frequently does the CoC conduct an unsheltered point-in-time count?** | annually (every year) |
| **Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy):** | 01/25/2012 |
| **If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012?** | Not Applicable |
| **Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012?** | Yes |

**If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011**
**(limit 750 characters)**

**Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change**
**(limit 750 characters)**

There was a significant increase in the number of unsheltered persons counted from 2011 to 2012. This is increase is attributed to two main factors. First, in 2012, the CoC conducted a more rigorous street and service-based count of unsheltered homeless persons, in coordination with the vulnerability index survey administration as part of the CoC's participation in the 100,000 Homes Campaign. Thus, the CoC recorded significant increases in its unsheltered and unsheltered chronically homeless populations in 2012. Second, temperatures were above average in January 2012, which also attributed to an increase in the CoC's unsheltered counts. As a result of increases in unsheltered homeless, the CoC recorded decreases in ES and TH shelter counts from 2011 to 2012.

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

### Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

| Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply): | |
|---|---|
| **Public places count:** | |
| **Public places count with interviews on the night of the count:** | X |
| **Public places count with interviews at a later date:** | |
| **Service-based count:** | X |
| **HMIS:** | |
| **Other:** | |
| **None:** | |

**If Other, specify:**

**Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)**

Teams were assigned to discrete areas to conduct searches on the evening of the point-in-time count. 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. Survey forms were based on the 100,000 Homes approach to collect data to build a vulnerability index of homeless persons needing housing.

For the service-based count, persons were asked where they slept the evening before and whether or not they were interviewed. If persons slept in a place not meant for human habitation, then similar techniques were used (i.e., codes were assigned upon interview) and the interviewer also confirmed that they did not participate in an interview on the prior evening.

# 2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

### Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

| | |
|---|---|
| **Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count:** | A Combination of Locations |
| **If Other, specify:** | |

# 2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

## Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

**Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count (select all that apply):**

| | |
|---|---|
| **Training:** | X |
| **HMIS:** | |
| **De-duplication techniques:** | X |
| **"Blitz" count:** | |
| **Unique identifier:** | X |
| **Survey question:** | X |
| **Enumerator observation:** | |
| **Other:** | |

**If Other, specify:**

**Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters)**

Teams were assigned to discrete areas to conduct searches on the evening of the point-in-time count. 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.

For the service-based count, persons were asked where they slept the evening before and whether or not they were interviewed. If persons slept in a place not meant for human habitation, then similar techniques were used (i.e., codes were assigned upon interview) and the interviewer also confirmed that they did not participate in an interview on the prior evening.

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

The CoC identified one household with dependent children in the service-based count (1 parent, 1 child) in 2012. This was the first unsheltered household with a dependent child identified at the PIT based on CoC records, which go back to 1996. 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 that routinely sleep on the streets or other places not meant for human habitation**
**(limit 1500 characters)**

The PATH program of Wake Forest Baptist Medical Center (Dept. of Psychiatry & Behavioral Medicine) 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. The two street outreach programs' staff and Ten Year Plan staff comprise the CoC group's Outreach and Assessment Committee, which provides continuous planning to better serve unsheltered homeless persons. In 2012, their implementation of the street count included use of survey forms using the 100,000 Homes approach to collect data to build a vulnerability index of homeless persons needing housing.

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

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

### Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

| | |
|---|---|
| **How many permanent housing beds are currently in place for chronically homeless persons?** | 115 |
| **In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** | 118 |
| **In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** | 150 |
| **In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** | 200 |

**Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless**
**(limit 1000 characters)**

As of 1/30/12, the CoC had 115 PH beds for CH persons (HIC shows 110 current & new beds on 1/25/12, but 5 under development beds opened on 1/30/12.) Form 4B of this application uses CH progress/bed counts for the period 2/1/11 - 1/31/12, and the CoC included these 5 beds in the above baseline (Form 3A), as well as in FY2011 Achievements (Form 4A), so the application has a consistent figure throughout. Again, this differs from 2012 HIC, as Form 4B uses a slightly different timeframe. The 2013 HIC will list 3 new CH beds for veterans, and the CoC proposes to create 29 beds for CH persons through the REACH and PSH 1 projects with 2012 CoC funds. By the 2014 HIC, the CoC will lose some CH beds due to reallocation of PH funds to create rapid rehousing units, but CH persons will have access to rapid rehousing. Segregation of disabled persons is minimized by scattered site TRA and rapid rehousing. The Collaborative Applicant and its partners will monitor strategy implementation.

**Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless**
**(limit 1000 characters)**

The long-term plan focuses on increasing access to permanent housing for ALL homeless persons, using CoC and ESG permanent supportive housing and rapid rehousing and other housing resources beyond CoC and ESG funds. Chronically homeless persons will have priority for housing due to the use of the vulnerability index in coordinated assessments. Housing stabilization will be facilitated by creating permanent housing case management staff positions through CoC and non-CoC resources. For example, the public housing authority has committed to provide 34 units for CH persons, and a local foundation has provided funding for case management staff to provide housing stabilization services in those units. Segregation of disabled persons is minimized by scattered site TRA and rapid rehousing. The Collaborative Applicant and its partners will monitor strategy implementation.

**Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015**
**(limit 1000 characters)**

By improving access to housing FOR ALL HOMELESS PERSONS through coordinated intake and prioritizing housing for chronically homeless persons, combined with rapid rehousing for all homeless persons, the CoC will gradually reduce the number of long-time homeless persons in shelters and on the streets. The CoC intends to continue to identify CH persons and prioritize them for housing placement and stabilization services. Segregation of disabled persons will continue to be minimized by use of scattered site TRA and rapid rehousing. The Collaborative Applicant and its partners will continue to review and update CoC Action Plans and monitor strategy implementation in an effort to obtain the national goal.

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

### Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

## Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each CoC-funded permanent housing project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicted on form 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

| | |
|---|---|
| **What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?** | 88% |
| **In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** | 85% |
| **In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** | 85% |
| **In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** | 86% |

**Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)**

This year 88% of participants remained in CoC-funded permanent housing for 6 months or more. The CoC consistently performs above HUD's threshold with success through regular client contact and a focus on meeting clients' needs for supportive services. The CoC reviews quarterly HMIS data for each PH project to monitor housing retention and provides feedback to PH providers. Through committee efforts, the CoC continues to develop income and supports for persons in PH. The CoC also continues to use Shelter Plus Care as a model for housing chronically homeless persons, but is also beginning to use rapid rehousing to house this population. In collaboration with the CoC, the local Housing Authority now has approved housing preferences for chronically homeless persons and has developed a project with 34 units dedicated to chronically homeless persons for which services are provided by a CoC member agency. The services are funded by a local foundation.

**Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)**

Hands-on supportive services are the key element in PH retention and part of the CoC's long-term plan. Most PH beds in the CoC are funded through CoC rental assistance with case management. Combining rental assistance with services improves housing stability and PH retention. CoC housing bonus funds each year make possible incremental improvement in PH retention rates. As the CoC utilizes other funding sources, it uses the supportive housing model. For example, HOME TBRA is used to provide transition-in-place housing and is paired with CoC-funded case management. The changes through reallocation evident in the 2012 CoC project application mix are planned to improve PH retention, especially the PH case management and rapid rehousing projects. The Collaborative Applicant and its partners will continue to monitor strategy implementation and impacts on CoC performance.

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

### Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

## Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report h(APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on from 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

| | |
|---|---|
| **What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** | 78% |
| **In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** | 72% |
| **In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** | 78% |
| **In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** | 80% |

**Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)**

At 78%, the CoC far exceeded its achievement level over the last year, demonstrating great success in moving TH participants to PH. The projected 12-month achievement is more modest, since past performance has been around 65%. Most transitional housing project funding is being reallocated to permanent housing and rapid rehousing funding in the 2012 CoC process, which will facilitate movement to PH. The remaining TH programs will be operated by agencies that are adopting the Housing First approach. Although they have had good success at PH placement as TH programs, the CoC anticipates the long-term percentages will increase even more under the new approach. The Collaborative Applicant and its partners will continue to monitor strategy implementation and impacts on CoC performance.

**Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)**

Key ingredients to improve PH placement are assistance in obtaining and maintaining housing and increasing incomes. The CoC's shift to coordinated intake and rapid rehousing are efforts geared toward housing stabilization with housing location services complementing case management and expediting housing placement in both CoC and ESG funded programs. For housing stability, a client needs income. The WS/FC CoC is one of a limited number of communities in NC with 3 SOAR workers, and this enables the CoC to obtain disability income for clients more quickly. To help individuals and families achieve financial stability, United Way, Goodwill and Consumer Credit collaborated to begin using the Career Connections and Prosperity Center as the site for coordinated intake. This approach leverages programs that help to increase incomes for participants. The Collaborative Applicant and its partners will continue to monitor strategy implementation and impacts on CoC performance.

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

### Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

### Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Cash Income.

In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

| | |
|---|---|
| **What is the current percentage of participants in all CoC-funded projects that are employed at program exit?** | 32% |
| **In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?** | 33% |
| **In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?** | 34% |
| **In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?** | 35% |

**Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more**
**(limit 1000 characters)**

The CoC has elected to place coordinated intake and assessment services at the Career Placement and Prosperity Center, because of access to income-supporting services, including employment. Housing location and case management services also are delivered through the center. As needed, participants attend the Financial Literacy classes and Tenant Education Clinic offered through the center. Housing Stability Action Plans are developed with each participant and include actions to increase employment income. Persons also may be referred to employment training programs through Goodwill Industries, a key member of the CoC. The Urban League conducts job fairs and employment training, which assist homeless veterans. Persons needing SOAR services are referred to one of 4 SOAR programs in the CoC or to other CoC-member programs with SOAR-certified staff. The CA and its partners in the CoC continue to monitor the impact of this approach on performance.

**Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more**
**(limit 1000 characters)**

Long-term plans build directly from the CoC's short-term plan to operate coordinated intake and assessment services at the Career Placement and Prosperity Center, because of access to income-supporting services, including employment. Housing location and case management services also are delivered through the center which offers the opportunity to address both housing and income. As needed, participants attend the Financial Literacy classes and Tenant Education Clinic offered through the Center. Housing Stability Action Plans are developed with each participant and include actions to increase employment income. The CoC expects that over the long-term opportunities for participants' employment will improve as a result of the local economy improving and/or CoC job-seeking/job-training for participants increases in sophistication. The CA and its partners in the CoC continue to monitor the impact of this approach on performance.

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

### Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

## Instructions:

Access to mainstream resources is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

| | |
|---|---|
| **What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?** | 84% |
| **in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** | 84% |
| **in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** | 85% |
| **in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** | 86% |

**Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)**

The CoC is currently at 84% of participants exiting with 1 or more sources for non-cash income (mainstream benefit), as indicated in Form 4E with 16% of participants exiting with no sources of non-cash income. The new Community Intake Center (centralized and coordinated intake and assessment) or CIC will use a single application for intake that collects information on participants' needs and current use of services. Weekly multi-disciplinary team assessments will facilitate enrollment in mainstream programs. SOAR has greatly increased the number of households with disability income. The CoC, a Bronze level SOAR certified community, plans to continue its use and possibly expand SOAR during the next year. The CA and its partners in the CoC continue to monitor the impact of these approaches on performance, in order to determine the most effective investment of resources.

**Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)**

The CoC is now at 84% of exits with 1 or more sources for non-cash income (mainstream benefit), as shown in 4E with 16% of participants exiting with no sources of non-cash income. The new Community Intake Center (centralized and coordinated intake and assessment) will use a single application for intake that collects information on participants' needs and current use of services. Weekly multi-disciplinary team assessments will facilitate enrollment in mainstream programs. The CoC will work with CHIN to develop HMIS reports that evaluate efforts to obtain mainstream benefits for participants, and identify best practices and increase efficiency in the application process. SOAR has greatly increased the numbers of households with disability income. The CoC, a Bronze level SOAR certified community, plans to continue and possibly expand use of SOAR over the next ten years. The CA and its partners in the CoC continue to monitor the impact of these approaches on performance.

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

### Objective 6: Decrease the number of homeless individuals and families:

### Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

| | |
|---|---|
| **What is the current total number of homeless households with children as reported on the most recent point-in-time count?** | 54% |
| **In 12 months, what will be the total number of homeless households with children?** | 52% |
| **In 5 years, what will be the total number of homeless households with children?** | 45% |
| **In 10 years, what will be the total number of homeless households with children?** | 40% |

**Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters)**

The CoC has identified several steps over the next 12 months to decrease the number of homeless households with children (2012 PIT count = 54). The CoC will implement coordinated intake, rapid rehousing, and permanent housing case management through CoC and ESG funding. VASH vouchers will house some veterans with dependent children. The CoC will work with the Housing Authority and faith-based organizations to provide housing to homeless households with children and to establish local income-based housing preferences. The CoC will collaborate with businesses to provide job placement opportunities for families with children. While the CoC already collaborates with Project HOPE of the Winston-Salem/Forsyth County Schools, they will work together to ensure that all CoC agencies are in compliance with HEARTH Act requirements regarding education. The CoC group also is working with a local nonprofit on a potential large housing/services campus project that would house families.

**Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters)**

The CoC's TYP Housing Committee will continue to focus on the development of PH projects for chronically homeless persons in households with children, as well as financial assistance tools for prevention of homelessness. Moreover, using best practices and lessons learned from HPRP, the CoC is moving forward with coordinated intake and rapid rehousing projects. Together, these initiatives will help the CoC reduce average lengths of stay and the number of homeless households with children who are new to homelessness. The CoC's Family and Children's Committee continue to discuss strategies to meet the needs of unaccompanied homeless youth, and a community task force is working on strategies to prevent homelessness at discharge from foster care. The CoC also is one of 9 U.S. communities participating in Youth Count! at the invitation of USICH. Youth Count! will improve our ability over the long term to identify and engage unaccompanied youth with an eye toward housing them.

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

### Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

## Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year's competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocation it should enter '0' in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

| | |
|---|---|
| **Indicate the current number of projects submitted on the current application for reallocation:** | 23 |
| **Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013):** | 0 |
| **Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition):** | 1 |
| **Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition):** | 1 |

**If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)**

The WS/FC CoC partially reallocated or reduced Project HOPE, its only SSO project, in order to create a new coordinated Community Intake Center. The decrease in CoC funding will be filled using other funds available to the school system, as Project HOPE is operated by the LEA homeless education liaison. Therefore, Project HOPE services will not decrease. It is the CoC's expectation that the quality and quantity of supportive services will improve in the CoC through coordinated intake and permanent housing case management, and Project HOPE participants will benefit from this new approach.

**If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project**
**(limit 750 characters)**

The CoC partly reallocated funds of three TH projects and eliminated seven TH projects. It was critical to keep three TH projects as renewals because they serve specialized subpopulations in the CoC. Next Step Ministries' Supportive Services project, Samaritan Ministries' Project Cornerstone and Bethesda Center's Case Management project all will continue at the same level using other funding. The CoC chose to eliminate seven TH projects because the CoC expects to move participants to permanent housing faster using the new coordinated intake and rapid rehousing model. CoC providers will begin delivering case management to clients in permanent housing as part of this effort, and there will be less demand for TH in the future.

# 3B. Continuum of Care (CoC) Discharge Planning: Foster Care

### Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

**Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?** State Mandated Policy

### If "Other," explain:

The DSS LINKS program requires Emancipation Plan meetings occur within 90 days of a teen's 18th birthday. During this time DSS discusses the teen signing a CARS agreement, which allows them to remain in a foster home if in school or a vocational training program full time. LINKS discusses what living arrangements will be if they do not sign a CARS and what the back-up plan will be if the original plan fails. Youth know, if these plans don't work, they can return to DSS to request a CARS where available.

### Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The Youth in Transition Community Initiative of Forsyth County is a comprehensive community plan designed to improve the youths' chances of connecting with the necessary supports and services to successfully transition into adulthood.

A governing committee, representing diverse Forsyth County individuals and organizations, and a Youth Leadership Board, comprised of previous and current youth in foster care, have worked together to research existing programs, identify service gaps, and bring together beneficial services to meet the needs of these youth in our community.

Program support has also been provided by the Jim Casey Youth Opportunities Initiative, a leader in working with communities throughout the U.S. to improve outcomes for youth in foster care. Goodwill Industries of Northwest North Carolina has been chosen as the lead agency for the program, utilizing their experience and existing resources to implement supportive programs such as Youth Opportunities Coaches, mentoring programs, housing support and financial literacy training.

**If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan**
**(limit 1000 characters)**

The state DSS LINKS program requires Emancipation Plan meetings occur within 90 days of a teen's 18th birthday. LINKS can assist with housing costs for up to 3 years. Children who are age 18 and exiting the foster care system have the option to use this program. The State has no authority over persons once they have been discharged from the foster care system.

**Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness**
**(limit 1000 characters)**

The Division of Social Services is responsible for discharge planning in the foster care system. Currently, the State is focused on discharge from private settings such as adult care homes and family care homes that are affected by CMS and other federal factors, such as assessments for IMD status and changes in qualification for personal care services (PCS). Because additional intervention is necessary to prevent persons leaving foster care from becoming homeless, a multi-agency effort in the CoC has resulted in development of the Youth in Transition Program, for which Goodwill Industries was chosen as the lead agency.

**Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs**
**(limit 1000 characters)**

Persons may be discharged to licensed settings such as adult care homes, family care homes, group homes, etc. In addition, they may be discharged to Targeted Units, a state program that provides units in affordable apartment complexes specifically for persons who are disabled. Persons are referred to Targeted Units by service providers who agree to provide services to support the person in maintaining housing. Persons may also be discharged to other affordable, subsidized, or supportive housing; however, there is not enough existing stock to meet the need in the State.

# 3B. Continuum of Care (CoC) Discharge Planning: Health Care

### Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

**Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?** Other

### If "Other," explain:

The Joint Commission on Accreditation of Health Care Organizations (JCAHO) has required hospitals to practice discharge planning since 2003. However, while the CoC works in partnership with hospitals, health care providers have been unwilling to execute any document saying persons leaving hospitals will not become homeless. However, hospital social workers work with CoC members to identify respite and housing settings for discharged persons.

### Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The CoC works diligently to ensure that persons are not routinely discharged to homelessness. Programs such as Supportive Services for Veterans Families (SSVF) and other prevention programs similar to HPRP have been used to prevent discharge to homelessness.

### If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Local health care providers have been unwilling to execute any document saying persons leaving hospitals will not become homeless.

### Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Wake Forest Baptist Medical Center and Forsyth Medical Center are key health care stakeholders in the CoC. Wake Forest Baptist Medical Center is actively involved in the CoC, as the Department of Psychiatry & Behavioral Medicine operates both the PATH program and the Homeless Opportunities and Treatment (HOT) project.

Although health care providers have been unwilling to execute any document saying persons leaving hospitals will not become homeless, hospital social workers have been willing to work with CoC members to identify respite and housing settings for many discharged persons.

**Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)**

As appropriate, persons may be discharged to licensed settings such as adult care homes, family care homes, or group homes. If disabled, they may be discharged to Targeted Units, a state program that provides affordable apartment and services. Some persons are able to enter other housing for persons with disabilities (e.g., HUD Section 811 projects like University Court Apartments or the HOME-funded Hunters Hill Apartments). There is a shortage of such affordable units that are dedicated to disabled persons. Other persons go to non-McKinney-Vento funded emergency, transitional or supportive housing programs, such as the Winston-Salem Rescue Mission.

# 3B. Continuum of Care (CoC) Discharge Planning: Mental Health

### Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

**Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?** State Mandated Policy

**If "Other," explain:**

**Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)**

The state has a policy not to discharge persons from mental institutions to homelessness. In addition, the local mental health entity, CenterPoint Human Services, has executed a Discharge Plan with the CoC. The CoC has focused CoC resources on Shelter Plus Care and PH leasing projects for persons with mental illness. Also, the state is creating a TBRA program for SMI and SPMI persons as part of a settlement with DOJ regarding the ADA and the Olmstead decision. Some slots are also designated for persons being discharged from State Psychiatric Hospitals.

**If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)**

This is not applicable.

**Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)**

At the state level, the Division of Mental Health is responsible for discharge planning in the mental health system. Currently, the State is focused on preventing discharges into homelessness from adult care homes and family care homes that are affected by CMS and other federal factors, such as assessments for IMD status and changes in qualification for personal care services (PCS).

Locally, CenterPoint Human Services is a state-mandated Local Management Entity and Medicaid-funded Managed Care Organization in charge of overseeing the delivery of publicly-funded mental health, developmental disabilities and substance abuse services in Forsyth, Stokes, Davie and Rockingham Counties, which includes NC500. CenterPoint works closely with community partners, advocates and service providers to address the service needs of homeless persons with mental illness. CenterPoint is an active member of the CoC. CenterPoint staff chair the CoC's Housing Committee.

**Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)**

Persons may be discharged to licensed settings such as adult care homes, family care homes, group homes, etc. In addition they may be discharged to Targeted Units, a state program that provides affordable apartment and services for persons who are disabled. Some persons are able to enter other housing for persons with disabilities (e.g., HUD Section 811 projects like University Court Apartments or the HOME-funded Hunters Hill Apartments). There is a shortage of such affordable units that are dedicated to disabled persons. Other persons go to non-McKinney-Vento funded emergency, transitional or supportive housing programs, such as the Winston-Salem Rescue Mission.

# 3B. Continuum of Care (CoC) Discharge Planning: Corrections

### Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

**Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?** Other

### If "Other," explain:

The County executed a Discharge Plan with the CoC not to discharge persons from the jail to homelessness. While NC has no corrections discharge policy, NC ICCHP includes representatives from Dept. of Public Safety, who have participated in the Discharge Planning Workgroup for 6+ years. ICCHP contracts with Socialserve.org to provide NCHousingSearch.com, a listing/search service for landlords/tenants, as well as prison staff planning discharges. The State contracts with NCCEH to provide SOAR training for discharge caseworkers.

### Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

A major program in this regard is Project Re-Entry operated by the Piedmont Triad Regional Council (PTRC) and co-located at Goodwill Industries. It provides transition services for ex-offenders returning to communities in the region after serving active prison sentences. Project Re-Entry uses a system of pre- and post-release services that begin with inmates up to eighteen months prior to release. Long-term services continue after the inmates are released. Goodwill partners with the PTRC and the Department of Corrections to offer employment and training services that help ex-offenders find jobs and become productive members of the community. The Collaborative Applicant provides CDBG funding for Project Re-Entry, to match state funding. Several other faith-based programs provide transitional housing for ex-offenders, including Eureka House, Nehemiah House and Transformed Lives, Inc.

### If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

This is not applicable.

**Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)**

Piedmont Triad Regional Council, Project Re-Entry, Goodwill Industries, Eureka Ministries, Transformed Lives, and other partners help to ensure that persons being discharged from corrections are not routinely discharged into homelessness. The Forsyth County Detention Center, which is a division of the Sheriff's Department, coordinates with CoC partners on jail discharges.

**Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)**

Persons exiting the corrections system may be discharged to halfway houses that provide transitional living or to treatment and recovery programs, if needed. Local programs include Eureka House, Nehemiah House, and ARCA. Disabled individuals also can be referred to Targeted Units, a state program that provides affordable apartment and services. Persons may also enter market rate housing by renting an apartment, some of whom may qualify for a housing subsidy. Others may rent a room in a boarding house. Others may go to non-McKinney-Vento funded facilities, such as the Winston-Salem Rescue Mission.

# 3C. Continuum of Care (CoC) Coordination

## Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

| | |
|---|---|
| **Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?** | Yes |
| **If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan:** | Consolidated Plan, Goal 3, "Expanding Access and Opportunities" addresses homelessness in these strategies: 1) Meet the Housing and Service Needs of Homeless Persons with increased permanent supportive housing and transition in place housing to reduce needs for emergency and transitional shelter; 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. Populations addressed in goal 3 include but are not limited are not limited to homeless veterans, youth, and victims of domestic violence. ConPlan Goal 4, "Expanding Economic Opportunities" supports expansion of job creation and employment with an identified program for homeless persons. The Analysis of Impediments identifies barriers to housing for homeless persons, such as regulatory barriers. Examples of resolutions include ordinance amendments facilitating shelter and adding a specific reasonable accommodation process. |

**Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s) (limit 1000 characters)**

The Winston-Salem/Forsyth County CoC experienced great success with the HPRP program. On the final APR, 55 out of 55 leavers (100%) were stably housed at exit. The CoC has developed two new projects which will continue the community's rapid rehousing efforts. The Forsyth Rapid Rehousing Collaborative will serve both chronically homeless and all homeless persons with rehousing assistance. In addition, the CoC seeks to implement REACH (Rapidly Ending All Chronic Homelessness), which will specifically serve the community's chronically homeless population with rapid rehousing services.

**Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG?**
**(limit 2500 characters)**

HUD-VASH (80 units) is being administered jointly by the local PHA and the regional VA office. Both agencies are CoC members and VASH was used to assist many HPRP and Supportive Services for Veterans Families (SSVF) participants, both of which are operated by key CoC agencies.

HOPWA programs are administered in the region by CoC member AIDS Care Services, which also partners in a Shelter Plus Care project with the local PHA. The HOPWA rental assistance in our CoC also is administered by the local PHA for AIDS Care Service. AIDS Care also operates a transitional housing apartment project for homeless persons with HIV.

The city and county comprising our CoC are jointly administering a Neighborhood Stabilization Program (NSP). The NSP funds have been used for homeownerhip and rehabilitation assistance and development of an affordable rental housing project. Although not specifically dedicated to homeless persons, the latter project does increase the affordable rental housing inventory available to homeless families.

CDBG funds are used by the City (Collaborative Applicant) to fund public services in the form of case management programs for homeless persons, transitional housing for homeless persons with HIV/AIDS and to build or rehabilitate emergency shelter, transitional housing and permanent supportive housing. The City, as the Collaborative Applicant, is a CDBG, HOME and ESG entitlement jurisdiction and is very involved in the Council on Services for the Homeless, which is the CoC group.

The City has an FFY12 ESG allocation of $147,512. In the current program year the City has used ESG funds to continue shelter support and to fund a new rapid rehousing program. This year, the City also became the grantee for state ESG funds of $309,387 for nine projects. These projects are operated by seven CoC agencies. In addition to shelter operations, the ESG funds will support rapid rehousing (as proposed in this application) and coordinated intake.

| | |
|---|---|
| **Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?** | Yes |

| | |
|---|---|
| **If 'Yes', describe the established policies that are in currently in place:** | Every homeless assistance provider who serves families with children is required to designate a staff member who is responsible for ensuring all children are enrolled in school and connected with the appropriate community services. Project HOPE of the local school system, a CoC member, has been working toward this end since 1996. |

**Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)**

Since 1996, the City has used CoC funds to fund Project HOPE of the Winston-Salem/Forsyth County Schools. Project HOPE is an active member of the CoC. Project HOPE provides on-going tutorial, enrollment, and case management assistance to homeless children and their families in order to assist children to reach their fullest potential and to help end the cycle of homelessness. Much of Project HOPE's work is done in the shelters, where providers are eager to have Project HOPE services provided to children and families. Children are provided with the fullest possible advocacy and assistance as students and homeless children. Their rights as stated in the McKinney-Vento legislation are protected and upheld in Winston-Salem/Forsyth County Schools through the efforts of Project HOPE. Project HOPE also serves as the official school liaison to homeless youth under Department of Education funding programs.

**Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)**

Subrecipient agreements for CoC or ESG funds between the Collaborative Applicant and agencies will specify that funded agencies must ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing.

**Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future (limit 1500 characters)**

The WS/FC CoC has made significant strides in serving homeless veterans. These efforts have laid the foundation for combating homelessness among veterans and are aligned with the CoC's strategic plan goals. The Plan to End Homelessness Among Veterans in Five Years is a priority for our regional VAMC, and the CoC is working with the VA to implement projects and programs to end veterans homelessness. The VA, alongside SSA, DSS, CenterPoint Human Services, and other agencies, has a regular presence at the local Resource Center, which centralizes services for homeless persons. The VA and our PHA, both CoC members, have collaborated to implement HUD-VASH with 80 units. A VA SSVF program was implemented based on the HPRP model. Through the efforts of the Ten Year Plan and the North Carolina Housing Foundation, working with local veterans, a VA grant per diem transitional housing project with 24 beds opened in 2012. The Urban League conducts job fairs and employment training, which assist homeless veterans. Local and regional VA staff work with the four VA medical facilities in our area, and also visit shelters to engage homeless veterans in services. To enhance service to homeless veterans, the CoC distributes VA wallet cards and other information on the VA's National Call Center for Veterans.

**Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future**
**(limit 1500 characters)**

In NC, youth under age 18 who are separated from their families are wards of the state. Organizations serving this population in Forsyth County include Youth Opportunities, Catholic Social Services, and The Children's Home (TCH).

Other youth experiencing homelessness are those aging out of foster care. About 25 youth age out of local foster care each year, about 20% of whom experience homelessness. A profile of 150 youth (ages 18-24), who aged out of local foster care, shows most are: unemployed and receiving public assistance; single parents if parenting; and engaged in or victims of illegal or high-risk behaviors. These characteristics tie to CoC strategic objectives related to housing stability, income and employment, and homeless households with children. A multi-agency, multi-funder effort in the CoC has resulted in development of the Youth in Transition Program, for which Goodwill Industries was chosen as the lead agency.

At the invitation of USICH, NC500 is one of nine localities participating in Youth Count!, which will help to improve strategies to count unaccompanied homeless youth. The CoC also is preparing to count youth up to age 24 as part of the PIT count. A broad range of youth providers, including youth who are on Youth In Transition's Board, have been engaged in Youth Count! planning and implementation. Features include a drop-in "YouthSpot" for PIT night.

**Has the CoC established a centralized or coordinated assessment system?** Yes

**If 'Yes', describe based on ESG rule 576.400 (limit 1000 characters)**

ESG is funding a partial start-up of a new Community Intake Center (CIC) to provide coordinated intake and assessment. Additional funds are being sought through the 2012 CoC Application to make the CIC fully operational. In terms of 576.400, the main purpose of CIC will be to improve area-wide coordination. All homeless persons will be assessed by the CIC within 48 hours of entering shelter. Assessment will determine the need for referral to other targeted homeless services and mainstream resources. Collaboration between the CoC group and the Ten Year Plan are increasing the involvement of homeless and mainstream provider agencies in CIC planning and implementation, which is being done through the CoC's Housing Committee. All ESG-funded projects within the CoC will use the CIC. In fact, case management services in permanent housing are proposed to be provided to CIC participants by local ESG and COC subrecipient agencies.

**Describe how the CoC consults with the ESG jurisdiction(s) to determine how ESG funds are allocated each program year (limit 1000 characters)**

The Collaborative Applicant, the City of Winston-Salem, is also the entitlement jurisdiction for ESG funds. The City is very active in the CoC, as are current agencies receiving ESG funds. The CoC's rating process is used for allocation of ESG funds.

**Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach (limit 1000 characters)**

Human Relations (HR) is a department of the Collaborative Applicant that promotes elimination of discrimination in all fields of human relationships and is used by CoC agencies and clients. HR has provided outreach materials to support affirmative marketing and which has been accepted by HUD FHEO. Efforts include Nexus newsletter focusing on fair housing; Tu Communidad Spanish television show promoting fair housing laws and national origin tolerance; Fair Housing Month events involving the region’s realtors, housing professionals and government departments; the annual Fair and Affordable Housing Summit highlighting fair housing practices and procedures for lenders, realtors, builders, property managers, government officials and others; and various other outreach events, such as Fiesta Hispanic Festival and Juneteenth African-American Festival at which Fair Housing brochures are disseminated. HR includes bilingual staff, as the CoC includes a large Latino population.

# 3D. Continuum of Care (CoC) Strategic Planning Coordination

### Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, "Opening Doors," and coordination with Emergency Solutions Grants within the CoC jurisdiction.

**Has the CoC developed a strategic plan?** Yes

**Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)**

To the extent that resources are available, the CoC coordinates the implementation of a housing and service system that meets the needs of homeless individuals and families. The Consolidated Plan covers all aspects needed for the system. It is being updated for 2014-2018 and will include new needed elements such as rapid rehousing and coordinated intake. The CoC also developed a CoC Action Plan in 2012, which carries forward Consolidated Plan and Ten Year Plan goals in light of the HEARTH Act.

**Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)**

The Collaborative Applicant, very active in the CoC, also develops and submits the Consolidated Plan. Consolidated Plan hearings and focus groups are promoted within the CoC. For the current 5-year plan ending 6/30/2013, a special focus group on homelessness was held to obtain input on needs and strategies. Focus groups for the 2014-2018 ConPlan will be held on February 5 and 7, 2013, and CoC members are being encouraged to participate.

**Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)**

The Ten Year Plan was implemented in 2006. CoC members are included in membership of the Ten Year Plan Commission. Joint meetings of the TYP Commission and CoC group occur periodically. The TYP continues under constant review but no formal updates have been made.

**Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)**

A HEARTH "clinic" and CoC retreat were convened after which a CoC Action Plan was developed and submitted to HUD which was written in context of Opening Doors. Objective 1 is best illustrated by the commitment of Winston-Salem Mayor Allen Joines to focus on ending chronic homelessness. Winston-Salem is known for strong collaboration and has organizing around ending homelessness (Objective 2). Objective 3 is illustrated by our commitment to provide affordable housing to people most at risk of homelessness; our CoC is one of 17 communities in the 100,000 Homes 2.5% Club for consistent housing of chronic and vulnerable populations. Our CoC Action Plan includes permanent supportive housing (Objective 4), employment (Objective 5), mainstream program access (Objective 6), and most notably Objective 10, under which we plan to transform homeless services into crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing.

| | |
|---|---|
| **Select the activities in which the CoC coordinates with the local Emergency Solutions Grant( ESG):** | Determines how to allocate ESG grant for eligible activities, Develop standards for evaluating the outcomes of activities assisted by ESG funds, Develop performance standards for activities assisted by ESG funds, None, Develop funding policies and procedures for the operation and administration of HMIS for ESG funded projects |

**Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)**

In partnership with the CoC Rating Panel appointed by the CoC, the Collaborative Applicant develops a Request for Funds for ESG, which includes standards for performance and evaluation and funding policies and procedures. The CoC Rating Panel reviews proposals and makes funding recommendations to the CoC group and Ten Year Plan Commission prior to acceptance by the Collaborative Applicant.

| | |
|---|---|
| **Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes?** | No |
| **If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?** | |

**If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)**

This is not applicable.

