Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC’s project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:
- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions while completing the application in e-snaps.
- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:
  - This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.
  - For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.
  - For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.
  - Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.
  - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click here.
1A. Continuum of Care (CoC) Identification

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number:  NC-504 - Greensboro, High Point CoC

1A-2. Collaborative Applicant Name:  Partners Ending Homelessness

1A-3. CoC Designation:  CA

1A-4. HMIS Lead:  Michigan Coalition Against Homelessness
### 1B. Continuum of Care (CoC) Engagement

**Instructions:**
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings.
Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC’s geographic area.

<table>
<thead>
<tr>
<th>Organization/Person Categories</th>
<th>Participates in CoC Meetings</th>
<th>Votes, including electing CoC Board</th>
<th>Sits on CoC Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CDBG/HOME/ESG Entitlement Jurisdiction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Local Jail(s)</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Hospital(s)</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>EMT/Crisis Response Team(s)</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Mental Health Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Affordable Housing Developer(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>School Administrators/Homeless Liaisons</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Non-CoC Funded Victim Service Providers</td>
<td>Not Applicable</td>
<td>No</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Street Outreach Team(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Youth advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Agencies that serve survivors of human trafficking</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other homeless subpopulation advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Homeless or Formerly Homeless Persons</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Faith Community</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>University Representatives</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Private Philanthropy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

Public invite thru partner networks (Guilford County (GC) Non-Profit Consortium & GC Children's Collab., current CoC database) & direct outreach (hospitals (med and MH), police, broader community). Weekly CoC newsletter. 1/4ly CoC mtgs. CoC issues discussed & sent to CoC Gov. Board. CoC GB (meets monthly) has minimum of 6 agency reps (diverse populations). Grants provided through CoC advertised in local newspapers, newsletters, & email. Appeal process followed on all Grant awards.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

<table>
<thead>
<tr>
<th>Youth Service Provider</th>
<th>RHY Funded?</th>
<th>Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.</th>
<th>Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Focus</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Youth Villages</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Guilford Child Development</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

1B-1c. List the victim service providers (CoC Program and non-CoC
Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

<table>
<thead>
<tr>
<th>Victim Service Provider for Survivors of Domestic Violence (up to 10)</th>
<th>Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016</th>
<th>Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Service of the Piedmont</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

1. Announced Bonus Project solicitation would be coming at in person CoC meeting on June 16. Solicited for Bonus Project applicants announced on June 20th in CoC newsletter and sent to broader service community through Guilford Non Profit Consortium listserv. Reminders sent weekly (through CoC email list of 228 contacts) through due date. 3 Proposals received.
2. Re-allocation- announced CoC Governance Board reallocation process for 2016 CoC Grant competition on July 27. Agency's who had not applied previously were encouraged to apply. Reminders sent in following weeks' newsletter.
3. Population served (CH, Vets, Families, Youth), organizational capacity, experience with proposed project, community need, HMIS usage, Opening Doors Priorities, Housing First and Low Barrier practices.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually
1C. Continuum of Care (CoC) Coordination

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC’s geographic area.

<table>
<thead>
<tr>
<th>Funding or Program Source</th>
<th>Coordinates with Planning, Operation and Funding of Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Opportunities for Persons with AIDS (HOPWA)</td>
<td>Yes</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Runaway and Homeless Youth (RHY)</td>
<td>Yes</td>
</tr>
<tr>
<td>Head Start Program</td>
<td>No</td>
</tr>
<tr>
<td>Housing and service programs funded through Federal, State and local government resources.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1C-2. The McKinney-Vento Act, requires CoC’s to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC’s geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

<table>
<thead>
<tr>
<th>Number of Con Plan jurisdictions with whom the CoC geography overlaps</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?</td>
<td>3</td>
</tr>
<tr>
<td>How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?</td>
<td>3</td>
</tr>
<tr>
<td>How many of the Con Plan jurisdictions are also ESG recipients?</td>
<td>2</td>
</tr>
<tr>
<td>How many ESG recipients did the CoC participate with to make ESG funding decisions?</td>
<td>2</td>
</tr>
<tr>
<td>How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?</td>
<td>2</td>
</tr>
</tbody>
</table>
1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC’s geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

2 of 2 Con Plan J's- attended all CP mtg's invited too- 5. Plus wrote specific sections & provided data/ guidance to CPJ's. CoC Board has reps from the CPJ's (bi-monthly). CPJ reps involved with CoC membership mtg's (quarterly). CoC Collaborative Applicant also organizes, executes, and manages contracts for City of GSO CDBG funding distribution to CoC agencies. Met/talked over phone/emailed almost daily for three straight weeks with City of GSO to plan contracts. Quarterly meetings prior to that. Email at least weekly throughout year on Con Plan related issues. Trained City of GSO staff on homelessness (2 times) presented to City Council (twice).

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

City of GSO- City contracts w/ PEH (Collab App) to develop performance standards, priorities, grant competition, selection of projects. PEH provides PITC, system performance measures, (SPM’s) demographic data. PEH also partners w/City to audit & monitor (at least 1/year). PEH authorizes payment of ESG funds. State of NC- PEH functions in similar capacity. Everything the same except no contract mgt. We provide State w/ PITC data & other SPM’s like CoC CA (exits to PH, increase in income, length of time homeless, and others). State solicited CoC input for '16-'17 ESG competition. PEH, as CA volunteered to assist state.
For both ESG sources CoC has SPM’s such as number of people house, returns to homelessness, length of time to house, increase in income, cost per exit to PH. CoC developed RRH performance standards in 2015. All ESG RRH recipients are obligated to follow performance standards to receive funds.

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

CoC/ESG- DV agency (FSOP) offers 24/7 crisis phone #. FSOP staff involved in CoC & Coordinated Assessment (CA) mtg. FSOP offers ESG (& hopefully) CoC PH for DV & Human Trafficking (HT’s). Also offer ES & TH (2 locations). CoC uses VI-SPDAT assessment tool. FSOP conducts VI-SPDAT (anonymous/ coded). Sends to CA for housing placement. FSOP a part of housing stability plan. CoC also has 2 intake locales for DV’s.
Other $ & service offerings to DVs, sexual assault, HTs, dating violence &/or stalking:
DOJ – Office on Violence Against Women – Supervised Visit. & Exchange svcs
NC DHHS Fam. Violence Prevent. $ – victim support svcs
Gov’s Crime Commiss. – shelter & advocacy svcs – DV & Sex Assault
County DSS $ – shelter & advocacy
FSOP transmit info to CoC in an aggregate manner to track exits to PH & increases in income. All #'s are aggregate & do not contain any ID info.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry</th>
<th>PHA has General or Limited Homeless Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greensboro Housing Authority</td>
<td>20.00%</td>
<td>Yes-Both</td>
</tr>
<tr>
<td>Housing Authority of the City of High Point</td>
<td>20.00%</td>
<td>Yes-Both</td>
</tr>
</tbody>
</table>

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

PEH as CoC lead agency, solicited private Philanthropic funding for CH Supportive Housing. In 2016 there is approx $600,000 available for housing and MH support services. City of Greensboro has also added approx $200,000 in local dollars. The CoC partners with a SSVF project. Over 222 Vets have been housed in CoC since 1/15. Referrals come through Coordinated Assessment for both. Many local service providers receive private donations for housing programs (RRH type). Greensboro Urban Ministry, Open Door Ministry, Family Service of the Piedmont, Room at the Inn to name a few. State of NC provides subsidized housing from it's Olmsted settlement. Homeless persons with a Severe/persistent disability are included in target. State also provides Key & Targeting Units which are subsidies to private landlords to set aside a % of units

Applicant: Partners Ending Homelessness
Project: NC 504 CoC Registration FY 2016

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to people w/ MH disability that are referred by a provider. Two homeless service providers provide referrals.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC’s geographic area. Select all that apply.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engaged/educated local policymakers:</td>
<td>X</td>
</tr>
<tr>
<td>Engaged/educated law enforcement:</td>
<td>X</td>
</tr>
<tr>
<td>Implemented communitywide plans:</td>
<td></td>
</tr>
<tr>
<td>No strategies have been implemented</td>
<td></td>
</tr>
<tr>
<td>Other: (limit 1000 characters)</td>
<td></td>
</tr>
<tr>
<td>Police/ outreach partnerships- if police have a call or issue with a particular site or person outreach staff is contacted/consulted in an effort to mitigate issue prior to police involvement whenever appropriate and applicable.</td>
<td>X</td>
</tr>
</tbody>
</table>
1D. Continuum of Care (CoC) Discharge Planning

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

<table>
<thead>
<tr>
<th>System</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care:</td>
<td></td>
</tr>
<tr>
<td>Health Care:</td>
<td></td>
</tr>
<tr>
<td>Mental Health Care:</td>
<td>X</td>
</tr>
<tr>
<td>Correctional Facilities:</td>
<td>X</td>
</tr>
<tr>
<td>None:</td>
<td></td>
</tr>
</tbody>
</table>

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

<table>
<thead>
<tr>
<th>System</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care:</td>
<td></td>
</tr>
<tr>
<td>Health Care:</td>
<td>X</td>
</tr>
<tr>
<td>Mental Health Care:</td>
<td>X</td>
</tr>
<tr>
<td>Correctional Facilities:</td>
<td></td>
</tr>
<tr>
<td>None:</td>
<td></td>
</tr>
</tbody>
</table>

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons...
discharged are not discharged into homelessness. (limit 1000 characters)

Correctional Facilities- MH Court provides assessments and referrals to Coordinated Assessment (CA). CoC has Assertive Community Treatment (ACT) Team dedicated to CH population. Referrals made if approved by Managed Care organization. The State instituted new policy this year- https://ncdps.s3.amazonaws.com/s3fs-public/documents/files/C.1500-Inmate-Release-Procedures-042716.pdf- that manages discharges at the State level.
1E. Centralized or Coordinated Assessment
(Coordinated Entry)

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services. (limit 1000 characters)

Step 1. CE- two central locations for intake (one in each city). Step 1 Diversion. 2- assessment (CoC adopted VI-SPDAT). 3. Through HMIS & phone ID bed spaces available for Household-HH if they choose). Coordinate transportation & intake w/ receiving agency (if needed). CE lead agency (IRC) also houses CoC’s PATH team. Work together to ID unsheltered/disconnected HHs.
Step 2- Providers encourage HHs to find own housing 1st. (Except for CH & Vets- CoC manages intense weekly CA mtg using Z:16 approved By name list). VI-SPDAT score sent to Coord. Assessment (access to housing). CA team lists all HH's & prioritizes using HUD notice for CH's and local policies to make housing referrals directly to providers in room. Programs work w/ shelters/outreach to ID clients & begin housing process. CoC has recruited additional landlords to increase availability.

CoC adopted ES Low barrier processes in 2015. (see attachment). Prioritizes Low barrier and Housing First in all funding decisions.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC’s coordinated entry process. If there are other organizations or persons who participate but are not on this list,
enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

<table>
<thead>
<tr>
<th>Organization/Person Categories</th>
<th>Participate in Ongoing Planning and Evaluation</th>
<th>Makes Referrals to the Coordinated Entry Process</th>
<th>Receives Referrals from the Coordinated Entry Process</th>
<th>Operates Access Point for Coordinated Entry Process</th>
<th>Participate in Case Conferencing</th>
<th>Does not Participate</th>
<th>Does not Exist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDBG/HOME/Entitlement Jurisdiction</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law Enforcement</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Jail(s)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital(s)</td>
<td></td>
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<tr>
<td>EMT/Crisis Response Team(s)</td>
<td></td>
<td>X</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Mental Health Service Organizations</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Substance Abuse Service Organizations</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affordable Housing Developer(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Administrators/Homeless Liaisons</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-CoC Funded Victim Service Organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Outreach Team(s)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeless or Formerly Homeless Persons</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faith Community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non CoC funded homeless service providers</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University Representative</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC’s review of the Annual Performance Report(s).

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many renewal project applications were submitted in the FY 2016 CoC Program Competition?</td>
<td>11</td>
</tr>
<tr>
<td>How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?</td>
<td>2</td>
</tr>
<tr>
<td>How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?</td>
<td>9</td>
</tr>
<tr>
<td>Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

<table>
<thead>
<tr>
<th>Performance outcomes from APR reports/HMIS:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% permanent housing exit destinations</td>
<td>X</td>
</tr>
<tr>
<td>% increases in income</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monitoring criteria:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilization rates</td>
<td>X</td>
</tr>
<tr>
<td>Drawdown rates</td>
<td>X</td>
</tr>
<tr>
<td>Frequency or Amount of Funds Recaptured by HUD</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Need for specialized population services:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant: Partners Ending Homelessness</td>
<td></td>
</tr>
<tr>
<td>Project: NC 504 CoC Registration FY 2016</td>
<td></td>
</tr>
<tr>
<td>FY2016 CoC Application</td>
<td>Page 14</td>
</tr>
<tr>
<td>09/12/2016</td>
<td></td>
</tr>
</tbody>
</table>
1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

CoC give points in competition to projects that attest to using low barrier & housing first approaches (using HUD definition), projects that serve CH or DV households, projects that serve clients w/ no income, projects that participate in Coordinated Assessment (where priority for housing is based upon acuity level). Clients are prioritized for housing following CoC written standards which include CPD Notice 16-11. CoC's adopted Assessment tool, the VI-SPDAT, accounts for clients that are vulnerable to illness, victimization, high crisis system users, high behavioral health challenges. Therefore all projects are receiving clients that are impacted by these situations. % of CH households served in a project is a weighted factor in scoring. Projects that served 100% CH received were ranked higher than there performance score suggested in final ranking in 2016 CoC competition. See attachment # 04.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached. (limit 750 characters)

1. All documents publicly posted on Collaborative Applicant Website by 9.12.16. Ratings, performance measures, scoring, and rankings were posted earlier and emailed to CoC members. Rating procedures, final ranking, and Collaborative Application priorities shared at CoC meeting on 9.8.17

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application

09/12/2016
that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached).

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)

Yes

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

07/15/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW?

Yes
1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

1. The CoC has used a monitoring tool for review of each recipient that includes utilization rates, increased housing stability, length of time homeless, destination upon exit, increases in income, access to benefits, use of low barrier and housing first practices for several years.
2. Within the above listed monitoring tool the CoC reviews APR's, HUD close out letters, LOCCS drawdown reports, 501c3 eligibility (if applicable), 990's, and audits to ensure organizational capacity to operate the project.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes
2A. Homeless Management Information System (HMIS) Implementation

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC’s Governance Charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit.

