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

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the FY2011 Exhibit 1 Continuum of Care (CoC) application.

Training resources are available online at: www.hudhre.info/esnaps - Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms to the application. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

- Review the FY2011 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. - CoCs that imported their FY2010 information during the CoC Registration process are reminded to carefully review each question in Exhibit 1 to ensure the response imported is appropriate. Questions may have changed from the FY2010 process in which case the imported response may no longer be relevant. Note that not all questions from FY2010 were imported and new questions will require manual responses. Be sure to review the application carefully and verify and update as needed to ensure accuracy.- New CoCs or CoCs that did not apply in FY2010 will not have information pre-populated and must complete all Exhibit 1 forms..

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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): NC-504 - Greensboro/High Point CoC

CoC Lead Agency Name: Homeless Prevention Coalition of Guilford County, dba Partners Ending Homelessness

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

Instructions:

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

Name of primary decision-making group: Homeless Prevention Coalition of Guilford County (dba Partners Ending Homelessness) Provider Coalition

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 96%

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

Elected:	
Assigned:	X
Volunteer:	X
Appointed:	

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Other: | X |

Specify "other" process(es):

Membership in the Homeless Prevention Coalition of Guilford County (dba Partners Ending Homelessness) Provider Coalition is open to any organization, business, governmental entity and/or individual who is: interested in helping men, women and children experiencing homelessness in Guilford County; committed to collaboration and coordination through the Provider Coalition to implement the community-developed plans related to homelessness in Guilford County; and understands homelessness is a community-wide issue that cannot be solved by one organization, agency or entity and therefore helping our homeless neighbors requires participation by all segments of the community. Membership opportunities are advertised on the Partners Ending Homelessness website (www.partnersendinghomelessness.org).

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

Membership is open to all interested individuals & organizations. The majority of local municipalities and private nonprofit corporations assign a representative to the Homeless Prevention Coalition of Guilford County (dba Partners Ending Homelessness) Provider Coalition. Multiple persons of municipalities, nonprofit corporations, or organizations may attend & participate in Coalition activities & meetings, however, only one representative from each municipality, nonprofit corporation & organization is entitled to one vote on decision-making matters. Funding recommendations are made by a committee whose members are not allowed to be applying for the funding being considered. The primary decision-making body votes on recommendations.

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

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

Specify "other" process(es):

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The Homeless Prevention Coalition of Guilford County (dba Partners Ending Homelessness (PEH)) Provider Coalition annually holds an election at the beginning of every fiscal year, to vote on the roles of Chair, Vice-Chair, and Secretary who are responsible for conducting Coalition meetings. Additionally, the Coalition votes on two representatives to appoint to the CoC lead agency Board of Directors. Said appointed representatives can then also serve on multiple CoC lead agency committees and action teams, for example the PEH Board Development Committee, to represent the voice and interests of the larger Provider Coalition. The process the PEH Board Development Committee utilizes to identify and recruit nominees for open Board positions, was established by the open membership of the Provider Coalition with the CoC lead agency and Ten Year Plan lead merged in 2010.

If administrative funds were made available to the CoC, will the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring? Explain (limit to 750 characters):

The primary decision-making body, the Homeless Prevention Coalition of Guilford County (dba Partners Ending Homelessness (PEH)) Provider Coalition, has selected CoC lead agency (PEH) as its designee to be responsible for applying for HUD funding, serving as project grantee, providing project oversight, and project monitoring when funds are made available to the CoC. PEH has four dedicated staff to manage the aforementioned activities and implementation of Guilford County's Ten Year Plan. PEH partners with the local United Ways, foundations, and government entities to monitor and review grant applications and activities to ensure the highest level of integrity and accountability.

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

Instructions:

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Homeless Prevention Coalition of Guilford County (dba Partners Ending Homelessness)	In July 2010, NC-504 consolidated its Homeless Prevention Coalition of Guilford County (CoC lead) & Partners Ending Homelessness (TYP lead) with the result being a new 501(c)(3), Partners Ending Homelessness (PEH). PEH was selected & approved by the primary decision making body, PEH Provider Coalition, as its designee to be responsible for setting agendas for full CoC meetings, project monitoring, determining project priorities, & compiling and submitting the CoC application. PEH is also responsible for implementation of the CoC's HMIS, including reviews of CoC and agency level data quality in CHIN monthly reports (used to monitor performance of CoC projects). Lastly, PEH oversees all committee, subcommittee & work groups for CoC planning.	Monthly or more
PEH Provider Coalition	The Provider Coalition is a broad base of community partners who work to prevent homelessness & meet the needs of the homeless population in Guilford County. They plan, develop & implement collaborative strategies designed to provide needed care inclusive of the County's Ten Year Plan & the five CoC Strategic Planning Objectives outlined by HUD. The Coalition provides input on funding priorities & new initiatives, identifies service gaps, & suggests ways to improve coordination of services. Coalition discusses HMIS implementation issues, training & action items related to CHIN & AHAR.	Monthly or more
PEH Assessment and Evaluation Committee	This committee evaluates program outcomes; recommends strategies for improvement; and analyzes the needs in the CoC. This committee oversees the work of the Data Collection & Reporting Committee (DCRC) and the Granting Committee (GC). The DCRC ensures quality data collection and findings; oversees implementation of HMIS and the users group; and conducts the annual Point in Time count. The GC establishes priorities and policies; oversees a competitive process for local funds; and conducts the review and rating of CoC projects. GC members may not be funded by HUD or the City of Greensboro. After CoC projects are reviewed, scored and ranked, the GC sends it to the applicants and the PEH Board of Directors for approval and vote.	quarterly (once each quarter)

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PEH Prevention and Supportive Services Action Teams	The Action Teams are: Interfaith; Continuum of Care (CoC); Discharge Planning; Direct Service Provider Network; and the Coordinated Portal of Entry System, which includes the Interactive Resource Center Advisory Council, High Point Community Resource Network & High Point Day Center Task Force. The CoC Action Team increases awareness, access, and coordination between mainstream supportive services and housing providers to enhance the delivery of services and housing to homeless clients. This action team conducts service provider trainings and focuses on TYP strategies/initiatives - Housing First; Rapid Re-housing; Street to Home; Housing Opportunities & Education; Fair Housing Laws; SOAR; Eviction Prevention; and ACCESS to Care.	Monthly or more
PEH Advocacy & Marketing Action Team	The PEH Advocacy & Marketing Action Team develops strategies for educating the general public, elected officials, the Faith community, businesses and civic groups about implementation of the ten year plan and housing first. This Action Team encourages public understanding of the causes and conditions of homelessness and works to increase awareness of and access to services within our system of care. Lastly, it educates the community about the PEH vision to improve the quality of life for all residents of Guilford County by ending chronic homelessness and reducing all types of homelessness by 2016. (See www.partnersendinghomelessness.org.)	Monthly or more

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

Not applicable.

