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-504 - Greensboro/High Point CoC
Collaborative Applicant Name:	Partners Ending Homelessness
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:	Partners Ending Homelessness
How often does the CoC conduct open meetings?	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)

Each year Partners Ending Homelessness (PEH) sends membership applications to its listserv, makes announcements on the website, promotes membership at any speaking engagement, and asks its members to do the same. The PEH Community Coalition has been formally meeting since the late 1990s and is known throughout the community as the go-to organization to become involved in ending homelessness. New members are accepted year-round. PEH asks each agency to bring currently homeless clients to attend the meetings.

Are homeless or formerly homeless representatives members part of the CoC structure?	Yes
If formerly homeless, what is the connection to the community?	Agency employee

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)**

PEH is in the process of implementing Coordinated Assessment as a pilot project among our CoC-wide Rapid Rehousing Team funded via the ESG grant. Our board has recently agreed to enter into a contract with a consultant to assist the CoC in constructing its Coordinated Assessment program. It will be fully operational by October 2013.

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

Partners Ending Homelessness post agendas on its website the week before our CoC Community Coalition meeting, and PEH staff distribute agendas and minutes at each meeting.

A majority of our ESG recipients (both recipients through the State of NC and the City of Greensboro) are also recipients of CoC funds. PEH and the ESG recipients collaboratively developed the applications, goals, and preferred outcomes. The reporting to the State and the City of Greensboro will be done collectively. Further, quarterly reporting to update the PEH Allocations Committee are currently in development and will be in place by the end of the first quarter 2013.

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
PEH Board of Directors	PEH serves as the CoC's Collaborative Applicant. As such, the Board of Directors provides leadership for the CoC and oversees all aspects of the CoC work, including the PITC, HIC, AHAR, CoC/ESG grants, the Strategic Plan, HMIS, advocacy, etc. (See attached bylaws for description of roles and responsibilities.) Two formerly homeless individuals currently serve on the Board, as well as 7 CoC EDs/CEOs, 5 community advocates with a wide range of backgrounds, 4 govt. officials, 4 business leaders, 1 pastor, and 1 university official.	Bi-monthly
Community Coalition	The Community Coalition serves as the collective meeting and working body of the CoC. The Community Coalition addresses issues pertaining to ending homelessness, increases collaborations, decreases duplications, discusses best practices, sponsors training, and addresses CoC needs, issues, plans, and activities. Training and information sharing occurs at each meeting. All agencies encouraged to bring clients they serve to meetings. All meetings open to the community.	Monthly or more
Allocations Committee	The Allocations Committee reviews, scores, and ranks applications for ESG, CoC, and other CoC-wide funding. The committee develops application processes and procedures, appeals, and makes recommendations to the PEH Board of Directors on what projects should be funded within each funding stream. One current member of committee is formerly homeless. All members are unaffiliated with CoC-funded agencies. Members include 3 govt. officials, 2 community volunteers with experience on such committees, 1 representative from our local Goodwill, and 2 representatives from local United Ways.	Monthly or more
Rapid Rehousing Team	All recipients of RRH dollars funded through the ESG grant meet bi-monthly to review cases, discuss coordination, and improve our RRH system for Guilford County. This team is beginning the implementation of coordinated assessment in the CoC.	Bi-monthly
Finance Committee	The Finance Committee provides oversight for the finances, financial practices, and ensures audit is conducted for CoC lead agency, Partners Ending Homelessness. Members consist of 1 CoC ED, 1 University official with a background in accounting, 1 business leader, and 1 bookkeeper from local United Way.	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	1	6	0	2	3	1	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	0	0	2	0	0	0
Substance abuse	0	0	0	2	0	0	0
Veterans	0	0	0	0	0	0	1

HIV/AIDS	0	0	0	0	0	0	0
Domestic violence	0	0	0	0	0	1	0
Children (under age 18)	0	0	0	0	1	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0	0	2	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	0	0	0	2	1	1	1
Authoring agency for consolidated plan	0	2	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	0	0	0	0	0	0
Primary decision making group	1	0	0	0	2	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	12	6	5	6	29	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	6	0	0	2	1	0
Substance abuse	0	1	0	0	4	0
Veterans	0	1	0	0	1	0
HIV/AIDS	0	0	0	0	2	0
Domestic violence	0	0	0	0	1	0
Children (under age 18)	0	0	0	0	2	0
Unaccompanied youth (ages 18 to 24)	0	0	0	0	2	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	6	4	3	6	24	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	0	0	0	0

Attend 10-year planning meetings during past 12 months	0	0	0	0	0	0
Primary decision making group	6	1	2	0	5	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	0	7	11

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill	0	0	0
Substance abuse	0	0	0
Veterans	0	0	0

HIV/AIDS	0	0	0
Domestic violence	0	0	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	0	6	6
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	0	0
Primary decision making group	0	2	5

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, f. Announcements at Other Meetings, e. Announcements at CoC Meetings
Rating and Performance Assessment Measure(s) (select all that apply):	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), l. Assess Provider Organization Experience, j. Assess Spending (fast or slow), b. Review CoC Monitoring Findings, a. CoC Rating & Review Commitee Exists, 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)

PEH has an Allocations Committee (AC) for this purpose. For the PH Bonus Project, the AC requested letters of interest/applications. The AC also asked each applicant to make a formal presentation. The AC made a recommendation to the Board, which then voted.

For CoC renewal grants, the Board developed the selection process and communicated it to the CoC. The AC conducted a compliance audit, studied APRs, reviewed HUD's draw-down schedule and any HUD findings, and analyzed APR and HMIS data and outcomes. Based on performance, the AC scored each project against measures emphasized in NOFA, and determined which projects fell below a threshold and assessed those for community impact. All projects were ranked according to scoring and impact.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community?	No
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, 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 PEH Allocations Committee sent out a Letter of Interest Request for our Bonus Project funding this year. The LOI was sent out to the CoC in February 2012. Responses were due to the Allocations Committee by June 1,2012. Applicants were then given a block of time to present their projects to the Allocations Committee. Then each project was scored using 8 questions with a point scale associated with each question. The Allocations Committee made a recommendation to the Executive Committee of PEH. They in turn voted on the recommendation. Projects were also given an opportunity to appeal the final decision using our CoC-wide appeals process.
PEH will publish Collaborative Application on its website in both English and Spanish once complete and send a link to the CoC to access this information as part of our weekly CoC newsletter PEH produces.

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)

One of the CoC's providers removed beds from their inventory because they were damaged/broken and will not be replaced.

HPRP Beds: Yes

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

One of the CoC's HPRP grant recipients was able to negotiate lower rent and therefore was able to house more individuals.

Safe Haven: Not Applicable

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

This is not applicable.

Transitional Housing: Yes

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

Some of the transitional housing providers included in our 2011 HIC were not eligible to be counted in 2012, because they did not have dedicated beds for individuals experiencing homelessness.

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)

While the HIC in HDX does not reflect a change in PH beds from 2011 to 2012, there was a data entry oversight, which will be corrected when HDX opens for data entry in 2013. Specifically, the new Mary's Homes-High Point permanent housing project added 12 beds to the CoC's permanent housing inventory. In regards to the question below, this provider was included in the HIC process and data was collected.

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)	not applicable
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

Must specify other:

This is not applicable.

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

Specify "other" data types:

This is not applicable.

If more than one method was selected, describe how these methods were used together (limit 750 characters)

This is not applicable.

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)

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):	Inadequate ongoing user training and/or users groups, Other, Inadequate resources, Inadequate bed coverage for AHAR participation

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)

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)

Since the CoC is part of a statewide HMIS and resources are limited, it is difficult to address all issues. The largest issue is a roughly 500% cost increase our CoC will have to absorb as of July 1, 2013. Funding subsidies are ending or are being shifted to other priorities across the state. However, our CoC feels HMIS could be more efficient & effective, and hopes the state can find a happy medium in early 2013. HUD HMIS TA are hosting a one day meeting in NC in February to address these & other issues CoCs across the state have with this system.

It is difficult to have CHIN or Bowman set up training locally, although recent efforts have improved. We are fortunate to have our own HMIS project for our CoC that can address many TA issues & needs. Our local HMIS project staff focused on 2012 AHAR to improve our reports so HUD would accept more shells.

CHIN struggles w/ inadequate guidance & training from HUD. They are awaiting new guidance on HEARTH performance measures.

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	April	2012
Operating End Month/Year	March	2013

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	$48,746
ESG	
CDGB	
HOPWA	
HPRP	$1,379
Federal - HUD - Total Amount	$50,125

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	$3,368
Organization	
Private - Total Amount	$3,368

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	$20,525

Total Budget for Operating Year	$74,018

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)

(See section 2A- addressing barriers) The CoC will be looking for local private funding to cover some of the expenses; however, the price increase is so steep, the CoC will not be able to cover it all locally. Therefore, the CoC will have to pay for the difference using ESG Rapid Rehousing money that would have gone to housing people to cover our 2013 expense. Then, in the 2013 CoC application, the CoC will look to reallocate some dollars to cover this increased HMIS expense. PEH has been in discussion with NCCEH to advocate for the state to supplement federal ESG funding, thus allowing CoCs to allocate additional dollars to HMIS if it is their desire.

How was the HMIS Lead Agency selected by the CoC? Agency Applied

If Other, explain (limit 750 characters)

Open Door Ministries Inc is the HMIS Lead for NC 504, as it has 2 HMIS component renewal grants in the approved GIW. Open Door Ministries, as HMIS Lead for NC504, in turn sub-contracts with the State HMIS system (Carolina Homeless Information Network- CHIN) to provide HMIS services. Open Door Ministries, as HMIS Lead for NC504, has operated an HMIS grant for many years and dedicated processes and staff to assist NC 504 with HMIS.

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**	86%+
*** HPRP beds**	86%+
*** Safe Haven (SH) beds**	Housing type does not exist in CoC
*** Transitional Housing (TH) beds**	86%+
*** Rapid Re-Housing (RRH) beds**	No beds in CoC
*** Permanent Housing (PH) beds**	86%+

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

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

This is not applicable. NC 504 has a new RRH program; however, the State and local contracts for this program were not executed in time to begin program in 2012.

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? No

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

Types of Services	Volume coverage percentage
Outreach	0%
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	8
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	0%	3%
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	0%	0%
Disabling condition	0%	0%
Residence prior to program entry	0%	0%
Zip Code of last permanent address	0%	5%
Housing status	0%	0%
Destination	0%	25%
Head of household	0%	0%

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

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

PEH & HMIS Lead staff (STAFF) meet monthly to review DQ reports against NOFA 2. Agencies then conduct a client-level data review of the reports, including entry/exit dates & issues are corrected. STAFF meet montlhy to review agency APR summaries to ensure accuracy of data. STAFF meet w/ agencies to review & discuss any data integrity questions quarterly. STAFF provide direct in person TA as needed.
CHIN staff run their DQ reports on the first Wed. of the month. CHIN supplies (for agencies that need improvement) TA & training at no charge to agencies. In extreme cases, contract data entry assistance is available for agencies to help them catch up on data entry.
Through CHIN Advisory Committee, PEH participates in annual policy review.

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

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

This is not applicable.

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 Semi-annually
Using data for program management:	At least Annually
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)

not applicable

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%	100%
Transitional Housing	0%	100%	100%	100%
Safe Havens				

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)

** NC 504 does not have any Safe Havens**
In the sheltered count, ES increased by 7 and TH decreased by 72 in sheltered counts (net decrease of 65. The primary reason was the collaboration between the shelters and the HPRP grant recipients. Two of our largest shelters also began their own non-HUD funded RRH style programs within the past few years, and these are now beginning to show an impact.

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**	Permanent Supportive Housing is needed for Chronically Homeless, Veterans, and persons with SA/MH issues.
* **Services**	MH services in NC are extremely inadequate. Services for single women with children are also lacking.
* **Mainstream Resources**	Inconsistent Access to SSI and Medicare, though as CoC lead, PEH has many efforts underway to change that.

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:

not applicable

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)

PEH trains every shelter on completing the CoC Point-in-Time Count survey, which is based on HUD data collection guidance. Then, every shelter conducts the survey on the night of the count. Where possible shelter staff with previous history doing the count and with the most knowledge of the local homeless population are involved. The surveys are submitted to PEH. The PEH Data and Resource Analyst ensures each survey was completed thoroughly and correctly and tabulates the information. The PEH Data and Resource Analyst then crosschecks each agency's data with PITC data from the statewide HMIS known as CHIN (Carolina Homeless Information Network) for verification. Once reconciled and confirmed, this data is then imported into the main PITC report.

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:	
None:	
Other:	

If Other, specify:

not applicable

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)

PEH staff train every shelter on the CoC Point in Time Count survey, which is based on HUD data collection guidance. Every shelter conducts the survey on the day/night of the count. Where possible shelter staff with previous history of doing the count and with the most knowledge of the local homeless population are involved. The surveys are submitted to PEH. The PEH Data and Resource Analyst ensures each survey was completed thoroughly and correctly and tabulates the information. The PEH Data and Resource Analyst cross checks each agency's data with the statewide HMIS known as CHIN (Carolina Homeless Information Network) for verification. Once reconciled and confirmed, this data is then imported into the main PITC report. Specific data on subpopulations are entered into HMIS during the intake process and verified during the Point In Time Count reporting process.

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:	
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

not applicable

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)

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

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)

PEH staff went to each shelter conducting the count and provided direct training to each shelter staff person who would be involved. Clear instructions were provided on the form itself. Multiple follow ups occurred prior to the day of the count. Everyone was taught how and why to use the unique identifier for the PITC. PEH staff followed up with shelter staff during the day of the count and to provide TA if needed. After the count, the PEH Data and Resource Analyst cross checked each survey submitted to ensure individuals residing in shelters were not double counted during the street counts and meal counts.