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC’s attached governance charter or attached MOU/MOA.

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)?

2A-4. What is the name of the HMIS software

ServicePoint
used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?

Bowman Systems, LLC (a subsidiary of Mediware Information Systems)
**2B. Homeless Management Information System (HMIS) Funding Sources**

**Instructions**
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2B-1. Select the HMIS implementation coverage area:** Statewide

* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

### 2B-2.1 Funding Type: Federal - HUD

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC</td>
<td>$49,721</td>
</tr>
<tr>
<td>ESG</td>
<td>$45,000</td>
</tr>
<tr>
<td>CDBG</td>
<td>$0</td>
</tr>
<tr>
<td>HOME</td>
<td>$0</td>
</tr>
<tr>
<td>HOPWA</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Federal - HUD - Total Amount</strong></td>
<td><strong>$94,721</strong></td>
</tr>
</tbody>
</table>

### 2B-2.2 Funding Type: Other Federal

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Education</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Health and Human Services</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Labor</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Agriculture</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Veterans Affairs</td>
<td>$0</td>
</tr>
<tr>
<td>Other Federal</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Other Federal - Total Amount</strong></td>
<td><strong>$0</strong></td>
</tr>
</tbody>
</table>

### 2B-2.3 Funding Type: State and Local

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2016 CoC Application</td>
<td>Page 20</td>
</tr>
<tr>
<td></td>
<td>09/12/2016</td>
</tr>
</tbody>
</table>
### 2B-2.4 Funding Type: Private

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$0</td>
</tr>
<tr>
<td>Organization</td>
<td>$0</td>
</tr>
<tr>
<td>Private - Total Amount</td>
<td>$0</td>
</tr>
</tbody>
</table>

### 2B-2.5 Funding Type: Other

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation Fees</td>
<td>$10,400</td>
</tr>
<tr>
<td>Other - Total Amount</td>
<td>$10,400</td>
</tr>
</tbody>
</table>

2B-2.6 Total Budget for Operating Year $105,121
2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 05/02/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds in 2016 HIC</th>
<th>Total Beds in HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ESG) beds</td>
<td>422</td>
<td>32</td>
<td>382</td>
<td>97.95%</td>
</tr>
<tr>
<td>Safe Haven (SH) beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Transitional Housing (TH) beds</td>
<td>215</td>
<td>11</td>
<td>145</td>
<td>71.08%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) beds</td>
<td>86</td>
<td>0</td>
<td>86</td>
<td>100.00%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH)</td>
<td>442</td>
<td>0</td>
<td>442</td>
<td>100.00%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) beds</td>
<td>185</td>
<td>0</td>
<td>185</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

Two TH projects have shifted their programatic focus. The Servant Center is GPD program. The beds they are not dedicated to GPD have been shifted towards Bridge Housing. This will help reduce the transition time when a client leaves those beds. Mary's House has also shifted their focus to Bridge Housing. Both programs began receiving referrals through Coordinated Assessment (in our CoC that is access to housing- Coord. Entry is Diversion/access to shelters) in Spring of 2016. This should also reduce length of time open beds are unfilled. Coordinated Entry has more fully evolved since the night of the PITC. TH programs receiving referrals through this process now as well.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be
attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA Grant per diem (VA GPD):</td>
<td>☒</td>
</tr>
<tr>
<td>VASH:</td>
<td></td>
</tr>
<tr>
<td>Faith-Based projects/Rescue mission:</td>
<td></td>
</tr>
<tr>
<td>Youth focused projects:</td>
<td></td>
</tr>
<tr>
<td>Voucher beds (non-permanent housing):</td>
<td></td>
</tr>
<tr>
<td>HOPWA projects:</td>
<td>☒</td>
</tr>
<tr>
<td>Not Applicable:</td>
<td></td>
</tr>
</tbody>
</table>

2C-4. How often does the CoC review or assess its HMIS bed coverage?  
Quarterly
2D. Homeless Management Information System (HMIS) Data Quality

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

<table>
<thead>
<tr>
<th>Universal Data Element</th>
<th>Percentage Null or Missing</th>
<th>Percentage Client Doesn't Know or Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Name</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.2 Social Security Number</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>3.3 Date of birth</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>3.4 Race</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>3.5 Ethnicity</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>3.6 Gender</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.7 Veteran status</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.8 Disabling condition</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.9 Residence prior to project entry</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.10 Project Entry Date</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.11 Project Exit Date</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.12 Destination</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>3.15 Relationship to Head of Household</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>3.16 Client Location</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.17 Length of time on street, in an emergency shelter, or safe haven</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

<table>
<thead>
<tr>
<th>Report</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC Annual Performance Report (APR):</td>
<td>X</td>
</tr>
<tr>
<td>Annual Homeless Assessment Report (AHAR) table shells:</td>
<td>X</td>
</tr>
<tr>
<td>HIC/PIT Report and Youth RHYMIS Export</td>
<td>X</td>
</tr>
</tbody>
</table>
2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 10

2D-4. How frequently does the CoC review data quality in the HMIS? Bi-Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both. Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC’s HMIS.

<table>
<thead>
<tr>
<th>Program</th>
<th>Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA Supportive Services for Veteran Families (SSVF):</td>
<td>X</td>
</tr>
<tr>
<td>VA Grant and Per Diem (GPD):</td>
<td>X</td>
</tr>
<tr>
<td>Runaway and Homeless Youth (RHY):</td>
<td>X</td>
</tr>
<tr>
<td>Projects for Assistance in Transition from Homelessness (PATH):</td>
<td>X</td>
</tr>
<tr>
<td>None:</td>
<td></td>
</tr>
</tbody>
</table>

2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC’s HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date. (limit 750 characters)

n/a
2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC’s and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress’ funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count: 01/28/2016 (mm/dd/yyyy)

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: 05/02/2016 (mm/dd/yyyy)
2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

<table>
<thead>
<tr>
<th>Method</th>
<th>Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Census Count</td>
<td>X</td>
</tr>
<tr>
<td>Random sample and extrapolation</td>
<td></td>
</tr>
<tr>
<td>Non-random sample and extrapolation</td>
<td></td>
</tr>
</tbody>
</table>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

<table>
<thead>
<tr>
<th>Method</th>
<th>Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMIS</td>
<td>X</td>
</tr>
<tr>
<td>HMIS plus extrapolation</td>
<td></td>
</tr>
<tr>
<td>Interview of sheltered persons</td>
<td>X</td>
</tr>
<tr>
<td>Sample of PIT interviews plus extrapolation</td>
<td></td>
</tr>
</tbody>
</table>

2F-3. Provide a brief description of your CoC’s sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology.
(limit 1000 characters)

Sys Admin for CoC runs PIT report out of HMIS for the night of the count and sends the report to each provider. The providers are given specific instructions on how to read the report and compare the report to their actual census. They
conduct the count based on the clients they are serving on the night of the PIT and are responsible for providing accurate data to the CoC lead agency. PEH Sys Admin compares and verifies data submitted by providers against data entered into HMIS and ensures de-duplication. Our CoC chose this methodology because we have found that it is the best way to ensure an accurate and unduplicated count. We have found over the years that it works better if our sys admin runs the reports and to work closely with our providers to ensure correct numbers.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

n/a

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count?  

No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

n/a
2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

<table>
<thead>
<tr>
<th>Method</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Training:</td>
<td>X</td>
</tr>
<tr>
<td>Follow-up:</td>
<td>X</td>
</tr>
<tr>
<td>HMIS:</td>
<td>X</td>
</tr>
<tr>
<td>Non-HMIS de-duplication techniques:</td>
<td></td>
</tr>
</tbody>
</table>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

n/a
2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/28/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/02/2016
2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

<table>
<thead>
<tr>
<th>Method</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Night of the count - complete census:</td>
<td>X</td>
</tr>
<tr>
<td>Night of the count - known locations:</td>
<td>X</td>
</tr>
<tr>
<td>Night of the count - random sample:</td>
<td></td>
</tr>
<tr>
<td>Service-based count:</td>
<td></td>
</tr>
<tr>
<td>HMIS:</td>
<td></td>
</tr>
</tbody>
</table>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology. (limit 1000 characters)

CoC felt these two methods would lead to most accurate results. CoC had 5 organized teams of PITC volunteers. 1. General Volunteers that went to all known public locations (meals, library, parks, day shelter, transportation hub) where homeless individuals and families (HIFs) are known to frequent. 2. PATH team canvassed community to identify other people and locations HIFs may be located. 3. Homeless Youth Taskforce-targeted location know for youth. Provided incentives to youth participating. As more locations identified by homeless youth (and adults) more locations were added. 4. Formerly Homeless volunteers-identified locations where others could not find or access. Used credibility to identify other locations and HIFs. 5. HIFs sleeping in cars team-volunteers partnered with Police to find HIFs who slept in their cars. Team canvassed community 1-5 AM.
2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)

n/a

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)

n/a
2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

| Training: | X |
| "Blitz" count: |  |
| Unique identifier: | X |
| Survey questions: | X |
| Enumerator observation: |  |
| None: |  |

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

1. New CoC PATH team canvassed community to identify people and locations homeless individuals and families (HIFs) may be located. 2. Formerly Homeless volunteers identified locations where others could not find or access. Used credibility to identify other locations and HIFs. This has been done in a small part in previous counts. Was expanded this year to ensure CoC could get to the hard to reach/find HIFs. 3. HIFs sleeping in cars team- volunteers partnered with Police who identified known locations or HIFs who slept in their cars week leading to PITC. Team canvassed community 1-5 AM.
3A. Continuum of Care (CoC) System Performance

Instructions
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.


* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons
Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

<table>
<thead>
<tr>
<th></th>
<th>2015 PIT (for unsheltered count, most recent year conducted)</th>
<th>2016 PIT</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered persons</td>
<td>665</td>
<td>721</td>
<td>56</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>342</td>
<td>441</td>
<td>99</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>209</td>
<td>196</td>
<td>-13</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>551</td>
<td>637</td>
<td>86</td>
</tr>
<tr>
<td>Total Unsheltered Count</td>
<td>114</td>
<td>84</td>
<td>-30</td>
</tr>
</tbody>
</table>

3A-1b. Number of Sheltered Persons Homeless - HMIS.
Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

<table>
<thead>
<tr>
<th></th>
<th>Between October 1, 2014 and September 30, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Unduplicated Total sheltered homeless persons</td>
<td>2,985</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>2,634</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>351</td>
</tr>
</tbody>
</table>


Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.
1. CoC member Greensboro (GSO) Housing Coalition (GHC) works to ID & rectify environmental & physical reasons for homeowners to lose housing (dilapidated conditions, mold, landlords violating code or disputes). CoC member City of Greensboro aggressively pursues action if a unit violates minimum housing codes. In coordinating w/ prevention providers, lack of income & housing affordability rank high on list of reasons people seek assistance.

2. Diversion is 1st step of Coordinated Entry. A script has been developed for CE agency to follow for new clients. Shelter & Housing support provider Salvation Army GSO receives prevention funding from Guilford DSS. This integration allows for increased targeting.

3. Partnerships with DSS, work force development programs (joblink, step up ministry, goodwill), United Ways (food and poverty focus), and GHC and HP-HC ID community & individuals risk factors & work to prevent homelessness form occurring.


Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

1. Increase use of housing (H) focused practice in system. Recruiting landlords. Increase $ for H. Prioritizing (prior.) high acuity households (HHs) including adopting HUD notice on CH prioritization. Using VI-SPDAT. Increased case management (CM) training.

2. Continue prioritize & VI-SPDAT use. Recruit more landlords (pres. of Apart. Assoc. joining CoC Gov board to help w/ recruiting). Continued investment in H as solution in CoC. Development of Bridge H to create landing place for high need individuals who need more time to H.

3. By name lists completed for Vets & CH. Will develop same for families & youth. Prior. list for H updated weekly, meetings w/ H providers monthly or more if needed.

4. H providers meeting to discuss & focus on improving time between IDing a client & actual move in. Streamlining process with H providers (CoC & non).

5. All agencies receive referrals through Cord Assess which prior. HH's w/ high acuity/ long LOS. Also see 4 above.

* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.
3A-4a. Exits to Permanent Housing Destinations:
Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

<table>
<thead>
<tr>
<th></th>
<th>Between October 1, 2014 and September 30, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons in SSO, TH and PH-RRH who exited</td>
<td>606</td>
</tr>
<tr>
<td>Of the persons in the Universe above, how many of those exited to permanent destinations?</td>
<td>510</td>
</tr>
<tr>
<td>% Successful Exits</td>
<td>84.16%</td>
</tr>
</tbody>
</table>

3A-4b. Exit To or Retention Of Permanent Housing:
In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

<table>
<thead>
<tr>
<th></th>
<th>Between October 1, 2014 and September 30, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons in all PH projects except PH-RRH</td>
<td>640</td>
</tr>
<tr>
<td>Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?</td>
<td>622</td>
</tr>
<tr>
<td>% Successful Retentions/Exits</td>
<td>97.19%</td>
</tr>
</tbody>
</table>

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

1. 23% of sys. exits to PH returned w/in 2 years (SPM #2). 7% of these returned after PH exit. Most came from ES (78%), TH (15%).
2. City of GSO will put a housing bond on ballot in Nov. Will provide 1000 units of affordable housing. This will increase the options in CoC. CoC will grow stronger relationship w/ Workforce Development Board-more intentional partnership to homeless system. Maintain training levels on case mgt. Increase monitoring to PH providers to ensure housing case mgt. provided according to CoC adopted Curriculum. Increased local prevention funding for formerly homeless households (vets) in 2016.
3. Held training w/ prevention providers 7/15 on most effective use of prevention dollars. As a result any prevention funding provided through CoC will target formerly homeless households w/higher acuity scores (using VI-SPDAT measures of acuity).
4. This will become part of Sys perf. dashboard that HMIS will look to develop. Quarterly reporting.
Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources. (limit 1000 characters)

1. Requested meeting & more assistance from Workforce Development Board. Created partnership w/ NCDHHS Supported Employment. Finalizing a partnership w/ Cone Hospital- fund 2nd SOAR worker in community. CoC funded 1st SOAR worker w/ City of GSO dollars. Developed stronger partnership w/ DSS Staff
2. Help client access transport. thru SCAT (assisted trans for disabled), partner w/ temp agencies, connect to training & work 1st program (Welfare Reform-WRLP), DSS Work 1st program, GTCC quick careers. DSS assigns staff person to work w/ supportive housing program to access benefits. Coordinated Entry center houses "Jobs Program", provide on site legal support also. Onsite food stamp registration at shelters. Drive PSH clients to job fairs and provide 1 on 1 job coaching.
4. 17% increase for stayers; 39% increase for leavers

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

2. State-supported employment for households (HHs) with disability, SUM- Job training & search (partner w/ employers for direct referrals), WRLP- paid training & job placement, Goodwill- job training, job fairs, NC Works- Direct training & placement, job skills training, focus on HHs with criminal record, GTCC- quick training and direct job placement, Temp Agencies (CXS, PS, MS- listed above) , VEA- focus on Vets
3. COC funds 11 programs (1 hmis). 100% non HMIS projects regularly connect clients to employment services.