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1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization type	Organization Role	Subpopulations
Homeless Prevention Coalition of Guilford Count...	Private Sector	Non-pro.. .	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Action Greensboro	Private Sector	Businesses	None	NONE
Affordable Housing Management	Private Sector	Businesses	Attend Consolidated Plan planning meetings during past 12...	NONE
Alcohol and Drug Services	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months, C...	Substance Abuse
American Express	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
American Red Cross	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months	NONE
Barnabas Network	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Beloved Community Center	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months	NONE
Bennett College	Private Sector	Other	Attend 10-year planning meetings during past 12 months	NONE
NC Council for Women / Domestic Violence Commis...	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Bryan Foundation	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months	NONE
City of Greensboro, Housing and Community Devel...	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
City of High Point, Community Development and H...	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Community Foundation of Greater Greensboro	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months, A...	NONE

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D.S.Miller, Inc.	Private Sector	Business es	Attend 10-year planning meetings during past 12 months	NONE
DREAMS Treatment Center, Inc.	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Substan ce Abuse
Faith Step Ministries Church	Private Sector	Faith -b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Family Service of the Piedmont	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	Domesti c Vio...
Final Call Outreach Ministries	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
First Lutheran Church	Private Sector	Faith -b...	Attend 10-year planning meetings during past 12 months, A...	NONE
Food Not Bombs	Private Sector	Othe r	Attend 10-year planning meetings during past 12 months, A...	NONE
Freedom House	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Goodwill Industries	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months	NONE
Grace Community Church	Private Sector	Faith -b...	Attend 10-year planning meetings during past 12 months, A...	NONE
Greensboro Housing Authority	Public Sector	Publi c ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Greensboro Housing Coalition	Private Sector	Fun der ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Greensboro Merchants Association	Private Sector	Business es	Attend 10-year planning meetings during past 12 months	NONE
Greensboro Partnership	Private Sector	Business es	Attend 10-year planning meetings during past 12 months	NONE
Greensboro Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Greensboro Urban Ministry	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	NONE
Guilford College	Private Sector	Othe r	Attend 10-year planning meetings during past 12 months	NONE
Guilford County Department of Planning and Deve...	Public Sector	Loca l g...	Attend 10-year planning meetings during past 12 months, A...	NONE
Guilford County Department of Public Health	Public Sector	Loca l g...	Attend 10-year planning meetings during past 12 months, C...	HIV/AID S
Guilford County Department of Social Services	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE

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Guilford County Homeownership	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Guilford County Schools	Public Sector	Sch ool ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Guilford Cares	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months, C...	Substan ce Abuse
Guilford Interfaith Hospitality Network	Private Sector	Faith -b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Guilford Technical Community College	Public Sector	Sch ool ...	Attend 10-year planning meetings during past 12 months	NONE
High Point Community Clinic	Private Sector	Hos pita.. .	Attend 10-year planning meetings during past 12 months	NONE
High Point Enterprise	Private Sector	Othe r	Attend 10-year planning meetings during past 12 months, C...	NONE
High Point Housing Authority	Public Sector	Publi c ...	Attend 10-year planning meetings during past 12 months, C...	NONE
High Point Housing Coalition	Private Sector	Fun der ...	Attend 10-year planning meetings during past 12 months	NONE
High Point Police Department	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months	NONE
High Point Regional Health System	Private Sector	Hos pita.. .	Attend 10-year planning meetings during past 12 months	NONE
Holy Trinity Church	Private Sector	Faith -b...	Attend 10-year planning meetings during past 12 months, A...	NONE
Jericho House	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Joblink	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months	NONE
Joseph's House	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months, C...	Youth
Joy A. Shabazz Center for Independent Living	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	NONE
Legal Aid	Private Sector	Non-pro.. .	Attend Consolidated Plan focus groups/public forums durin...	NONE
Lincoln Financial Group	Private Sector	Busi ness es	Attend 10-year planning meetings during past 12 months	NONE
Malachi House, Inc.	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	NONE

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

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Room at the Inn of the Carolinas	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Senior Resources	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	NONE
Sickle Cell Disease Association of the Piedmont	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months	NONE
Smith Moore LLP	Private Sector	Business es	Attend 10-year planning meetings during past 12 months, A...	NONE
Social Security Administration	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Tabitha Ministry	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Domestic Vio...
Temple Emmanuel	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	NONE
The Center to Create Housing Opportunities	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
The Guilford Center Behavioral Health and Disab...	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
The Salvation Army of Greensboro	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
The Salvation Army of High Point	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
The Servant Center	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Veterans
Triad Apartment Association	Private Sector	Business es	Attend Consolidated Plan focus groups/public forums durin...	NONE
Triad Health Project	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	HIV/AIDS
United Way of Greater Greensboro	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months, C...	NONE
United Way of Greater High Point	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months	NONE
University of NC at Greensboro	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Veteran's Administration	Public Sector	Local g...	Committee/Sub-committee/Work Group	Veterans

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Weaver Foundation	Private Sector	Fun der ...	Attend 10-year planning meetings during past 12 months, A...	NONE
Welfare Reform Liaison Project	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
West End Ministries	Private Sector	Faith -b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Westminster Presbyterian Church	Private Sector	Faith -b...	Attend 10-year planning meetings during past 12 months, A...	NONE
Westover Church	Private Sector	Faith -b...	Attend 10-year planning meetings during past 12 months, C...	NONE
WFMY-TV	Private Sector	Othe r	Attend 10-year planning meetings during past 12 months	NONE
Women in Organizing	Private Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Women's Resource Center	Private Sector	Non-pro...	None	NONE
Youth Focus	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Youth
Greensboro/High Point/Guilford County Workforce...	Public Sector	Loca l w...	None	NONE
Fred Darby	Individual	For merl...	Attend 10-year planning meetings during past 12 months	NONE
Raymond P.	Individual	For merl...	Committee/Sub-committee/Work Group	NONE
The HR Group	Private Sector	Busi ness es	Attend 10-year planning meetings during past 12 months	NONE
RF Micro Devices, Inc.	Private Sector	Busi ness es	Attend 10-year planning meetings during past 12 months	NONE
The High Point Community Foundation	Private Sector	Fun der ...	Attend 10-year planning meetings during past 12 months	NONE
Laura Wiley	Individual	Othe r	Attend 10-year planning meetings during past 12 months	NONE
Martha Yarborough	Individual	Othe r	Attend 10-year planning meetings during past 12 months, C...	NONE
Nancy Brenner	Individual	Othe r	Attend 10-year planning meetings during past 12 months	NONE
Guilford County Administration	Public Sector	Loca l g...	Attend 10-year planning meetings during past 12 months	NONE
Will Howard	Individual	Othe r	Attend 10-year planning meetings during past 12 months	NONE