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)

This is not applicable.

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 an increase of 31 from 2011 to 2012. PEH recruited a larger group of street outreach volunteers and agencies who knew the areas and people. This is the first year the CoC worked with these groups in such a focused way. This was also an unusually warm winter's day that may have drawn more persons outside compared to other days.

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:	X
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	X
Service-based count:	
HMIS:	
Other:	
None:	

If Other, specify:

not applicable

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)

All volunteers conducting unsheltered counts used the same survey as the CoC used for the sheltered count. All volunteers had to attend a mandatory training that discussed completing the survey (including using a unique identifier), but more importantly how to address persons experiencing homelessness to increase accuracy of data collected. The volunteers went in teams to the known public places and community meals during the day. They also worked with local law enforcement's Community Resource Teams who had extensive knowledge and relationships with homeless camps in the area. Volunteers went in teams with them. Additional teams of experienced outreach volunteers also covered areas with which they were familiar. Experienced street outreach volunteers conducted interviews, within the permissible time frame, to take an additional step to reach persons who may not have been contacted the day/night of the count.

After the count, the PEH Data and Resource Analyst crosschecked each survey submitted to ensure individuals were not double counted in the sheltered count.

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:

not applicable

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:	X
Unique identifier:	X
Survey question:	X
Enumerator observation:	
Other:	

If Other, specify:

not applicable

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)

All volunteers conducting unsheltered counts used the same survey as the sheltered count. All volunteers had to attend a mandatory training that discussed using the survey (including using a unique identifier), but more importantly how to address persons experiencing homelessness to increase accuracy of data collected. The volunteers went in teams to the known public places and community meals during the day. They also worked with local law enforcement's Community Resource Teams who had extensive knowledge and relationships with homeless camps in the area. Volunteers went in teams with them. Additional teams of experienced outreach volunteers also covered areas with which they were familiar. After the count, the PEH Data and Resource Analyst crosschecked each survey submitted to ensure individuals were not double counted during the shelter count.

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)

In the 2012 PITC, there were no unsheltered families/households with children counted. However, the reduction of homeless households with children is part of our CoC's overall plan to end homelessness. CoC agencies connect with families and volunteer outreach groups canvass the community on a weekly basis. Additionally, there is at least one meal available to the community 3 times per day/7 days per week. Connection to families with children are often made there. A number of larger CoC agencies have specific programs dedicated to homeless families with children. Additionally, our ESG Rapid Rehousing program has a component focused solely on families with children. We also have a youth shelter dedicated to children 16 and under that has vowed to shelter any homeless child in our CoC. If a family is currently struggling with homelessness, this shelter will provide stability to the children, while the family works through housing barriers. The homeless liaison for our county school system works closely with all relevant CoC agencies to assist any homeless children and families access appropriate resources.

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)

Our CoC has 4 specific outreach groups (Salvation Army Greensboro, StreetWatch, 16Cent Ministry, and ACTS Church/Rabbit Quarter Ministries) and countless faith-based volunteer groups that visit camps, bridges, and other places not meant for human habitation on a regular basis. Additionally, our homeless day center, the Interactive Resource Center, is open during the day as a resource for persons currently experiencing homelessness. The IRC provides laundry, showers, services, and physical, social, and interpersonal warmth.

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?	95
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	122
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	135
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	165

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)

The CoC's short-term plans to create new permanent housing beds for chronically homeless persons, as defined by HUD, include:
1. Applying for CoC Permanent Housing Bonus dollars;
2. Having multiple projects apply to the NC Housing Finance Agency's Permanent Supportive Housing program;
3. GHA converting existing PH beds to PH beds for chronically homeless persons;
4. Examining reallocation possibilities for 2013 NOFA;
5. Working with local CoC agencies, like Greensboro Urban Ministry, to transition their Transitional Housing Programs into Permanent Housing programs with assistance from local government.

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)

PEH will:
1. Become a local UFA, as local government funding for homelessness flows through PEH. Work w/ local private funders to do the same.
2. Develop team of local builders & CHDOs.
3. Create team of local realtors, property managers, & landlords.
4. Continue to work w/ local planning departments identifying funding to create projects for chronically homeless.
5. Advocate & educate elected officials to increase funding for permanent housing.
6. Partner with Local PHA's to expand housing offerings to the CoC.
7. Reallocate funds from TH to PH with dedicated supports.
8. Increase resources (ESG, local funds, etc.) for RRH. Concurrently advocate for increased capacity & funding for ACTT services for chronically homeless.

Also, CoC agencies will apply for CoC PH Bonus project, NCHFA PSH, & any other sources of funding (HUD 811, HOME, Federal Home Loan Bank, etc.) to create scattered site permanent housing options to avoid segregation of persons w/ disabilities.

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)

After receiving a large grant to reduce chronic homelessness in 2007, the CoC was able to reduce our chronic homeless population by 50% in one year. While funding was discontinued, the CoC's chronic homeless population has remained stable, even under extremely challenging economic conditions. With adequate funding, our CoC will end chronic homelessness by 2015.

PEH will lead the work of the Housing section in the CoC's strategic plan (See attached.). Highlights include: increasing supply of supportive housing; increasing SOAR access; aligning local homeless funding into goals and funding objectives supported by the CoC; and increasing collaborations and coordination among all levels of housing entities.

PEH and ESG recipients will continue to expand the capacity of our CoC's RRH team (funding, technical assistance, and coordination). Our CoC will apply for HUD's PH bonus project each year, and CoC agencies will apply to NCHFA each year to access PSH dollars.

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?	90%
In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	90%
In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	95%
In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	95%

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)

The CoC's PH projects have excellent housing stability outcomes, with the exception of one 5-bed PH project for chronically homeless 18-24 year olds. Thus, in the next 12 months, PEH will work with the Joseph's House Project (if funded) to increase its performance. Again, Joseph's House serves 18-24 year olds who are by definition in transition, creating housing stability challenges. PEH will work with the Greensboro Housing Authority (project applicant) to identify reasons why this project is not as successful with housing stability as its other HUD-funded PH programs. Adjustments up to reallocation will be examined and implemented. All other programs will continue to do their core work of increasing self sustainability. PEH also will collaborate with employment programs in an effort to increase their involvement within our CoC and invite these programs to present at our monthly CoC Community Coalition meetings.

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)

PEH will emphasize access to mainstream resources and other income supports as it works to become a local UFA. As part of our strategic plan, PEH is or will be in discussions w/ local govt. & private foundations to channel local homelessness funding into one central allocation system via PEH (much like the "funders together" model) based on CoC-wide goals & funding objectives to end homelessness.

Our county's DSS already has contracts with some CoC agencies to distribute emergency assistance & other funding. PEH & the agencies will look to expand this relationship (or use it as an example with other entities) to access additional mainstream opportunities for participants. In 2011, 47% of homeless persons reported that unemployment/ underemployment was the reason for their homelessness. Thus, PEH is strategically targeting employment programs (Goodwill, Welfare Reform Liaison project, JobLink, etc.) to meet with CoC agencies & work to integrate participants into those programs.

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?	59%
In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	65%
In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	70%
In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	75%

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)

The CoC's short-term efforts are:
1. A few CoC TH programs are interested in converting to PH programs & may pursue reallocation & restructuring in the next 12 months.
2. Many TH applicants, like GUM, Servant Center, & ODM, have either partnered individually or with PEH to work with CHDOs & other affordable housing builders (e.g., Affordable Housing Management Inc.) to discuss expansion of programs to include PH. Servant Center just opened a new 9-bedroom unit near their TH program, specifically so their clients still have easy access to medical & other services provided by SC.
3. Our CoC will submit at least one application to NC Housing Finance agency for new PSH units in early 2013.
4. Our CoC-wide RRH team will work to move transitional housing participants into permanent housing via ESG and other private funds. Our ESG contracts with the State were delayed, so this work will begin in early 2013.

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)

Income increases the exit rate of TH participants to PH. In 2011, 47% of homeless persons reported that unemployment/underemployment was the reason for their homelessness. Thus, PEH is strategically targeting employment programs (Goodwill, Welfare Reform Liaison project, JobLink, etc.) to meet with CoC agencies & work towards ways of integrating individuals they serve into those programs.

PEH and ESG recipients will expand the capacity of the RRH team (funding, technical assistance, & coordination).

Lastly, our CoC will apply for HUD bonus project each year, & agencies will apply to NCHFA each year to access PSH dollars. As part of the CoC strategic plan, PEH will lead the work of the Housing section (See attached.). Highlights of the plan include: increasing supply of supportive housing; increasing SOAR access; aligning local homeless funding into goals and funding objectives supported by the CoC; & increasing collaborations & coordination among all levels of housing entities.

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?	30%
In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?	35%
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)

NC has a higher than average unemployment rate compared to the rest of the country. Our CoC has a higher than average unemployment rate for the state (9.2%). CoC members are certain the situation will get worse before it gets better, and over the next twelve months, the CoC expects to see an increase in unemployment numbers. Therefore, the CoC set a modest and more realistic goal for the next year, which still exceeds the HUD established standard of 20%. In an effort to address the serious challenges in helping participants find employment, PEH is strategically targeting employment programs (e.g., Goodwill, the Welfare Reform Liaison project, the local community college, the workforce development board, supported employment programs, and others) to meet with CoC agencies and improve the integration and participation of the CoC's homeless persons in those programs.

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)

While short-term efforts are likely to improve employment outcomes, the CoC hopes the local economy picks up in two to three years, in order to make significant long-term gains. If the local economy improves, then hiring will increase and providers will be able to assist their participants with finding employment. An improved economy and increased involvement and collaboration with employment programs will ensure that the CoC stays well above the 20% employment at exit rate.

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?	85%

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 w/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. Across the board our CoC case managers & housing staff include mainstream resources as a goal if appropriate for the clients. This is described in section 4H. The Servant Center has operated the Disability Assistance Program for roughly 20 years. It's a predecessor to SOAR & continues to operate & provide significant access to mainstream resources for persons experiencing homelessness in NC 504.

PEH (CoC lead/Collaborative Applicant) recently hosted a SOAR training for our CoC and region. Within the CoC's strategic plan is a goal of coordinating staff that assist with and prepare SOAR applications all across the CoC. PEH also has been in touch with law firms that have volunteered to assist as well. PEH will develop an effective team of SOAR staff across the CoC.

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)

Our CoC strategic plan states: "Begin and sustain SOAR training and support to increase the number of successful programs exits into fully self-sustained permanent housing." The CoC plans to increase its capacity to access SSI and SSDI by having designated full-time SOAR case workers within our CoC. Preliminary discussions have already occurred with the state lead agency and local health system to create a plan for this to become a reality. Our state's mental health system is undergoing further management changes; after this transition, the CoC will work with our LME-MCO (Local Management Entity-Managed Care Org.), to discuss and address this need. Finally, PEH is developing a local SOAR team of trained case workers. As part of this effort, PEH will meet with local hospitals and health foundations to assist in the development of full-time SOAR staff for our CoC. These action steps will have significant, long-term impact on participants obtaining mainstream benefits.

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?	110%
In 12 months, what will be the total number of homeless households with children?	90%
In 5 years, what will be the total number of homeless households with children?	75%
In 10 years, what will be the total number of homeless households with children?	50%

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

The CoC's short-term action steps to decrease the number of homeless households are to:
1. Increase Rapid Rehousing Resources devoted to families with children.
2. Increase access to and involvement in workplace training, education, and other job related programs. This will be done by introducing workforce development programs and job training services into our monthly CoC (Community Coalition) meetings to develop strategic partnerships between CoC service providers and workforce development/job training providers.
3. Increase agency collaborations through ESG grant to focus a portion of those funds on families with children.
4. Convert Transitional Housing programs into Permanent Housing programs, where appropriate, with assistance from local government. This will transform the CoC's largest family transitional housing program into a permanent supportive housing program. Plans are being developed to obtain this goal within the next 12 months.

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

In 2011, 47% of homeless persons reported that unemployment/underemployment was the reason for their homelessness. Thus, PEH is strategically targeting employment programs (Goodwill, Welfare Reform Liaison project, JobLink, supported employment, community colleges, etc.) to meet with CoC agencies & work towards ways of integrating individuals they serve into those programs.

PEH and ESG recipients will continue to expand the capacity of our CoC's RRH team (funding, TA, & coordination). The CoC will apply for HUD bonus project each year. Also, agencies will apply to the NCHFA each year to access PSH dollars. Lastly, PEH will lead the work of the Housing section of the CoC's strategic plan (See attached.). Highlights include: increasing supply of supportive housing; increasing SOAR access; aligning local homeless funding w/goals & funding objectives supported by the CoC; & increasing collaborations & coordination among all levels of housing entities (from CHDOs to landlords).

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:	0
Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013):	1
Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition):	2
Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition):	2

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)

This is not applicable.

**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)**

For the two TH providers which are currently considering reallocation, the Transitional Housing program will simply convert to a Permanent Housing program, and thus the families will be able to remain. With the other TH programs, other providers, including rapid rehousing providers, will work with these clients to make sure there was no loss in service if the residents are unable to stay in their current locations.

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:

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

The DSS LINKS program is responsible for youth aging out of foster care. The State has mandated that youth aging out of foster care must have a meeting called an Emancipation Plan 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 they are in school or in a vocational training program full time. Also, the LINKS program discusses what their living arrangements will be if they do not want to sign a CARS and what their back-up plan will be if their original plan does not work. DSS also explains that if these plans do not work, then they have the option of returning to the Department to request a CARS where available.

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)

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)

Department of Social Services LINKS program

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

Non-McKinney-Vento funded Shelters or Programs, Family, and Friends

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? State Mandated Policy

If "Other," explain:

In the health care arena, discharge policies are required for accreditation by The Joint Commission on Accreditation of Healthcare Organizations.