3A-7. What was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count? (limit 1000 characters)

1. CoC finally has its 1st professional outreach team as of summer 2015-PATH. Housed in same organization responsible for Coordinated Entry. PATH connects clients directly to Coordinated Assessment (CA-access to housing) through the use of VI-SPDAT's and warm transfers to housing providers once client selected. Also work through Diversion if alternative exists.
2. PATH uses HMIS as well as an outreach log to document every outreach contact. Also documents when it's a new person or someone they have worked
w/ before.
3. PATH utilizes the SPDAT & sends assessment to CA. Also collaborates w/ PHA, & local shelters. PATH funds can assist w/ deposits, 1st months rent & furniture vouchers.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)? No

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)? (limit 1000 characters)
n/a

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy) 07/26/2016

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data. (limit 1500 characters)
n/a
3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;
2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
3. The highest needs for new and turnover units.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

<table>
<thead>
<tr>
<th></th>
<th>2015 (for unsheltered count, most recent year conducted)</th>
<th>2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons</td>
<td>75</td>
<td>36</td>
<td>-39</td>
</tr>
<tr>
<td>Sheltered Count of chronically homeless persons</td>
<td>28</td>
<td>21</td>
<td>-7</td>
</tr>
<tr>
<td>Unsheltered Count of chronically homeless persons</td>
<td>47</td>
<td>15</td>
<td>-32</td>
</tr>
</tbody>
</table>

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.
(limit 1000 characters)

n/a
3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.</td>
<td>123</td>
<td>130</td>
<td>7</td>
</tr>
</tbody>
</table>

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count.

(limit 1000 characters)

Increased number of Chronically Homeless Households housed through NC 504’s Privately funded Supportive Housing program targeting CH individuals and families. There is an issue with our chronic bed numbers on the HIC. Will be working with Abt Associates to correct.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?

Yes

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.

pages 1-4

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?

Yes

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the
strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homelessness by 2017? (limit 1000 characters)

Private funding established a Supportive Housing Program - rental assistance and Assertive Community Treatment team (ACTT) and partnered with a SOAR program in CoC. Working with PSH providers (specifically local PHA) to ID residents who no longer need supports to transfer to HCV or other housing assistance. New CoC Bonus project entering community will help maintain privately funded Supportive Housing. Applied for SAMHSA grant to help grow services attached to ACTT team. Recruiting private landlords and educating them on the services provided in supportive housing and the financial benefit to them to partner with our system.
3B. Continuum of Care (CoC) Strategic Planning Objectives

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC’s based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

<table>
<thead>
<tr>
<th>Factors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerability to victimization:</td>
<td>X</td>
</tr>
<tr>
<td>Number of previous homeless episodes:</td>
<td>X</td>
</tr>
<tr>
<td>Unsheltered homelessness:</td>
<td>X</td>
</tr>
<tr>
<td>Criminal History:</td>
<td>X</td>
</tr>
<tr>
<td>Bad credit or rental history (including not having been a leaseholder):</td>
<td></td>
</tr>
<tr>
<td>Head of household has mental/physical disabilities:</td>
<td>X</td>
</tr>
<tr>
<td>CoC Uses F-VI-SPDAT Tool that includes all of the checked boxes above</td>
<td></td>
</tr>
<tr>
<td>N/A:</td>
<td></td>
</tr>
</tbody>
</table>

3B-2.2. Describe the CoC’s strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless.
(limit 1000 characters)
1 CoC Adopted System Wide Housing First Philosophy in 2015 (see attached). CoC, City of GSO, and ESG grant funded projects all have signed Low Barrier and Housing First Agreement. Increase Collaboration with DV provider (including application for PH funds in this year's Bonus Project) will increase housing resources for DVs and Human Traffic victims. Expanding Diversion through Coordinated Entry Development. City of GSO has an affordable housing bond on ballot in Nov. Units for families included in the package.
2 Increased landlord recruitment, increase bridge housing opportunities (1 new project on board), increase collaboration between shelters/outreach and housing programs, increased funding towards family RRH (CoC).
3 2 projects applied for RRH funding in 2016 NOFA- both focused on families. 63% of ESG funds in CoC dedicated to RRH (88% directed towards Housing Stabilization)

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

<table>
<thead>
<tr>
<th>RRH units available to serve families in the HIC:</th>
<th>2015</th>
<th>2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12</td>
<td>65</td>
<td>53</td>
</tr>
</tbody>
</table>

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

- CoC policies and procedures prohibit involuntary family separation: 
- There is a method for clients to alert CoC when involuntarily separated: 
- CoC holds trainings on preventing involuntary family separation, at least once a year: 
- Legal Aid Fair Housing Training (inclusive of this issue) w/shelters and housing programs: X
- None: 

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

<table>
<thead>
<tr>
<th>FY2016 CoC Application</th>
<th>Page 43</th>
<th>09/12/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 (for unsheltered count,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>most recent year conducted</td>
<td>2016</td>
</tr>
<tr>
<td>----------------------------------------------------------------</td>
<td>----------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered homeless households with children:</td>
<td></td>
<td>43</td>
</tr>
<tr>
<td>Sheltered Count of homeless households with children:</td>
<td></td>
<td>43</td>
</tr>
<tr>
<td>Unsheltered Count of homeless households with children:</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

1. NC 504 Had a new Family Emergency Shelter open.
2. Created a PITC volunteer team to seek families sleeping in cars throughout the community on the night of the PITC with assistance from the Police Department.
3. Tighter rental market with less units affordable to families.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human trafficking and other forms of exploitation?</td>
<td>Yes</td>
</tr>
<tr>
<td>LGBTQ youth homelessness?</td>
<td>No</td>
</tr>
<tr>
<td>Exits from foster care into homelessness?</td>
<td>Yes</td>
</tr>
<tr>
<td>Family reunification and community engagement?</td>
<td>Yes</td>
</tr>
<tr>
<td>Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?</td>
<td>No</td>
</tr>
<tr>
<td>Unaccompanied minors/youth below the age of 18?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

- Diversion from institutions and decriminalization of youth actions that stem from being trafficked: 
  - [ ]
- Increase housing and service options for youth fleeing or attempting to flee trafficking: 
  - [X]
- Specific sampling methodology for enumerating and characterizing local youth trafficking: 
  - [ ]
- Cross systems strategies to quickly identify and prevent occurrences of youth trafficking: 
  - [X]
- Community awareness training concerning youth trafficking: 
  - [ ]
Minors ID'd by CoC trafficking srvcs. provider (FSOP) referred to CPS (DSS). FSOP provides advocacy, referrals, court accompaniment, safety planning.

N/A:

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

- Vulnerability to victimization: X
- Length of time homeless: X
- Unsheltered homelessness: X
- Lack of access to family and community support networks: X
- CoC uses the SPDAT line of assessment tools which includes all of the above checked boxes: X

N/A:

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

<table>
<thead>
<tr>
<th>Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:</th>
<th>FY 2014 (October 1, 2013 - September 30, 2014)</th>
<th>FY 2015 (October 1, 2014 - September 30, 2015)</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>61</td>
<td>46</td>
<td>-15</td>
<td></td>
</tr>
</tbody>
</table>

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why.

(limit 1000 characters)

n/a
3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

<table>
<thead>
<tr>
<th></th>
<th>Calendar Year 2016</th>
<th>Calendar Year 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall funding for youth homelessness dedicated projects</td>
<td>$708,367.00</td>
<td>$697,000.00</td>
<td>($11,367.00)</td>
</tr>
<tr>
<td>CoC Program funding for youth homelessness dedicated projects</td>
<td>$26,367.00</td>
<td>$0.00</td>
<td>($26,367.00)</td>
</tr>
<tr>
<td>Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):</td>
<td>$682,000.00</td>
<td>$697,000.00</td>
<td>$15,000.00</td>
</tr>
</tbody>
</table>

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

<table>
<thead>
<tr>
<th>Cross-Participation in Meetings</th>
<th># Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC meetings or planning events attended by LEA or SEA representatives:</td>
<td>9</td>
</tr>
<tr>
<td>LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:</td>
<td>3</td>
</tr>
<tr>
<td>CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):</td>
<td>13</td>
</tr>
</tbody>
</table>

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

1. School's Homeless Youth Liaison attends CoC mtg's, votes on CoC policy recommendation. Is Chair of Youth Homelessness Sub-Committee & worked w/youth PITC to craft & execute youth focused strategies in PITC. Another School District Admin joining CoC Gov. board in '16-'17. Local Head Start has homelessness preference. CoC makes referrals to program.
2. Head Start meets with CoC annually to discuss access & referral. CoC & School district cross train & developed school system wide education event on youth homelessness (4.15.16). Youth Liaison Chair's homeless youth subcommittee. School District Administrator will be on CoC Governance board 16-17.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. (limit 2000 characters)

Schools (GCS) informs parents & homeless youth about Homeless Education (HE) Program by:
Posters in main office of each school & GCS central office
School designee assists parents & youth. The designees requests supplies/services for student from GCS HE
Host sessions on McKinney-Vento (MV) & GCS services at GCS Parent Engagement Conference, GCS Parent Academy, & other GCS events
Homeless Liaison speaks @ local colleges on MV & GCS services
Host HE Conference 4 essential GCS staff & community agency reps
GCS has packets, brochures, & other docs sent to parents when child is ID’d as a MV student
GCS HE site: http://tinyurl.com/hoq5rmz
NC 504 CoC Policy: Education of Children & Youth
Purpose: To ensure youth who enter the homeless service system are enrolled in GCS, as appropriate. To ensure all families w/children & unaccompanied homeless youth know of their academic rights. Finally, to ensure that children, as appropriate, are connected to & enrolled in early childhood educational programs as available.
Policy: All CoC programs that serve children & youth are required to inform families & unaccompanied youth of their educational rights. CoC also requires these programs to collaborate w/the local school district liaison as a matter of policy & when a new youth enters the program.
Effective Date: 1/27/2014
Threshold: All programs that serve homeless children, teens, & unaccompanied youth
Exceptions: None
Process:
1. Agencies should post GCS posters informing families, youth of their educational rights in a conspicuous location.
2. As part of program intake/entry educational rights should be discussed w/the family, unaccompanied youth.
3. The GCS Homeless Liaison should be contacted w/in 48 hours of program admission to arrange collaboration & needed services (i.e. transportation) w/GCS.
4. Contact available early childhood educational programs (i.e. Head Start) & assist families w/ accessing these programs.

3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)

Future Bound- provides opportunities for children and their families to understand the importance of college and post-secondary training for careers, how to plan and apply for college and how to fund post-secondary education. The program coordinates on-site family nights for the elementary, middle and high schools that students in the community attend. It also plans college visits, field trips and other activities, and coordinates with the school district’s parent resource program, Guilford Parent Academy, and College Foundation of North Carolina.
Also Head Start and Boys and Girls Club.
3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

<table>
<thead>
<tr>
<th></th>
<th>2015 (for unsheltered count, most recent year conducted)</th>
<th>2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT count of sheltered and unsheltered homeless veterans:</td>
<td>81</td>
<td>66</td>
<td>-15</td>
</tr>
<tr>
<td>Sheltered count of homeless veterans:</td>
<td>72</td>
<td>64</td>
<td>-8</td>
</tr>
<tr>
<td>Unsheltered count of homeless veterans:</td>
<td>9</td>
<td>2</td>
<td>-7</td>
</tr>
</tbody>
</table>

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count.
(limit 1000 characters)

n/a

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veteran’s Affairs services and housing to appropriate resources such as HUD-VASH and SSVF.
(limit 1000 characters)

1- Salvation Army outreach specialist connects with ncworks (workforce development), IRC (day shelter/Coordinated Entry site), library and other community locales known to have or work w/ homeless vets. PATH team
canvasses known encampments asks if people are vets, Annual Veteran Stand Down event ID’s homeless vets. VA Outreach specialist visits IRC 2x/mos, ODM shelter 1x/mos
2. VA uses HUD VASH tool & assessment for housing & benefits during outreach visits (see above). CoC uses VI-SPDAT & asks for vet status @ Coordinated Entry, PATH, Shelters, & Salvation Army outreach (see above).
3 CoC hosts weekly Coordinated Assessment (access to housing and VA services) mtg- VA, SSVF, CoC, GPD, ES, Bridge housing attend. CoC's Z:2016 approved By-Name list used to review each vet & appropriate referrals made on spot to the above listed resources. HMIS checked weekly by sys admin to ID any new vets in system. Sys admin partners w/ PATH to ID new vets.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

<table>
<thead>
<tr>
<th></th>
<th>2010 (or 2009 if an unsheltered count was not conducted in 2010)</th>
<th>2016</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total PIT Count of sheltered and unsheltered homeless veterans:</td>
<td>121</td>
<td>64</td>
<td>-47.11%</td>
</tr>
<tr>
<td>Unsheltered Count of homeless veterans:</td>
<td>20</td>
<td>2</td>
<td>-90.00%</td>
</tr>
</tbody>
</table>

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016.

No

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016? (limit 1000 characters)

CoC hosts weekly Coordinated Assessment (access to housing and VA services) mtg- VA, SSVF, CoC, GPD, ES, Bridge housing attend. CoC’s Z:2016 approved By-Name list reviewed each vet discussed & appropriate referrals made on spot to the listed resources. HMIS checked weekly by sys admin to ID any new vets in system. Sys admin partners w/ PATH to ID new vets.
4A. Accessing Mainstream Benefits

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients?