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Senn Dunn	Private Sector	Busi ness es	Attend 10-year planning meetings during past 12 months	NONE
The Todd Organization	Private Sector	Busi ness es	Attend 10-year planning meetings during past 12 months	NONE
Guilford County Sheriff's Office	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months	NONE
High Point University	Public Sector	Sch ool ...	Committee/Sub-committee/Work Group	NONE
Greensboro Public Library	Public Sector	Loca l g...	Committee/Sub-committee/Work Group	NONE
Guilford County Resource and Referral Center	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months, C...	NONE
Housing Greensboro, Inc.	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	NONE
Caring Services, Inc.	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substan ce Abuse
Guilford Child Development	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months	NONE
Guilford Community Care Network	Private Sector	Hos pita.. .	Attend 10-year planning meetings during past 12 months, C...	NONE
The Interactive Resource Center, Inc.	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months, C...	Veteran s, Su...
SLIDES, Inc.	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months, C...	NONE
The Progress Place	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months	NONE
Therapeutic Alternatives	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months	Seriousl y Me...
Questwork Productions	Private Sector	Busi ness es	Attend 10-year planning meetings during past 12 months	NONE
Seventh Day Adventist Church	Private Sector	Faith -b...	Attend 10-year planning meetings during past 12 months	NONE
Reach Out First, Inc.	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months, C...	NONE

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

Instructions:

The CoC solicitation of projects and the project 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).

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

Open Solicitation Methods:
(select all that apply)
f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership

Rating and Performance Assessment Measure(s):
(select all that apply)
g. Site Visit(s), b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, r. Review HMIS participation status, d. Review Independent Audit, p. Review Match, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

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

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

If yes, briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters):

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the FY2011 Housing Inventory Count (HIC) as compared to the FY2010 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.

Emergency Shelter: Yes

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

Greensboro Urban Ministry's Pathways Program increased its ES beds for households with children by 10 to meet the demands for family occupancy. The Salvation Army of Greensboro experienced a bedbug problem (since been resolved) reducing its ES beds for households with children by 20. The HIC shows a decrease of 1 ES bed for households without children at Leslie's House because a bed broke, however the bed was replaced, therefore no change in bed count has occurred. Lastly, based on PITC numbers, the CoC increased its overflow beds from 133 in 2010 to 137 in 2011 and its seasonal beds from 109 in 2010 to 114 in 2011.

HPRP Beds: Yes

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

The Greensboro Housing Coalition increased its HPRP beds for households with children by 30 and increased its units for households with children by 22. Open Door Ministries increased its HPRP beds for households with children by 2, and increased its HPRP units for households with children by 1. These changes align with the shifts the CoC has seen in numbers for family homelessness.

Safe Haven: Not Applicable

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

Transitional Housing: Yes

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

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Family programs made changes in beds & units for HH w/ children due to increases in family homelessness: Family Service of the Piedmont Clara & Carpenter House each increased beds by 8; Partnership Village (PV) II increased beds by 54; PV III increased beds by 18; Sal. Army High Point increased beds by 6; Youth Focus (Trans.Living) increased units by 2; Youth Focus (Sister Susan's House) decreased beds by 2 & units by 2. Room at the Inn decreased beds by 2, & increased units by 2. Small changes were made for programs with beds & units for HH w/o children: Youth Focus (Sister Susan's House) increased beds by 2; Joseph's House increased beds by 1; I Am Now decreased beds by 1; Malachi House closed & reopened as Malachi House II with 35 beds.

Permanent Housing: Yes

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

Greensboro Housing Authority's City of Greensboro Voucher Program increased its PH beds for households w/o children by 3. The Housing Opportunities program had the most changes with PH beds for households with children increasing by 9, units for households with children increasing by 3, and PH beds for households without children decreasing by 13. Salisbury VA Medical Center increased its beds for households w/ children by 24. Open Door Ministries increased its PH beds for households without children by 6. Home at Last and Mary's Homes - High Point combined, however, there were no changes in bed count. Both Grace Homes and City of High Point increased its PH beds for households without children by 1.

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

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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 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by May 31, 2011?　Yes

If no, briefly explain why the HIC data was not submitted by May 31, 2011 (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, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS

Must specify other:

Not applicable.

Indicate the type of data or method(s) used to determine unmet need: (select all that apply):　Unsheltered count, HUD unmet need formula, HMIS data, Other, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms

Specify "other" data types:

Sheltered count

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

The HUD unmet need formula was the only method used for the emergency shelter, transitional housing, and permanent housing calculations. However, the CoC used all of the other selected methods to obtain the necessary data that is plugged into the HUD unmet need formula. The CoC used provider opinion through discussion to determine seasonal unmet need.

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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.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Select the HMIS implementation coverage area:	Regional (multiple CoCs)
Select the CoC(s) covered by the HMIS: (select all that apply)	NC-507 - Raleigh/Wake County CoC, NC-509 - Gastonia/Cleveland, Gaston, Lincoln Counties CoC, NC-513 - Chapel Hill/Orange County CoC, NC-504 - Greensboro/High Point CoC, NC-501 - Asheville/Buncombe County CoC, NC-502 - Durham City & County CoC, NC-506 - Wilmington/Brunswick, New Hanover, Pender Counties CoC, NC-511 - Fayetteville/Cumberland County CoC, NC-516 - Northwest North Carolina CoC, NC-503 - North Carolina Balance of State CoC, NC-500 - Winston Salem/Forsyth County CoC
Is the HMIS Lead Agency the same as the CoC Lead Agency?	No
Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?	Yes
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 staffing, Poor data quality, No or low participation by non-HUD funded providers, Inadequate resources

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

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).