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

The CoC's largest medical health care provider is Cone Health. As a result of a gift from an anonymous donor in Dec 2011 (and recently renewed for a 2nd year), Cone administers the “HOPES Project” (Healing Opportunities for People Experiencing Sickness) to homeless patients being discharged. Cone provides hotel, transportation, food, prescriptions, as well as RN and SW visits. The RN, SW, and the persons at the homeless day center work with the patient to arrange more permanent housing. This effort has had some fantastic outcomes, like reduced readmissions, but the funding is temporary.

On an on-going basis Cone also provides hospital-funded assisted living and skilled nursing facility care to homeless patients when they have been in need of that type of care and willing to receive it. Cone provides significant transportation resources to out of town family/friends with whom a homeless person can stay.

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)

The Cone Health has a health care discharge plan. However, there is a lack of resources for homeless patients with medical needs at discharge. This situation will worsen if/when the HOPES Project funds are no longer available. Cone does not like to put someone in an assisted living facility, just to put a roof over their heads, as it is too restrictive.

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)

Cone Health System

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

Hotels, family/friends, affordable housing, assisted living and skilled nursing facilities

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 CoC's LME-MCO (Sandhills Center/Guilford Center), which provides CoC-wide Mental Health services, has a staff of care coordinators who work with the hospital social workers around appropriate housing for consumers (based on resources) to prevent discharges to homeless shelters.

The State is creating a TBRA program for persons who are seriously mentally ill (SMI) or severely and persistently mentally ill (SPMI). The program is being created a part of a settlement with the federal Department of Justice regarding NC's implementation of ADA and the Olmstead decision.

The NC Interagency Coordinating Council on Homeless Programs (ICCHP) contracts with Socialserve.org to provide the NCHousingSearch.com website. The website provides a listing service for landlords and a search service for persons looking for housing. Landlords can flag their listings as willing to accept persons with criminal histories, disabilities, poor credit, etc. This makes housing more accessible for populations whose circumstances make them harder to house.

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)

Those involved are DSS, DJJ, community providers, adult care homes, family care homes, mental health group home providers (all contracted with and supervised in part by the LME-MCO, Sandhills Center/Guilford Center), hospital social workers, LME-MCO Care Coordination staff. The State Division of Mental Health is responsible for discharge planning in the mental health system.

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

Persons leaving mental health systems are routinely discharged to their homes, relative homes, group homes (adult care homes, family care homes and mental health group homes), therapeutic foster homes, alternative family living homes, nursing homes, other state facilities, and substance abuse residential treatment facilities. Persons are also referred to Targeted Units by service providers who agree to provide services to support the person in maintaining housing.

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? 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 NC Department of Corrections uses a multi-staff team approach to aftercare, in which the case manager, mental health social worker (as needed), and probation/parole officer assure that the released inmate has a home plan to ensure housing placement and prevention of homelessness.

The CoC's local jail is a holding facility for persons awaiting trial or bond posting. Average stay locally is 16 days (factor out individuals awaiting trial for years and the stays are much less). There are no discharge planning efforts for anyone in our local facility.

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)

The federal and state correctional facilities have a streamlined program in place that prevents discharge into homelessness. They have staff and resources dedicated to successful discharge planning including halfway homes, job and educational opportunities, and permanent housing planning. The local law enforcement officials are sympathetic to persons currently experiencing homelessness and make every attempt to work with CoC agencies to prevent incarceration due to homelessness issues. Due to the quick turnaround time of the local jail stays, there is not an emphasis on discharge planning.

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)

Federal Prison System
NC Department of Corrections

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

Halfway homes, non- Mckinney-Vento funded transitional shelters, family/friends, and affordable housing units

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:	2010-2014 Greensboro Con Plan states: F) Eliminate chronic homelessness and reduce all other forms of homelessness by 2016. Strategic Actions: i) Support PEH & other agencies that provide a range of housing options for people facing or experiencing homelessness that will lead to or maintain stabilization. ii) Promote greater cooperation & collaboration among homeless service providers. iv) Support programs that participate in the point in time count & Carolina Homelessness Information Network [CHIN] to provide accountable reporting to the community. v) Develop increased knowledge of funding opportunities & the activities eligible for funding through homelessness prevention agencies. vi) Coordinate resources and services to prevent “discharge-to-homelessness” from special needs service programs. High Point's 2010-2014 Con Plan speaks of similar goals/plans, though more focused on permanent housing and aligns more specifically with HUD goals.

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)

Our CoC has been very proactive in transitioning to Rapid Rehousing (RRH). Our two local HPRP recipients both applied for and received ESG RRH dollars to continue their work. As part of our CoC's ESG application, 72% of the requested and awarded funds went to Rapid Rehousing/Prevention (83% of the RRH/Prevention dollars went towards RRH). Additionally, two large agencies (Salvation Army Greensboro and Greensboro Urban Ministry) started their own RRH programs a few years ago in advance of this recent emphasis by HUD on RRH. Although the federal funding is lessened, our CoC has grown local options and shifted its focus to successfully rapidly rehouse individuals and families experiencing homelessness.
Of our two HPRP providers one averaged $1720 per program exit, the other $1450. For the last 6 months of the program 95% of families and 98% of individuals exited to permanent housing.

**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 ($159,531; 2012-13)- Our local Housing Authority and VA work closely together to coordinate our local HUD-VASH vouchers. A VA outreach worker has a set schedule where she visits local CoC facilities and shelters throughout the month.

HOPWA ($225,907; 2012)- The Central Carolina Health Network collaborates with the Triad Health Project and local public housing authority to coordinate the outreach, case management, housing, and supports through this program. A Vulnerability index is used to prioritize eligibility for housing.

CDBG ($379,483; CDBG plus other local homelessness funds 2012-13)- PEH has contracted with the City of Greensboro to administer their homeless funding (CDBG and other dollars) for our CoC. This entails selecting projects, monitoring projects, auditing projects, and aligning projects with local CoC goals and objectives.

ESG ($500,870; 2012-13)- PEH was responsible for the CoC's collaborative application for state ESG dollars and has contracted with the City of Greensboro to administer their entitlement ESG dollars. This entails selecting projects, monitoring projects, auditing projects, and aligning projects with local CoC goals and objectives.

NSP- The City of Greensboro used the Ten Year Plan as a guide. $1,450,000 of Greensboro's Neighborhood Stabilization Program funds went to acquisition and rehab of 20 foreclosed multi-family units for very low-income families, including 9 units of permanent supportive housing for homeless or disabled households. An additional $375,000 of Neighborhood Stabilization Program funds went towards the development of the Interactive Resource Center, our CoC's homeless day shelter.

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:

Guilford County School Policy and Responsibility:
• Ensure that students are enrolled in school immediately even if they do not have proof of residence, immunizations or school records
• Help families and youth get the necessary immunizations and other records
• Help students remain in the school of origin if that is the parent's choice
• Provide transportation to and from school
• Ensure that students receive the necessary educational support services
• Notify parents and guardians of their rights and of the programs and services available to them
• Collaborate with community agencies and service programs to disseminate information

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)

Guilford County Schools' homeless liaison (a full-time staff member) has regular contact with homeless services providers. This contact occurs monthly at the Community Coalition meetings, as well as through individual contact with providers as needed. Posters outlining students' educational rights under the McKinney-Vento Act are placed in schools, agencies/organizations and community places where people experiencing homelessness may go. A resource fair is held by the district's school social work department that includes those providing homeless assistance services (scheduled for February 2013). GCS homeless liaison also works with the ESL program to ensure appropriate McKinney-Vento information is translated into multiple languages and those with LEP have access to the same programs and assistance as there English Speaking Counterparts

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)

Recently our CoC-wide RRH team developed a plan to RRH families with children as part of our ESG program. Additionally, our local public housing authority is working to change their Annual Plan to prioritize families for access to housing. Most of our major shelters have a family or women with children component: Salvation Army Greensboro (ES, RRH); Salvation Army High Point (ES, TH); Greensboro Urban Ministry (ES, TH, RRH); Mary's House (TH); Mary's Homes (PH); FSOP's Clara House (DV) and Carpenter House (DV); and My Sister Susan (TH). Additionally, Room at the Inn shelters pregnant women experiencing homelessness and assists with permanent placement post childbirth. All of our CoC programs know these are the programs for families and all of our CoC programs work together to ensure proper placement for families. The CoC also has an emergency shelter for children 16 and under, if a family chooses to provide separate stability for their child while mom and/or dad navigates the system.

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 VA & the Greensboro Housing Authority, operate HUD-VASH vouchers. In 2012, our CoC received an additional 25 Vouchers. The Servant Center receives referrals from the VA and serves veterans through Servant House and Glenwood Permanent Housing 1. In November 2012, the Servant Center expanded by opening Glenwood 2 Permanent Supportive Housing. Caring Services operates the Vet safety Net program. This program is for our veterans who are having a problem with substance abuse. Services include: Case Management; Primary Medical Care Needs; Mental Health Care Needs; Budget Planning; Safe Recovery Environment; Discharge Planning; and Transitional Housing.

Annually, our CoC hosts the Triad Stand Down, which includes 12 counties. Multiple services are provided at the Stand Down including: Clothing; Toiletry Items; Haircuts; Medical & Dental; Social Security; Housing; Employment; Veterans benefits; Counseling; etc. All services provided are in response to veterans' input and guidance via the planning committee.

Our CoC goal is to increase Permanent Supportive Housing Beds each year. One of our target subpopulations is homeless veterans. Additionally, our CoC has diligently applied for the SSVF grant and will continue to do so until successful. Our CoC currently collaborates with the SSVF grant program in Forsyth County to supply these services to our veteran population. Homeless veterans' decreased by 50 in 2011 in our CoC.

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)

Youth Focus (YF) operates several programs for and accessible to homeless youth, including the only shelter for homeless youth 17 and under in a 12-county area. YF has vowed to house any homeless youth in the county 17 and under. They also operate the Transitional Living Program that serves young women ages 16 to 21, who are homeless and who, because of their special needs, require additional assistance to allow them to achieve independence. In addition, YF operates our Safe Place program and have made arrangements with our Transit Authority to provide transportation to one of their facilities for any youth in crisis. Lastly, YF operates My Sister Susan's House, a transitional living program serving young pregnant or parenting young women who have been the victim of domestic violence. On November 1, 2011, My Sister Susan's House won the Housing North Carolina award for supportive housing. Joseph's House operates a Transitional Housing program for young men ages 18-21. The Greensboro Housing Authority operates a Permanent Supportive Housing program for homeless individuals ages 18-24.
In the 2012 Point In Time Count, our CoC had 10 unaccompanied homeless youth and no chronic homeless families. The CoC credits these programs, and our previously mentioned School System Homeless Liaison, for our low numbers and will continue to identify these homeless youth through outreach teams and the School System's Homeless Liaison to connect youth to appropriate assistance and resources.

Has the CoC established a centralized or coordinated assessment system? No

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

Our CoC is beginning to implement its area-wide Coordinated Assessment System pilot project via our ESG CoC-Wide Rapid Rehousing Team. The coordinated assessment, in following with ESG rule 576.400, will coordinate with other targeted homeless services and be the intake entry point in the CoC for all homeless persons. The CoC RRH Team has developed a common assessment tool and a coordinated "map" of which ESG RRH providers will focus on which sub-populations. Additionally, PEH has contracted with a consultant to expand and assist in the holistic development of the Coordinated Assessment Program and data usage for the entire CoC. (see attached)

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

Our CoC receives ESG funding via the State of North Carolina and City of Greensboro (entitlement). All ESG funding was coordinated through Partners Ending Homelessness (PEH) as the CoC lead. PEH developed the collaborative application for our CoC; our Allocations Committee developed a local RFP process; the CoC developed priorities; the Board selected projects; and PEH staff contracted with subrecipients and coordinated the development of our CoC-wide RRH team. In previous years, PEH has audited and monitored the City of Greensboro's ESG projects and will continue to do so this year as part of its contract.

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)

They are marketed electronically (email, website, online database) in print (brochure, flyer, application, resource guide) & word of mouth (informal & formal presentation, phone). PEH works w/Sandhills Ctr (MCO), DSS, Health Dept, local gov. & CoC providers in these information & referral efforts. PEH offers linkages to local, state & national resources like United Way of NC 211, NC Housing Coalition, NCHousingSearch.com, NC DHHS Division of MH, DD & SA, & PEH's website listing of CoC service providers. PEH staff provide a minimum 4 trainings a year w/ the Human Relations dept's of both cities on fair housing standards, rules & individual rites.
Many agencies & outreach programs speak other languages with Spanish most common. The GSO Housing Coalition's "Housing Hotline" is equipped to handle multiple languages. This line is promoted throughout the community. Our largest shelter providers (GUM, Salvation Army) also have FT staff that are fluent in Spanish to assist people navigate the system. Agencies targeting LEP individuals are invited to our monthly CoC meetings.

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)

Yes. PEH is the planning & coordinating organization for homeless service delivery in our CoC. PEH implements, evaluates & updates Guilford County's Strategic Plan to End Homelessness. PEH is a groundbreaking, collaborative partnership of over 80 community partners that work to generate housing, strengthen prevention & supportive services, & increase coordination, collaboration & access through the community's continuum of care.
PEH:
CONNECTS with individuals & organizations to enhance awareness of & increase access to our system of care.
SUPPORTS the development of an effective service system by functioning as the hub for information sharing & training
RESTORES lives in our community by securing & administering major funding with continuous oversight of services and resources.
PEH believes that through strong partnerships and a coordinated effort on the part of businesses, social service agencies, the faith community, & all citizens, we will be a community that ends homelessness.