Yes

4A-2. Based on the CoC’s FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

<table>
<thead>
<tr>
<th>FY 2016 Assistance with Mainstream Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of project applications in the FY 2016 competition (new and renewal):</td>
</tr>
<tr>
<td>Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, “Yes” is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, “Yes” is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).</td>
</tr>
<tr>
<td>Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:</td>
</tr>
</tbody>
</table>

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

1. Guilford Community Care Network, Servant Center
2. (GCCN) provides health care services to low-income uninsured persons in Guilford County. GCCN’s purpose is to link these adults to primary care “medical homes,” w/ existing providers or by establishing new clinics & services. The program provides a “safety net” for adults who need health care, but can’t afford traditional private care. An Orange Card designates individuals who are eligible for services through GCCN providers. In FY 15-Total # of Patients Enrolled in GCCN- 5460; Total Patients Case Managed- 1273; # of Referrals to
Specialists- 999; Value of Care Rendered $10,800,000.

4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

<table>
<thead>
<tr>
<th>Educational materials:</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Person Trainings:</td>
<td></td>
</tr>
<tr>
<td>Transportation to medical appointments:</td>
<td>X</td>
</tr>
<tr>
<td>Embed medical services within Day Shelter</td>
<td>X</td>
</tr>
<tr>
<td>Develop partnership with Federally Qualified Health Center</td>
<td>X</td>
</tr>
<tr>
<td>Ensure program partnerships between homeless programs and Guilford Community Care Network- serves all guilt citizens 0-200% of poverty, provides low to no cost med services, case mgt. &amp; and referrals</td>
<td>X</td>
</tr>
<tr>
<td>Not Applicable or None:</td>
<td></td>
</tr>
</tbody>
</table>
4B. Additional Policies

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

<table>
<thead>
<tr>
<th>FY 2016 Low Barrier Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):</td>
</tr>
<tr>
<td>Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected “low barrier” in the FY 2016 competition:</td>
</tr>
<tr>
<td>Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as “low barrier”:</td>
</tr>
</tbody>
</table>

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

<table>
<thead>
<tr>
<th>FY 2016 Projects Housing First Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):</td>
</tr>
<tr>
<td>Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:</td>
</tr>
<tr>
<td>Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:</td>
</tr>
</tbody>
</table>

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC’s geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing: X
4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

<table>
<thead>
<tr>
<th>RRH units available to serve all populations in the HIC:</th>
<th>2015</th>
<th>2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12</td>
<td>86</td>
<td>74</td>
</tr>
</tbody>
</table>

4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?  
No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD’s implementing rules at 24 CFR part 135? (limit 1000 characters)

n/a

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?  
No

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons
defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

n/a

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

n/a

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

<table>
<thead>
<tr>
<th>CoC Governance:</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC Systems Performance Measurement:</td>
<td></td>
</tr>
<tr>
<td>Coordinated Entry:</td>
<td></td>
</tr>
<tr>
<td>Data reporting and data analysis:</td>
<td></td>
</tr>
<tr>
<td>HMIS:</td>
<td></td>
</tr>
</tbody>
</table>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:

Maximizing the use of mainstream resources:

Retooling transitional housing:

Rapid re-housing:

Under-performing program recipient, subrecipient or project:

Not applicable:

<table>
<thead>
<tr>
<th>Type of Technical Assistance Received</th>
<th>Date Received</th>
<th>Rate the Value of the Technical Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC Gov</td>
<td>06/16/2016</td>
<td>5</td>
</tr>
</tbody>
</table>

4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.
## 4C. Attachments

**Instructions:**

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants</td>
<td>Yes</td>
<td>01. NC 504 Eviden...</td>
<td>09/01/2016</td>
</tr>
<tr>
<td>02. 2016 CoC Consolidated Application: Public Posting Evidence</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03. CoC Rating and Review Procedure (e.g. RFP)</td>
<td>Yes</td>
<td>03. NC 504 Rating...</td>
<td>08/24/2016</td>
</tr>
<tr>
<td>05. CoCs Process for Realocating</td>
<td>Yes</td>
<td>NC 504 CoC Proces...</td>
<td>08/24/2016</td>
</tr>
<tr>
<td>06. CoC's Governance Charter</td>
<td>Yes</td>
<td>NC 504 Governance...</td>
<td>09/08/2016</td>
</tr>
<tr>
<td>07. HMIS Policy and Procedures Manual</td>
<td>Yes</td>
<td>07. NC 504 HMIS P...</td>
<td>08/24/2016</td>
</tr>
<tr>
<td>08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09. PHA Administration Plan (Applicable Section(s) Only)</td>
<td>Yes</td>
<td>NC 504 PHAs Admin...</td>
<td>09/01/2016</td>
</tr>
<tr>
<td>11. CoC Written Standards for Order of Priority</td>
<td>No</td>
<td>NC 504 CoC Writte...</td>
<td>09/08/2016</td>
</tr>
<tr>
<td>12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. HDX-system Performance Measures</td>
<td>Yes</td>
<td>13. NC 504 HDX Sy...</td>
<td>08/24/2016</td>
</tr>
<tr>
<td>14. Other</td>
<td>No</td>
<td>14. NC 504 Attach...</td>
<td>08/24/2016</td>
</tr>
<tr>
<td>15. Other</td>
<td>No</td>
<td>Rationale for ans...</td>
<td>09/08/2016</td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: 01. NC 504 Evidence of CoC's Communication to rejected participants

Attachment Details

Document Description:

Attachment Details

Document Description: 03. NC 504 Rating and Review Procedure

Attachment Details

Document Description: NC 504 Rating and Review Procedure: Public Posting Evidence

Attachment Details

Document Description: NC 504 CoC Process for reallocating
Document Description: NC 504 Governance Charter

Attachment Details

Document Description: 07. NC 504 HMIS Policy and Procedure Manual

Attachment Details

Document Description: NC 504 PHAs Admin Plan

Attachment Details

Document Description: 10 NC 504 CoC HMIS MOU

Attachment Details

Document Description: NC 504 CoC Written Standards for Order of Priority
Attachment Details

Document Description:

Attachment Details

Document Description: 13. NC 504 HDX System Performance Measures

Attachment Details

Document Description: 14. NC 504 Attachment for Question 3B2-2

Attachment Details

Document Description: Rationale for answering question 1F5- HUD AAQ Response
BY-LAWS
OF
PARTNERS ENDING HOMELESSNESS

Article I.
Name of the Corporation

Name: The Name of the Corporation shall be “Partners Ending Homelessness” (the “Corporation”).

Article II.
Nonprofit Corporation

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

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

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

Article III.
Membership

Section 1. Membership: The membership of Partners Ending Homelessness shall be the Continuum of Care, hereafter referred to as the “Community Coalition” or the “Community Coalition Members,” and shall consist of organizations and other nonprofit service providers; victim service providers; faith based organizations; governments; businesses; advocates; public housing agencies; school districts; social service providers; mental health agencies, hospitals, universities, affordable housing developers, law enforcement; foundations and funders; community minded businesses and individuals; organizations that serve homeless and formerly homeless veterans; and homeless and formerly homeless persons to the extent these groups are represented within Guilford County.

Section 2. Membership Application and Approval: Application for membership shall be made in writing, or submitted electronically, upon such form provided for that purpose.

Section 3. Membership Dues: The annual Dues will be set by the Board of Directors. Membership dues are non-refundable.

Section 4. Meetings
A. Regular Meetings: The Community Coalition shall meet at least quarterly. Each meeting will require a written agenda and meeting minutes taken. Other than those powers expressly given in these bylaws, the Community Coalition has no other corporate authority to act on behalf of the Corporation.

B. Annual Business Meeting: The Community Coalition shall meet at least once per year at an Annual Business Meeting. The purpose of the Annual Business Meeting is to ratify the slate for the Board of Directors of Partners Ending Homelessness and when necessary amend the bylaws, and to conduct such other business as may be properly brought before the meeting.

C. Voting Quorum: At least twenty (20) Community Coalition Members must be present to constitute a quorum for conducting business. For clarity, the presence of one or more representatives from any...
single Community Coalition Member shall constitute the presence of a single Community Coalition Member for the purposes of quorum. In any proceeding in which voting by Community Coalition Members is called for, each eligible Community Coalition Member, whether an individual or organization, shall have one vote, which shall be cast by the individual Community Coalition Member or a designated individual from the Community Coalition Member organization. Eligibility to vote is defined as a Community Coalition Member, who has, at least 90 days prior to the meeting, completed the membership form, and paid their annual dues. Community Coalition Members with outstanding annual dues are not eligible to vote until payment of such dues is brought current. Individual membership shall be defined as individuals who are not a member, employee, officer or other associate of a current Community Coalition organization.

D. Special Meetings: Special meetings may be called from time to time by the Chair of the Community Coalition or at his request, or by a majority vote of the Community Coalition Members.

E. Notice of Meetings: A minimum of seven (7) days notice prior to the Annual Business Meeting or any Special Meeting shall be provided to all Community Coalition Members stating the place, date and time of the meeting. The Notice may be delivered by any usual means of communication, including but not limited to emails and other electronic means. In the case of a Special Meeting, the notice of meeting shall specifically state the purpose of the meeting.

Section 5. Responsibilities:

- Annually elect a Chair and Secretary to conduct the Community Coalition meetings.
- Annually appoint a minimum of five (5) representatives from the Community Coalition’s Membership to Partners Ending Homelessness Board of Directors. The Chair of the Community Coalition is automatically appointed to the Partners Ending Homelessness Board of Directors as one of the five (5) Community Coalition representatives.
- Annually ratify the slate for the Board of Directors of Partners Ending Homelessness. At least one of those selected on the slate shall be an individual currently experiencing homelessness or who has experienced homelessness in the past.
- Actively participate on a Special Committee of the Board or Community Partnership Action Team.
- Review, update and approve Amendments to these Bylaws at least every 5 years.
- Make public invitation for new members within the geographic boundaries at least annually.
- Adopt a written process to select the Board of Directors to act on behalf of Partners Ending Homelessness. This process must be reviewed, updated and approved by the Community Coalition at least once every five years.
- Advocate, when called upon by PEH, to maintain funding streams for the work of the Continuum of Care.
- The Community Coalition may establish committees to address coordinated service delivery standards and requirements within their geographic area.

Section 6. Termination of Membership: Membership shall terminate upon a Community Coalition Member’s resignation. The Executive Director shall have authority to terminate a membership upon a member’s failure to pay dues.

Article IV.
Board of Directors

Revised
September 8, 2016
Section 1. **General Powers:** The affairs of the Corporation shall be managed by the Board of Directors or, to the extent provided by the Board of Directors, by such Executive Committee as the Board may establish pursuant to these bylaws. The responsibilities of the Board of Directors shall include, without limitation, the following:

- The Board of Directors shall represent the Corporation in its relations with the community, with fundraising organizations, and with groups responsible for the allocation and distribution of funds for the support and operation of the Corporation and the Continuum of Care.
- The Board of Directors shall insure that appropriate communication regarding financial funding for the Continuum of Care is carried out by Partners Ending Homelessness, and when necessary, the Community Coalition.
- The Board of Directors shall appoint an Executive Director who shall be responsible to the Board of Directors and its officers for the implementation of policies established by the Board of Directors and the proper administration of the Corporation. The Board of Directors is responsible for hiring, setting terms of compensation, reviewing, and terminating the Executive Director.
- The Board of Directors shall perform all other duties as described in their Job Description.

Section 2. **Number and Terms of Office:** The Board of Directors shall consist of no fewer than thirteen (13) and no more than twenty-five members (25), as determined from time to time by the Board. The term of office of each member of the Board of Directors shall be three (3) years or until his or her death, resignation, retirement, removal, or until his or her successor is elected and qualified. A person shall be eligible to serve as a member of the Board for up to two (2) consecutive three-year terms. A person who has previously served two consecutive terms as a director may be re-elected to the Board no earlier than one (1) year following his or her last service. Notwithstanding the foregoing restrictions on term limits, the Executive Director of the Corporation shall be an Ex-officio member of the Board and serve as staff to the Board for the duration he holds that position.

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

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

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

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

Revised
September 8, 2016
Section 5. **Election of Directors:** All persons shall be elected to serve on the Board of Directors by the majority vote of the current Community Coalition Members present at the Annual Business Meeting or any Community Coalition meeting called in compliance of these bylaws for the purpose of electing the Board of Directors.

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

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

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

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

Section 10. **Waiver of Notice:** Any Board member may waive notice of any meeting. The attendance by a Board member at a meeting shall constitute a waiver of notice of such meeting, except where a Board member attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully convened.

Section 11. **Quorum:** The presence of one-half (1/2) of the directors, as fixed by the membership in accordance with these bylaws, shall constitute a quorum for the transaction of business at any meeting of the Board of Directors, but if less than one-half (1/2) of the directors are present at a meeting, a majority of the directors present may adjourn the meeting to a future time.

Section 12. **Manner of Acting:** Except as otherwise provided by law or in these bylaws, an act of the majority of the directors present at a meeting at which a quorum is present shall be the act of the Board of Directors.

Section 13. **Participation Other Than In Person:** The Board of Directors may participate in a regular or special meeting, or conduct a meeting through the use of any means of communication by which all directors participating may simultaneously hear each other during the meeting. A director participating in a meeting by this means is deemed to be present in person at such meeting.

Section 14. **Informal Action by Directors:** Action taken by a two-thirds (2/3) majority of the Board of Directors without a meeting is nevertheless a Board action if written consent by the directors participating in the action is filed with the minutes of the proceedings of the Board of Directors, whether done before or after the action is taken.

Section 15. **Conduct of Meetings:** The Chairperson of the Board shall preside at all meetings of the Board of Directors; provided, however, that in the absence or at the request of the Chairperson of the Board, a Chair-Elect shall preside. If there shall not be in attendance a person holding the office of Chairperson or Chair-Elect, the Board of Directors shall by majority vote of the directors present designate another director to preside at the Board meeting. The Secretary or, in the absence of or at the request of the Secretary, any person designated by the person presiding at a meeting of the Board of Directors, shall
act as secretary of such meeting. The person presiding shall determine the order of business at each meeting of the Board of Directors.