We are improving data quality through standardized & customized reporting, end use certification & refresher training, and focused technical assistance. The Carolina Homeless Information Network (CHIN) produces a monthly data quality report that shows the quality of data at the program and agency levels. Most of the agencies who do not receive McKinney-Vento funding are small, volunteer-run organizations that do not have the resources, staff, or capacity to enter data into our HMIS. Agencies are resistant to put financial or volunteer hours into HMIS when they are not pursuing city, state or federal funding that requires data entry into HMIS. We will continue to educate these facilities about statewide and program benefits of HMIS. We are also exploring regional staff to assist with data entry for these agencies in order to compensate for inadequate resources.

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

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

Organization Name	North Carolina Housing Coalition
Street Address 1	118 St. Mary's Street
Street Address 2	
City	Raleigh
State	North Carolina
Zip Code Format: xxxxx or xxxxx-xxxx	27605
Organization Type	Non-Profit
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	Yes

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2C. Homeless Management Information System (HMIS) Bed 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.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

* **Emergency Shelter (ES) Beds**	86%+
* **Safe Haven (SH) Beds**	Housing type does not exist in CoC
* **Transitional Housing (TH) Beds**	86%+
* **Permanent Housing (PH) Beds**	76-85%

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:

Not applicable.

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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, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2010 and 2011 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2012.

For additional instructions, refer to the Exhibit 1 Detailed Instructions, which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2011.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	5%
* Date of Birth	0%	0%
* Ethnicity	1%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	4%	0%
* Residence Prior to Program Entry	1%	0%
* Zip Code of Last Permanent Address	1%	7%
* Name	0%	0%

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

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

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

A commitment to accurate data entry, including program entry and exit dates, begins when agencies sign their Agency Participation Agreement. In this contract, agencies agree to adhere to CHIN's Standard Operating Policies which explicitly cover all HUD required data elements. Agencies and end users are reminded of the policies again during certification training. Program entry and exit dates are covered specifically in all training materials. Program enrollment figures are included as elements on CHIN's monthly Data Quality Reports. CHIN staff can generate a report for participating agencies that lists all clients with their program entry and exit dates and indications of fields that remain incomplete.

Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply)	2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR
Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply)	2011 AHAR, 2011 AHAR Supplemental Report on Homeless Veterans

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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

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

Integrating or warehousing data to generate unduplicated counts: Never

Point-in-time count of sheltered persons: At least Semi-annually

Point-in-time count of unsheltered persons: Never

Measuring the performance of participating housing and service providers: At least Quarterly

Using data for program management: At least Quarterly

Integration of HMIS data with data from mainstream resources: Never

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2F. Homeless Management Information System (HMIS) Data and Technical 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 additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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?	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' indicate date of last review or update by CoC:	09/12/2011
If 'No' indicate when development of manual will be completed (mm/dd/yyyy):	

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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.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

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

Instructions:

The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Although CoCs are only required to conduct a point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually.

CoCs are to indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participated. CoCs will also describe if there was an increase, decrease, or no change between the most recent point-in-time count and the one prior. CoCs are to indicate in the narrative which years are being compared.

How frequently does the CoC conduct a point-in-time count? annually (every year)

*Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/26/2011

If the CoC conducted the point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011? No

Did the CoC submit the point-in-time count data in HDX by May 31, 2011? Yes

If no, briefly explain why the point-in-time data was not submitted by May 31, 2011 (limit 750 characters).

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/25/2012

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

Emergency Shelter: 100%

Transitional Housing: 100%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

CoC saw decreases in both sheltered and unsheltered numbers between 2010 and 2011. Since the data baseline year 2007, CoC has achieved a 50% reduction in chronic homelessness. All subpopulations numbers decreased (with the exception of unaccompanied youth). CoC has worked and continues to work diligently with corrections, mental health and health care institutions to reduce discharge to streets through increased coordination between institutions and housing providers. CoC is working on discharge planning efforts with local agencies who work with youth to ensure future decreases. An example of reason for decrease is increased HUD/VASH vouchers led to a 66% decrease in veterans during the PITC. Another reason for decrease in unsheltered numbers during PITC is because CoC lead agency works closely with Emergency Shelter providers to ensure that individuals are aware of winter emergency shelter services. Lastly, another reason for decrease is because individuals and families were put into housing due to additional HPRP funds.

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2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: 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 method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

 Not applicable.

Describe the methods used by the CoC, as indicated by the above selected method(s), to collect data on the sheltered homeless population 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 (limit 1500 characters):

The Homeless Prevention Coalition of Guilford County's Point in Time Committee (renamed Partners Ending Homelessness Data Collection & Reporting Committee as of 7/2010) prepared and distributed the point-in-time survey instrument to all homeless providers in the county. All homeless providers were asked to compare results to their HMIS client lists for accuracy. After collecting the data, it was entered into a spreadsheet to produce a CoC-wide sheltered population count, and point-in-time committee members cross-checked it with HMIS reports. The final report of sheltered population data was submitted to the NCCEH and reconciled with the housing inventory bed counts.

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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 and, with the exception of chronically homeless and veterans, optional for unsheltered persons. Sheltered chronically homeless persons are those living in emergency shelters only.

 The definition of chronically homeless persons is an unaccompanied invididual with a disabling condition, or an adult member of a family with a disabling condition, who meets all other requirements for chronic homeless designation. 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.

 For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

The CoC used the HPCGC (dba Partners Ending Homelessness as of 7/2010) Point-in-Time Survey Instrument, which is modeled after the NC Point-in-Time Count Reporting Form posted on the North Carolina Coalition to End Homelessness (NCCEH) website.

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Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless 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 sheltered subpopulations (limit 1500 characters):

The Homeless Prevention Coalition of Guilford County (dba Partners Ending Homelessness as of 7/2010) distributes its point-in-time survey instrument annually to all homeless providers in the CoC. In order to complete the survey instrument accurately and count subpopulations, homeless providers use their case management and/or HMIS records of individual clients and their expertise. Survey results are compiled by the Homeless Prevention Coalition of Guilford County (HPCGC) Point in Time Committee (renamed Partners Ending Homelessness Data Collection & Reporting Committee as of 7/2010) and submitted to the North Carolina Coalition to End Homelessness.

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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.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

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 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.