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

The CoC provides homeless data, including Point in Time Count data, for the completion of the Consolidated Plan. Also, our CoC participated in specific meetings designed to supply the City of Greensboro with information for its 2010-2014 Con Plan. CoC members like, Affordable Housing Management, Community Foundation of Greater Greensboro, Greensboro Housing Authority, Greensboro Housing Coalition, and Greensboro Urban Ministry, gave specific information for the Con Plan. Additionally the CoC's former Strategic Plan, "Partnering to End Chronic Homelessness in Guilford County, High Point, and Greensboro, The Guilford County/High Point/Greensboro Task Force on Ending Homelessness" (2007), was used as resource and reference material. Lastly, the City of High Point used the data and documents listed above, sent out surveys to CoC agencies in High Point, and held several community meetings where 10 CoC agencies and partners were represented.

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

In 2011, Partners Ending Homelessness conducted a thorough review of the Ten-Year Plan with CoC providers and the CoC Board. They determined that an updated Strategic Plan was needed for our organization and the CoC. This Strategic Planning process was completed in November of 2012. The Strategic Planning Committee will review the process for updating and identify key community leaders to lead each section of the strategic plan. During each PEH (CoC) board meeting, progress and updates on the strategic plan will be on the agenda and discussed. Each year progress will be updated, accomplished goals/objectives removed or updated, and new ones added to ensure our overarching goal of ending homelessness is realized.

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

The CoC is knowledgeable about the the Federal Strategic Plan, and many local goals/objectives complement what is outlined in "Opening Doors". Our Con Plans end in 2014, and when they were developed they used the CoC's Ten-Year Plan to End Chronic Homelessness which was published in 2007. The 2015-2019 Con Plan will include elements of the Federal Strategic Plan. Our TYP has been replaced by a new CoC Strategic Plan which includes some of the Federal Plan's universal elements, but it currently is not specifically aligned with the same dates, objectives, etc.

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, 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 2012-2013, all ESG funding will flow through PEH, as the lead agency in the CoC. PEH will subcontract with all local recipients, handle monitoring and auditing for City of Greensboro (Entitlement) ESG funds, and develop regular monitoring and progress reporting for each ESG recipient. This past year PEH developed an RFP process, developed goals and priorities for ESG funding, selected projects, and worked to develop the CoC's first CoC-wide Rapid Rehousing Team, which incorporates the CoC's first steps toward Coordinated Assessment. The CoC's monthly Community Coalition meetings bring all CoC-wide providers together to develop collaborations, address needs, and increase capacity and effectiveness of the entire CoC.

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?	No

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	63	**Beds**	68	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	81	**%**	90	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	72	**%**	59	**%**
Increase the percentage of homeless persons employed at exit to at least 20%	22	**%**	32	**%**
Decrease the number of homeless households with children	110	**Households**	110	**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 only area where the CoC did not make its achievement was TH exits to PH; and after seeking input from the TH providers, the CoC determined the following. Greensboro Urban Ministry found a mistake in their final APR on exits to PH, which would have increased their exits to PH by 11. The CoC will implement APR training and develop a process to reduce data entry mistakes in the future. Salvation Army HP was hurt by the High Point Housing Authority rule changes. HPHA stopped taking 2 bedroom applications this year. Waiting list times have increased due to lingering high unemployment (9.2%) and economic conditions. HPHA deemed Workfirst income no longer applicable income. They only considered income from employment. Thus, many persons were unable to move up on the waiting list. As CoC lead, PEH will work with SAHP and the HPHA to find a workable resolution to this deficiency. Lastly, Clara's House, the CoC's DV program serves a population which is especially vulnerable to unstable program exits. Of the listed non-exits to PH in their last APR, a total of 35 additional clients (10 moved in with family, 14 relocated to another state/country, 11 went back to their original home) may have exited to PH if there was more accurate and thorough record keeping. Clara's House will be evaluating their data & programmatic practices in 2013, to align with CoC rule & HEARTH goals. A new partnership with an ESG Rapid Rehousing Team agency will assist DV clients in accessing PH.

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

PEH, as the CoC's lead and collaborative applicant, monitors recipients' performance by examining data in APRs, monthly HMIS data quality reports produced by CHIN (Carolina Homeless Information Network), and direct contact with the recipients (homeless service and housing providers). The Allocations Committee provides recipients with project performance results from the project review and rating process, and PEH uses this data to inform CoC planning and activities. PEH will begin reporting CoC-wide data at the monthly CoC Community Coalition and CoC Board meetings to educate providers about using data to inform decisions and guide future efforts. PEH also has contracted with a consultant that will assist PEH and the CoC in the use and analysis of its data.

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

PEH established a PEH Academy for frontline staff (case managers, intake staff, shelter staff, etc.) to strengthen the talent in our CoC, and thus increase CoC agency outcomes. During monthly CoC-wide meetings, additional trainings are provided and centered on topics and needs suggested by CoC members. PEH and local HMIS project staff provide direct TA to underperforming projects and develop plans for performance improvement. PEH also provides assistance in accessing specialized assistance (HUD Field Office, ICCHP, NCCEH, NC DHHS, etc.) if additional assistance is required to improve performance. PEH is also the convener for addressing system-wide issues and developing system-wide projects. Sharing talent and resources throughout the CoC enhances our performance.

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

See specifics listed above. Additionally, PEH staff and HMIS project staff routinely access CoC-wide reports and begin with staff level discussions if issues arise. If those plans do not resolve performance issues, then PEH, as CoC lead agency, will convene meetings with service providers and provide specific TA as warranted to improve agency outcomes and performance. Specific steps and corrective actions may be put in place to improve agency performance if that agency's performance will have a negative impact on the entire CoC. If it does not, PEH will make recommendations on program modification.

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)

A PEH staff member (data and resource analyst) produces reports for our entire CoC on a regular basis based on agency entry/exit data entered into our statewide HMIS system (CHIN). All CoC and ESG programs enter this data, plus 7 other agencies, for a total of 18 agencies across the CoC. CHIN has stated we have higher than anticipated entries into CHIN for a CoC our size.

Our average length of stay for the first six months of 2012 was 46 days in emergency shelters and 322 days in transitional shelters. The CoC is working with CHIN to develop a report for tracking length of stay at the program level. Current reports are for CoC-wide length of stay, separated by Emergency Shelter and Transitional Housing.

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)

Our state HMIS system (CHIN) is working on modifying the recidivism report that Bowman Systems created, so that it can be applied to a CoC. Our state HMIS system (CHIN) plans to focus on building this report in the spring of 2013, after the HUD CoC applications, AHAR data submission, and PIT/HIC deadlines pass.

The state HMIS system (CHIN) is working with a consultant on a project that should help identify clients who return to the system. The initial phase of that project will be complete at the beginning of 2013. Then, CHIN will be able to roll it out to other CoCs throughout 2013.

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)

Our CoC has five dedicated volunteer outreach ministries who connect w/ persons where they are. Some are a part of CoC agencies, others their own ministry. These outreach efforts will connect & refer persons to appropriate resources. They also do a good job of identifying needs & gaps, & they work with PEH and other agencies to develop solutions. They are spread across the CoC to touch those who live outdoors & are known as a resource for persons experiencing homelessness.

The IRC (Interactive Resource Center), established in 2010, is a day center , which effectively connects currently homeless individuals & families to resources. The IRC served 2,131 individuals in 2012, and it assisted 358 people with gaining employment, plus assistance with access to affordable housing. Many community partners & resources have satellite offices at the IRC or meet there on a regular basis to conduct organized outreach (Cone Health, VA, and Legal Aid, as examples).

Our CoC also hosts a yearly Veterans Stand Down. In 2012, the Stand Down served 240 people, with at least 24 direct service providers & additional services present. A local church is partnering w/the CoC & IRC to begin Project Connect for homeless persons.

In 2009/2010, GUM established Winter Emergency (WE) Shelters to provide seasonal beds at local churches & community centers. This program has evolved to provide direct case management, housing plan development, & referrals.

**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)**

Prevention efforts are a priority in our CoC. The City of Greensboro Human Relations Dept. is certified by HUD to enforce Fair Housing Laws. They also offer, in conjunction with a local university, a landlord tenant dispute mediation program to prevent issues from going to court or forcing evictions. The City of High Point Human Relations Dept. also offers Fair Housing services. High Point agencies (Open Door Ministries and The Community Resource Network) distributed $119,828 (from UW, donations, & DSS) in homeless prevention funds to 595 households in 2011-12. Salvation Army of Greensboro has $404,000 in 2012-13 for homelessness prevention. Individuals/families must have an eviction notice in hand to access these funds. Greensboro Urban Ministry has provided $255,729 to 1,315 households in an effort to prevent homelessness.

The Greensboro Housing Coalition (GHC) advocates for improved and additional affordable housing and policies that promote maintenance of housing and tenants' rights, so people do not become homeless because housing is condemned. GHC also offers a housing hotline to assist residents with housing complaints, evictions, etc. GHC received a $750,000 grant from the Kresge Foundation to advance safe and healthy housing through direct repairs and advocacy, further preventing housing loss and homelessness. Both the City of Greensboro's and City of High Point's Con Plans have multiple strategies in place and emphasize homelessness prevention.

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	131	61
2011	107	63
2012	116	68

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

Eligibility: A homeless individual or family must provide shelter stay information, homeless service program information (community clinics, emergency assistance from churches etc.) to the intake counselor or case manager. The staff person will follow up with each reference for verification. Staff has relationships with all the homeless service providers and can search for specific verifying information individually. Credible personal references (clergy, program manager, etc.) are accepted as references. Case managers may also verify where they are sleeping at night. Each person must have a diagnosis for MH, SA, DD, or physical disability from a community clinic or doctor's office. Persons are asked to supply documentation of jail stays & hospital stays to verify cost to the system & supplement homelessness status.

Data collected: Data is collected via our HMIS system at shelter/program intake using all of HUD universal data elements. Interviews are held with each individual/family to ascertain causes & barriers to housing. The point in time count also is used to collect data on people experiencing homelessness (health status, employment, education, last known address, access to benefits, etc.)

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:	5

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

The CoC sees this slight increase in CH persons as neutral. In the 2012 PITC, CoC members teamed with volunteer outreach organizations for the first time, including some that focus on the chronically homeless, in an effort to make sure we were doing everything we could to ensure accuracy and depth of coverage. An increase of 9 CH persons is not a statistically significant difference.

****One of the new CH units was due to the project serving an additional client the evening of the PITC and included no additional funding. The other four new units were part of the Mary's Homes-High Point project and due to a data entry oversight were not included in the 2012 HIC. This correction will be made in the next HIC.****

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					
Operations	$82,880	$825		$900	$600
Total	$82,880	$825	$0	$900	$600

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)	104
b. Number of participants who did not leave the project(s)	214
c. Number of participants who exited after staying 6 months or longer	99
d. Number of participants who did not exit after staying 6 months or longer	186
e. Number of participants who did not exit and were enrolled for less than 6 months	28
TOTAL PH (%)	90

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	510
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	299
TOTAL TH (%)	59

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: 355

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	114	32%
Unemployment insurance	11	3%
SSI	49	14%
SSDI	48	14%
Veteran's disability	7	2%
Private disability insurance	0	0%
Worker's compensation	0	0%
TANF or equivalent	17	5%
General assistance	26	7%
Retirement (Social Security)	1	0%
Veteran's pension	5	1%
Pension from former job	1	0%
Child support	29	8%
Alimony (Spousal support)	1	0%
Other source	14	4%
No sources (from Q25a2.)	79	22%

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: 355

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	183	52%
MEDICAID health insurance	54	15%
MEDICARE health insurance	6	2%
State children's health insurance	0	0%
WIC	5	1%
VA medical services	16	5%
TANF child care services	2	1%
TANF transportation services	0	0%
Other TANF-funded services	0	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	72	20%
Other source	0	0%
No sources (from Q26a2.)	58	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 its projects' APRs as part of the project review and rating process. Specifically, the Partners Ending Homelessness (PEH) Allocations Committee collects non-cash income data from each current APR on file with HUD, and reviews project-level and CoC-wide performance. In addition, agencies with CoC-funded projects review their APR data annually as they prepare APRs for submission.

The PEH Allocations Committee will continue to use access to mainstream resources as a measure in scoring grants from various funding streams. The committee is developing a monitoring process where agencies will report on outcomes and measures at least semi-annually.

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:

During the past year, the Community Coalition, which is the CoC's official group of housing and service providers, met twelve times (i.e., the second Thursday of every month). In this CoC meeting, providers covered various topics designed to end homelessness, with accessing mainstream resources being one of those categories. Meeting topics included: the state's Targeted and Key Housing program (1/12/12); Disability Assistance program (6/14/12); Partnership For Health Management's Orange Card program (10/11/12); and NC Housing Finance Agency Foreclosure Prevention Fund (11/8/12). Additionally, PEH has started a CoC committee of SOAR certified/trained staff from various agencies. This committee will be meeting on at least a quarterly basis beginning January 28, 2013.

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:	biennially (every other 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.

Has the CoC participated in SOAR training?	Yes

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

Partners Ending Homelessness sponsored a SOAR training within our CoC on August 22 and 23, 2012. Since the last CoC application, 16 individuals in the CoC have attended SOAR trainings, and the CoC has a cumulative total of 57 trained individuals. There are seven people currently completing SOAR applications and one full-time SOAR case worker.

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.	70%
1a. Describe how service is generally provided:	
Case Managers develop person-centered plans inclusive of income and benefits. Case managers assist with supplying or locating any documentation needed. Case managers will provide just enough help without doing applications for clients unless necessary. Case managers follow up with clients to ensure successful completion.	

2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	95%

3. Homeless assistance providers use a single application form for four or more mainstream programs:	0%
3.a Indicate for which mainstream programs the form applies:	
This is not applicable.	