Section 16. Attendance at Meetings: Members of the Board have been selected for their civic-minded devotion to the ideals and purposes for which the Corporation exists. Since full discussion of matters coming before the Board, and official action thereon, can be taken only when the Board is in formal session, attendance at Board and Committee meetings is very important. Requests to be excused from a meeting must be presented to the Secretary of the Board within one week following the missed meeting. Valid excuses, such as being ill or out of town, or other basis deemed satisfactory to the Chairperson and Secretary, shall be deemed excused absences. Any Board member may be removed by the majority vote of the Board of Directors with or without cause.

Article V.
Officers of the Corporation

Section 1. Officers and Terms: The officers of the Corporation shall consist of a Chairperson, Chair-Elect, Treasurer, and Secretary. The Board of Directors shall elect these officers. They shall be elected annually. They shall serve for one year. No person shall hold more than one office concurrently and no officer shall serve more than three consecutive terms in the same office. The Treasurer is limited to serving no more than two consecutive terms in office by virtue of Treasurer’s role as Finance Committee Chair.

Section 2. Duties and Responsibilities
The Chairperson shall: Preside over all Board-related meetings of Partners Ending Homelessness and of the Executive Committee; Call special meetings of the Executive Committee and/or the full Board when necessary or desirable; Determine items and order of business for the agenda for meetings of the Operating Board and Executive Committee; Represent, or appoint a designee to represent, Partners Ending Homelessness to the community, media and other outside groups; Serve as Chairperson of the Executive Committee; and fulfill all other duties as set forth in their Job Description.

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

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

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

Article VI.
Board Committees

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

Revised
September 8, 2016
Section 2. **Executive Committee:** The Executive Committee shall consist of the Chairperson, Chair-Elect, Secretary, Treasurer, eligible past chair, the chairman of the Continuum of Care (Community Coalition), Allocation Committee Chair and a minimum of two but not more than five at-large Directors selected by the Board Chair. Except for the power to amend the Articles of Incorporation and the Bylaws, The Executive Committee shall have all the powers and authority of the Board of Directors in the intervals between meetings of the Board. This committee shall report to the Board all action taken at the next full Board meeting. The Executive Committee shall also supervise the Executive Director.

Section 3. **Finance Committee:** The Treasurer is the chair of this Committee. The Finance Committee shall Develop and review fiscal policies and procedures; review the recommended annual budget prior to submission to the Board of Directors for their approval; and recommend to the Board of Directors an accountant or an accounting firm to conduct an annual audit. The Chair of the Finance Committee shall serve no more than two consecutive one-year terms.

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

A. **Board Development Committee:** The Board Development Committee shall identify the skills needed by Board of Directors to be successful.

   **Additionally, the Board Development Committee shall:**
   - Ensure that the Board of Directors includes at least one representative from the United Way of Greater Greensboro, the United Way of High Point, the City of High Point, the City of Greensboro, and Guilford County.
   - Ensure that the Board of Directors includes at least five (5) representatives from the Community Coalition, inclusive of the Chairman of the Community Coalition.
   - Evaluate at large nominees from the community, the Community Coalition and the Board of Directors’ recommendations for open Board positions.
   - Develop and submit to the Executive Committee for their review an annual, single slate of nominations for the Board of Directors of Partners Ending Homelessness.
   - Submit the slate of nominees for the Board of Directors of Partners Ending Homelessness to the Community Coalition Membership at least seven (7) days prior to their Annual Business Meeting for ratification. Any voting Community Coalition Member may make nominations from the floor provided the consent of the nominee has been secured.
   - Develop and provide continuing education programs for Board members.

B. **Allocations Committee:** The duties of the Allocations Committee shall be determined by the Board of Directors. Allocation Committee Chair shall serve no more than two consecutive 1-year terms.

C. **Strategic Plan Committee:** The duties of the Strategic Plan Committee shall be determined by the Board of Directors.

D. **Resource Development Committee:** The Resource Development Committee shall create a fundraising plan and implement fundraising strategies to include internal controls and best practices.

E. **Marketing Committee:** The duties of the Marketing Committee shall be determined by the Board of Directors.

F. **Board Advisory Committee:** The duties of the Board Advisory Committee shall be determined by the Board of Directors.
Article VII.
Homeless Management Information System (“HMIS”) Governance

Section 1. The Guilford County Continuum of Care will be a part of the NC HMIS System and a member of the NC HMIS Governance Committee. As such Guilford County Continuum of Care has four primary responsibilities:

A. Designate an HMIS Lead Agency. At the recommendation of the NC HMIS Governance Committee; the Board of Directors shall approve an HMIS Lead Agency to operate the local HMIS as part of the statewide NC HMIS System. This entity will be responsible for ensuring that all applicable federal partner regulations and notice requirements are met.

B. Designate an HMIS Grantee. The Board of Directors shall designate an HMIS Grantee who will be the single agency to manage the HMIS funding and ensure all local financial obligations are met in the Guilford County Continuum of Care for HMIS. The HMIS Grantee will contract with the HMIS Lead Agency to operate the HMIS for the Guilford County Continuum of Care. The Contract and MOU will describe the exact responsibilities of the HMIS Lead Agency, HMIS Grantee, and Continuum of Care for meeting federal partner regulations and notice requirements.

C. Designate HMIS Governance Committee Representatives. The Board of Directors shall designate a representative and an alternative representative from the Continuum of Care to the NC HMIS Governing Committee.

D. Review NC HMIS Governance Committee Bylaws. The NC HMIS Bylaws will direct the governance of the statewide NC HMIS system. The Guilford County Continuum of Care may approve or send suggestions to the NC HMIS Governance Committee on amendments for adoption.

Section 2. The Corporation, in partnership with the NC HMIS Governance Committee, shall ensure consistent participation in HMIS for all federal partner funded programs and encourage the same for all other agencies. For agencies that are exempt from participating in HMIS by Federal Statute (for example, domestic violence service providers) the Corporation will support their participation in a comparable database that meets the HUD standards for an HMIS system.

Section 3. The Corporation, in partnership with the NC HMIS Governance Committee, will ensure the HMIS is administered within the Guilford County Continuum of Care in compliance with requirements prescribed by HUD.

Article VIII.
Advisory Committees and Action Teams

Section 1. Homeless Advisory Initiative: The Homeless Advisory Initiative may develop and foster dialogue with persons experiencing homelessness for the purpose of adding to the Corporation’s understanding of homelessness in Guilford County. The initiative will share system level plans of ending homelessness with those who will be most directly affected by that system.

Section 2. Action Teams: Community Partnership Action Teams may be formed from the Community Coalition as needed to realize the goals established in The Strategic Plan.

Section 3. Other: The Corporation’s Board of Directors may create ad hoc committees and any other advisory groups as needed. The Board of Directors shall authorize and define the powers and duties of all ad hoc committees or other advisory groups.

Article IX.
Incorporation of Written Standards and Continuum of Care Policies

Revised
September 8, 2016
In compliance with HUD guidance and regulations for operating a Continuum of Care (24 CFR 578) the following Written Standards and Continuum of Care Policies are incorporated by reference herein as they may be amended from time to time:

1. Rapid Rehousing Policies, Priorities, and Practices dated April 27, 2015. This Written Standard also contains standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance and adoption of a standardized CoC Assessment tool.
2. Written Standards for Coordinated Assessment (Accessing CoC and Emergency Solutions Grant funded Housing) dated August 26, 2016. This Written Standard also contains the CoC’s Chronic Homelessness Prioritization as described in HUD Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing dated August 26, 2016

Any changes to these Written Standards will require majority approval of the Community Coalition.

Article X.

Amendments

Amendments: These bylaws may be amended by a two-thirds (2/3) vote of the current Community Coalition Members present at the Annual Business Meeting, or a Membership meeting, at which Quorum is present. Amendments must be proposed, in writing or by electronic communication, to the Community Coalition Members at least seven (7) days before their adoption.

A meeting in which amendments to the bylaws are being proposed shall be noticed to the Community Coalition Members at least seven (7) days before an annual meeting or special meeting of the Community Coalition Members, in either summary or full form.

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

Article XI.

Indemnification

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

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

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

**Article XII.**

**Corporate Records and Reports**

Section 1. **General Records and Reports:** The Corporation shall keep all records and submit and file all reports and filings as are required by applicable law. Unless the Board of Directors otherwise directs, the Treasurer shall be responsible for keeping, or causing to be kept, all financial and accounting records of the Corporation and for submitting or filing, or causing to be submitted or filed, all reports and filings of a financial or accounting nature, and the Secretary shall be responsible for keeping, or causing to be kept, all other records and for submitting or filing, or causing to be filed, all other reports and filings.

The Corporation shall keep as permanent records minutes of all meetings of its incorporators and Board of Directors, a record of all actions taken by the Board of Directors, without a meeting, and a record of all actions taken by Committees of the Board of Directors. The Corporation shall maintain appropriate accounting records. The Corporation or its agent shall maintain a record of its Directors, in a form that permits preparation of a list of the names and addresses of all Directors, in alphabetical order. The Corporation shall maintain its records in written form or in another form capable of conversion into written form within a reasonable time.

Section 2. **Records at Principal Office:** The Corporation shall keep a copy of the following records at the Corporation’s principal office: (a) its Articles or restated Articles of Incorporation and all amendments to them currently in effect; (b) its Bylaws or restated Bylaws and all amendments to them in effect; (c) resolutions adopted by the Board of Directors; (d) a list of the names and business addresses of its current Directors and officers; and (e) its most recent annual report delivered to the North Carolina Secretary of State pursuant to the North Carolina Business Corporation Act.

**Article XIII.**

**General Provisions**

Section 1. **Seal:** The corporate seal of the Corporation shall consist of a circle formed by the words “Partners Ending Homeless – Founded 2004” inside which are the Corporation’s name positioned above images of four houses, which are positioned above the words “Connect, Support Restore”, and such seal as impressed on the margin of this page, is adopted as the corporate seal of the Corporation by the adoption of these bylaws.
Section 2. Fiscal Year: The Fiscal Year of Partners Ending Homelessness shall be October 1 to September 30, or such other period as shall be adopted from time to time by the Board of Directors.

Section 3. Employees: Partners Ending Homelessness may have such agents and employees as shall be determined from time to time by the Board of Directors.

Section 4. Nondiscrimination: The officers, directors, committee members, employees and persons served by Partners Ending Homelessness shall be selected entirely on a nondiscriminatory basis with respect to age, sex, race, disability, religion, socio-economic status, national origin, ethnicity, and sexual orientation.

Section 5. Gender: In interpreting these bylaws, all masculine or feminine nouns or pronouns shall be deemed to refer equally to the other gender.

Adopted the 14th day of January, 2010
Revised the 13th day of December, 2012
Revised the 11th day of December, 2014
Revised the 16th day of November, 2015
Revised the 8th day of September, 2016

Rev. Mike Aiken, Chairman

Erin Stratford Owens, Secretary
North Carolina Statewide Homeless Management System (NC HMIS)
Operating Policy and Procedure

The purpose of HMIS is to record and store client-level information about the numbers, characteristics and needs of persons who use homeless housing and supportive services, to produce an unduplicated count of homeless persons for each Continuum of Care; to understand the extent and nature of homelessness locally, regionally and nationally; and to understand patterns of service usage and measure the effectiveness of programs and systems of care. The following operating policies and procedures apply to all designated HMIS Lead Agencies and participating Agencies (Contributing HMIS Organizations – CHOs).

PRIVACY STATEMENT
NC HMIS is committed to make North Carolina’s HMIS safe for all types of programs and the clients whose information is recorded, and to maximize the opportunities to improve services through automation.

Toward that end:
Sharing is a planned activity guided by Sharing Agreements between agencies (QSOBAAs). The agency may elect to keep private some or all of the client record including all identifying data.
All organizations will screen for safety issues related to the use of the automation.
NC HMIS has systematized the risk assessment related to clients through the NC HMIS Release, offered options in terms of the Search Screen, and provided guidance around the use of Un-Named Records and how the Privacy Notice is explained.
NC HMIS has adopted a Privacy Notice that was developed in North Carolina to cover both HIPAA covered and non-covered organizations.
The NC HMIS System runs in compliance with HIPAA, and all Federal and State laws and codes. All privacy procedures are designed to insure that the broadest range of providers may participate in the Project.
Privacy Training is a requirement for all agencies and users on the NC HMIS system. We view our Privacy Training as an opportunity for all participating organizations to revisit and improve their overall privacy practice. Agencies are encouraged to put all of their staff through the training curricula – not just those with user access to the system and/or those that collect information from clients.
All those issued user access to the system must successfully complete privacy training and sign a User’s Agreement and Code of Ethics, and agencies must sign a NC HMIS Participation Agreement. Taken together, these documents obligate participants to core privacy procedures. If agencies decide to share information, they must sign an agreement that defines sharing practice (the Sharing QSOBA).
Policies have been developed that protect not only client’s privacy, but also agency’s privacy. Practice Principles around the use and publication of agency or CoC specific data have been developed and included in both the Policies and Procedures.
The NC HMIS System allows programs with multiple components/locations that serve the same client to operate on the a single case plan, reducing the amount of staff and client’s time spent in documentation activities and ensuring that care is coordinated and messages to clients are reinforced and consistent.
It is understood that 2015 represents a development period as participants in NC HMIS adopt a new approach to System operation as well as privacy. Agencies will take some time to effect the changes identified in this Policy and mid-course adjustments may occur. As such, the policies and procedures identified in this document represent basic standards and all participating agencies will be given adequate time and support to come into compliance. Additionally by law local CoCs may adapt this document to apply a stricter standard and may establish local timelines for full implementation.