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

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Six trainings outlining specific instructions to complete survey forms were conducted with volunteers and shelter staff to ensure they had the necessary knowledge to conduct an accurate count. All volunteers and shelter staff were given several opportunities to practice with the oversight of CoC lead agency staff. Volunteers and shelter staff were thoroughly trained and reminded multiple times to completely fill out all survey forms so that accurate and unduplicated counting occurred. During the day of the count, shelter staff checked all HMIS entries against the bed count. Additionally, all volunteers and shelter staff were debriefed again with specific instructions to avoid duplication, such as, making sure the survey form included unique identifiers for the interviewee. The days following the count, CoC lead agency staff cross checked each survey form submitted to ensure individuals residing in shelters were not double counted during the street counts and meal counts.

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2L. 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.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate the method(s) used during the most recent point-in-time count of unsheltered homeless persons: (select all that apply)

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

If Other, specify:

Not applicable.

Describe the method(s) used by the CoC based on the selections above, to count unsheltered homeless populations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to obtain accurate data (limit 1500 characters).

Volunteers were dispersed to areas where Guilford County's unsheltered homeless population were known to frequent such as local libraries, soup kitchens, street corners, and the day center. In conjunction with our volunteers, we also partnered with local law enforcement to patrol camps and other areas where the unsheltered homeless population were known to congregate. Volunteers and law enforcement were assigned to specific geographic areas to prevent overlap and duplicate counting.

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2M. 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.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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.

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2N. 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.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

Training:	X
HMIS:	
De-duplication techniques:	X
"Blitz" Count:	
Unique Identifier:	X
Survey Question:	
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):

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The Homeless Prevention Coalition of Guilford County (HPCGC) Point in Time Committee (renamed Partners Ending Homelessness Data Collection & Reporting Committee as of 7/2010) trains all persons involved in the unsheltered point-in-time count. As part of this training, persons learn the specifics of the interview, which include de-duplication techniques. An interviewer is responsible for asking the unsheltered person if they have been interviewed before that evening, and the interviewee provides a unique identifier. After the count, all survey forms are cross checked by CoC lead staff to ensure that there is no duplication. Also, interview teams are assigned to different geographic areas to prevent overlap/duplicate counting.

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

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

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

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

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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. In the FY2010 NOFA, chronically homeless persons were defined an unaccompanied homeless individual with a disabling condition, or a family where at least one adult member had a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless persons who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the FY2011 Housing Inventory Count (HIC) and enter into the Homeless Data Exchange (HDX). CoCs will then 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.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

How many permanent housing beds are currently in place for chronically homeless persons?	63
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	63
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	170
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	170

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):

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The Homeless Prevention Coalition of Guilford County (dba Partners Ending Homelessness), the CoC and Ten Year Plan lead, will increase its emphasis on the creation of new permanent housing (PH) projects through the annual solicitation of new initiatives. Partners Ending Homelessness (PEH) supports all community efforts to develop new PH beds for chronically homeless (CH) as part of annual goals in the community's 10-Year Plan. PEH will work to place CH veterans in VASH beds, will educate the community about the need for PH for CH individuals, and will participate in the 5-year Housing and Community Development Consolidated Plan for Greensboro and High Point.

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

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

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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 77 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 SHP-PH and S+C 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 are 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 77 percent. 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 (SHP-PH or S+C) for which an APR was required should indicate this by entering "0" in the numeric fields and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?   78

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?   81

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?   83

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?   83

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 77 percent or higher (limit 1000 characters):

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The CoC will provide continued support to homeless persons, with specific focus on chronically homeless with mental illness, to attain and maintain permanent housing through Housing Support Teams and through agency-level case managers dedicated to serving clients in permanent housing projects. In addition to those supports, the CoC will implement other strategies to help clients remain in permanent housing. The CoC also utilizes AmeriCorps workers to supplement case management activities to move more homeless persons into permanent housing and remain in permanent housing. PEH (CoC and TYP lead) will review providers' APR/HMIS data quarterly and will provide technical support as needed to address challenges.

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 77 percent or higher (limit 1000 characters):

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

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 SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional lousing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants who move from SHP-TH projects into permanent housing to at least 65 percent or more. CoCs will indicate the current percentage of SHP-TH 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 (SHP-TH) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 72

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 74

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 76

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 78

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).

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

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):

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

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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) Enrollment in Mainstream Programs and Employment Information.

In this section, CoCs are to 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. 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 (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or Sac TRA/SRA/PRA/SRO) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 21

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 22

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 24

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 26

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).

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The CoC is currently at 21% of persons employed at program exit. In order to maintain or exceed this level, the CoC will increase coordination of services between mainstream job training, employment and education programs, supportive employment agencies, homeless service agencies, and homeless individuals. Specifically, a new organization, Reach Out First, Inc., seeks to develop and implement strategies that will address educational and training needs for individuals who lack necessary "life skills" that would enable them to retain employment, to increase awareness and collaboration amongst employment service providers, and to educate potential employers about the target population and incentives for hiring. The CoC also continues to capitalize on the Interactive Resource Center's services and efforts.

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 to 1000 characters):

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

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

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

Instructions:

Ending homelessness among households with children, 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.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current total number of homeless households with children as reported on the most recent point-in-time count? 114

In 12 months, what will be the total number of homeless households with children? 110

In 5 years, what will be the total number of homeless households with children? 90

In 10 years, what will be the total number of homeless households with children? 70

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

The CoC uses the rapid re-housing model to decrease the number of homeless households with children in Guilford County, and in the past 12 months, the CoC has served over 150 families through HPRP funding and other local sources. The area VA Medical Center provides 60 VASH housing vouchers for homeless veterans in Guilford County, some of which benefit veterans in households with children. Guilford County Schools has expanded efforts, and will continue to do so, to identify homeless children within the school system and connect them and their families with services and housing. Specifically, Guilford County Schools employs a homeless liaison position to oversee these efforts. In addition, the Guilford County Schools will work with PEH (CoC and TYP lead) to ensure that all agencies meet HEARTH Act requirements.

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

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In following with objective 1 which focuses on creating permanent housing beds, the CoC will work to develop new permanent housing projects for homeless families with children. The CoC also will develop a community-based rental subsidy fund to complement government vouchers. Using HOME vouchers and coordinating with consolidated plans, the CoC will provide clients education and training programs that lead to sustainable employment.

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3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols 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 (SHP, S+C, SRO). For each system of care, CoCs are to address the following:

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. In the case of Foster Care, CoCs should specifically address the discharge of youth ageing out from the foster care system. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, that does not include homelessness, indicate this in the narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, emergency homeless shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from system of care are not routinely discharged into homelessness.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

For each system of care identified below describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance housing programs. Review ALL instructions to ensure that each narrative is fully responsive (limit 1500 characters).