4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	80%
4a. Describe the follow-up process:	
Weekly/monthly case management meetings include following up on any applications. Any correspondence or additional communications needed to address problems are handled jointly between case managers and clients. Copies of correspondence are kept by case managers. Assistance with re-certifications and any additional information is jointly handled between clients and case managers.	

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)**

not applicable

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)

not applicable

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

not applicable

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

not applicable

**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)**

not applicable

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	NC 504 Consistenc...	01/14/2013
CoC-HMIS Governance Agreement	No	NC 504 CoC-HMIS G...	01/11/2013
Other	No	NC 504/PEH Strate...	01/03/2013
Other	No	NC 504 Bylaws	01/11/2013
Other	No	NC 504 Coordinate...	01/14/2013
Other	No	NC 504 Notificati...	01/14/2013
Other	No	NC 504 Project Pe...	01/16/2013
Other	No		

Attachment Details

Document Description: NC 504 Consistency with Con Plan Doc

Attachment Details

Document Description: NC 504 CoC-HMIS Governance Agreement

Attachment Details

Document Description: NC 504/PEH Strategic Plan

Attachment Details

Document Description: NC 504 Bylaws

Attachment Details

Document Description: NC 504 Coordinated Assessment Contract and Scope

Attachment Details

Document Description: NC 504 Notification to Project Applicants 2012

Attachment Details

Document Description: NC 504 Project Performance Template (tab 1) & Scoring Matrix (tab 2)

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/16/2013
1C. Committees	01/16/2013
1D. Member Organizations	01/17/2013
1E. Project Review and Selection	01/17/2013
1F. e-HIC Change in Beds	01/16/2013
1G. e-HIC Sources and Methods	01/11/2013
2A. HMIS Implementation	01/16/2013
2B. HMIS Funding Sources	01/11/2013
2C. HMIS Bed Coverage	01/12/2013
2D. HMIS Data Quality	01/17/2013
2E. HMIS Data Usage	01/04/2013
2F. HMIS Data and Technical Standards	01/04/2013
2G. HMIS Training	01/04/2013
2H. Sheltered PIT	01/17/2013
2I. Sheltered Data - Methods	01/11/2013
2J. Sheltered Data - Collections	01/11/2013
2K. Sheltered Data - Quality	01/11/2013
2L. Unsheltered PIT	01/13/2013
2M. Unsheltered Data - Methods	01/13/2013
2N. Unsheltered Data - Coverage	12/01/2012
2O. Unsheltered Data - Quality	01/11/2013
Objective 1	01/17/2013
Objective 2	01/17/2013
Objective 3	01/17/2013
Objective 4	01/13/2013

Objective 5	01/17/2013
Objective 6	01/17/2013
Objective 7	01/17/2013
3B. Discharge Planning: Foster Care	01/11/2013
3B. CoC Discharge Planning: Health Care	01/14/2013
3B. CoC Discharge Planning: Mental Health	01/17/2013
3B. CoC Discharge Planning: Corrections	01/13/2013
3C. CoC Coordination	01/17/2013
3D. CoC Strategic Planning Coordination	01/16/2013
3E. Reallocation	12/01/2012
4A. FY2011 CoC Achievements	01/16/2013
4B. Chronic Homeless Progress	01/16/2013
4C. Housing Performance	01/02/2013
4D. CoC Cash Income Information	01/02/2013
4E. CoC Non-Cash Benefits	01/02/2013
4F. Section 3 Employment Policy Detail	12/22/2012
4G. CoC Enrollment and Participation in Mainstream Programs	01/11/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/16/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/16/2013
Submission Summary	No Input Required

Certification of Consistenc 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: Partners Ending Homelessness

Project Name: 2012 Continuum of Care

Location of the Project: High Point/ Guilford County

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

Name of Certifying Jurisdiction: City of High Point

Certifying Official of the Jurisdiction Name: Strib Boynton

Title: City Manager

Signature:

Date: 1-7-13

NC-504 - Greensboro/High Point CoC - Partners Ending Homelessness
2012 Project Listing for High Point

Applicant	Project Name	Project Location	2012 Grant Amount
City of High Point	Shelter Plus Care	211 S Hamilton St High Point, NC 27261	$77,352.00
Mary's House Inc	Mary's Homes - High Point	400 N. Centennial Street, High Point, NC 27262	$63,285.00
Mary's House Inc	Mother's In Recovery	201 Church Avenue High Point, NC 27262	$118,698.00
Open Door Ministries of High Point, Inc.	HMIS - Greensboro	400 N. Centennial Street, High Point, NC 27262	$35,696.00
Open Door Ministries of High Point, Inc.	Arthur Cassell Memorial Transitional Housing Program	400 N. Centennial Street, High Point, NC 27262	$49,851.00
Open Door Ministries of High Point, Inc.	Permanent Supportive Housing	400 N. Centennial Street, High Point, NC 27262	$58,726.00
Open Door Ministries of High Point, Inc. (formerly High Point Housing Coalition)	HMIS - High Point	400 N. Centennial Street, High Point, NC 27262	$14,025.00
Partners Ending Homelessness	CoC Planning	201 Church Ave High Point, NC 27262	$21,531.00
The Salvation Army High Point	Case Management/ After Care	301 W. Green Street, High Point, NC 27260	$19,641.00
		TOTAL	**$458,805**

Certification of Consistenc 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: Partners Ending Homelessness

Project Name: 2012 Continuum of Care

Location of the Project: Greensboro/ Guilford County

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

Name of Certifying Jurisdiction: City of Greensboro

Certifying Official of the Jurisdiction Name: Andrew Scott

Title: Assistant City Manager Economic Development

Signature:

Date: Jan. 4, 2013

NC-504 - Greensboro/High Point CoC - Partners Ending Homelessness
2012 Project Listing for Greensboro

Applicant	Project Name	Project Location	2012 Grant Amount
Youth Focus, Inc.	Youth Focus Transitional Living Program	715 N. Eugene Street, Greensboro, NC 27401	$52,734
Family Service of the Piedmont, Inc.	Clara House	902 Bonner Drive, Jamestown, NC 27282	$71,556
Greensboro Housing Authority	Joseph's House Young Adult Independent Living Program	2703 E. Bessemer Avenue, Greensboro, NC 27405	$44,574
Greensboro Housing Authority	Housing Opportunities	450 N. Church Street, Greensboro, NC 27420-1287	$486,475
Greensboro Housing Authority	Grace Homes	450 N. Church Street, Greensboro, NC 27420-1287	$427,536
Greensboro Housing Authority	Sheltering the Homeless	450 N. Church Street, Greensboro, NC 27420-1287	$35,160
Greensboro Urban Ministry	Partnership Village I	305 W. Lee Street, Greensboro, NC 27406	$61,047
Mary's House, Inc.	Mary's House	520 Guilford Avenue, Greensboro, NC 27401-1945	$138,572
The Servant Center, Inc.	Servant House	1312 Lexington Avenue, Greensboro, NC 27403	$48,492
		TOTAL	**$1,366,146**

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 Greensboro/High Point NC-504/Partners Ending Homelessness ("Participating Continuum of Care") regarding access and use of the Carolina Homeless Information Network ("**CHIN**") Homeless Management Information System ("**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 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

Continua 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, Participating Agencies, and Bowman Systems, Inc., the developer of the CHIN HMIS.

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 2011 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. 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.

3. 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.

4. 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

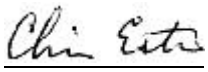
Or FAX Signature Page to: (919) 881-0350

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: 

Name: CHRIS ESTES

Title: EXECUTIVE DIRECTOR

CONTIUUM OF CARE LEAD AGENCY

Date:_____

_____ (Agency Name),

A _____(Program Type).

By: _____(Signature)

Name:_____

Title:_____

Address:_____

Address: _____

E-mail: _____

Phone : _____

FAX : _____

PARTNERS ENDING HOMELESSNESS STRATEGIC PLAN

Mission and Vision

Partners Ending Homelessness encourages public understand of the causes and conditions of homelessness and leads a strong and stable system of care for individuals and families to reduce homelessness in Guilford County.

The organization fulfills its mission to prevent and end homelessness in the Guilford County area through three core areas of focus:

1. ***CONNECT*** with individuals and organizations to enhance awareness of and increase access to our system of care.
2. ***SUPPORT*** the development of an effective service system by functioning as the hub for information sharing and training about issues related to homelessness.
3. ***RESTORE*** lives in our community by securing and administering major funding with continuous oversight of services and resources.

Core Values

We believe that through strong partnerships and a coordinated effort on the part of businesses, social service agencies, the faith community and all citizens, Guilford County will be a community that ends homelessness.

I. Executive Summary

PEH Executive Summary

In 2012, PEH completed a major new Strategic Plan. With input from a provider focus groups of over 50 participants, interviews of community leaders and funders, surveys of board, staff, and consumers, and a two-part strategic planning board retreat, we developed a comprehensive plan to build the capacity of our collaborative effort to end homelessness. The key elements of our strategy are as follows.

Strategic Focus: Continuum of Care (CoC) Capacity

Data

Goal: Improve the quality and usefulness of HMIS data to meaningfully support CoC planning, program accountability, and new project development

→Objective: Adopt CoC wide Measures and Goals that are congruent with the goals and measures in the HEARTH Act

→Objective: Create system wide accountability to goals and measures

→Objective: Develop plan to measure cost effectiveness of agencies and programs

Housing

Goal: Coordinate and integrate housing leadership to improve Crisis Response System and enhance housing resources

→Objective: Create functioning team of Continuum Case Workers

→Objective: Create functioning team of Private Landlords, Property Managers, Realtors

→Objective: Create a functioning team of developers and CHDO's to improve housing stock in Continuum

Goal: Aligning existing housing funding

→Objective: Becoming a Unified Local Community Funding Agency

→Objective: Advocate and increase Foundations and Local Government funding to support housing programs and rental housing

subsidies.

→Objective: Expand supply of supportive housing

Goal: Develop a plan for housing self-sustainability

→ Objective: Begin and sustain SOAR training and support to increase the number of successful programs exits into fully self-sustained permanent housing.

Education and Training

Goal: Provide education on evidenced Based Practices and technical assistance to CoC.

→Objective: Develop and implement PEH Academy

→Objective: Increase training in Provider Coalition

Goal: Increase education on evidenced Based Practices to staff and board

→Objective: Increase knowledge base and expertise of PEH staff

→Objective: Increase knowledge base and understanding of Board

Strategic Focus: Advocacy and Education

Goal: Serve as advocate for issues pertaining to homelessness

→Objective: Educate and advocate for issues important to Continuum of Care

→Objective: Train Executive Directors to Advocate for the CoC

Strategic Focus: Marketing

Goal: Increase Public Awareness of Partners Ending Homelessness

→Objective: Increase Online Presence

→Objective: Increase visibility within the community

Goal: Grow our influence and relationship with local media

→Objective: Increase print and television presence and outreach

Strategic Focus: Resource Development

Goal: Increase the understanding of local funders, municipal, county and civic leaders regarding impact of HEARTH Act on local level.

→Objective: Target and educate Local Leaders, Funders, and potential donors

Goal: Consolidating Local funding streams to end homelessness

→Objective: Advocate for government funding for ending homelessness to flow through PEH- Unified Funding Agency Model.

→Objective: Advocate for private foundation and other funding dedicated to ending homelessness to flow through PEH- Unified Funding Agency (UFA) Model by July 2015

Goal: Maintain and Increasing Sustainable Resources for PEH

→Objective: Establish internal capacity and logistics for financial viability.

→Objective: Develop major gifts program

Goal: Increase cost savings of common services used throughout the PC

→Objective: Develop process of leveraging PC member organizations purchasing capacity

Strategic Focus: Board Governance

Goal: Update organizational structure and functions to meet current/future needs and HUD regulations

→Objective: Revise By-Laws based current/future needs and regulations

Goal: Maintain a county wide, committed, working board

→Objective: Restart Board Development Committee to identify and recruit Board members

→Objective: Create an Advisory Board for PEH consisting of persons of influence from across Guilford County

→Objective: Develop and hold Ongoing education and training sessions and materials for the Board

II. Planning Process

PEH engaged in a broad, intense planning effort from February 2012 through September 2012. From February to June, with the assistance of professional planning consultants, we undertook interviews of community leaders and funders, surveys of board, staff, consumers, and elected officials, and a major focus group with provider organizations. Input from all these sources was compiled along with data from previous capacity building work and developed into the broad outlines of this new Strategic Plan through two Board and Staff Planning Retreats in June. Board members and staff then worked to flesh out detailed action steps, timelines, and responsible parties to move the plan forward. This plan is the result of listening to many voices and incorporating many insightful internal and external views of PEH and its role in ending homelessness in our community. See Appendices for a list of Board and Staff Participants.