Key Terms and Acronyms:

<table>
<thead>
<tr>
<th>Term</th>
<th>Acronym (if used)</th>
<th>Brief Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless Management Information System</td>
<td>HMIS</td>
<td>Data systems that meet HUD requirements and are used throughout the nation to measure homelessness and the effectiveness of related service delivery systems. The HMIS is also the primary reporting tool for HUD homeless service grants as well as other public money’s related to homelessness.</td>
</tr>
<tr>
<td>Continuum of Care</td>
<td>CoC</td>
<td>Planning body charged with guiding the local response to homelessness.</td>
</tr>
<tr>
<td>North Carolina HMIS</td>
<td>NC HMIS</td>
<td>Title given to the North Carolina statewide implementation of the HMIS.</td>
</tr>
<tr>
<td>Michigan Coalition Against Homelessness</td>
<td>MCAH</td>
<td>The North Carolina Governance Committee and participating CoCs has employed MCAH to act as the Lead HMIS administrator.</td>
</tr>
<tr>
<td>ServicePoint</td>
<td>SP</td>
<td>The database used by North Carolina to record and report HMIS information.</td>
</tr>
<tr>
<td>Bowman System, Inc</td>
<td></td>
<td>North Carolina’s Vendor for HMIS. They provide the technology (ServicePoint) and software and server support for the System.</td>
</tr>
<tr>
<td>Independent Jurisdictions</td>
<td>IJs</td>
<td>CoCs that are recognized by HUD usually organized around the higher population counties. Detroit is its own IJ.</td>
</tr>
<tr>
<td>North Carolina HMIS Governance Committee</td>
<td>GC</td>
<td>The NC Governance Committee composed of representatives from all CoC provides direct oversite on the Statewide HMIS project.</td>
</tr>
<tr>
<td>MCAH Interim Memorandum of Understanding</td>
<td>MOU</td>
<td>The Interim MOU enables MCAH to serve as the HMIS Lead Agency and administer the statewide HMIS implementation on behalf of the North Carolina CoCs.</td>
</tr>
<tr>
<td>Contributing HMIS Organizations</td>
<td>CHO</td>
<td>An organization that participates on the HMIS.</td>
</tr>
<tr>
<td>Participation Agreement</td>
<td></td>
<td>The Agreement between all participating agencies and MCAH that specifies the rights and responsibilities of MCAH and participating agencies.</td>
</tr>
<tr>
<td>NC Administrative Data Use Agreement / QSOBAA</td>
<td>Admin. QSOBAA</td>
<td>The Agreement signed by each Agency, local Lead HMIS Agency, and MCAH that governs the privacy standards for all those with administrative responsibility for the database.</td>
</tr>
<tr>
<td>NC Sharing Agreement / QSOBAA</td>
<td>Sharing QSOBAA</td>
<td>The Agreement between agencies that elect to share information using the HMIS. The Agreement prevents the re-release of data and, in combination with the Participation Agreement, defines the rules of sharing.</td>
</tr>
<tr>
<td>User Agreement &amp; Code of Ethics</td>
<td></td>
<td>The document each HMIS User signs agreeing to the HMIS standards of conduct.</td>
</tr>
<tr>
<td>Release of Information (Electronic)</td>
<td>ROI</td>
<td>An electronic ROI must be completed to share any person’s data within the HMIS.</td>
</tr>
<tr>
<td>Privacy Notice</td>
<td></td>
<td>A document that details the Privacy rules applied to the System. It includes a description of the HMIS, the rights of clients, why we collect data and the legal uses of data/disclosures. It must be available to clients and be present on the agencies WEB Site.</td>
</tr>
<tr>
<td>HUD Public Notice</td>
<td></td>
<td>A description of why HUD requires grantees to collect information. It must be posted where-ever information is collected.</td>
</tr>
<tr>
<td>Privacy Script</td>
<td></td>
<td>Adapted by agencies based on what they collect and their sharing practice, the “script” is used by intake staff to stabilize the privacy discussion with every</td>
</tr>
</tbody>
</table>
## NC HMIS Release of Information and Sharing Agreement

**Release**

A signed (paper) Release that specifies how the Search Screen will be configured and details each agencies sharing plan to support an “informed consent” process. A signed Release allows for reciprocal sharing between agencies/programs identified in the Release.

## Sharing

Sharing refers to the sharing of data between agencies. It does **not** refer to basic entry into the HMIS. Sharing data between agencies requires a signed client Release of Information. Basic entry does not require an ROI as there is implied consent for the agency to keep records when a client provides information.

## Visibility

Refers to the ability to see a client’s data between provider pages on the HMIS. Visibility is configured on the HMIS system in each Provider Page.

## Visibility Groups

Visibility Groups are defined groups of Provider Pages where data is shared. Internal Visibility Groups control internal sharing. External Visibility Groups control sharing with other agencies and are defined with a Sharing QSOBAA.

## Coverage Rate

The percent of the homeless population that is measured on the HMIS. Coverage estimates are used to project to a total homeless count that includes those served in Domestic Violence Providers or other non-participating Shelters or Outreach Programs. Coverage Memos provide guidance for estimating coverage. HUD also defines Bed Coverage (beds covered on the HMIS) and Service Coverage (person coverage for non residential programs).

## Program Types

**HUD defines 9 basic Program Types**

- **ES**: Emergency Shelter- Overnight shelters or shelters with a planned length of stay of less than 3 months.
- **TH**: Transitional Housing- Transitional environments with a planned LOS of not more than 2 years and provide supportive services.
- **PH-PSH**: Permanent Supportive Housing- Permanent Housing for the formerly homeless with services attached to persons served under this program.
- **PH-PH**: Permanent Housing- Permanent housing that may be supported by a voucher but does not have services attached to the housing.
- **PH-RRH**: Rapid Rehousing- A program that rapidly rehouses those that are identified at Literally Homeless.
- **HP**: Homeless Prevention- A program that helps those at imminent risk of losing housing, to retain their housing.
- **SOP**: Street Outreach Program- A program that serves homeless persons that are living on the street or other places not meant for habitation.
- **SSO**: Services Only Program- A program that serves only with no residential component. These programs often provide case management and other forms of support and meet with clients in an office, at the household’s home, or in a shelter.
- **Safe Haven**: A program that provides low-demand shelter for hard-to-serve persons with severe disabilities. The clients have often failed in other sheltering environments.

## Length of Stay

**LOS**

The number of days between the beginning of services and the end of services. It is calculated using entry and exit dates or shelter stay dates. The HMIS offer calculations for discrete stays as well as the total stays across multiple sheltering events.

## Point in Time Count

**PIT**

An annual count during the last week in January that is required for all CoCs. Every other year, that count also includes an ‘unsheltered’ or street count.

## Housing Inventory Chart

**HIC**

All residential programs (both HMIS and non-participating) must specify the number of beds and units available to homeless persons. The numbers are logged into related Provider Pages where the corresponding person data is recorded (for participating programs).

## SOAR Across North Carolina

**SOAR**

Using the nation “best practice” curriculum, the SOAR project reduces the
barriers and supports the application for Social Security Benefits for North Carolina’s disabled homeless.

<table>
<thead>
<tr>
<th>Emergency Assistance Network</th>
<th>EAN</th>
<th>EAN agencies provide a mix of emergency services for people in need and report to funding organizations through NC HMIS.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Homeless Definition</strong></td>
<td></td>
<td><strong>See Homeless Definition Crosswalk.</strong> &lt;br&gt;<strong>Hearth defines 4 categories of homelessness.</strong> Not all programs can serve all categories and some may utilize a different definition when delivering services. NC HMIS has adopted the HUD definition for counting the homeless. &lt;br&gt;• Category 1: Literally Homeless &lt;br&gt;• Category 2: Imminent Risk of Homelessness &lt;br&gt;• Category 3: Homeless under other Federal Statute &lt;br&gt;• Category 4: Fleeing/Attempting to Flee DV</td>
</tr>
<tr>
<td>Projects for Assistance in Transition from Homelessness</td>
<td>PATH</td>
<td>PATH is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). It provides services to mentally ill homeless people, primarily through street outreach, to link them to permanent community housing. This program has different reporting requirements than HUD funded programs and uses HMIS to collect this information.</td>
</tr>
<tr>
<td>Shelter Plus Care</td>
<td>S+C</td>
<td>Refers to a federal program that provides Permanent Supportive Housing to disabled persons throughout the State of North Carolina. With the new Hearth Regulation S+C was folded into CoC programming.</td>
</tr>
<tr>
<td>Housing Opportunities for Persons with AIDS</td>
<td>HOPWA</td>
<td>HOPWA provides housing assistance and related supportive services for persons with HIV/AIDS and family members who are homeless or at risk of homelessness. This program has different program reporting requirements than the other HUD funded programs in this document.</td>
</tr>
<tr>
<td>Runaway and Homeless Youth Programs</td>
<td>RHY</td>
<td>RHY provides a range of services to youth up to age 21 experiencing homelessness. This federal program is required to participate on the HMIS effective 10/1/2014 and has specific operating rules.</td>
</tr>
<tr>
<td>Coordinated Assessment Programs</td>
<td>HARAs</td>
<td>North Carolina has implemented plans to better coordinate services to homeless persons. Each CoC must develop a plan based on their local providers and resources. The shared objective of these locally defined processes is to insure that access to homeless resources is optimized and based on a standardized assessment of need.</td>
</tr>
</tbody>
</table>

**Policy Disclaimers and Updates**

Operating Procedures defined in this document represent the minimum standards of participation on NC HMIS and general “best practice” operation procedures. Local Lead Agencies in coordination with their CoCs may include additional standards.

The Standards described in this document are not intended to supersede grant specific requirements and operating procedures as required by funding entities. Path, HOPWA, RHY and VA providers have operating rules specific to HHS and the VA.

The NC HMIS Operating Policies and Procedures are updated routinely as HUD publishes additional guidance or as part of the annual review. Updates will be reviewed at the Monthly System Administrator Call-In and included the Meeting Minutes distribution email. To allow for evolution of compliance standards without re-issuing core agreements, updated policies supersede related policies in previously published Policies and Procedures or Agreements. Any changes from the previous year will be highlighted. A current copy of the Procedures may also be found on the NC HMIS WEB Site [www.nchmis.org](http://www.nchmis.org).
Agreements and Training Certifications:

1) All CoCs participating on the NC HMIS must sign the MCAH Interim MOU that designates the use of a the North Carolina Statewide HMIS Vendor and identifies the Michigan Coalition Against Homelessness (MCAH) as the Statewide Lead Agency for administration of the statewide database. Each Jurisdiction will also identify a local Lead Agency that coordinates with MCAH and is responsible for specific tasks. The MOU supports the ability for multiple jurisdictions to participate on a single statewide HMIS information system.

2) Training is required for all users of the System. Agencies must provide new staff with a list of training requirements and assure that basic training has been completed. A basic overview of required training is presented below however details of specific Web Casts and Live Training for new and existing Users may be found at www.nchmis.org Training Certifications must be maintained on file for all licensed users. Privacy and Definitions Training is also required for those staff that interview clients and collect information.

3) All Agencies must have fully executed and be in compliance with the following Agreements. An Implementation Agency Checklist may be found at www.nchmis.org
   a) Administrative QSOBAA governing administrative access to the System.
   b) Participation Agreement governing the basic operating principals of the System and rules of membership.
   c) Sharing QSOBAA’s (if applicable) governing the nature of the sharing and the re-release of data.
   d) A board certified Confidentiality Policy governing the over Privacy and Security standards for the Agency.
   e) User Agreement and Code of Ethics governing the individual’s participation in the System.

4) Agencies must have an assigned Agency Administrator. The Agency Administrator is required to support the agencies use of the System including insuring that all users are properly trained. Training categories include:
   a) Privacy and annual privacy updates (all users and those that collect data from clients)
   b) Provider Page Training to understand the System Configuration for each provider (Local System Administrators and Agency Administrators).
   c) Updated Workflow training (The steps to completing data entry. There may be multiple workflows depending on the fund sources and the services provided by the agency.)
   d) Reports Training (agency users and leadership tasked with supporting data quality as well as monitoring outcome and other performance issues.)
Privacy and Security Plan:

All records entered into the HMIS and downloaded from the HMIS are required to be kept in a confidential and secure manner.

Oversight:
1) Agency Administrators with support from agency Leadership must:
   a) Insure that all staff using the System complete annual privacy & security training. Training must be provided by NC HMIS Certified Trainers and based on the NC HMIS Privacy/Security Training Curriculums.
   b) Adapt the Privacy Script Template and Client Release of Information and Sharing Plan to reflect their sharing choices.
   c) Conduct a quarterly review of the Providers Visibility Set up and an annual security review of the agency that includes reviewing compliance with the Privacy and Security sections of this document. Finding from the review should be available upon request.
   d) Insure the removal licenses to the HMIS when a staff person leaves the organization or revision of the user’s access level as job responsibilities change.
   e) Report any security or privacy incidents immediately to the local Lead HMIS System Administrator (LSA) for the CoC Jurisdiction to insure that the record is closed as soon as possible. The Local System Administrator investigates the incident including running applicable audit reports. If the LSA determines that a possible breach has occurred and/or the staff involved violated privacy or security guidelines, the LSA will report to the chair of the CoC and NC HMIS Lead Director within 5 working days. A Corrective Action Plan will be negotiated. Components of the Plan must include at minimum supervision and retraining. It may also include removal of HMIS license, client notification if a breach has occurred, and any appropriate legal action. All confirmed breaches must be reported to the Governance Committee Executive Committee.

2) Criminal background checks must be completed on all System Administrators. All agencies should be aware of the risks associated with any persons given access to the System and limit access as necessary.

3) Local System Administrators conduct routine audits to insure compliance with the Operating Policies and Procedures. The audit will include a mix of system and on-site reviews. MCAH staff will also participate in local audits from time to time. Audits are designed to facilitate use of the System and agencies will be given adequate time to implement any required changes.

4) Agencies must have a formal grievance process. A copy of any HMIS-related grievance, and the Agency’s response, must be submitted to the MCAH Project Manager within 5 days of completion of the agencies response.

Privacy:
1) All Agencies are required to have the **HUD Public Notice** posted and visible to clients where information is collected. See Appendix A for link to the Notice.

2) All Agencies must have a **Privacy Notice**. They may adopt the NC HMIS sample notice or integrate NC HMIS into their existing Notice. See Appendix A for a link to the sample Notice. All Privacy Notices must define the uses and disclosures of data collected on HMIS including:
   a) The purpose for collection of client information.
   b) A brief description of policies & procedures governing privacy including protections for vulnerable populations.
   c) Data collection, use and purpose limitations. The Uses of Data must include uses related to de-identified data.
   d) The client rights to copy/inspect/correct their record based on agency policy. Agencies may establish reasonable norms for the time and cost related to producing a copy of the report. The agency may say “no” to the request to correct information, but the agency must inform the client of its reasons in writing within 60 days of the request.
   e) The client complaint procedure
   f) Notice to the consumer that the Privacy Notice may be updated overtime and applies to all client information held by the Agency.
   g) All Notices must be posted on the Agencies WEB Site.