**If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living (limit 1500 characters)**

This is not applicable.

# 3E. Reallocation

### Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

| | |
|---|---|
| **Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system?** | Yes |

# 3F. Reallocation - Grant(s) Eliminated

**CoCs that choose to reallocate funds into new permanent supportive housing, rapid re-housing, or dedicated HMIS project(s) may do so by eliminating one or more of its expiring grants. CoCs that intend to create a new centralized or coordinated assessment system can only eliminate existing SSO project(s).**

| **Amount Available for New Project: (Sum of All Eliminated Projects)** | | | | |
|---|---|---|---|---|
| $474,905 | | | | |
| **Eliminated Project Name** | **Grant Number Eliminated** | **Component Type** | **Annual Renewal Amount** | **Type of Reallocation** |
| BC Women's Services | NC0004B4F001104 | TH | $18,705 | Regular |
| Project Transform... | NC0016B4F001104 | TH | $18,007 | Regular |
| Project PATHS | NC0118B4F001103 | PH | $57,973 | Regular |
| FS Hispanic Services | NC0010B4F001104 | TH | $14,942 | Regular |
| ESR PSH Case Mana... | NC0008B4F001104 | PH | $23,005 | Regular |
| Project SHOTS | NC0001B4F001102 | PH | $26,916 | Regular |
| Project PATHS II | NC0230B4F001100 | PH | $44,813 | Regular |
| ESR Case Management | NC0007B4F001104 | TH | $99,991 | Regular |
| TSA Case Management | NC0020B4F001104 | TH | $71,543 | Regular |
| TSA Mental Health... | NC0021B4F001104 | TH | $48,451 | Regular |
| FS Case Management | NC0009B4F001104 | TH | $50,559 | Regular |

# 3F. Reallocation: Details of Grant(s) Eliminated

**Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Eliminated Project Name:** BC Women's Services

**Grant Number of Eliminated Project:** NC0004B4F001104

**Eliminated Project Component Type:** TH

**Eliminated Project Annual Renewal Amount:** $18,705

# 3F. Reallocation: Details of Grant(s) Eliminated

**Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Eliminated Project Name:** Project Transformation

**Grant Number of Eliminated Project:** NC0016B4F001104

**Eliminated Project Component Type:** TH

**Eliminated Project Annual Renewal Amount:** $18,007

# 3F. Reallocation: Details of Grant(s) Eliminated

**Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Eliminated Project Name:** Project PATHS

**Grant Number of Eliminated Project:** NC0118B4F001103

**Eliminated Project Component Type:** PH

**Eliminated Project Annual Renewal Amount:** $57,973

# 3F. Reallocation: Details of Grant(s) Eliminated

**Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Eliminated Project Name:** FS Hispanic Services

**Grant Number of Eliminated Project:** NC0010B4F001104

**Eliminated Project Component Type:** TH

**Eliminated Project Annual Renewal Amount:** $14,942

# 3F. Reallocation: Details of Grant(s) Eliminated

**Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Eliminated Project Name:** ESR PSH Case Management

**Grant Number of Eliminated Project:** NC0008B4F001104

**Eliminated Project Component Type:** PH

**Eliminated Project Annual Renewal Amount:** $23,005

# 3F. Reallocation: Details of Grant(s) Eliminated

**Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Eliminated Project Name:** Project SHOTS

**Grant Number of Eliminated Project:** NC0001B4F001102

**Eliminated Project Component Type:** PH

**Eliminated Project Annual Renewal Amount:** $26,916

# 3F. Reallocation: Details of Grant(s) Eliminated

**Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Eliminated Project Name:** Project PATHS II

**Grant Number of Eliminated Project:** NC0230B4F001100

**Eliminated Project Component Type:** PH

**Eliminated Project Annual Renewal Amount:** $44,813

# 3F. Reallocation: Details of Grant(s) Eliminated

**Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Eliminated Project Name:** ESR Case Management

**Grant Number of Eliminated Project:** NC0007B4F001104

**Eliminated Project Component Type:** TH

**Eliminated Project Annual Renewal Amount:** $99,991

# 3F. Reallocation: Details of Grant(s) Eliminated

**Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Eliminated Project Name:** TSA Case Management

**Grant Number of Eliminated Project:** NC0020B4F001104

**Eliminated Project Component Type:** TH

**Eliminated Project Annual Renewal Amount:** $71,543

# 3F. Reallocation: Details of Grant(s) Eliminated

**Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Eliminated Project Name:** TSA Mental Health Case Management

**Grant Number of Eliminated Project:** NC0021B4F001104

**Eliminated Project Component Type:** TH

**Eliminated Project Annual Renewal Amount:** $48,451

# 3F. Reallocation: Details of Grant(s) Eliminated

**Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Eliminated Project Name:** FS Case Management

**Grant Number of Eliminated Project:** NC0009B4F001104

**Eliminated Project Component Type:** TH

**Eliminated Project Annual Renewal Amount:** $50,559

# 3G. Reallocation - Grant(s) Reduced

**CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, or dedicated HMIS project(s) may do so by reducing the grant amount for one or more of its expiring grants. CoCs that are reducing projects must identify those projects here. CoCs that intend to create a new centralized or coordinated assessment system can only reduce existing SSO project(s).**

| Amount Available for New Project (Sum of All Reduced Projects) | | | | | |
|---|---|---|---|---|---|
| $424,733 | | | | | |
| **Reduced Project Name** | **Reduced Grant Number** | **Annual Renewal Amount** | **Amount Retained** | **Amount available for new project** | **Reallocation Type** |
| Supportive Services | NC0019B4F001104 | $38,520 | $32,130 | $6,390 | Regular |
| Project Homemaker | NC0014B4001104 | $47,906 | $34,219 | $13,687 | Regular |
| Project HOPE | NC0015B4F001104 | $92,235 | $44,120 | $48,115 | Regular |
| Project New Hope | NC0217B4F001101 | $47,906 | $34,219 | $13,687 | Regular |
| BC Case Management | NC0003B4F001104 | $47,360 | $20,000 | $27,360 | Regular |
| Project Cornerstone | NC0013B4F001104 | $57,911 | $25,000 | $32,911 | Regular |
| CPHS Shelter Plus... | NC0006C4F001104 | $113,570 | $76,077 | $37,493 | Regular |
| CPHS SPC | NC0005C4F001104 | $223,878 | $152,167 | $71,711 | Regular |
| HIV Shelter Plus ... | NC0011C4F001104 | $126,461 | $84,307 | $42,154 | Regular |
| Shelter Plus Care... | NC0018C4F001104 | $182,405 | $123,983 | $58,422 | Regular |
| Shelter Plus Care... | NC0017C4F001104 | $184,190 | $125,074 | $59,116 | Regular |
| Shelter Plus Care... | NC0218C4F001101 | $41,062 | $27,375 | $13,687 | Regular |

# 3G. Reallocation: Details of Grant(s) Reduced

**Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.**

| | |
|---|---|
| **Reduced Project Name:** | Supportive Services |
| **Grant Number of Reduced Project:** | NC0019B4F001104 |
| **Reduced Project Current Annual Renewal Amount:** | $38,520 |
| **Amount Retained for Project:** | $32,130 |
| **Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)** | $6,390 |

# 3G. Reallocation: Details of Grant(s) Reduced

**Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.**

| | |
|---|---|
| **Reduced Project Name:** | Project Homemaker |
| **Grant Number of Reduced Project:** | NC0014B4001104 |
| **Reduced Project Current Annual Renewal Amount:** | $47,906 |
| **Amount Retained for Project:** | $34,219 |
| **Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)** | $13,687 |

# 3G. Reallocation: Details of Grant(s) Reduced

**Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.**

| | |
|---|---|
| **Reduced Project Name:** | Project HOPE |
| **Grant Number of Reduced Project:** | NC0015B4F001104 |
| **Reduced Project Current Annual Renewal Amount:** | $92,235 |
| **Amount Retained for Project:** | $44,120 |
| **Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)** | $48,115 |

# 3G. Reallocation: Details of Grant(s) Reduced

**Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.**

| | |
|---|---|
| **Reduced Project Name:** | Project New Hope |
| **Grant Number of Reduced Project:** | NC0217B4F001101 |
| **Reduced Project Current Annual Renewal Amount:** | $47,906 |
| **Amount Retained for Project:** | $34,219 |
| **Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)** | $13,687 |

# 3G. Reallocation: Details of Grant(s) Reduced

**Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.**

| | |
|---|---|
| **Reduced Project Name:** | BC Case Management |
| **Grant Number of Reduced Project:** | NC0003B4F001104 |
| **Reduced Project Current Annual Renewal Amount:** | $47,360 |
| **Amount Retained for Project:** | $20,000 |
| **Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)** | $27,360 |

# 3G. Reallocation: Details of Grant(s) Reduced

**Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.**

| | |
|---|---|
| **Reduced Project Name:** | Project Cornerstone |
| **Grant Number of Reduced Project:** | NC0013B4F001104 |
| **Reduced Project Current Annual Renewal Amount:** | $57,911 |
| **Amount Retained for Project:** | $25,000 |
| **Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)** | $32,911 |

# 3G. Reallocation: Details of Grant(s) Reduced

**Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.**

| | |
|---|---|
| **Reduced Project Name:** | CPHS Shelter Plus Care TRA (2002) |
| **Grant Number of Reduced Project:** | NC0006C4F001104 |
| **Reduced Project Current Annual Renewal Amount:** | $113,570 |

| | |
|---|---|
| **Amount Retained for Project:** | $76,077 |
| **Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)** | $37,493 |

# 3G. Reallocation: Details of Grant(s) Reduced

**Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.**

| | |
|---|---|
| **Reduced Project Name:** | CPHS SPC |
| **Grant Number of Reduced Project:** | NC0005C4F001104 |
| **Reduced Project Current Annual Renewal Amount:** | $223,878 |
| **Amount Retained for Project:** | $152,167 |
| **Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)** | $71,711 |

# 3G. Reallocation: Details of Grant(s) Reduced

**Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.**

| | |
|---|---|
| **Reduced Project Name:** | HIV Shelter Plus Care (1996) |
| **Grant Number of Reduced Project:** | NC0011C4F001104 |
| **Reduced Project Current Annual Renewal Amount:** | $126,461 |
| **Amount Retained for Project:** | $84,307 |
| **Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)** | $42,154 |

# 3G. Reallocation: Details of Grant(s) Reduced

**Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.**

| | |
|---|---|
| **Reduced Project Name:** | Shelter Plus Care 2 (2003) |
| **Grant Number of Reduced Project:** | NC0018C4F001104 |
| **Reduced Project Current Annual Renewal Amount:** | $182,405 |
| **Amount Retained for Project:** | $123,983 |
| **Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)** | $58,422 |