III. Goals, Objectives, Strategies, Measures

Continuum of Care Capacity: Data			
1. Goal: Improve quality and usefulness of Homeless Management Information System (HMIS) data to meaningfully support Continuum of Care (CoC) planning, program accountability, and new project development			
Objectives	**Strategies**	**Who**	**Results**
Adopt Continuum of Care-wide measurements and goals that are congruent with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act by January 2013	• Seek input and commitment from Provider Coalition	PEH Staff, Provider Coalition, Board of Directors	
	• PEH Board approves Continuum of Care-wide measures and goals	PEH Staff, Provider Coalition, Board of Directors	
	• PEH Board adopts funding priorities to align with Continuum of Care-wide measures and goals	PEH Staff, Provider Coalition, Board of Directors	

Create Continuum of Care-wide accountability to goals and measures by June 2013	• Develop assessment plan	PEH Staff	
	• Include assessment plan in all funding requests	PEH Staff	
	• Develop reporting processes for PEH Board, Provider Coalition and general public	PEH Staff	
Develop a plan to measure cost effectiveness of agency programs and outcomes by December 2013	• Create an ad-hoc committee to develop scope of process	PEH Staff, Ad-hoc committee	
	• Obtain budget and cost information per program used to achieve Continuum of Care-wide goals	PEH Staff, Ad-hoc committee	
	• Develop clear measurement matrix	PEH Staff, Ad-hoc committee	
Improve data quality and other data collection processes by October 2014	• Improve Bed Utilization rates	PEH Staff, Agencies, Carolina Homeless Information Network (CHIN)	
	• Raise Continuum of Care-wide data quality score to 100%	PEH Staff, Agencies, Carolina Homeless Information Network (CHIN)	
	• Improve Point In Time Count accuracy and validity	PEH Staff, Point In Time Count volunteers	
	• Focus technical assistance and trainings on specific areas of data weakness	PEH Staff, Agencies, Homeless Management Information System (HMIS) project	
2. Goal: Develop Continuum of Care-wide Coordinated Assessment			
Create committee to guide process by January 2013	• Identify committee members	PEH Staff, Board of Directors, Provider Coalition	

	• Adopt the committee as a Board of Directors committee and identify committee chair	PEH Staff, Board of Directors	
Select and develop Coordinated Assessment model for Continuum of Care by July 2013	• Committee becomes educated on varying aspects and models of Coordinated Assessment	Coordinated Assessment Committee, PEH Staff	
	• Committee identifies and reviews specific models developed by other Continuum of Cares	Coordinated Assessment Committee, PEH Staff	
	• Provider Coalition recommends and Board adopts Coordinated Assessment model	Coordinated Assessment Committee, Provider Coalition, Board of Directors	
	• Train agencies on our Coordinated Assessment System	PEH Staff, Trainers	
	• Continuum of Care begins usage of Coordinated Assessment System	Agencies	

Continuum of Care Capacity: Housing Development Activities			
3. Goals: Coordinate and integrate housing leadership to improve Crisis Response System and enhance housing resources			
Objectives	**Strategies**	**Who**	**Results**
Create functioning team of Continuum of Care Housing Caseworkers by October 2013	• Develop bi-monthly meetings with Continuum of Care Housing Caseworkers	PEH Staff, Continuum of Care Housing Caseworkers	
	• Advocate to increase and diversify housing options for low to moderate income residents in Guilford County	PEH Staff, Continuum of Care Housing Caseworkers	
	• Advocate for and develop Continuum of Care-wide "Ready to Rent" program for tenants	PEH Staff, Continuum of Care Housing Caseworkers	

	• Develop significant partnerships with private sector and government officials	PEH Staff, Continuum of Care Housing Caseworkers	
Create functioning team of Private Landlords, Property Managers, Realtors by January 2014	• Develop quarterly meetings with Private Landlords, Property Managers, Realtors and Developers	PEH Staff and Continuum Housing Case Workers; Private Landlords, Property Managers, Realtors	
	• Develop significant partnerships between team and Continuum of Care Housing Caseworkers	PEH Staff, Continuum Housing Case Workers; Private Landlords, Property managers, Realtors	
	• Advocate for the contingency fund/grant for private landlords and property managers who rent to persons experiencing homelessness	PEH Staff and Continuum Housing Case Workers; Private Landlords, Property Managers, Realtors	
Create a functioning team of developers and community housing development organizations to improve housing stock in Continuum by September 2014	• Develop and collect baseline measure for housing options in Guilford County	PEH Staff, Local government, Other housing agencies	
	• Advocate for the increase and diversity of housing developments for low to moderate income residents in Guilford County	Developers, Housing Advocates i.e.; Housing Development Organizations, Habitat for Humanity, Greensboro Housing Coalition, Housing Greensboro, Government Housing and Community	

		Development	
4. Goal: Aligning current housing funding			
Becoming a Unified Community Funding Agency (UFA) by January 2015	• Identify all current and potential local funding used for homelessness	PEH Staff, Board of Directors, Allocations Committee, Community Partners	
	• PEH allocated private and governmental homeless prevention funds for competitive awarding cycles	PEH Staff, Board of Directors, Allocations Committee, Community Partners	
Advocate and increase foundation and local government funding to support housing programs and rental housing subsidies by June 2015	• Identify Funding "Champions"	PEH Staff, Board of Directors, Allocations Committee, Community Partners	
	• Develop "measures of success" to distribute to foundations and local government officials	PEH Staff, Board of Directors, Allocations Committee, Marketing Committee	
	• Invest Continuum of Care (CoC) and Emergency Solutions Grant (ESG) funding in Rapid Rehousing and rental assistance	PEH Staff, Board of Directors, Allocations Committee, Community Partners	
Expand supply of supportive housing by June 2014	• Increase Continuum of Care and Emergency Solutions Grant funding for supportive housing units focused on targeted resources and adequate services	PEH Staff, Board of Directors, Allocations Committee, Foundations, Community Partners	
	• Advocate and develop supportive housing that serves medically fragile	PEH Staff, Board of Directors, Allocations Committee Foundations,	

		"Community"Partners	
5. Goal: Increase access to benefits for qualifying persons who are experiencing homelessness			
Increase and sustain SSDI-Access, Outreach and Recovery (SOAR) capacity within our Continuum of Care by July 2014	• Offer SSDI-Access, Outreach and Recovery (SOAR) Informational Session and trainings	PEH Staff, Provider Coalition, Local Management Entity-Managed Care Organizations, North Carolina Coalition to End Homelessness, Department of Social Services	
	• Advocate for dedicated positions or staff time to SSDI-Access, Outreach and Recovery (SOAR) applications	PEH Staff, Provider Coalition, Local Management Entity-Managed Care Organizations, North Carolina Coalition to End Homelessness, Funders	
	• Develop SSDI-Access, Outreach and Recovery (SOAR) Dialogue groups	PEH Staff, Provider Coalition, North Carolina Coalition to End Homelessness	

Continuum of Care Capacity: Education and Training			
6. Goal: Provide education on evidenced based practices and technical assistance to Continuum of Care			
Objectives	**Strategies**	**Who**	**Results**
Develop and implement PEH Academy by October 2012	• Identify training needs of Provider coalition agencies	PEH Staff, Provider Coalition	
	• Provide monthly trainings to direct service providers each	PEH Staff, Trainers	

	year		
	• Measure increased knowledge via pre/post knowledge assessment at each training	PEH Staff, Participants	
Increase training opportunities for Provider Coalition representatives by October 2013	• Invite experts, leaders, and other practitioners to participate in monthly Provider Coalition meetings and trainings	PEH Staff, Other TA Providers	
	• Offer technical assistance to agencies on Continuum of Care specific issues such as data, Housing & Urban Development (HUD) grants, and implementation of best practices	PEH Staff, Other TA Providers	
	• Develop or identify information materials for distribution to Provider Coalition via newsletter, website and other appropriate methods	PEH Staff, Provider Coalition	
7. Goal: Increase education on evidenced based practices to PEH staff and Board of Directors			
Increase knowledge base and expertise of PEH staff by July 2013	• Identify and meet training/professional development needs of staff	PEH Staff, Board of Directors	
	• Attend annual conference(s) specific to job description and responsibilities	PEH Staff	
	• Participate in professional organizations associated with job responsibilities	PEH Staff	
Increase knowledge base and understanding of Board of Directors by September 2015	• Provide educational opportunities to PEH Board of Directors via informational materials, webinars, presentations etc.	PEH Staff, Board of Directors, "Trainers"	
	• All board members participate in 3 training opportunities per year provided by PEH outside of Board of Directors meetings	PEH Staff, Board of Directors, "Trainers"	

Advocacy and Education			
8. Goal: Serve as advocate for issues pertaining to homelessness			
Objectives	**Strategies**	**Who**	**Results**
Educate and advocate for issues important to Continuum of Care by February 2013	• Convene committee of experienced individuals to identify issues and develop an Annual Legislative Agenda approved by Board of Directors and Provider Coalition	PEH Staff, Board of Directors, Provider Coalition	
	• Craft message for Continuum of Care's Legislative Agenda	Advocacy Committee	
	• Identify opportunities to engage/educate elected officials	Marketing Committee	
	• Become reliable resource for elected and governmental officials	PEH Staff, Board of Directors	
	• Develop monthly informational e-newsletter	PEH Staff, Marketing Committee	
Develop an Executive Director's Advocacy Council to advocate for the Continuum of Care by May 2014	• Develop training schedule and agenda	PEH Staff, Advocacy Committee	
	• Identify and recruit trainers (ex. lobbyists, former elected officials)	PEH Staff, Advocacy Committee	
	• Conduct a meet and greet for Elected Officials and Executive Directors	PEH Staff, Advocacy Committee	

Marketing			
9. Goal: Increase public awareness of Partners Ending Homelessness			
Objectives	**Strategies**	**Who**	**Results**
Increase online presence by December 2014	• Create strategy for Social Media	PEH Staff, Marketing Committee	
	• Add 25% more Twitter followers and 25% more Facebook likes yearly	PEH Staff, Marketing Committee	
	• Develop an online Provider Coalition "Notebook"	PEH Staff	
	• Use website as source of information dissemination to the media and general public	PEH Staff	
	• Begin to highlight partners successes, positive stories, accomplishments, etc on website	PEH Staff, Provider Coalition, Marketing Committee	
	• Develop promotion strategy around data and outcomes of the Continuum of Care Agencies	PEH Staff, Marketing Committee	
Increase visibility within the community by March 2014	• Develop and host an Annual Stakeholders Meeting	PEH Staff, Marketing Committee	
	• Develop and host "Friend Raiser" events in Greensboro and High Point	PEH Staff, Marketing Committee, Board of Directors	
	• Co-host Homeless Memorial Walk of Remembrance in Greensboro and High Point	PEH Staff, Marketing Committee	
	• Increase number of presentations to any public or private group	PEH Staff, Board of Directors	
10.Goal: Grow our influence and relationship with local media			
Increase print and television presence and outreach by December 2014	• Develop Print and Television Media Relations Strategy	PEH Staff, Marketing Committee	
	• Develop a monthly newsletter designed for local media, elected officials, and funders	PEH Staff, Marketing Committee	

	• Develop promotion strategy around data and outcomes of the Continuum of Care Agencies	PEH Staff, Marketing Committee	

Resource Development			
11. Goal: Increase the understanding of local funders, municipal, county and civic leaders regarding impact of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act on local level			
Objectives	**Strategies**	**Who**	**Results**
Target and educate local leaders, funders, and potential donors by September 2014	• Provide public education on Homelessness quarterly beginning 12/30/12 via quarterly e-newsletter distributed via social media, website and e-mail	PEH Staff, Marketing Committee	
	• Report outcomes and impact on Homelessness in Guilford County both verbally, visually and in writing	PEH Staff, Board of Directors, Marketing committee, Resource Development Committee, Homeless Management Information System (HMIS)	
	• Sponsor educational breakfast targeting funders, civic leaders, potential donors meetings on Housing and Urban Development (HUD) Priorities, System Changes, and Ending Homelessness Strategies periodically	PEH Staff, Marketing Committee, Resource Development Committee	
12. Goal: Consolidate local funding streams to end homelessness			
Advocate for government funding for ending homelessness to flow through	• Establish internal capacity and logistics for becoming a Unified Funding Agency (UFA)	PEH Staff, Provider Coalition, Board	

PEH-Unified Funding Agency (UFA) Model by January 2015		of Directors	
	• Collaborate with local government officials to create Unified Funding Agency (UFA) model	Local governments, PEH Staff, Resource Development Committee, Board of Directors	
	• Local governments adopt Unified Funding Agency (UFA) model through PEH and provide administrative dollars to PEH	PEH Staff, Resource Development Committee	
	• Align PEH to take part in any new Federal Funding, through Emergency Solutions Grant, Continuum of Care or other funding programs	Local governments, PEH Staff, Resource Development Committee, Board of Directors	
Advocate for private foundation and other funding dedicated to ending homelessness to flow through PEH- Unified Funding Agency (UFA) Model by July 2015	• Identify a "community champion"	PEH Staff, Allocations committee	
	• Local private funders adopt Unified Funding Agency (UFA) model through PEH and provide administrative dollars to PEH	Private funders, PEH Staff, Board of Directors	
13. Goal: Maintain and increase sustainable resources for PEH			
Establish internal capacity and logistics for financial viability by October 2013	• Develop Resource Development Committee and Identify a Chairperson	Board of Directors	
	• Identify and Recruit at least one Financial Advisor to the Board of Directors of PEH	Board Development Committee	
	• Research feasibility of establishing a PEH endowment	PEH Staff, Finance Committee	

	• Identify and apply for 2 new grants annually from local, state and national grant opportunities	PEH Staff, Finance Committee	
Develop major gifts program by October 2016	• Identify funding to develop major gifts program	PEH Staff, Board of Directors, Resource Development Committee	
	• Recruit Five "Starting 5" ($10,000+ annual donors)	PEH Staff, Board of Directors, Resource Development Committee	
	• Each "Starting 5" donor recruits 2 additional "teammates"	PEH Staff, "Starting 5", Resource Development Committee	
14. Goal: Increase cost savings of common services used throughout the Provider Coalition			
Develop process of leveraging Provider Coalition member organizations purchasing capacity by February 2016	• Identify individuals to develop a feasibility plan	PEH Staff, Board of Directors, Provider Coalition	
	• Identify services to leverage	PEH Staff, Board of Directors, Provider Coalition	