3) All Agencies are required to have a **Privacy and Security Policy**. Agencies may elect to use integrate the Privacy Policies defined in this document into an existing Privacy Policy. See Appendix A for link. All Privacy Policies must include:
   a) Procedures defined in the Agencies Privacy Notice
   b) Protections afforded those with increased privacy risks such as protections for victims of domestic violence, dating violence, sexual assault, and stalking. Protection include at minimum:
      i) Closing of the profile search screen so that only the serving agency may see the record.
      ii) The right to refuse sharing if the agency has established an external sharing plan.
      iii) The right to be entered under an Un-Named Record Protocol where identifying information is not recorded in the System and the record is located through a randomly generated number (note: this interface does allow for un-duplication because the components of the Unique Client Id are generated).
      iv) The right to have a record marked as inactive.
      v) The right to remove their record from the System.
c) Agencies may create a paper record by printing the Assessment screens located within the HMIS. These records must be kept in accordance with the procedures that govern all hard copy information (see below).

d) Client Information Storage and Disposal. Users may not store information from the System on personal portable storage devices. The Agency will retain the client record for a period of 7 years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.

e) Remote Access and Usage: The Agency must establish a policy that governs use of the System when access is approved from remote locations. The policy must address:
   i) The use of portable storage devices.
   ii) The environments where use is approved.
   iii) All browsers used to connect to the System must be secure. No user is allowed to access the database from a public or none-secured private network such as an airport, hotel, library, or internet café.

4) Agencies must protect hard copy data that includes client identifying information from unauthorized viewing or access.
   a) Client files are locked in a drawer/file cabinet
   b) Offices that contain files are locked when not occupied.
   c) Files are not left visible for unauthorized individuals.

5) Agency provides a Privacy Script to all staff charged with explaining privacy to standardize the explanation of agency privacy rules. The Script must:
   a) The Script must be developed to reflect the agencies sharing agreements and the level of risk associated with the type of data the Agency collects and shares.
   b) The Script should be appropriate to the general education / literacy level of the Agencies clients.
   c) A copy of the Script should be available to clients as they complete the intake interview.

6) Agencies that plan to share information through the System must sign a Sharing QSOBAA (Qualified Services Organization Business Associates Agreement).
   a) Sharing QSOBAAs are managed by the CoC’s LSA and negotiated within the CoC planning process.
   b) The Agreement proscribes the re-release of information shared under the terms of the Agreement.
   c) The Agreement specifies what is shared with whom.
   d) Agencies may share different information with different partners and may sign multiple Sharing QSOBAAs to define a layered sharing practice.
   e) The signatories on the Agreement include authorized representatives from all Agencies covered by the Agreement.
f) All members of a Sharing QSOBAA are informed that by sharing the electronic record they are creating a common record that can impact the data reflected on Reports. Members of the sharing group agree to negotiate data conflicts.

g) No Agency may be added to the Agreement without the approval of all other participating agencies.
   i) Documentation of that approval must be available for review and may include such items as meeting minutes, email response or other written documentation.

h) When a new member is added to the Sharing QSOBAA, the related Visibility Group is end-dated and a new Visibility Group is begun. **A new member may not be added to an existing Visibility Group.**

7) Agencies must have appropriate **Release(s) of Information** that are consistent with the type of data the agency’s plan to share.
   a) The Agency adapts the NC HMIS Release of Information and Sharing Plan to reflect their sharing decisions and include a list of sharing partners and a description of the information to be shared.
   b) If the Agency integrates the NC HMIS Release into their existing Releases, the Release must include the following components:
      i) A brief description of NC HMIS and a discussion of why we collect information.
      ii) A specific description of the Client Profile Search Screen and an opportunity for the client to request that the Screen be closed.
      iii) A description of the Agency’s sharing partners (if any) and a description of what is shared. **It must reflect items negotiated in the Agency’s Sharing QSOBAA.**
      iv) A defined term of the Agreement.
      v) The NC HMIS Release is intended to allow for the exchange of information between all agencies included within the Sharing QSOBAA and may be completed one time to cover all entities.

8) An **automated ROI** is required to enable the sharing of any particular client’s information between any Provider Pages on the System.
   i) Agencies should establish internal sharing by creating a Visibility Group(s) that includes all Agency provider pages where sharing is planned and allowed by law.
      1) **Internal sharing** does not require a signed Client Release of Information unless otherwise specified by law.
      2) If new provider pages are added to the Agency tree, they may be included in the existing Visibility Group. The information available to that Provider Page will include all information covered by the Visibility Group from the beginning date of the Group – sharing will be retrospective.
ii) Agencies may elect to share information with other Agencies – **External Sharing** by negotiating a Sharing QSOBAA (see 7 above).

(1) A signed and dated Client Release of Information(s) must be stored in the Client Record (paper or scanned onto the System) for all Automated ROIs that release data between different agencies – external sharing.

(2) To prevent retrospective sharing, a new Visibility Group is constructed whenever a new sharing partner is added to the agencies existing sharing plan / QSOBAA.

9) The Agency must have a procedure to assist clients that are hearing impaired or do not speak English as a primary language. For example:

a) Provisions for Braille or audio

b) Available in multiple languages

c) Available in large print

10) **Agencies are required to maintain a culture that supports privacy.**

a) Staff do not discuss client information in the presence of others without a need to know.

b) Staff eliminate unique client identifiers or any information that would allow the public to re-identify the client before releasing data to the public

c) The Agency configures workspaces for intake that supports privacy of client interaction and data entry

d) User accounts and passwords are not shared between users, or visible for others to see

e) Program staff are educated to not save reports with client identifying data on portable media as evidenced through written training procedures or meeting minutes.

f) Staff are trained regarding use of email communication.

11) All staff using the System must complete Privacy and Security Training annually. Certificates documenting completion of training must be stored for review upon audit.

12) Victim Service Providers are precluded from entering client level data on the HMIS or providing client identified data to the HMIS. These providers will maintain a comparable database to respond to grant contracts.

**Data Security:**

1) **All licensed Users of the System must be assigned Access Levels that are consistent with their job responsibilities and their business “need to know”**.

2) All computers must have **virus protection with automatic updates**.
a) Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to insure:
   i) The Anti-Virus Software is using the up-to-date virus database.
   ii) That updates are automatic.
   iii) OS Updates are also run regularly.

3) All computers are protected by a Firewall.
   a) Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to insure:
      i) For Single Computers, the Software and Version is current.
      ii) For Network Computers, the Firewall Model and Version is current.
      iii) That updates are automatic.

4) Physical access to computers that connect to the HMIS is controlled.
   a) All workstations in secured locations (locked offices).
   b) Workstations are logged off when not manned.
   c) All workstations are password protected.
   d) All HMIS Users are proscribed from using a computer that is available to the public or from access the System from a public location through an internet connection that is not secured. That is staff are not allowed to use Internet Cafes, Libraries, Airport Wifi or other non-secure internet connections.

5) A plan for remote access if staff will be using the NC HMIS System outside of the office such as doing entry from home. Concerns addressed in this plan should include the privacy surrounding the off-site entry.
   a) The computer and environment of entry must meet all the standards defined above.
   b) Downloads from the computer may not include client identifying information.
   c) Staff must use an agency-owned computer.
   d) System access settings should reflect the job responsibilities of the person using the System. Certain Access levels do not allow for downloads.

Remember that your information security is never better than the trustworthiness of the staff you license to use the System. The data at risk is your own and that of your sharing partners. If an accidental or purposeful breach occurs, you are required to notify MCAH. A full accounting of access to the record can be completed.

Disaster Recovery Plan:

The HMIS can be a critically important tool in the response to catastrophic events. The HMIS data is housed in a secure server bank in Shreveport, LA with nightly off-site backup. The solution means that data is immediately
available via Internet connection if the catastrophe is in North Carolina and can be restored within 4 hours if the catastrophe is in Louisiana.

1) HMIS Data System (see “Bowman Systems Securing Client Data” for a detailed description of data security and Bowman’s Disaster Response Plan):
   a) NC HMIS is required to maintain the highest level disaster recovery service by contracting with Bowman Systems for Premium Disaster Recovery that includes:
      i) Off site, out-of state, on a different Internet provider and on a separate electrical grid backups of the application server via a secured Virtual Private Network (VPN) connection.
      ii) Near-Instantaneous backups of application site (no files older than 5 minutes)
      iii) Nightly off site replication of database in case of a primary data center failure.
      iv) Priority level response (ensures downtime will not exceed 4 hours).

2) HMIS Lead Agencies:
   a) HMIS Lead Agencies are required to back-up internal management data system’s nightly.
   b) Data back-ups will include a solution for off-site storage for internal data systems.

3) Communication between staff of the Lead Agency, the CoC, and the Agencies in the event of a disaster is a shared responsibility and will be based on location and type of disaster.
   a) Agency Emergency Protocols must include:
      i) Emergency contact information including the names / organizations and numbers of local responders and key internal organization staff., designated representative of the CoCs, local HMIS Lead Agency, and the NC HMIS Project Director.
      ii) Persons responsible for notification and the timeline of notification.
   b) In the event of System Failure:
      i) The NC HMIS Project Director or designee will notify all participating CoCs and local System Administrators should a disaster occur at Bowman System’s or in the NC HMIS Administrative Offices. Notification will include a description of the recovery plan related time lines. Local/assigned System Administrators are responsible for notifying Agencies.
      ii) After business hours, NC HMIS staff report System Failures to Bowman System using the Emergency Contact protocol. An email is also launched to local System Administrators and Emergency Shelter designated staff no later than one hour following identification of the failure.
   c) NC HMIS Project Director or designated staff will notify the HMIS Vendor if additional database services are required.

4) In the event of a local disaster:
   a) NC HMIS in partnership with the local Lead Agency will provide access to additional hardware and user licenses to allow the CHO(s) to reconnect to the database as soon as possible.
b) NC HMIS in collaboration with the local Lead Agencies will also provide information to local responders as required by law and within best practice guidelines.

c) NC HMIS in collaboration with the local Lead Agencies will also provide access to organizations charged with crisis response within the privacy guidelines of the system and as allowed by law.

**System Administration and Data Quality Plan:**

1) **Provider Page Set-Up:**
   a) Provider Page are appropriately named per the NC HMIS naming standards `<agency name>` - `<county>` - `<program>` - `<project/funding>`. Example: “The Salvation Army – Wake County – Housing for Veterans - ESG”. Identification of funding stream is critical to completing required reporting to funding organization.
   b) Inactive Provider Pages are properly identified with “XXXXCLOSED”> followed by the year of the last program exit >Provider Page Name. For example: XXXCLOSED2015 – The Salvation Army…
   c) HUD Data Standards are fully completed on all Provider Pages:
      i) CoC code is correctly set
      ii) Program type codes are correctly set
      iii) Geocodes are set correctly for Principal Site provider pages
      iv) Bed and Unit Inventories are set for applicable residential programs.
      v) The Federal Partner Funding Source section is completed for all projects receiving funding from one of the federal partners.
   d) User licenses are set up to “Enter Data As” (EDA) and users are trained to use EDA to navigate provider pages.
   e) All Agency Administrators and System Administrators complete Provider Page Set-Up Training. Set-up instructions will vary by funding and/or Provider type. Agency Administrators and System Administrators update instruction and respective Providers as new instructions are published.

2) **Data Quality Plan:**
   a) Agencies must require documentation at intake of the homeless status of consumers according to the reporting and eligibility guidelines issued by HUD. The “order of priority” for obtaining evidence of homeless status are (1) third party documentation, (2) worker observations, and certification from the person. Lack of third party documentation may not be used to refuse emergency shelter, outreach or domestic violence services. Local CoCs may designate the local central intake/coordinated assessment agencies to establish the homeless designation and maintain related documentation.
b) 100% of clients must be entered into the System no more than 15 days after the information is collected from the client. If the information is not entered on the same day it is collected, the agency must assure that date associated with the information be the collection date by:
   i) Entering entry/exit data including the UDEs on the Entry/Exit Tab of ServicePoint or
   ii) Backdating the information into the System.

c) All staff are required to be trained on the definition of Homelessness.¹
   i) NC HMIS will provide a Homeless Definition Cross-Walk to support agency level training.
   ii) Documentation of training must be available for audit. This should be maintained in the agency’s HMIS binder
   iii) There is congruity between the following NC HMIS case record responses, based on the applicable homeless definition: (Housing Status and Residence Prior to Project Entry are being properly completed).

d) Agency has a process to ensure the First and Last Names are spelled properly and the DOB is accurate.
   i) An ID is requested at intake to support proper spelling of the client’s name as well as the recording of the DOB.
   ii) If no ID is available, staff request the legal spelling of the person’s name.
   iii) Programs that serve the chronic and higher risk populations are encouraged to use the Scan Card process within ServicePoint to improve un-duplication and to improve the efficiency of recording services.
   iv) Data for clients with significant privacy needs may be entered under the “Un-Named Record” feature of the System. However, while identifiers are not stored using this feature, great care should be taken in creating the Un-Named Algorithm by carefully entering the first and last name and the DOB. Names and ServicePoint Id #s Cross-Walks (that are required to find the record again) must be maintained off-line in a secure location.

e) Income, non-cash benefits and health insurance information are being updated at least annually and at exit.

f) Agencies have an organized exit process that includes:
   i) Clients and staff are educated on the importance of planning and communicating regarding discharge. This is evidenced through staff meeting minutes or other training logs and records.
   ii) Discharge Destinations are properly mapped to the HUD Destination Categories.
      (1) NC HMIS provides a Destination Definition Document to support proper completion of exits (see Appendix A for link.)
   iii) There is a procedure for communicating exit information to the person responsible for data entry.