# 3G. Reallocation: Details of Grant(s) Reduced

**Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.**

| | |
|---|---|
| **Reduced Project Name:** | Shelter Plus Care 1 (2001) |
| **Grant Number of Reduced Project:** | NC0017C4F001104 |
| **Reduced Project Current Annual Renewal Amount:** | $184,190 |
| **Amount Retained for Project:** | $125,074 |
| **Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)** | $59,116 |

# 3G. Reallocation: Details of Grant(s) Reduced

**Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.**

| | |
|---|---|
| **Reduced Project Name:** | Shelter Plus Care 3 (2006) |
| **Grant Number of Reduced Project:** | NC0218C4F001101 |
| **Reduced Project Current Annual Renewal Amount:** | $41,062 |
| **Amount Retained for Project:** | $27,375 |
| **Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)** | $13,687 |

# 3H. Reallocation - Proposed New Project(s)

**CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects may do so by reducing the grant amount for one or more of its expiring grants. CoCs must identify if the new project(s) it plans to create and provide requested information for each. Click on the to enter information for each of the proposed new reallocated projects.**

**Sum of All New Reallocated Project Requests**
**(Must be less than or equal to total amount(s) eliminated and/or reduced)**

| **$899,638** | | | | |
|---|---|---|---|---|
| **Current Priority #** | **New Project Name** | **Component Type** | **Transferred Amount** | **Reallocation Type** |
| 2 | Homeless Man... | HMIS | $101,842 | Regular |
| 3 | Community In... | SSO | $48,115 | Regular |
| 4 | Forsyth Rapi... | PH | $340,368 | Regular |
| 13 | ESR-PH Case ... | PH | $102,593 | Regular |
| 14 | SAWS-PH Case... | PH | $100,088 | Regular |
| 15 | BC-PH Case M... | PH | $60,000 | Regular |
| 16 | FS-PH Case M... | PH | $47,000 | Regular |
| 17 | SM-PH Case M... | PH | $40,000 | Regular |
| 22 | REACH | PH | $59,632 | Regular |

# 3H. Reallocation: Details of Proposed New Project(s)

**Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.**

| | |
|---|---|
| **2012 Rank (from Project Listing):** | 2 |
| **Proposed New Project Name:** | Homeless Management Information System 2 |
| **Component Type:** | HMIS |
| **Amount Requested for New Project:** | $101,842 |

# 3H. Reallocation: Details of Proposed New Project(s)

**Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.**

| | |
|---|---|
| **2012 Rank (from Project Listing):** | 3 |
| **Proposed New Project Name:** | Community Intake Center |
| **Component Type:** | SSO |
| **Amount Requested for New Project:** | $48,115 |

# 3H. Reallocation: Details of Proposed New Project(s)

**Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.**

**2012 Rank (from Project Listing):** 4

**Proposed New Project Name:** Forsyth Rapid Rehousing Collaborative

**Component Type:** PH

**Amount Requested for New Project:** $340,368

# 3H. Reallocation: Details of Proposed New Project(s)

**Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.**

**2012 Rank (from Project Listing):** 13

**Proposed New Project Name:** ESR-PH Case Management

**Component Type:** PH

**Amount Requested for New Project:** $102,593

# 3H. Reallocation: Details of Proposed New Project(s)

**Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.**

**2012 Rank (from Project Listing):** 14

**Proposed New Project Name:** SAWS-PH Case Management

**Component Type:** PH

**Amount Requested for New Project:** $100,088

# 3H. Reallocation: Details of Proposed New Project(s)

**Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.**

**2012 Rank (from Project Listing):** 15

**Proposed New Project Name:** BC-PH Case Management

**Component Type:** PH

**Amount Requested for New Project:** $60,000

# 3H. Reallocation: Details of Proposed New Project(s)

**Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.**

**2012 Rank (from Project Listing):** 16

**Proposed New Project Name:** FS-PH Case Management

**Component Type:** PH

**Amount Requested for New Project:** $47,000

# 3H. Reallocation: Details of Proposed New Project(s)

**Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.**

**2012 Rank (from Project Listing):** 17

**Proposed New Project Name:** SM-PH Case Management

**Component Type:** PH

**Amount Requested for New Project:** $40,000

# 3H. Reallocation: Details of Proposed New Project(s)

**Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.**

**2012 Rank (from Project Listing):** 22

**Proposed New Project Name:** REACH

**Component Type:** PH

**Amount Requested for New Project:** $59,632

# 3I. Reallocation: Reallocation Balance Summary

**Below is a summary of the information entered on forms 3D-3G for CoC reallocated projects. The last field, "remaining reallocation balance" should indicate "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new project(s).**

| | |
|---|---|
| **Reallocated funds available for new project(s):** | $899,638 |
| **Amount requested for new project(s):** | $899,638 |
| **Remaining Reallocation Balance:** | $0 |

# 4A. Continuum of Care (CoC) FY2011 Achievements

## Instructions:

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

| Objective | FY2011 Proposed Numeric Achievement | | FY2011 Actual Numeric Achievement | |
|---|---|---|---|---|
| **Create new permanent housing beds for the chronically homeless** | 112 | **Beds** | 115 | **Beds** |
| **Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%** | 83 | **%** | 88 | **%** |
| **Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%** | 66 | **%** | 78 | **%** |
| **Increase the percentage of homeless persons employed at exit to at least 20%** | 34 | **%** | 32 | **%** |
| **Decrease the number of homeless households with children** | 50 | **Households** | 54 | **Households** |

**Did the CoC submit an Exhibit 1 application in FY2011?** Yes

**If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)**

The CoC set 12-month achievement goals that were slight improvements over 2011 baselines across all objectives. While the CoC did not meet 12-month achievement levels in the areas of employment at exit and homeless households with children, the CoC actual achievements do not indicate any failure. The numbers remained fairly stable over the 12-month period. Having 32% of participants employed at exit is well above the federal baseline of 20% and a success under current economic conditions. Point-in-time counts of homeless households with children are likely to improve, instead of remaining stable, in future years as the CoC implements rapid rehousing.

Note: As mentioned in Form 3A Objective 1, the CH actual achieved bed count above includes 5 PH CH beds that opened on 1/30/2012, so that this figure is consistent with Form 4B, which counts beds that have opened between 2/1/2011 and 1/31/2012. The HDX HIC is as of 1/25/2012, so it only shows 110 current & new CH beds and 8 under development beds, of which 5 beds opened 5 days after the PIT/HIC.

**How does the CoC monitor recipients' performance? (limit 750 characters)**

The Collaborative Applicant (CA), the City of Winston-Salem, uses a risk-based monitoring plan that is approved by HUD each year as a part of the Annual Plan (Consolidated Plan). Desk monitoring and annual site visits monitor compliance and performance. The CA also pulls quarterly reports from HMIS to monitor performance, and pulls and submits APRs.

**How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)**

The CoC consults with project applicants to set reasonable and attainable goals. The CoC pulls quarterly reports from HMIS to review performance. The CoC also provides to project applicants feedback from HUD about the APR. The CoC arranges training for providers in identified areas of need. For example, in 2012, the Housing Committee arranged and provided training in the Critical Time Intervention case management model.

**How does the CoC assist poor performers to increase capacity? (limit 750 characters)**

CoC meetings include discussion by the CoC on how to improve performance. The CoC also has a subcommittee that is being transformed into a mini-training venue. A large focus of this subcommittee will be HMIS, including data quality and performance. These meetings will provide opportunities to set objectives to improve performance and will provide agencies the opportunity to share good operating practices.

**Does the CoC have any unexecuted grants awarded prior to FY2011?** No

**If 'Yes', list the grants with awarded amount:**

| Project Awarded | Competition Year the Grant was Awarded | Awarded Amount |
|---|---|---|
| N/A | N/A | $0 |
| | | |
| | | |
| | | |
| | | |
| | **Total** | $0 |

**What steps has the CoC taken to track the length of time individuals and families remain homeless?**
**(limit 1000 characters)**

The CoC participated in a HEARTH clinic facilitated by the National Alliance to End Homelessness,with data and charts developed jointly by NAEH and our HMIS (CHIN), to get initial measures. CoCs in North Carolina have been working with the statewide CHIN to develop reports on length of stay. The CHIN ESG report in particular will include information on length of stay and will be pulled monthly by the CoC and discussed at CoC meetings.

**What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography?**
**(limit 1000 characters)**

The CoC participated in a HEARTH clinic facilitated by the National Alliance to End Homelessness, with data and charts developed jointly by NAEH and our HMIS (CHIN), to get initial measures. CoCs in North Carolina have been working with the statewide CHIN to develop reports that will include information on recidivism. The CHIN ESG report in particular will include information on recidivism and will be pulled monthly by the CoC and discussed at CoC meetings.

**What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?**
**(limit 1500 characters)**

The CoC has had a CoC-funded street outreach program since 1995 that is associated with a transitional case management program. This street outreach program also is operated by an agency in coordination with a day shelter where it is easy to engage homeless persons. The HHS-funded PATH street outreach program for the mentally ill also coordinates closely with this outreach program and day shelter to bring outreach and engagement services to where persons are located.

**What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans?
(limit 1500 characters)**

The Consolidated Plan includes a strategy to support prevention efforts. Emergency Assistance (EA) providers are key partners in the CoC. In an arrangement brokered by the Ten Year Plan, two of these EA providers partnered to provide an HPRP program for which about 75% of cases were for prevention of eviction. A second HPRP program, funded through the state and developed by the Ten Year Plan, served additional households and also about 75% of cases were for prevention. Responding to the HUD Secretary's appeal, the CoC will use ESG strictly for rehousing and not prevention. All of these agencies involved now partner to provide the SSVF program for prevention and rehousing and the ESG program for rehousing.

The CoC is working with its EA members to develop innovative prevention measures. For example, a leading EA provider, Crisis Control Ministry, developed Breaking the Cycle, a case management program that tries to help "repeat clients" gain self-sufficiency. It teaches budgeting skills, aids in job search, links clients to appropriate community resources, and directs clients to education opportunities. Clients also can open a savings account and be eligible for up to $500 of matching funds from Crisis Control. These accounts are provided by a business partner, Truliant Federal Credit Union, and the participants can access them only for emergency purposes.

**Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes?** No

**If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless
(limit 1500 characters)**

This is not applicable.

**If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living
(limit 1500 characters)**

This is not applicable.

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

## Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

### Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2010, FY2011, and FY2012:

| Year | Number of CH Persons | Number of PH beds for the CH |
|---|---|---|
| **2010** | 142 | 100 |
| **2011** | 140 | 106 |
| **2012** | 183 | 115 |

### What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

All HUD-funded providers use a Homeless Eligibility Certification form which guides them in determining eligibility as homeless and chronically homeless. Data is collected through use of a shelter count form provided by each program. In addition, a list of chronically homeless persons is provided by each program to the CoC as part of the Point in Time Count process.

**Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012:** 9

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

In 2012, the CoC conducted a more rigorous street and service-based count of unsheltered homeless persons, in coordination with the vulnerability index survey administration as part of the CoC's participation in the 100,000 Homes Campaign. Thus, the CoC recorded significant increases in its unsheltered and unsheltered chronically homeless populations in 2012.

Temperatures were above average in January 2012, which also attributed to an increase in the CoC's unsheltered counts. The CoC's ES and TH counts decreased slightly from 2011 to 2012.

**Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2011 and January 31, 2012:**

| Cost Type | HUD McKinney-Vento | Other Federal | State | Local | Private |
|---|---|---|---|---|---|
| **Development** | $0 | $206,875 | $353,125 | $103,750 | $42,500 |
| **Operations** | $33,564 | $0 | $0 | $0 | $0 |
| **Total** | $33,564 | $206,875 | $353,125 | $103,750 | $42,500 |

# 4C. Continuum of Care (CoC) Housing Performance

## Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

**Does the CoC have any permanent housing projects for which an APR was required to be submitted?** Yes

| Participants in Permanent Housing (PH) | |
|---|---|
| **a. Number of participants who exited permanent housing project(s)** | 62 |
| **b. Number of participants who did not leave the project(s)** | 246 |
| **c. Number of participants who exited after staying 6 months or longer** | 48 |
| **d. Number of participants who did not exit after staying 6 months or longer** | 223 |
| **e. Number of participants who did not exit and were enrolled for less than 6 months** | 23 |
| **TOTAL PH (%)** | 88 |

## Instructions:

HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

**Does the CoC have any transitional housing projects for which an APR was required to be submitted?** Yes

| Participants in Transitional Housing (TH) | |
|---|---|
| a. Number of participants who exited TH project(s), including unknown destination | 700 |
| b. Number of SHP transitional housing participants that moved to permanent housing upon exit | 547 |
| TOTAL TH (%) | 78 |

# 4D. Continuum of Care (CoC) Cash Income Information

## Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

**Total Number of Exiting Adults:** 772

**Total Number of Exiting Adults**

| Cash Income Sources (Q25a1.) | Number of Exiting Adults | Exit Percentage (Auto-Calculated) |
|---|---|---|
| Earned income | 244 | 32% |
| Unemployment insurance | 41 | 5% |
| SSI | 110 | 14% |
| SSDI | 46 | 6% |
| Veteran's disability | 3 | 0% |
| Private disability insurance | 1 | 0% |
| Worker's compensation | 0 | 0% |
| TANF or equivalent | 159 | 21% |
| General assistance | 12 | 2% |
| Retirement (Social Security) | 8 | 1% |
| Veteran's pension | 2 | 0% |
| Pension from former job | 1 | 0% |
| Child support | 66 | 9% |
| Alimony (Spousal support) | 1 | 0% |
| Other source | 78 | 10% |
| No sources (from Q25a2.) | 153 | 20% |

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

**Does the CoC have any non-HMIS projects for which an APR was required to be submitted?** Yes

# 4E. Continuum of Care (CoC) Non-Cash Benefits

## Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

**Total Number of Exiting Adults:** 772

**Total Number of Exiting Adults:**

| Non-Cash Benefit Sources (Q26a1.) | Number of Exiting Adults | Exit Percentage (Auto-Calculated) |
|---|---|---|
| Supplemental nutritional assistance program | 512 | 66% |
| MEDICAID health insurance | 292 | 38% |
| MEDICARE health insurance | 14 | 2% |
| State children's health insurance | 0 | 0% |
| WIC | 50 | 6% |
| VA medical services | 3 | 0% |
| TANF child care services | 121 | 16% |
| TANF transportation services | 236 | 31% |
| Other TANF-funded services | 237 | 31% |
| Temporary rental assistance | 15 | 2% |
| Section 8, public housing, rental assistance | 28 | 4% |
| Other source | 4 | 1% |
| No sources (from Q26a2.) | 121 | 16% |

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

**Does the CoC have any non-HMIS projects for which an APR was required to be submitted?** Yes

# 4F. 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 the Energy Star Initiative go to: 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 services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; 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 |

**If 'Yes' to above question, click save to provide activities**

| | |
|---|---|
| **If yes, are the projects requesting $200,000 or more?** | |

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

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

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

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

The CoC systematically analyzes APR data for its projects each year and discusses the results of the analysis with project sponsors to identify barriers and strategies for improvement. APR data is used annually as part of the CoC's project priority rating process. As the CoC's coordinated Community Intake Center (CIC) is implemented in 2013, the CoC will rely on CIC staff to analyze data and report on mainstream enrollment and participation rates quarterly.

**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 CoC/HMIS Committee, which has as one of its goals to improve participation in mainstream programs meets monthly typically on the last Thursday. Also, the CoC, a Bronze-Level SOAR certified community, has a new SOAR Workgroup meeting monthly (2012: 8/13, 9/10, 11/12, 12/10; 2013: 1/17), which enhances outcomes from SOAR trainings. These efforts are supported by other committee efforts, such as the Health Department's Mental Health and Homelessness Committee and the homeless Council. Through these combined efforts, the CoC and its member agencies work diligently to develop income and supports for homeless persons, which includes receipt of benefits from mainstream programs, like SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care, as well as other State or Local programs.

**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 (every year) |
| **Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?** | No |

**If 'Yes', indicate for which mainstream programs HMIS completes screening:**

This is not applicable at this time. As the CoC implements the coordinated Community Intake Center, the CoC will pursue using the HMIS as a way to screen for mainstream benefit eligibility.

**Has the CoC participated in SOAR training?** Yes

**If 'Yes', indicate training date(s):**

Since the last CoC application, 10 persons from the CoC attended SOAR trainings. The dates of the trainings and number of persons attending are as follows: 12/13-14/2011 (1 person); 2/29-3/1/2012 (3 persons); 5/30-31/2012 (3 persons); 8/22-23/2012 (2 persons); and 12/5-6/2012 (1 person). The cumulative total of SOAR trained individuals (since 2007) in the Winston-Salem/Forsyth County CoC is 63. There are 8 people currently completing applications in the CoC and 3 full-time SOAR caseworkers in the CoC.

# 4H. 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.** | 100% |
| **1a. Describe how service is generally provided:** | |
| 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:** | 27% |
| **3.a Indicate for which mainstream programs the form applies:** | |
| 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. When coordinated Community Intake Center opens, the CoC will work to implement this systemwide. | |
| **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. | |

# 4I. Unified Funding Agency

### Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

| | |
|---|---|
| **Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?** | No |
| **Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?** | No |

**What experience does the CoC have with managing federal funding, excluding HMIS experience? (limit 1500 characters)**

The Collaborative Applicant, the City of Winston-Salem, is an entitlement jurisdiction for the CDBG and ESG programs with FY12 allocations of $1,893,789 and $147,512, respectively. The City also is the lead entity in the HOME participating jurisdiction with an FY12 allocation of $933,791. The City and County are jointly completing a NSP program.

The City also serves as the Collaborative Applicant for the CoC, which received $1,709,411 in FY11 funds, of which $1,247,978 is allocated to City subgrantees. Since 1995, the CoC has received over $19.8 million in CoC funding, with the City coordinating the process. The City receives CoC funds for rental assistance, leasing, supportive services, operations, HMIS and administration. All current projects are meeting timeliness and expenditure requirements.

The City recently completed HPRP programs totaling $1,935,767,using federal and state allocations. The programs were operated in partnership with four nonprofit subgrantees, including one included in this Community Intake Center proposal. All funds were spent on time in both federal and state HPRP programs.

This year, the City also became the grantee for state ESG funds of $309,387 for nine projects. These projects are operated by seven subgrantee partners, including two agencies with roles in this project. In addition to shelter operations, the ESG funds will support rapid rehousing and coordinated intake (as proposed in this application).

**Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)**

The CA is a CDBG, HOME and ESG entitlement jurisdiction, which are administered by the City's Community and Business Development Department (CBD). IDIS is used for entitlement funds management and reporting and the City also uses Housing Development Software (HDS) as a ramp to IDIS. Internally, the CA uses the Financial Management System (FMS) developed by the Mitchell Humphreys Company to track budgets, encumbrances and expenditures for both entitlement and non-entitlement funds.

Upon funding by HUD, generally at the beginning of each program year, CBD uses a contract logging system to ensure timely contract execution and purchase order readiness. Subrecipients invoice CBD on a reimbursement basis monthly. Invoices must indicate eligible expenditures and include required back-up documentation. The City's Finance Department representative to CBD monitors spending by account codes and draws CoC funds from LOCCS monthly. At this time, 3 recipients draw funds from LOCCS on 29 CoC grants, of which the CA is recipient for 24 grants. For grants to the City of Winston Salem, the CBD staff verify draws in preparation for APR submission.

**Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)**

The CA is the recipient of 24 of 29 local CoC grants. The CA administers a risk-based monitoring plan approved by HUD as part of the Consolidated Plan. Systematic monitoring activities include on-site reviews of program documentation, desk monitoring through periodic reports, and scheduled meetings for review of activities. Standardized reports collected quarterly provide a tool by which performance and participation eligibility are monitored. Accountability in the use of Federal funds is additionally promoted through review of subrecipients' audit reports. Frequent contact with Field Office Community Planning and Development Department (CPD) representatives is utilized for technical assistance as well as training provided by HUD to facilitate compliance with requirements and to improve effectiveness of program operations. Monitoring visits by HUD Field Office staff are also utilized to improve procedures.

**What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?**
**(limit 1500 characters)**

If findings or concerns result from monitoring activities, a letter is written from the recipient to the subrecipient requiring correction and documentation of corrective action within 30 days. The recipient may require corrective action prior to making additional grant reimbursements to the subrecipient. If a subrecipient fails to demonstrate that activities were carried out in compliance with requirements, the recipient may institute other remedial actions or sanctions, including a requirement that the subrecipient develop and follow a specific schedule or management plan to correct the deficiency. Agreements with subrecipients also give the recipient the option of terminating the subrecipient agreement due to noncompliance or nonperformance.

**Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.**
**(limit 1500 characters)**

For amendments, the CA will consult the Citizen Participation Plan approved by HUD as part of the Consolidated Plan. Generally, amendments to fund projects or activities that are not in the approved Annual Plan, that change the use of funds from one eligible activity to another, or cumulative amendments that exceed 10% of the budget for the year, are substantial amendments and require public notice, a public hearing, approval of the City Council and submission to the U. S. Department of Housing and Urban Development.
The CA will follow 24 CFR 578.105 regarding grant and project changes. At this time the CoC has three recipients. Therefore, the recipient currently is not required to obtain approval of any proposed grant agreement amendments by the Continuum of Care before submitting a request for an amendment to HUD. Recipients or subrecipients may not make any significant changes to a project without prior HUD approval, evidenced by a grant amendment signed by HUD and the recipient. Significant changes include a change of recipient, a change of project site, additions or deletions in the types of eligible activities approved for a project, a shift of more than 10 percent from one approved eligible activity to another, a reduction in the number of units, and a change in the subpopulation served. Any changes not requiring a grant amendment are fully documented in the recipient's files.