Board Governance			
15. Goal: Update organizational structure and functions to meet current/future needs and Housing & Urban Development (HUD) regulations			
Objectives	**Strategies**	**Who**	**Results**
Revise bylaws based on current/future needs and federal regulations by September 2013	• Identify and approve immediate bylaw revisions through appropriate processes	PEH Staff, Bylaws Committee, Provider Coalition, Board of Directors	
	• Revise Executive Committee Structure and Function	PEH Staff, Bylaws Committee, Board	

		of Directors	
	• Revise organizational committee structure reflect current and future organizational needs	PEH Staff, Bylaws Committee, Board of Directors	
	• Revise Provider Coalition section	PEH Staff, Executive Team, Provider Coalition	
	• Revise organizational processes to reflect current and future organizational needs	PEH Staff, Bylaws Committee, Board of Directors	
	• Incorporate new Housing & Urban Development (HUD) regulations into bylaws	PEH Staff, Bylaws Committee, Board of Directors	
	• Annually review bylaws and revise as needed	PEH Staff, Executive Committee, Board of Directors	
16. Goal: Maintain a county-wide, committed, working Board of Directors			
Restart Board of Directors Development Committee to identify and recruit Board of Directors by October 2013	• Identify Chair, Committee members and solidify purpose	Board of Directors, Board of Directors Development Committee Chair	
	• Identify board needs and potential Board of Directors to address them	Board Development Committee	
	• New Board of Directors agree to serve and are approved	Board Development Committee, Board of Directors	
	• Develop and begin to use Board of Directors Accountability Tool	PEH Staff, Board Development Committee, Executive Committee	
Create an Advisory Committee for PEH consisting of persons of influence from across Guilford	• Develop purpose and role of Advisory Committee	Board Development Committee, Executive	

County by September 2014		Committee	
	• Add Advisory Committee role, purpose, etc. to bylaws	Board of Directors	
	• Identify and recruit Advisory Committee	Board Development Committee, Board of Directors	
	• Initial group of Advisors agree to serve and are approved	Board Development Committee, Board of Directors	
Develop and hold ongoing education, training sessions and materials for the Board of Directors by September 2013	• Develop fuller, richer orientation session for new Board of Directors	PEH Staff, Selected Board members	
	• Develop Electronic Board of Directors Manual	PEH Staff	
	• Educate Board of Directors on best and emerging practices, Housing & Urban Development (HUD) regulations, Continuum of Care responsibilities, data and measures	PEH Staff, Other "experts"	

IV. References, Appendices

BY-LAWS
OF
PARTNERS ENDING HOMELESSNESS

Article I.
Name of the Corporation

Name: The Name of the Corporation shall be "Partners Ending Homelessness".

Article II.
Nonprofit Corporation

Section 1. **Nonprofit Corporation:** The corporation is a nonprofit corporation as defined in Chapter 55A of the General Statutes of North Carolina.

Section 2. **Principal Office:** The Principal office of the corporation shall be at the same location as the Registered office or at such place as may be designated by the Board of Directors.

Section 3. **Vision Statement:** Guilford County will be a community that collaborates to end homelessness.

Article III.
Membership

Section 1. **Membership:** The membership of Partners Ending Homelessness shall be the Continuum of Care, hereafter referred to as the Community Coalition, and shall consist of representatives of organizations and other nonprofit service providers, the Provider's Coalition; victim service providers; faith based organizations; governments; businesses; advocates; public housing agencies; school districts; social service providers; mental health agencies, hospitals, universities, affordable housing developers, law enforcement; foundations and funders; community minded businesses and individuals; organizations that serve homeless and formerly homeless veterans; and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate and who complete the membership form, sign a Memorandum of Understanding and pay their annual dues.

Section 2. **Dues:** Dues amounts will be set by the Board of Directors.

Section 3. **Meetings**

A. **Regular Meetings:** The members of the Community Coalition shall meet at least bi-monthly. Other than those powers expressly given in these bylaws, the Community Coalition has no other corporate authority to act on behalf of the corporation.

B. **Annual Business Meeting:** The members of the Community Coalition shall meet at least once per year at an Annual Business Meeting. A minimum of 10 days notice prior to the Annual Business Meeting shall be provided to all members. The Annual Business Meeting shall be advertised at least ten (10) days in advance. Twenty-five (25) current members present at the meeting shall constitute a quorum for conducting business. Each eligible member organization shall have one vote, which shall be cast by a designated individual from that organization. Eligibility to vote is defined as a member, who has, at least 90 days prior to the meeting, completed the membership form, signed a Memorandum of Understanding and paid their annual dues. Each eligible individual member shall have one vote. Individual membership shall be defined as individuals who are not a member of a current Community Coalition organization. The purpose of the Annual Business Meeting is to ratify

the Executive Director of the Corporation shall be an Ex-officio member of the Board and serve as staff to the Board for the duration he holds that position.

Section 3. **Conflict of Interest:** Each Board member shall sign a conflict of interest policy statement at the beginning of each fiscal year. If a matter should come before the Board, or any of its established committees, that creates or causes a conflict of interest with a director, the director with such conflict shall make known the conflict to the Board or Committee and withdraw from participation in the meeting for so long as the matter shall continue under discussion. The Board or Committee may ask the member with a conflict to attend the meeting to answer questions about the matter, but the affected member shall not otherwise discuss the matter or vote with respect to it. The Chairperson of the Board or any of its Committees shall have authority to require a director with a conflict to remove himself from the meeting room during the discussion and vote on the matter.

If the matter causing a member to have a conflict is an item of business for which a special meeting was called, the member with a conflict shall not be counted to establish a quorum with respect to the conflict matter.

For purposes of these bylaws, a "conflict of interest" shall mean any transaction with this Corporation **or** any Community Coalition Corporation in which a director has a direct or indirect interest as defined in Section 55A-8-31 of the General Statutes of North Carolina.

Section 4. **Board Composition:** The Board of Directors shall be composed of one (1) representative from each of the following entities: The United Way of Greater Greensboro, the United Way of High Point, the City of High Point, City of Greensboro, and Guilford County, subject to the approval of the Board Nominating Committee; and five (5) representatives from the Community Coalition of which one shall be the Chairman of the Community Coalition. The remaining board positions shall be filled by nominations from all members. At least one of the board members shall be currently experiencing homelessness or have experienced homelessness in the past.

Section 5. **Election of Directors:** All persons shall be elected to serve on the Board of Directors by the majority vote of the current members present at the Annual Business Meeting or any Community Coalition meeting called in compliance of these bylaws for the purpose of electing the Board of Directors.

Section 6. **Regular Meetings:** Regular meetings of the Board of Directors shall be held at least quarterly and at other times as shall be determined by the Chairperson of the Board or a majority vote of the Board of Directors. The Board of Directors shall provide, by resolution, the time and place, either within or without the State of North Carolina, of its regular meetings.

Section 7. **Special Meetings:** Special meetings of the Board of Directors may be called by or at the request of the Chairperson of the Board or a majority vote of the Board of Directors. Such meetings may be held within or without the State of North Carolina. A two-thirds (2/3's) majority vote is needed for the board to take any action at a Special Meeting.

Section 8. **Annual Community Meeting:** Partners Ending Homelessness will convene an Annual Community Meeting to release their Annual Report to the community.

Section 9. **Notice of Meetings:** The person or persons calling a regular or special meeting of the Board of Directors shall, at least ten (10) days before the meeting, give notice of the time and place thereof by any usual means of communication, including but not limited to emails and other electronic means. Notice of a special meeting shall specify the purpose for which the meeting is being called.

Section 10. **Waiver of Notice:** Any trustee may waive notice of any meeting. The attendance by a trustee at a meeting shall constitute a waiver of notice of such meeting, except where a trustee attends a meeting for

annually. They shall serve for one year. No person shall hold more than one office concurrently and no officer shall serve more than three consecutive terms in the same office.

Section 2. **Duties and Responsibilities**

The Chairperson shall: Preside over all meeting of Partners Ending Homelessness and of the Executive Committee; Call special meetings of the Executive Committee and/or the full Board when necessary or desirable; Determine items and order of business for the agenda for meetings of the Operating Board and Executive Committee; Represent, or appoint a designee to represent, Partners Ending Homelessness to the community, media and other outside groups; Serve as Chairperson of the Executive Committee; and fulfill all other duties as set forth in their Job Description.

The Chair-Elect shall: Preside at the group's meetings in the absence of the Chairperson; Serve as liaison to current and potential new members; Chair the new member's orientation committee; Oversee the orientation and training of new members to the group; Serve as a member of the Executive Committee; Serve as Chair of the Board Development Committee; Serve as a member of the Executive Committee; and Fulfill all other duties as set forth in their Job Description.

The Secretary shall: Review the minutes of Partners Ending Homelessness and other documentation pertaining to the Board or Executive Committee; ensure that they are accurate and current; Communicate with members all announcements and pertinent information during the Board meeting; Keep accurate and current record of minutes during Executive Session of the Board (if applicable); Perform other responsibilities as assigned by the Board; Serve as a member of the Executive Committee; and Fulfill all other duties as set forth in their Job Description.

The Treasurer shall: Ensure accurate financial records are kept for Partners Ending Homelessness; Provide financial reporting at all scheduled meetings; Serve as a member of the Executive Committee; Fulfill all other duties as set forth in their Job Description.

Article VI.
Board Committees

Section 1. **Committees of the Board:** There shall be no less than two standing committees: Executive Committee; and Finance Committee. Other Board Committees may be developed as determined by the Board of Directors. The Board Chair shall appoint all committee chairs. The Board of Directors, by majority vote, may create or amend committees by resolution.

Section 2. **Executive Committee:** The Executive Committee shall consist of the Chairperson, Chair-Elect, Secretary, Treasurer, eligible past chair, the chairman of the Continuum of Care (Community Coalition) and a minimum of two but not more than five at-large Directors selected by the board chair. Except for the power to amend the Articles of Incorporation and the Bylaws, The Executive Committee shall have all the powers and authority of the Board of Directors in the intervals between meetings of the Board. This committee shall report to the Board all action taken at the next full Board meeting. The Executive Committee shall also supervise the Executive Director.

Section 3. **Finance Committee:** The Treasurer is the chair of this Committee. The Finance Committee shall Develop and review fiscal policies and procedures; **review** the recommended annual budget prior to submission to the Board of Directors for their approval; and recommend to the Board of Directors an accountant or an accounting firm to conduct an annual audit.

Section 4. **Special Committees of the Board:** The special committees of the board shall be Board Development; Allocations Committee; Resource Development Committee, and Advocacy

Article VIII.
Amendments

Amendments These By-Laws may be amended by a two-thirds (2/3) vote of the current members present at the Annual Business Meeting, or a membership meeting, at which at least 25 members are present. Amendments must be proposed to the group at least ten (10) days before their adoption.

A meeting in which amendments to the Bylaws are being proposed shall be advertised to the voting members at least five days before an annual meeting or special meeting of the members, in either summary or full form.

Any amendment, alteration, change, addition or deletion from these Bylaws shall be consistent with the laws of this state that define, limit, or regulate the powers of Partners Ending Homelessness or the Directors of Partners Ending Homelessness.

Article IX
Indemnification

Section 1. **Expenses and Liabilities:** To the fullest extent and upon the terms and conditions from time to time provided by law, the corporation shall indemnify any and all of its officers, trustees, employees and agents, or any such person who has served or is serving in such capacity at the request of the corporation in any other corporation, partnership, joint venture, trust or other enterprise, against liability and reasonable litigation expenses, including attorneys' fees incurred by him in connection with any action, suit or proceeding in which he is made or threatened to be made such a party by reason of being or having been such trustee, officer, employee or agent (excluding, however, liability of litigation expenses which any of the foregoing may incur in relation to matters in which he shall be adjudged in such action, suit or proceeding to have acted in bad faith or to have been liable or guilty by reason of willful misconduct in the performance of his duty). Such trustees, officers, employees and agents shall be entitled to recover from the corporation, and the corporation shall pay, all reasonable costs, expenses and attorney's fees in connection with the enforcement of rights of indemnification granted herein. Any person who at any time after the adoption of this Bylaw serves or has been served in any of the aforesaid capacities for or on behalf of the corporation shall be deemed to be doing or to have done so in reliance upon and as consideration for the right of indemnification provided herein. Such right shall inure to the benefit of the legal representatives of any such person and shall not be exclusive of any right to which such person may be entitled apart from the provisions of this bylaw.

Section 2. **Advance Payment of Expenses:** Expenses incurred by a trustee, officer, employee or agent in defending a civil or criminal action, suit or proceeding as described in Article VII, Section 1, shall be paid in advance of the proceeding upon receipt of an undertaking by or on behalf of the trustee, officer, employee or agent to repay such amount unless it shall be ultimately determined that he is entitled to be indemnified by the corporation against such expenses.

Section 3. **Insurance:** The corporation shall have the power to purchase and maintain insurance on behalf of any person who is or was a trustee, officer, employee or agent of the corporation, or is or was serving at the request of the corporation as a trustee, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise against any liability asserted against him and incurred by him in any such capacity, or arising out of his status as such, whether or not the corporation would have the power to indemnify him against such liability.

Adopted the 14th day of January, 2010
Revised the 13th day of December, 2012

Cecelia Foy-Dorsett
Chairman

Secretary

(Seal)

One Tecumseth Avenue Port Credit Ontario L5G 1K5 **T:** 416.698.9700 **F:** 416.352.1498 **E:** info@orgcode.com

CONTRACT FOR SERVICES

This Contract for Services is made effective as of December 7, 2012, by and between Partners Ending Homelessness ("PEH") in Greensboro, North Carolina, USA and OrgCode Consulting, Inc. ("OrgCode") of Port Credit, Ontario, Canada.

1 **DESCRIPTION & DURATION OF SERVICES.** Beginning December 2012, OrgCode will provide to PEH the consulting services described in the attached "SCHEDULE A". Primarily services are expected to be completed over an 8 month duration, with launch of the tool expected within or before the month of July 2013, and support of implementation – as outlined in Schedule A – occurring until the end of October 2013.