Foster Care (Youth Aging Out):

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

Health Care:

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

Mental Health:

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PEH (CoC lead) and the Guilford Center (LME), understand that per HUD, no person discharged from the residential programs of the Guilford Center is to be placed in any HUD McKinney-Vento funded program for the homeless. A list of the HUD McKinney-Vento funded programs is on file with the Guilford Center. Various PEH members assist with housing placement in the form of public housing, housing vouchers and affordable housing produced through the low income housing tax credit program. These non-McKinney-Vento funded permanent housing opportunities are appropriate permanent housing options for participants who are leaving residential services of the Guilford Center. As part of ten-year plan efforts, the Discharge Planning Action Team will review and update this protocol as needed, will work to ensure appropriate mental health care discharge plans, and will support a community policy of zero tolerance for discharge to homelessness. At the state level, it is the policy of NC DHHS, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services that discharge to homeless shelters or conditions is not appropriate and not in the best interests of patients. As a consequence, suitable housing shall be determined and arranged for each long stay patient as a condition of discharge from a State psychiatric hospital.

Corrections:

PEH (CoC lead) and the Guilford County Sheriff's Office understand that per HUD, no person discharged from the jail system is to be placed in any HUD McKinney-Vento funded program for the homeless. A list of the HUD McKinney-Vento funded programs is on file with the Guilford County Sheriff's Office. Furthermore, for any person leaving the jail who may be in need of ongoing behavioral health services, the jail should contact Guilford County's LME regarding the provision of behavioral health services, and with assistance in identifying appropriate housing options. Various PEH members assist with housing placement in the form of public housing, housing vouchers and affordable housing produced through the low income housing tax credit program. These non-McKinney-Vento funded permanent housing opportunities are appropriate options for persons who are leaving the jail. The CoC's Discharge Planning Action Team will review and update this protocol as needed, will work to ensure appropriate corrections discharge plans, and will support a community policy of zero tolerance for discharge to homelessness. The NC DOC uses a multi-staff team approach to aftercare, in which the case manager, mental health social worker (as needed), and probation/parole officer assure that the released inmate has a home plan to ensure housing placement and prevention of homelessness.

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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.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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: The CoC's Ten-Year Plan goals are reflected in the local Consolidated Plans for the City of Greensboro and the City of High Point. Specifically, the Con Plans support the goal of eliminating chronic homelessness and reducing all other forms of homelessness by 2016.   The City of Greensboro outlines 6 strategic actions supporting this goal. In addition, the City of Greensboro describes its plans to "improve efficiencies in service delivery through enhanced collaboration and partnerships" through 4 strategic actions. The City of High Point describes its efforts to address the CoC's Ten-Year Plan goals, with specific focus on the housing and prevention and supportive services objectives. The City of High Point is the fiscal agent for a S+C permanent housing program and provides permanent housing assistance through CDBG. The published Con Plans indicate a high level of coordination with the CoC's Ten-Year Plan.

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

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The CoC developed the plan for the HPRP. The agency managing the HPRP grant (City of Greensboro) and the agencies providing services (Greensboro Housing Coalition & Open Door Ministries) regularly attend the monthly CoC meetings to provide updates, answer questions, or receive input from CoC members. The Greensboro Housing Coalition is the central point of intake for the HPRP program and coordinates the services currently being provided, which include rapid re-housing and homelessness prevention through case management, housing location services, and financial assistance.

Also, in 2009, a substantial amendment was made to the Consolidated Plan 2009 Action Plan, and the state awarded two HPRP grants to non-profits in the CoC - Open Door Ministries and Family Service of the Piedmont. Family Service of the Piedmont turned their HPRP grant over to the Greensboro Housing Coalition. Open Door Ministries of High Point received $900,000 in stimulus funds from the State of North Carolina through the HPRP. These funds have provided financial assistance and case management to assist households in jeopardy of becoming homeless; as well as financial assistance and case management to assist households who are currently homeless.   The agencies administering HPRP continue to work with the Guilford County CoC to coordinate access to programs and services to clients represented by the CoC agencies.

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

$1,450,000 of Greensboro's Neighborhood Stabilization Program funds were awarded for the acquisition and rehabilitation of 20 foreclosed multi-family units for very low income families, including 9 units of permanent supportive housing for homeless or disabled households. Units will begin leasing in November 2011. An additional $400,000 of Neighborhood Stabilization Program funds were granted for the renovation of a vacant facility for community use as a day center for the homeless. The building opened in May 2011. $50,000 has been awarded through Greensboro's CDBG-R program for acquisition of a 6-unit building for permanent supportive housing. The project sponsor was awarded an additional allocation of federal HOME Program Community Housing Development Organization (CHDO) funds for rehabilitation of the units, which should begin in December 2011. The Homeless Hospitality House was awarded $23,000 in CDBG-R funds for energy efficiency improvements through the installation of historic windows. Homeless program participants were given job training opportunities in the restoration and weatherization of the windows. Two of the participants were hired by the contractor as full time employees. The CoC received 60 VASH vouchers, which are being administered by the Greensboro Housing Authority. VASH tenants are being selected by Veterans Affairs social workers and outreach is being conducted through CoC agencies serving veterans and the HPCGC (dba PEH), the CoC lead entity. Seven of the VASH vouchers will provide project based assistance at the Glenwood II apartments, which are beginning construction in December 2011. The City of High Point, as well as the City of Greensboro, actively participates on the leadership council to help implement the 10-year plan to end chronic homelessness.

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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, please describe the established policies that are in currently in place.	Homeless Prevention Coalition of Guilford County (dba Partners Ending Homelessness (PEH)) maintains a list of all designated LEA (local education agency) liaison staff members within each homeless assistance provider org. These LEA liaison staff members are responsible for ensuring that all children are enrolled in school & connected to appropriate services within the community. Also, in preparation for this year's CoC Homeless Assistance Competition, PEH provided a training, of which one section was called "Preparing for HEARTH Act Compliance." CoC utilized a threshold requirements checklist to help determine whether projects are currently compliant with the requirements or if changes needed to be made in order to become compliant. Subtitle B of the Title VII of the HEARTH Act (42 U.S.C. 11431 et seq) was reviewed with the homeless service providers. All agencies must meet the threshold requirements to apply for funding through the CoC.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