# Attachments

| Document Type | Required? | Document Description | Date Attached |
|---|---|---|---|
| Certification of Consistency with the Consolidated Plan | Yes | NC-500 Certificat... | 01/16/2013 |
| CoC-HMIS Governance Agreement | No | NC-500 CoC-HMIS G... | 01/08/2013 |
| Other | No | | |
| Other | No | | |
| Other | No | | |
| Other | No | | |
| Other | No | | |
| Other | No | | |

# Attachment Details

**Document Description:** NC-500 Certification of Consistency with the Consolidated Plan

# Attachment Details

**Document Description:** NC-500 CoC-HMIS Governance Agreement

# Attachment Details

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**Document Description:**

# Submission Summary

| Page | Last Updated |
|---|---|
| **1A. Identification** | No Input Required |
| **1B. CoC Operations** | 01/05/2013 |
| **1C. Committees** | 01/16/2013 |
| **1D. Member Organizations** | 01/14/2013 |
| **1E. Project Review and Selection** | 01/04/2013 |
| **1F. e-HIC Change in Beds** | 01/02/2013 |
| **1G. e-HIC Sources and Methods** | 01/01/2013 |
| **2A. HMIS Implementation** | 01/14/2013 |
| **2B. HMIS Funding Sources** | 01/04/2013 |
| **2C. HMIS Bed Coverage** | 01/08/2013 |
| **2D. HMIS Data Quality** | 01/16/2013 |
| **2E. HMIS Data Usage** | 01/14/2013 |
| **2F. HMIS Data and Technical Standards** | 01/04/2013 |
| **2G. HMIS Training** | 01/01/2013 |
| **2H. Sheltered PIT** | 01/16/2013 |
| **2I. Sheltered Data - Methods** | 01/16/2013 |
| **2J. Sheltered Data - Collections** | 01/16/2013 |
| **2K. Sheltered Data - Quality** | 01/01/2013 |
| **2L. Unsheltered PIT** | 01/16/2013 |
| **2M. Unsheltered Data - Methods** | 01/05/2013 |
| **2N. Unsheltered Data - Coverage** | 12/21/2012 |
| **2O. Unsheltered Data - Quality** | 01/16/2013 |
| **Objective 1** | 01/16/2013 |
| **Objective 2** | 01/15/2013 |
| **Objective 3** | 01/15/2013 |
| **Objective 4** | 01/16/2013 |

| | |
|---|---|
| **Objective 5** | 01/16/2013 |
| **Objective 6** | 01/16/2013 |
| **Objective 7** | 01/13/2013 |
| **3B. Discharge Planning: Foster Care** | 01/14/2013 |
| **3B. CoC Discharge Planning: Health Care** | 01/16/2013 |
| **3B. CoC Discharge Planning: Mental Health** | 01/16/2013 |
| **3B. CoC Discharge Planning: Corrections** | 01/16/2013 |
| **3C. CoC Coordination** | 01/16/2013 |
| **3D. CoC Strategic Planning Coordination** | 01/16/2013 |
| **3E. Reallocation** | 12/21/2012 |
| **3F. Eliminated Grants** | 12/27/2012 |
| **3G. Reduced Grants** | 12/31/2012 |
| **3H. New Projects Requested** | 12/31/2012 |
| **3I. Reallocation Balance** | No Input Required |
| **4A. FY2011 CoC Achievements** | 01/16/2013 |
| **4B. Chronic Homeless Progress** | 01/07/2013 |
| **4C. Housing Performance** | 11/16/2012 |
| **4D. CoC Cash Income Information** | 12/21/2012 |
| **4E. CoC Non-Cash Benefits** | 12/21/2012 |
| **4F. Section 3 Employment Policy Detail** | 11/16/2012 |
| **4G. CoC Enrollment and Participation in Mainstream Programs** | 01/14/2013 |
| **4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs** | 01/04/2013 |
| **4I. Unified Funding Agency** | No Input Required |
| **Attachments** | 01/16/2013 |
| **Submission Summary** | No Input Required |

# Certification of Consistency with the Consolidated Plan

**U.S. Department of Housing and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: Winston-Salem/Forsyth County CoC (NC-500)

Project Name: Continuum of Care Program

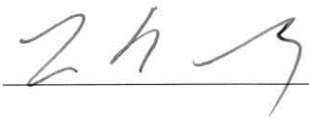
Location of the Project: Winston-Salem/Forsyth County, North Carolina

Name of the Federal Program to which the applicant is applying: Continuum of Care Program

Name of Certifying Jurisdiction: City of Winston-Salem, Winston-Salem/Forsyth Housing Consortium

Certifying Official of the Jurisdiction Name: Lee D. Garrity

Title: City Manager

Signature: 

Date: January 9, 2013

**2012 HUD Continuum of Care Grants**

NC-500, Winston-Salem/Forsyth County, NC

| No. | Project Name | Amount |
|---|---|---|
| | | |
| 1 | Homeless Management Information System | $25,476 |
| 2 | Homeless Management Information System 2 | $101,842 |
| 3 | Community Intake Center | $48,115 |
| 4 | Forsyth Rapid Rehousing Collaborative | $340,368 |
| 5 | CPHS SPC | $152,167 |
| 6 | Shelter Plus Care 1 (2001) | $125,074 |
| 7 | Shelter Plus Care 2 (2003) | $123,983 |
| 8 | HIV Shelter Plus Care (1996) | $84,307 |
| 9 | CPHS Shelter Plus Care TRA (2002) | $76,077 |
| 10 | Project Homemaker | $34,219 |
| 11 | Project New Hope | $34,219 |
| 12 | Shelter Plus Care 3 (2006) | $27,375 |
| 13 | ESR-PH Case Management | $102,593 |
| 14 | SAWS-PH Case Management | $100,088 |
| 15 | BC-PH Case Management | $60,000 |
| 16 | FS-PH Case Management | $47,000 |
| 17 | SM-PH Case Management | $40,000 |
| 18 | Project HOPE | $44,120 |
| 19 | Supportive Services | $32,130 |
| 20 | Project Cornerstone | $25,000 |
| 21 | BC Case Management | $20,000 |
| 22 | REACH | $59,632 |
| 23 | Coordinated PSH 1 | $101,864 |
| 24 | NC500 CoC Planning | $21,297 |
| | | |
| | TOTAL | **$1,826,946** |

NORTH CAROLINA HOUSING COALITION

EDUCATING *and* ADVOCATING *for* CHANGE

**NORTH CAROLINA HOUSING COALITION**
**AND THE**
**CAROLINA HOMELESS INFORMATION NETWORK**

**CONTINUUM OF CARE PARTICIPATION AGREEMENT**

This Continuum of Care Participation Agreement (this "**Agreement**") is entered into as of July 1, 2012 between the North Carolina Housing Coalition (collectively, "**HMIS Lead Agency**") and the City of Winston Salem , ("Participating Continuum of Care") regarding access and use of the Carolina Homeless Information Network ("**CHIN**") HMIS by its member agencies. The Participating Continuum of Care agrees that CHIN is the continuum's HMIS. Further, the Participating Continuum of Care agrees that all agencies within the continuum, that are subject to U.S. Department of Housing and Urban Development's HMIS participation requirements, should use CHIN to help determine an unduplicated count of homeless individuals and services delivered with the continuum.

## I. INTRODUCTION

The CHIN HMIS is a client information system that provides a standardized assessment of client needs, creates individualized service plans and records the use of housing and services. This shared database allows authorized personnel from Participating Agencies within the Participating Continuum of Care to share information about common clients.

Goals of the CHIN HMIS include:
1. Unduplicated count of homeless individuals in North Carolina,
2. Highest standards for data integrity,
3. Expediting client intake procedures,
4. Increasing case management and available administrative tools,
5. Improving referral accuracy, and
6. Creating a tool to follow demographic trends and service utilization patterns.
7. Accurate federal, state, and CoC reports

The Participating Continuum of Care can use CHIN data to determine the utilization of services of Participating Agencies, identify gaps in the local service network and develop outcome measurements. When used correctly and faithfully by all involved parties, the CHIN HMIS is designed to benefit the community, social service agencies, and the consumers of social services, through a more effective and efficient service delivery system.

The program is administered by the HMIS Lead Agency, which will serve as the liaison between the Continuum of Care, agencies within the Participating Continuum of Care and Bowman Systems, Inc., the developer of the CHIN HMIS. The Lead Agency for the Participating Continuum of Care has and

assumes no responsibility for the performance of the Agencies within the Participating Continuum of Care ("Participating Agency") under this Agreement.

## II. HMIS LEAD AGENCY RESPONSIBILITIES TO PARTICIPATING AGENCIES WITHIN THE CONTINUUM OF CARE

1. HMIS Lead Agency will provide the Participating Agency 24-hour access to the CHIN HMIS data-gathering system, via Internet connection, subject to *force majeure* and routine maintenance procedures.
2. HMIS Lead Agency will provide HMIS Privacy Notices, Client Release of Information, client intake, and other forms for use, in conjunction with Participating Agency forms, in local implementation of the CHIN HMIS functions.
3. HMIS Lead Agency will provide both initial training and periodic updates to that training for core staff of the Participating Agency regarding the use of the CHIN HMIS, with the expectation that the Participating Agency will take responsibility for conveying this information to all Participating Agency staff using the system.
4. HMIS Lead Agency will provide basic user support and technical assistance (i.e., general trouble-shooting and assistance with standard report generation) as described in CHIN's policies and procedures, which may be amended from time to time as needed ("Policies and Procedures").
5. HMIS Lead Agency will not make public reports on client data that identify specific persons, without prior agency (and where necessary, client) permission. Public reports otherwise published will be limited to presentation of aggregated data within the CHIN HMIS.
6. HMIS Lead Agency's publication practices will be governed by policies established by the CHIN Steering Committee or relevant committees thereof for statewide analysis and will include qualifiers necessary to clarify the meaning of published findings.

## III. PRIVACY AND CONFIDENTIALITY

### A. Protection of Client Privacy

1. The Participating Continuum of Care will assist CHIN in monitoring agency usage within the continuum and to comply with applicable federal and state laws regarding protection of client privacy.
2. The Participating Continuum of Care will assist CHIN in monitoring agencies within the continuum to comply specifically with the requirements set forth in the Homeless Management Information Systems (HMIS); Data and Technical Standards Final Notice, 69 Fed. Reg. 45,903 (July 30, 2004) and related regulations promulgated by the U.S. Department of Housing and Urban Development ("**HUD**") with respect to Homeless Management Information Systems, specifically the March 2010 Homeless Management Information System (HMIS) Data Standards.
3. The Participating Continuum of Care will assist CHIN in monitoring agencies within the continuum comply specifically with Federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2, regarding disclosure of alcohol and/or drug abuse records.
4. The Participating Continuum of Care will assist CHIN in monitoring agencies within the continuum comply specifically with the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R., Parts 160 & 164, and corresponding regulations established by the U.S. Department of Health and Human Services, as applicable.
5. The Participating Continuum of Care will assist CHIN in monitoring agencies within the continuum comply with all Policies and Procedures pertaining to protection of client privacy.

### B. Client Confidentiality

1. The Participating Continuum of Care will assist CHIN to encourage Participating Agencies within the continuum to provide written and/or verbal explanation of the CHIN HMIS and to arrange for a qualified interpreter/translator in the event that an individual is not literate in English or has difficulty understanding the Privacy Notice or associated consent form(s), as applicable.
2. The Participating Continuum of Care will assist CHIN to monitor that Participating Agencies within the continuum do not solicit or enter information from clients into the CHIN HMIS unless it is essential to provide services or conduct evaluation or research.
3. The Participating Continuum of Care will assist CHIN to monitor that Participating Agencies within the continuum not to divulge any confidential information received from the CHIN HMIS to any organization or individual without proper written consent by the client, unless otherwise permitted by applicable regulations or laws.
4. The Participating Continuum of Care will assist CHIN to monitor that Participating Agencies within the continuum to ensure that all persons who are issued a User Identification and Password to the CHIN HMIS enter into a User Agreement in a form approved by the HMIS Lead Agency, and that all such persons abide by this Agreement and the Policies and Procedures, including all associated confidentiality provisions. The Participating Agency will be responsible for oversight of its own related confidentiality requirements.
5. The Participating Continuum of Care will assist CHIN to monitor that Participating Agencies within the continuum make certain that all persons issued a User ID and Password will complete a formal instruction on privacy and confidentiality and demonstrate mastery of that information, prior to activation of their User License.
6. The Participating Continuum of Care acknowledges that ensuring the confidentiality, security and privacy of any information downloaded from the system by the Participating Agency is strictly the responsibility of the Participating Agency.