2. **PAYMENT.** Payment shall be made to OrgCode Consulting, Inc. PEH agrees to pay OrgCode a total of FIFTEEN THOUSAND DOLLARS as follows:

1. One-third ($5,000) — On Agreement to Proceed
2. One-third ($5,000) — Completion of Service Provider Engagement
3. One-third ($5,000) — Completion of Training on Tool

Payment is due by PEH within 30 days after date of invoice. In addition to any other right or remedy provided by law, if PEH fails to pay for the Services when due, OrgCode has the option to treat such failure to pay as a material breach of this Contract, and may cancel this Contract and/or seek legal remedies pursuant to Paragraph 7 of this contract. Terms: Net 30 days following date of invoice.

3 **TERM.** This Contract will terminate automatically upon completion by OrgCode of the Services required by this Contract, or either party shall have the right to terminate this contract without cause with 30 days notice provided to the other party.

4. **CONFIDENTIALITY.** OrgCode, and its employees, agents, or representatives will not at any time or in any manner, either directly or indirectly, use for the personal benefit of OrgCode, or divulge, disclose, or communicate in any manner, any information that is proprietary to PEH. OrgCode and its employees, agents, and representatives will protect such information and treat it as strictly confidential. This provision will continue to be effective after the termination of this Contract.

PEH, and its employees, agents, or representatives will not at any time or in any manner, either directly or indirectly, use for the personal benefit of PEH, or divulge, disclose, or communicate in any manner, any information that is proprietary to OrgCode PEH and its employees, agents, and representatives will protect such information and treat it as strictly confidential This provision will continue to be effective after the termination of this Contract.

5 **WARRANTY.** OrgCode shall provide its services and meet its obligations under this Contract in a timely and workmanlike manner, using knowledge and recommendations for performing the services which meet generally acceptable standards in OrgCode's community and region, and will provide a standard of care equal to, or superior to, care used by service providers similar to OrgCode on similar projects.

6. **DEFAULT.** The occurrence of any of the following shall constitute a material default under this Contract:

1. The failure to make a required payment when due
2. The insolvency or bankruptcy of either party
3 The subjection of any of either party's property to any levy, seizure, general assignment for the benefit of creditors, application or sale for or by any creditor or government agency.
4 The failure to make available or deliver the Services in the time and manner provided

for in this Contract.

7. **REMEDIES.** In addition to any and all other rights a party may have available according to law, if a party defaults by failing to substantially perform any provision, term or condition of this Contract (including without limitation the failure to make a monetary payment when due), the other party may terminate the Contract by providing written notice to the defaulting party. This notice shall describe with sufficient detail the nature of the default. The party receiving such notice shall have fifteen (15) business days from the effective date of such notice to cure the default(s). Unless waived by a party providing notice, the failure to cure the default(s) within such time period shall result in the automatic termination of this Contract

8. **FORCE MAJEURE.** If performance of this Contract or any obligation under this Contract is prevented, restricted, or interfered with by causes beyond either party's reasonable control ("Force Majeure"), and if the party unable to carry out its obligations gives the other party prompt written notice of such event, then the obligations of the party invoking this provision shall be suspended to the extent necessary by such event. The term Force Majeure shall include, without limitation, acts of God, fire, explosion, vandalism, storm or other similar occurrence, orders or acts of military or civil authority, or by national emergencies, insurrections, riots, or wars, or strikes, lock-outs, work stoppages. The excused party shall use reasonable efforts under the circumstances to avoid or remove such causes of non- performance and shall proceed to perform with reasonable dispatch whenever such causes are removed or ceased. An act or omission shall be deemed within the reasonable control of a party if committed, omitted, or caused by such party, or its employees, officers, agents, or affiliates

9. **ENTIRE AGREEMENT.** This Contract contains the entire agreement of the parties, and there are no other promises or conditions in any other agreement whether oral or written concerning the subject matter of this Contract. This Contract supersedes any prior written or oral agreements between the parties.

10 **SEVERABILITY.** If any provision of this Contract will be held to be invalid or unenforceable for any reason, the remaining provisions will continue to be valid and enforceable. If a court finds that any provision of this Contract is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision will be deemed to be written, construed, and enforced as so limited

11. **AMENDMENT.** This Contract may be modified or amended in writing, if the writing is signed by the party obligated under the amendment.

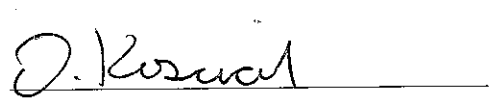
12 **GOVERNING LAW.** This Contract shall be construed in accordance with the laws of the State of North Carolina

13. **NOTICE.** Any notice or communication required or permitted under this Contract shall be sufficiently given if delivered in person or by certified mail, return receipt requested, to the address set forth in the opening paragraph or to such other address as one party may have furnished to the other in writing

14 **WAIVER OF CONTRACTUAL RIGHT.** The failure of either party to enforce any provision of this Contract shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Contract

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized representatives as of the date first above written.

Iain De Jong
President & CEO, OrgCode Consulting, Inc



Darryl Kosciak
Executive Director, Partners Ending Homelessness

SCHEDULE A

1. Better Understanding Data to Inform the CoC's Approach to Coordinated Access and Common Assessment
    a. A review of existing data within the HMIS, lessons learned from the data and a better understanding of how and when it is appropriate to use HMIS to drive program improvements
    b. Messaging strategy based upon HMIS available data

2. Review of the Existing Inventory of Services and Assessment Processes
    a. Roll out electronic survey with all service providers in the community and determine familiarity with, understanding of, and acceptance of common assessment and coordinated access
    b. Complete inventory of services (those funded by the CoC and where possible those existing services not funded by the CoC) that have a direct role in ending homelessness
    c. Organize inventory of services by sectors of service (e.g., shelters; outreach; drop-ins; etc.)
    d. Outline existing formal assessment processes
    e. Outline existing formal coordinated access processes, including those arrangements between separate service providers where there is a letter of understanding, memorandum of understanding or any other type of documented relationship related to client services

3. Consultation and Engagement with Service Providers
    a. Key informant surveys with important opinion leaders in the CoC and various service providers
    b. As necessary, host and facilitate electronic roundtable meetings through Go To Meeting (OrgCode has an existing Go To Meeting account)
    c. As necessary, conduct two Breakthrough Thinking sessions within the CoC.

4. Driving Success through Data and Performance
    a. While in the community, conduct a 90-minute seminar on data and performance simplified and its role in helping service providers shape their understanding of data and its use to promote their work, make improvements to programs and assist with common assessment and coordinated access approaches.

5. Draft Assessment Tool
    a. Based upon local context and needs, as well as lessons learned from the data, a draft assessment tool will be created.
    b. The draft assessment tool will be aligned to the emerging approach for coordinated access for the CoC.

6. Test Assessment Tool
    a. A select sample of service providers (no more than 8) will be asked to participate in the pilot use of the draft assessment tool.
    b. Coaching and electronic training will be provided to the service providers.
    c. Feedback loops will be established to get information on the use of the assessment tool

7. Amend Assessment Tool
    a. Based upon information gleaned through the test of the tool, the assessment tool will be amended
    b. Amendments will cover everything from clarity of language to intent of area of assessment

8. Training on Coordinated Access and Assessment Tool
    a. In person training will be provided in the CoC on the coordinated access approach being used and the assessment tool that will be put in place.
    b. Training will be filmed by OrgCode and DVD provided to the CoC

9. Communication Strategy
    a. OrgCode will assist the CoC in creating its communication strategy to be in keeping with the legislation.

10. Launch
    a. The CoC will be responsible for the launch of the new coordinated access and assessment approach.
    b. OrgCode will provide remote support for the launch.
    c. OrgCode will provide advice on implementation for the first three months, up to 5 hours of work per month.

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Darryl Kosciak <darryl@partnersendinghomelessness.org>

CoC Ranking/Tiering recommendation

1 message

Darryl Kosciak <darryl@partnersendinghomelessness.org> Fri, Dec 21, 2012 at 10:57 AM
To: CoC Grant <hagrants@partnersendinghomelessness.org>
Cc: PEH Executive Committee <pehexeccom@partnersendinghomelessness.org>

Good Morning Everyone,

Late yesterday afternoon the Allocations Committee formalized it's recommendation for the PEH Executive Committee and Full Board. I can't stress enough how difficult it was for the committee to make this decision. Any way the committee looked at it at least one renewal project was going to be on tier 2. The hope is now that our CoC has performed well enough during 2012 and we are prepared enough for future years that our Collaborative Application scores high enough that at least our tier 2 renewal project will be funded. However as HUD has stated many times, that is no guarantee.

Attached are the performance measurement scoring and the ranking spreadsheet. In making this determination the Allocations committee used the performance measurement score, community need, and basic math to make the final recommendation. Additionally in making this recommendation the committee agreed on three points which created four funding scenarios. These scenarios are attached for your information.

Finally the appeals process is attached. Due to HUD deadlines for this grant any appeal process must be complete by January 3rd.

Best Wishes,

Darryl

--
Darryl Kosciak
Executive Director
Partners Ending Homelessness
1500 Yanceyville St, Greensboro, NC 27405
201 N Church Ave, High Point, NC 27262
336-553-2715 ext 102
336-553-2716- fax
darryl@partnersendinghomelessness.org
www.partnersendinghomelessness.org

and updating Guilford County's Ten Year Plan to End Chronic Homelessness and serves as the lead agency for Guilford County's federally designated Continuum of Care.

Truth Is!!

--

Darryl Kosciak
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Partners Ending Homelessness is the planning and coordinating agency responsible for securing and administering major funding with continuous oversight for homeless service delivery in Greensboro, High Point and Guilford County. The Partnership is responsible for actively implementing, evaluating and updating Guilford County's Ten Year Plan to End Chronic Homelessness and serves as the lead agency for Guilford County's federally designated Continuum of Care.

Truth Is!!

4 attachments

ranking scenario spreadsheet- final reccomendation.xlsx
50K

SCORING GRID FOR 2012 with scores.xls
33K

Scenarios for Allocations Committee consideration.pdf
30K

PEH Allocation Appeals Process.doc
65K

Rank	project name	organization	project type	Project dollar amount minus admin	admin for project 2012	Total project cost	running total		
1	HMIS High Point	ODM	HMIS	$ 13,750.00	$ 275.00	$ 14,025.00	$ 14,025.00		
2	HMIS GSO	ODM	HMIS	$ 34,996.00	$ 700.00	$ 35,696.00	$ 49,721.00		
3	Mary's House	Mary's House Inc	TH	$ 129,507.00	$ 9,065.00	$ 138,572.00	$ 188,293.00		
4	Transitional Living program	Youth Focus	TH	$ 51,700.00	$ 1,034.00	$ 52,734.00	$ 241,027.00		
5	Housing Oppurtunities	GHA	PH	$ 455,123.00	$ 31,348.00	$ 486,471.00	$ 727,498.00		
6	Sheltering the Homeless	GHA	PH	$ 35,160.00	$ -	$ 35,160.00	$ 762,658.00		
7	Partnership Village 1	GUM	TH	$ 59,850.00	$ 1,197.00	$ 61,047.00	$ 823,705.00		
8	Arthur Cassell	ODM	TH	$ 46,590.00	$ 3,261.00	$ 49,851.00	$ 873,556.00		
9	Servant House	Servant Ctr	TH	$ 45,320.00	$ 3,172.00	$ 48,492.00	$ 922,048.00		
10	Mary's Homes HP	Mary's House Inc	PH	$ 59,145.00	$ 4,140.00	$ 63,285.00	$ 985,333.00		
11	Shelter Plus Care	City of HP	PH	$ 77,352.00	$ -	$ 77,352.00	$ 1,062,685.00		
12	Grace Homes	GHA	PH	$ 427,536.00	$ -	$ 427,536.00	$ 1,490,221.00		
13	Perm. Supportive Housing	ODM	PH	$ 55,090.00	$ 3,636.00	$ 58,726.00	$ 1,548,947.00		
14	Clara House	FSOP	TH	$ 66,875.00	$ 4,681.00	$ 71,556.00	$ 1,620,503.00		
15	Case Mgt/ Aftercare	SAHP	TH	$ 18,357.00	$ 1,284.00	$ 19,641.00	$ 1,640,144.00		
16	CoC Planning	PEH	Planning			$21,531.00	$ 1,661,675.00	tier 1 cutoff	$1,662,223.00
17	Joseph's House	GHA	PH	$ 41,648.00	$ 2,915.00	$ 44,563.00	$ 1,706,238.00	tier 2	
18	Bonus Project	Mary's House Inc	PH			$ 118,698.00	$ 1,824,936.00	tier 2	
total					$ 66,708.00	$ 1,824,936.00			

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Darryl Kosciak <darryl@partnersendinghomelessness.org>

Final Board Approval

1 message

Darryl Kosciak <darryl@partnersendinghomelessness.org> Thu, Jan 3, 2013 at 12:34 PM
To: CoC Grant <hagrants@partnersendinghomelessness.org>

Hi everyone,

I just wanted to let you know that the board (via the executive committee) has approved the Allocations Committee recommendation for projects and rankings. Please refer to my last email for specifics. Please call with any questions.

We are now 13 days away from our target submission date so please work with Jackie to finalize any last minute details on your project applications, make sure all forms are singed and uploaded, and please send all leveraging letters to me. If I have any last minute Collaborative Application questions, please respond as soon as you can. I can honestly say the Collaborative Application is truly a collaborative application. I tried real hard to start fresh on all of the answers and not just copy and paste what was written in previous years. Many questions were brand new. The goal was to make sure it reflects reality and highlights the strengths of the CoC.

Thanks so much for your hard work on this.

Darryl

--
Darryl Kosciak
Executive Director
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