Guilford County Schools, the local LEA, is an active participant in the Homeless Prevention Coalition of Guilford County (dba Partners Ending Homelessness (PEH)) Board of Directors, through the membership of its Chief Student Services Officer. In addition, the Guilford County Schools Homeless Liaison participates on the Continuum of Care Action Team of PEH. CoC lead agency partners with Guilford County Schools during regularly scheduled meetings to discuss current issues, identify gaps in services, prepare solutions and actions plans to close gaps, and to train school social workers, guidance counselors, and teachers in the identification of risk factors associated with homelessness. CoC lead agency staff members attend School Resource Fairs and provide educational resource materials to school social workers, guidance counselors and teachers to disperse to families in need of assistance. The knowledge gained from the educational resource materials and regular meetings expedites Guilford County Schools' ability to assist Guilford County's most fragile students and their families.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

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Within the CoC, every provider of emergency and transitional housing has designated liaison staff to consider the educational needs of children, ages 3-21, when their family is placed in homeless housing. These liaison staff members are connected with the Guilford County Schools (GCS) Homeless Liaison. CoC lead agency will explore training opportunities for emergency and transitional shelter case management personnel regarding the special needs of children in transition and all the educational services available to homeless youth. As previously mentioned, the CoC utilized a threshold requirements checklist to help determine whether local projects are currently compliant with the requirements of Subtitle B of the Title VII of the HEARTH Act (42 U.S.C. 11431 et seq), or if changes need to be made to be compliant with the requirements. Collaboration among various community agencies, education agencies, faith groups, etc. are necessary to provide the best wrap-around services for our children.

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)

Guilford County has placed high priority on reducing homelessness among veterans. The VA & the Greensboro Housing Authority, both active in the CoC, have implemented the HUDVASH program. The Servant Center has expanded & continues to meet the needs of veterans through its existing programs (Servant House and Glenwood Housing). One addition to The Servant House is a LCSW who is providing Seeking Safety (Evidence-Based Model) counseling groups with the residents. Glenwood Housing stays full & maintains a waiting list, thus The Servant Center will begin building Glenwood II in the next few months and will consist of 9 one-bedroom apartments. Annually, Guilford County partakes in the Triad Stand Down, which includes 12 counties. The following services were provided at the Stand Down: Transportation, Food (breakfast, lunch and snacks), Clothing, Toiletry Items, Haircuts, Showers, Medical & Dental (HIV Testing, Sickle Cell Testing, STD Testing, Diabetes Screening, Blood Pressure Checks), Social Security, Housing, Employment, Counseling, Eye Care, Hearing Tests (new), Veteran benefits, and Spiritual counseling and guidance (voluntary only). These services addressed the most critical needs of homeless veterans as identified by the Stand Down Planning Committee. Hearing tests were included this year based on veteran needs shared by members of the Planning Committee. Over the course of the past year the CoC has successfully reduced veterans homelessness by 14%.

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):

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Youth Focus, a local non-profit agency provides services to homeless youth. Their 12 bed shelter meets the need for overnight housing for homeless youth in the community. The shelter averaged serving 6.87 youth per night last year. The shelter has a policy that it is never "full". In practice, since opening in 1981 the shelter has never turned away a truly homeless youth for capacity issues. The shelter provides, in addition to housing, medical care, counseling, and educational services.

Also, CoC lead agency and Guilford County Schools have made significant strides in training school personnel in "signs" of homelessness, assisting in their efforts to identify at youth risk more quickly. The advanced training creates the appearance of a higher number in the youth homeless population, however, it is believed that the trainings have helped the CoC identify the actual number of youth in need, while in previous years, some youth may have slipped under the radar.   Also, as mentioned in an earlier question, Guilford County Schools employs a Homeless Liaison who assists in the coordination of services for homeless youth.

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3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use HHN Reallocation if its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the FY2011 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in Fy2011 into a new project. New reallocated permanent housing projects may apply under SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two, or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

 For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)?   No

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process?   Yes

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

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4A. Continuum of Care (CoC) 2010 Achievements

Instructions:

In the FY2010 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 FY2010 versus the proposed accomplishments.

In the column labeled FY2010 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2010 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 in FY2010. If a CoC did not submit an Exhibit 1 in FY2010, 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.

 For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	61	**Beds**	63	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	82	**%**	78	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	65	**%**	72	**%**
Increase the percentage of homeless persons employed at exit to at least 20%	22	**%**	21	**%**
Decrease the number of homeless households with children.	100	**Households**	114	**Households**

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Did the CoC submit an Exhibit 1 application in   Yes
FY2010?

If the CoC was unable to reach its FY2010 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

CoC was unable to reach its 2010 achievement level for Objective 2 because a few programs exited long-term clients and therefore had new openings. Additionally, the CoC has had a new PH project operating for only a few months. The CoC has always been above HUD's standards/thresholds for homeless persons staying in permanent housing for over 6 months, and CoC lead agency expect that next year's numbers will return to the 80 percent range as in previous years. Regarding Objective 4, these numbers reflect 2010 data per HUD's instructions, and thus the CoC doesn't know if it met or did not meet proposed achievement. However, when new APR data is available the CoC will monitor its progress. Regarding Objective 5, CoC was unable to reach its 2010 achievement level due to the challenging economic climate, and given said environment the achievement level wasn't realistic. However, the CoC actually decreased households with children from 2010 to 2011. In reviewing PIT data from 2010 to 2011, NC 504 decreased from 122 to 114.

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness. In the FY2011 CoC NOFA, chronically homeless is defined as an unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the last three (3) years.

 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 FY2009, FY2010, and FY2011 (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 FY2009 and FY2010, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2011, this number should match the number entered on the Homeless Data Exchange (HDX).

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 FY2009, FY2010, and FY2011.

Year	Number of CH Persons	Number of PH beds for the CH
2009	82	55
2010	131	61
2011	107	63

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011.   8

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, 2010 and January 31, 2011.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	$30,288				
Total	$30,288	$0	$0	$0	$0

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

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4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Performance Report (APR), or Transition APR (TAPR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table using data entered for Question 12(a) and 12(b) for the most recent submitted APR, Q27 from the TAPR, for all permanent housing projects (SHP-PH, or Sac TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in fields a-e. The Total PH percent will auto-calculate by selecting "Save." The percentage is calculated as: c+d, divided by a+b, multiplied by 100. the last field, e., is excluded from the calculation.