**C. Inter-Agency Sharing of Information**

1. The Participating Continuum of Care acknowledges that all forms provided by HMIS Lead Agency regarding client privacy and confidentiality are shared with the Participating Agency as the baseline forms. The forms may be modified to indicate the more stringent HMIS sharing restrictions of the Participating Agency. The modified forms must receive approval from HMIS Lead Agency before being used. The Participating Agency will review and revise (as necessary) all forms provided by the HMIS Lead Agency to assure that they are in compliance with the laws, rules and regulations that govern its organization.
2. The Participating Continuum of Care and Participating Agencies within the continuum agree to develop a plan for all routine sharing practices with partnering agencies. CHIN recommends that Participating Agencies document that plan through a fully executed ***[Qualified Service Organization Business Associate Agreement, hereafter known as QSOBA(s)].***
3. The Participating Continuum of Care and Participating Agencies within the continuum acknowledge that informed client consent is required before any basic identifying client information is shared with other agencies in CHIN. The Participating Agency will document client consent on a CHIN Client Release of Information Form acceptable to the HMIS Lead Agency.
4. If the client has given approval through a completed consent form, the Participating Agency may elect to share information according to QSOBA(s), or other document(s) that complies with applicable laws, rules and regulations, that the Participating Agency has negotiated with other partnering agencies in CHIN.
5. The Participating Agency will obtain a separate release from clients regarding release of restricted information if the Participating Agency intends to share restricted client data within the

CHIN HMIS. Sharing of restricted information must also be planned and documented through a QSOBA, or other document(s) that complies with applicable laws, rules and regulations.
6. Agencies with whom information is shared are each responsible for obtaining appropriate consent(s) before allowing further sharing of client records.
7. The Participating Continuum of Care acknowledges that the Participating Agency, itself, bears primary responsibility for oversight for all sharing of data it has collected via the CHIN HMIS.
8. The Participating Agency agrees to place all client consent and authorization forms related to the CHIN HMIS in a file to be located at the Participating Agency's business address and that such forms will be made available to the HMIS Lead Agency for periodic audits. The Participating Agency will retain these CHIN-related client consent and authorization forms for a period of **7** years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.
9. The Participating Agency acknowledges that clients who choose not to authorize sharing of information cannot be denied services for which they would otherwise be eligible.

**D. Custody of Data**

1. The Participating Agency acknowledges, the Continuum of Care, and HMIS Lead Agency agrees, that the Participating Agency retains ownership over all information it enters into CHIN.
2. In the event that the CHIN HMIS ceases to exist, Participating Agencies will be notified and provided reasonable time to access and save client data on those served by the Participating Agency, as well as statistical and frequency data from the entire system. Thereafter, the information collected by the centralized server will be purged or appropriately stored.
3. In the event that HMIS Lead Agency ceases to exist, the custodianship of the data within the CHIN HMIS will be transferred to another organization for continuing administration and all CHIN Participating Agencies will be informed in a timely manner.

## IV. DATA ENTRY AND REGULAR USE OF THE CHIN HMIS

1. The Participating Continuum of Care upholds that the Participating Agency will not permit User ID's and Passwords to be shared among users.
2. The Participating Continuum of Care upholds that if a client has previously given the Participating Agency permission to share information with multiple agencies and then chooses to revoke that permission with regard to one or more of these agencies, the Participating Agency will contact its partner agency/agencies and explain that, at the client's request, portions of that client record will no longer be shared. The Participating Agency may request that CHIN designate a client's record as "Inactive" and remove it from system-wide view or revoke existing Client Consent Form for that Participating Agency.
3. The Participating Continuum of Care upholds that if the Participating Agency receives information that necessitates a client's information be entirely removed from CHIN, the Participating Agency will work with the client to complete a form provided by HMIS Lead Agency with respect to the deletion of the record, which will be sent to HMIS Lead Agency for de-activation of the client record.
4. The Participating Continuum of Care agrees that the Participating Agency will enter all minimum required universal data elements as defined for all persons who are participating in services funded by HUD Supportive Housing Program, Shelter + Care Program, or HUD Emergency Shelter Grant Program as permitted by the client using the CHIN Client Release of Information form.
5. The Participating Continuum of Care agrees that the Participating Agency will enter data in a consistent manner, and will strive for real-time, or close to real-time, data entry.

6. The Participating Continuum of Care agrees that the Participating Agency will routinely review records it has entered in the CHIN HMIS for completeness and data accuracy in accordance with the Policies and Procedures.
7. The Participating Continuum of Care agrees that the Participating Agency will not knowingly enter inaccurate information into the CHIN HMIS.
8. The Participating Continuum of Care agrees that the Participating Agency will utilize CHIN for business purposes only.
9. The Participating Continuum of Care agrees that the Participating Agency will keep updated virus protection software on Agency computers that accesses CHIN.
10. The Participating Continuum of Care agrees that the transmission of material in violation of any United States Federal or state regulations is prohibited.
11. The Participating Agency will not use the CHIN HMIS with intent to defraud the Federal, State, or local government, or an individual entity, or to conduct any illegal activity.
12. The Participating Agency will incorporate procedures for responding to client concerns regarding use of CHIN into its existing grievance policy.
13. The Participating Continuum of Care agrees that the notwithstanding any other provision of this Agreement, the Participating Agency agrees to abide by all Policies and Procedures.

**V. PUBLICATION OF REPORTS**

1. The Continuum of Care and Participating Agencies within the continuum agrees that it may only release aggregated information generated by the CHIN HMIS that is specific to its own services.
2. The Continuum of Care and Participating Agencies within the continuum acknowledges that the release of aggregated information will be governed through the Policies and Procedures.

**VI. DATABASE INTEGRITY**

1. The Participating Continuum of Care agrees that the Participating Agency should not share assigned User ID's and Passwords to access CHIN with any other organization, governmental entity, business, or individual.
2. The Participating Continuum of Care agrees that the Participating Agency should not intentionally cause corruption of the network, software, or data in any manner. Any unauthorized access or unauthorized modification to computer system information, or interference with normal system operations, will result in immediate suspension of services, and, where appropriate, legal action against the offending entities.

**VII. HOLD HARMLESS**

1. The HMIS Lead Agency makes no warranties, expressed or implied. Except to the extent arising from the gross negligence or willful misconduct of the HMIS Lead Agency, the Participating Agency, and Continuum of Care at all times, will indemnify and hold HMIS Lead Agency harmless from any damages, liabilities, claims, and expenses that may be claimed against the Participating Agency; or for injuries or damages to the Participating Agency or another party arising from participation in the CHIN HMIS; or arising from any acts, omissions, neglect, or fault of the Continuum of Care and Participating Agencies within the continuum or its agents, employees, licensees, or clients; or arising from the Participating Agency's failure to comply with laws, statutes, ordinances, or regulations applicable to it or the conduct of its business.

2. The Continuum of Care and the Participating Agencies within the continuum will also hold HMIS Lead Agency harmless for loss or damage resulting in the loss of data due to delays, nondeliveries, mis-deliveries, or service interruption caused by Bowman Systems, Inc., by the Participating Agency's or other Participating Agencies' negligence or errors or omissions, as well as natural disasters, technological difficulties, and/ or acts of God.
3. HMIS Lead Agency shall not be liable to the Participating Agency for damages, losses, or injuries to the Participating Agency or another party other than if such is the result of gross negligence or willful misconduct of HMIS Lead Agency. HMIS Lead Agency agrees to hold the Participating Agency harmless from any damages, liabilities, claims or expenses to the extent caused by the gross negligence or misconduct of HMIS Lead Agency.
4. The Participating Continuum of Care upholds that the Participating Agency should keep in force a comprehensive general liability insurance policy with combined single limit coverage of not less than five hundred thousand dollars ($500,000). Said insurance policy shall include coverage for theft or damage of the Participating Agency's CHIN-related hardware and software, as well as coverage of Participating Agency's indemnification obligations under this Agreement.
5. The HMIS Lead Agency,agrees to indemnify and hold harmless the Participating Continuum of Care Lead Agency from all loss, liability, claims or expense, including attorney's fees, arising out of or related to this Agreement caused in whole or in part by the negligence or misconduct of the HMIS Lead Agency or the Participating Agencies, except to the extent same are caused by the negligence or willful misconduct of the Participating Continuum of Care Lead Agency. It is the intent of this provision to require the HMIS Lead Agency to indemnify the Participating Continuum of Care Lead Agency to the fullest extent permitted under North Carolina law.
6. Provisions of this Article VII shall survive any termination of the Agreement.

**VIII. GENERAL TERMS AND CONDITIONS**

1. The parties hereto agree that this Agreement will remain in effect for **(12)** months beginning upon acceptance of this agreement by signature. This Agreement will automatically renew for successive twelve (12) month periods unless canceled or modified within thirty (30) days of the end of the term. Any modifications must be submitted in writing to the other party and agreed to by the other party.
2. The parties hereto agree that this Agreement is the complete and exclusive statement of the agreement between parties and supersedes all prior proposals and understandings, oral and written, relating to the subject matter of this Agreement.
3. The Continuum of Care and the Participating Agencies within their continuum shall not transfer or assign any rights or obligations under the Agreement without the written consent of HMIS Lead Agency.
4. This Agreement shall remain in force until revoked in writing by either party, with 30 days advance written notice or until the end date noted in item VIII.6; provided, however, that the HMIS Lead Agency may immediately suspend Participating Agency's access to the CHIN HMIS in the event that allegations or actual incidences arise regarding possible or actual breaches of this Agreement by Participating Agency or any users for which Participating Agency is responsible hereunder until the allegations are resolved in order to protect the integrity of the system.
5. This agreement may be modified or amended by written agreement executed by both parties.
6. HMIS Lead Agency may assign this Agreement upon written notice to the Participating Agency.

**Please sign this contract and return to NCHC at your earliest convenience. A signed contract must be on file in our office for compliance with HUD HMIS requirements.**

North Carolina Housing Coalition | Carolina Homeless Information Network
118 St. Mary's Street | Raleigh, NC 27605

Or **FAX Signature Page to: (919) 881-0350**

**BY SIGNING BELOW, THESE PARTIES HAVE ENTERED INTO A**

**2012-2013 CONTINUUM OF CARE PARTICIPATION AGREEMENT:**

**HMIS LEAD AGENCY**

NORTH CAROLINA HOUSING COALITION, a North Carolina non-profit corporation

By: Chris Estes

Name: CHRIS ESTES

Title: EXECUTIVE DIRECTOR

**PARTICIPATING CONTINUUM OF CARE LEAD AGENCY**

Date: January 3, 2013

City of Winston-Salem (Agency Name),

A Municipal Corporation (Program Type).

By: _____(Signature)

Name: Lee Garrity

Title: City Manager

Address: PO Box 2511

Address: Winston-Salem, NC 27102

E-mail: mellinp@cityofws.org

Phone : (336) 734-1310

FAX : (336) 747-9419