CoCs that do not have SHP-PH or S+C projects for which and APR, or TAPR, was required should select "No" if the CoC did not have ANY CoC-funded permanent housing projects operating within their CoC that should have submitted an APR, or TAPR.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) 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)	37
b. Number of participants who did not leave the project(s)	148
c. Number of participants who exited after staying 6 months or longer	32
d. Number of participants who did not exit after staying 6 months or longer	112
e. Number of participants who did not exit and were enrolled for less than 6 months	36
TOTAL PH (%)	78

Instructions:

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

Complete the table below using cumulative data entered for Question 14 on the most recent submitted APR, Q29 on the TAPR, for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a. and b. selection "Save." The Total TH will auto-calculate. The percentage is auto-calculated as: b. divided by a, multiplied by 100. CoCs that do not have SHP-TH 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 CoC have any transitional housing projects (SHP-TH) 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	441
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	319
TOTAL TH (%)	72

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

Instructions:

 HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR (either the HUD-40118 or the HUD APR in e-snaps) 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 entered for question 11 on the most recent submitted HUD-40118 APR or Q26 for the HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall 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 income. Once amounts have 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 their CoC that should have submitted an APR.

  For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 563

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	43	8	%
SSDI	47	8	%
Social Security	2	0	%
General Public Assistance	0	0	%
TANF	24	4	%
SCHIP	1	0	%
Veterans Benefits	17	3	%
Employment Income	117	21	%
Unemployment Benefits	16	3	%
Veterans Health Care	1	0	%
Medicaid	96	17	%
Food Stamps	248	44	%
Other (Please specify below)	57	10	%
Child Support, Family/Friends, Medco, Section 8, WIC, VA Disability, Trust Fund, Alimony			
No Financial Resources	191	34	%

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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

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

Instructions:

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

A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of 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

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

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

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

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

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

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

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

The Partners Ending Homelessness Continuum of Care Supportive Services & Housing Action Team meets monthly to improve CoC-wide participation in mainstream programs & to provide training to frontline staff. These meetings were held: 09/21/11; 08/17/11; 06/15/11; 05/18/11; 04/20/11; 03/16/11; 01/19/11 and 12/15/10. In addition to meetings, the Action Team conducted 3 Direct Service Provider Network (DSPN) trainings on 10/05/11, 03/31/11, & 12/14/10. The DSPN was created to increase frontline staff's ability to access resources in a more efficient manner, expand awareness and access of services available in Guilford County, and to create an ongoing resource network of direct service providers.

The PEH CoC Supportive Services and Housing Action Team provides regular reports on its activities to the Homeless Prevention Coalition of Guilford County (dba Partners Ending Homelessness), CoC and TYP lead, and the PEH Provider Coalition, the CoC's primary decision-making group.

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

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

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. semi-annually (twice a 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.

Has the CoC participated in SOAR training? Yes

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

The CoC continues to actively participate in SOAR trainings. Two members of the CoC participated in SOAR training held by the North Carolina Coalition to End Homelessness (NCCEH) on August 24-25,2011. At least one member of the CoC will attend NCCEH's upcoming SOAR training on December 13-14, 2011.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	94%
Case managers or social workers meet with clients, conduct an assessment at intake, assist client in completing applications/gathering documents, and scheduling appointments with mainstream program staff. Services are generally provided through one-one-one counseling, home visits, and/or telephone contact. Case managers set goals with clients and monitor achievement. Clients attend classes as needed (e.g., life skills).	

Activity	Percentage
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	65%

Activity	Percentage
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	26%
Providers that use a single application form report that their forms are used for SSI, SSDI, SCHIP, Medicaid, Food Stamps, JobLink, and housing (HOPWA, SPC, and SHP). Some forms also are used for programs at external agencies (e.g., ESC, daycare, medical assistance, substance abuse issues/counseling, education/community colleges, clothing banks).	

Activity	Percentage
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	82%
4a. Describe the follow-up process:	
Case managers or social workers follow-up with clients by phone or in person (e.g., home visits), and they also follow-up with benefits coordinators to ensure submission and processing of application. Case managers or social workers also advocate for clients as necessary. Case managers also check to see if clients received and/or renewed benefits, and they maintain copies of Medicaid cards and food stamps amounts in files.	

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Continuum of Care (CoC) Project Listing

Instructions:

 IMPORTANT: Prior to starting the CoC Project Listing, CoCs should carefully review the "CoC Project Listing Instructions" and the "CoC Project Listing" training module, both of which are available at www.hudhre.info/esnaps.

 To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Clara House	2011-10-20 14:07:...	1 Year	Family Service of...	70,218	Renewal Project	SHP	TH	F
Youth Focus Trans...	2011-10-18 11:05:...	1 Year	Youth Focus, Inc.	51,700	Renewal Project	SHP	TH	F
Project Home Front	2011-10-25 08:37:...	1 Year	Alcohol and Drug ...	34,996	Renewal Project	SHP	SSO	F
Servant House	2011-10-19 11:59:...	1 Year	The Servant Center	47,586	Renewal Project	SHP	TH	F
Case Management/A...	2011-10-21 15:50:...	1 Year	The Salvation Arm...	19,274	Renewal Project	SHP	TH	F
HMIS - High Point	2011-10-24 12:38:...	1 Year	Open Door Ministr...	13,750	Renewal Project	SHP	HMIS	F
Shelter Plus Care	2011-10-21 11:01:...	1 Year	City of High Point	80,652	Renewal Project	S+C	TRA	U
Joseph's House Yo...	2011-10-24 09:42:...	1 Year	Greensboro Housin...	43,730	Renewal Project	SHP	PH	F
Permanent Support...	2011-10-24 12:28:...	1 Year	Open Door Ministr...	62,159	Renewal Project	SHP	PH	F
Mary's House	2011-10-23 11:49:...	1 Year	Mary's House, Inc.	135,982	Renewal Project	SHP	TH	F
Arthur Cassell Me...	2011-10-24 11:18:...	1 Year	Open Door Ministr...	48,919	Renewal Project	SHP	TH	F
Partnership Villa...	2011-10-21 12:41:...	1 Year	Greensboro Urban ...	59,850	Renewal Project	SHP	TH	F

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Housing Opportuni... .	2011-10-24 09:46:...	1 Year	Greensboro Housin...	477,369	Renewal Project	SHP	PH	F
Grace Homes	2011-10-24 09:31:...	1 Year	Greensboro Housin...	445,944	Renewal Project	S+C	TRA	U

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Budget Summary

FPRN	$1,065,533
Permanent Housing Bonus	$0
SPC Renewal	$526,596
Rejected	$0

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Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	NC 504 Certificat...	10/25/2011

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Attachment Details

Document Description: NC 504 Certifications of Consistency with Consolidated Plans

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