¹ Specific instruction is available for PATH and HOPWA programs at www.dyns-services.com
g) Agency Administrator/Staff regularly run data quality reports.
   i) Report frequency should reflect the volume of data entered into the System. Frequency for funded programs will be governed by Grant Agreements, HUD reporting cycles, and local CoC Standards. However, higher volume programs such as shelters and services only programs must review and correct data at least monthly. In low volume longer stay programs, reports should be run following all intakes and exits and quarterly to monitor the recording of services and other required data elements.
   ii) The program entry and exit dates should be recorded upon program entry or exit of all participants. Entry dates should record the first day of service or program entry with a new program entry date for each period/episode of service. Exit dates should record the last day of residence before the participant leaves the shelter/housing program or the last day a service was provided.
   iii) Data quality screening and correction activities must include the following:
      (1) Missing or inaccurate information in (red) Universal Data Element Fields.
      (2) If funded through a Federal Partner Funding Source, missing program specific elements are also audited.
      (3) Un-exited clients using the Length of Stay and Un-exited Client Data Quality Reports.
      (4) Count reports for proper ratio of children to adults in families. (at least 1.25)
      (5) Provider Page Completion Reports with an Annual update of the HUD Standards Information.
      (6) Close all inactive provider pages within the agency tree. Audit of inactive pages includes closing all open services and exiting all unexited clients.
      (7) Insure that all Coordinated Assessment and PH providers have recorded a “Move In” date reflecting when the client was actually housed.

h) CoCs and Agencies are required to review Outcome Performance Reports. Targets are adjusted by Project Type. The CoC’s HMIS Lead Agency, in collaboration with the CoC Reports Committee or designated CQI Committee, establishes local benchmark targets. See Appendix A for links and “Setting Targets” training podcast.

i) NC HMIS publishes regional benchmarks on all defined measures annually (see Appendix A).

j) Agencies are expected to participate in the CoCs Continuous Quality Improvement Plan as they are developed locally. See CQI materials designed to support Data Quality through Continuous Quality Improvement (see Appendix A).

3) **Workflow Requirements:**
   a) Assessments set in the Provider Page Configuration are appropriate for the funding stream.
   b) Users performing data entry have latest copies of the workflow guidance documents.
c) If using paper, the intake data collection forms correctly align with the workflow.

d) 100% of clients are entered into the System within 15 days of data collection.

e) Agencies are actively monitoring program participation and exiting clients. Clients are exited within 30 days of last contact unless program guidelines specify otherwise.

f) All required program information is being collected.

i) All HMIS participants are required to enter at minimum the Universal Data Elements and if completing entries and exits, the HUD CoC and ESG Exit (NC HMIS) Form.

ii) Programs that serve over time are required to complete additional program elements as defined by the funding stream. If the Agency is not reporting to a funding stream, they are encouraged to use the HUD CoC Entry (NC HMIS) and HUD CoC and ESG Exit (NC HMIS) forms.

g) Data sharing is properly configured for sharing information internally between the agency’s programs, including use of visibility groups.

h) External data sharing aligns with any Sharing QSOBAA’s including use of visibility groups.

i) Visibility groups are managed appropriately (see Privacy 9).

4) Electronic Data Exchanges:

a) Agencies electing to either import or export data from the NC HMIS must assure:

i) The quality of data being loaded onto the System meets all the data quality standards listed in this policy including timeliness, completeness, and accuracy. In all cases, the importing organization must be able to successfully generate all required reports including but not limited to the APR and the North Carolina Basic Counting Report.

ii) Agencies exporting data from NC HMIS must certify the privacy and security rights promised participants on the HMIS are met on the destination System. If the destination System operates under less restrictive rules, the client must be fully informed and approve the transfer during the intake process. The agency must have the ability to restrict transfers to those clients that do not approve the exchange.

5) Publication and Research:

a) MCAH, another statewide entity or your local CoC may sponsor de-identified research to improve our understanding of homelessness and the effectiveness of our services.

i) De-identification will involve the masking or removal of all identifying or potential identifying information such as the name, Unique Client ID, SS#, DOB, address, agency name, and agency location.
ii) Geographic analysis will be restricted to prevent any data pools that are small enough to inadvertently identify a client by other characteristics or combination of characteristics.

iii) Programs used to match and/or remove identifying information will not allow a re-identification process to occur. If retention of identifying information is maintained by a “trusted party” to allow for updates of an otherwise de-identified data set, the organization/person charged with retaining that data set will certify that they meet medical/behavior health security standards and that all identifiers are kept strictly confidential and separate from the de-identified data set.

iv) CoCs will be provided a description of each Study being implemented. Agencies or CoCs may opt out of the Study through a written notice to MCHA or the Study Owner.

b) MCAH, another statewide entity or your local CoC may sponsor identified research to improve our understanding of homelessness and the effectiveness of our services.

i) All identified research must be governed through an Institutional Research Board including requirements for client informed consent.

ii) CoCs will be provided a description of each Study being implemented. Agencies or CoCs may opt out of the Study through a written notice to MCHA or the Study Owner.

c) Annually MCAH in conjunction with other State and local partners may publish information about the scope and causes of homelessness as well North Carolina’s response to end homelessness. The following strategies will guide publication of statewide data sets:

i) Content, qualifiers and message will be guided by the Statewide Reports Committee as well as other key stakeholders such as the local Interagency Council on Homelessness/the Campaign to End Homelessness or representatives from public and private organizations that fund homeless services.

ii) Identified CoC data may only be included with written CoC approval.

iii) CoCs will be provided for review and approval CoC data sets planned for inclusion in the statewide aggregate data (without CoC identification). The review process will include at least two cycles of the data with time between for any data or report correction activities.

iv) The cycles of data review can begin no sooner than two months following the close of the report period to allow for routine data quality activities to be completed.

d) MCAH, another statewide entity or your local CoC may sponsor Point in Time or publication of specialized data sets.

i) Development of the plan for publication including the frequency, data types, analytics and publication media type will be guided by the relevant Reports Committee.

ii) CoCs will be provided a description of each proposed publication.

iii) Agencies or CoCs may opt out of the publication through a written notice to MCHA or the Study Owner.
6) **Staff Training and Required Meetings:**
   
a) All Users and those that collect information from clients are recertified in Privacy Training Annually.

b) All Users participate in Workflow Training and Training Updates for their assigned Workflows.

c) All Users and those that collect data from clients are trained in Data Standard data element definitions.

d) **All Agency Administrators participate in:**
   
i) Provider Page Set-Up Training

ii) Workflow Training sponsored by the funding agency or NC HMIS

iii) Reports Training
   1) Data Quality
   2) Required funding Reports
   3) Outcome Reporting

iv) Other training specified by the CoC.

v) CoC Agency Administrator Meetings and Trainings

vi) Agency specific User Meetings or preside over an HMIS specific topic during routine staff meetings.

vii) A local Reports Committee that governs the publication of information as requested.

e) **All System Administrators participate in:**
   
i) All System Administrators are required to read and understand the HUD Data Standards that underpin the rules of the HMIS.

ii) System Administrator Orientation (Live sessions with MCAH to overview the basic rules and provide a place for dialogue and questions – conducted in the second or third month after assuming the role)

iii) Provider Page Set-Up Training (prior to licensure and routinely as changes occur)

iv) Workflow Training sponsored by the funding agency or NC HMIS

v) Reports Training
   1) Data Quality
   2) Required Funding Reports
   3) Outcome Reporting

vi) CQI Training

vii) HUD Initiative Training (AHAR, PIT, APR, etc.)

viii) On Site and System Audits of Agency compliance of Date Privacy, Security and Oversight standards as well as item 1 through 4 under System Administration and Data Quality.

ix) The Monthly System Administrator Call-In.

x) The CoC Reports Committee or CoC Meeting where data use and release is discussed.

xi) North Carolina’s Campaign to End Homelessness Work Groups and Regional Meetings as assigned.
Appendix A: Links to Documents referred to in this Policy


System Administration:
- HUD HMIS Data Standards 2014
- HMIS Requirements Proposed Rules Federal Registered (Hearth)
- HMIS Homeless Definition Crosswalk
- HUD Homeless Definition Matrix
- HMIS Discharge Destination Guidance

Administrative
- Participation Agreement
- Administration QSOBAA
- Sharing QSBAA
- HMIS Operating Policies and Procedures
- Interim MOU

Privacy
- Privacy and Security Training PP or PDFs
- Privacy Certification Questionnaire
- Overview of Agency Requirements
- User Access Levels in ServicePoint
- HUD Public Notice
- User Agreement and Code of Ethics
- Privacy Script Suggestions
- Privacy Notice Sample
- NC HMIS Release of Information and Sharing Plan

Training
- All technical workflow and training documents and podcasts
- Provider Page Training
- Reports Training
- Securing Client Records and establishing Visibility
System Administrator and User Meeting Minutes

- Minutes from Required System Administrator Meetings (current year/recent)
Memorandum of Understanding
North Carolina Statewide HMIS
North Carolina Continua of Care and the Michigan Coalition Against Homelessness
July 1, 2016 – June 30, 2017

Objective: This MOU is designed to provide a frame for North Carolina’s multi-jurisdiction HMIS implementation as presented in Section 508.7 of the Federal Register / Vol. 76, No. 237 Homeless Management System Requirements. It is recognized that operation of the Statewide HMIS requires ongoing collaboration from member Continua of Care.

Continuum of Care (CoC): Agrees to adopt the North Carolina Statewide shared HMIS platform vendor, Bowman Systems Inc. ServicePoint. The CoC agrees that administration of the shared platform will be provided by the North Carolina HMIS Project, operated by the Michigan Coalition Against Homelessness. The CoC further agrees to operate the local CoC Implementation in compliance with HUD Data Standards and the North Carolina Statewide Operating Policies and Procedures.

Roles and Responsibilities:

Michigan Coalition Against Homelessness:
2. Host the Statewide coordination meeting – the Monthly SA Call-In.
3. Define privacy and security protocols that allow for the broadest possible participation.
4. Provide Statewide Operating Policies and Procedures that represent the minimum standards for participation. Local CoCs may add additional requirements as negotiated locally.
5. Designate ex-officio staff member for NC HMIS Governance Committee
6. Provide for system administration and analyst staffing of help desk services between 9am and 5pm workdays and after-hours emergency response.
7. Negotiate the cost for local licenses to the Statewide System via contracts with Bowman Systems.
8. Provide training and ongoing collaboration regarding cross-jurisdiction system operation, measurement and research activities including:
   a. Negotiation and training basic workflows for all users and specialized workflows for cross-jurisdiction funding streams.
   b. HUD mandated activities including Point In Time, Housing Inventory Count, Annual Performance Report and the Annual Homelessness Assessment Report.
   c. Provide data for Statewide and CoC-specific unduplicated homeless counts.
d. Research projects that involve statewide data sets.
e. Maintain a suite of data quality, demographics, and outcome reports available to all CoCs on the System.
f. Support for local Continuous Quality Improvement efforts.

9. Execute Contract for Services with CoC-designated fiduciary entities.
10. Provide the NC HMIS Governance Committee monthly reports updating the status and accomplishments of the NC HMIS project.

**North Carolina Continua of Care:**

1. Designate HMIS system
2. Designate CoC members and CoC alternates to NC HMIS Governance Committee
3. Ensure consistent participation of recipients and sub recipients in the HMIS
4. Uphold Cost-sharing agreement set by Governance Committee, including no/late-payment consequences
5. Plan the local HMIS implementation to maximize the greatest possible participation from homeless service providers.
7. Adopt any additional standards of practice beyond those identified in the Statewide HMIS Operating Procedures.
8. Staff at least one local System Administrator and assure that each participating agency has identified an Agency Administrator. The System Administrator will:
   a. Demonstrate competence in required training in privacy, security and system operation (e.g. provider page, workflows and reports).
   b. License local users and support data organization and completion of Provider Pages for participating agencies.
   c. Assign licenses to Agency Administrators and/or users.
   d. Host local HMIS operations meeting(s) and/or assure that Agency Administrators are attending the Statewide User Meetings.
   e. Assure that all users are trained in privacy, security and system operation.
   f. Participate in HUD mandated measurement including PIT, HIC, APRs and the AHAR as appropriate.
   g. Participate in the annual PIT count process and support publication of local reports.
   h. Support the CoC's Continuous Quality Improvement efforts.
9. Through the Governance Committee, CoCs will:
   i. Review, revise and approve Privacy, Security and Data Quality Plans
   j. Ensure HMIS is administered to meet HUD standards
   k. Approve MCAH budget and technical agreements
10. Designate fiduciary responsible for entering into a Contract for Services with HMIS Lead Agency
11. Designate eligible applicants to receive HMIS funds that will best allow them to participate in the statewide HMIS

Signed: [Signature]  Date: 7/12/16
HMIS Lead Agency: [Signature]  Title: Exec. Director

Signed: [Signature]  Date: 6/22/16
CoC Representative: [Signature]  Title: Executive Director
Written Standards for Accessing CoC-Funded Permanent Supportive Housing and
Rapid Rehousing, Coordinated Assessment, and Chronically Homeless
Prioritization

Original Adoption: October 2015; Revised: September 2016

In response to HUD’s Continuum of Care rule (24 CFR 578), each CoC must develop a series
of written standards that formalizes particular processes within the CoC (24 CFR 578.7). All
projects receiving CoC or ESG funding must comply with these written processes. All other
programs are encouraged to do so as a means of functioning as a complete system for
households experiencing homelessness.

This document will provide the basis for how homeless households access Permanent
Housing options (Permanent Supportive Housing [PSH] and Rapid Rehousing [RRH])
through the CoC’s Coordinated Assessment. This document will also establish the
prioritization for Chronically Homeless (CH) households accessing PSH according to HUD
Notice HUD Notice CPD-16-11, and identify an official CoC-wide assessment tool.

Written Standards—

1. NC 504 CoC Assessment Tool—VI SPDAT and SPDAT developed by Orgcode Consulting

2. CoC Grant/ESG-funded Permanent Housing Options must exclusively receive referrals
through the CoC’s designated Coordinated Assessment (CA) Process.

3. CoC Grant/ESG-funded Permanent Housing options must continue to comply with the
nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the
Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act,
and Titles II or III of the Americans with Disabilities Act, as applicable.

4. CH Prioritization—NC 504 will follow the CH prioritization process for PSH as outlined in
the Coordinated Assessment Steps below. These are taken directly from HUD Notice
CPD-16-11

5. PSH Prioritization for beds not dedicated or prioritized for households experiencing
Chronic Homelessness is outlined in the CA Steps below. These are taken directly from
HUD Notice CPD-16-11.

6. Under no circumstances shall the order of priority be based upon diagnosis or
disability type, but instead on the severity of needs of an individual or family.

7. HUD does not expect recipients of dedicated or prioritized CoC Program-funded PSH to
hold vacant beds open indefinitely while waiting to locate chronically homeless persons
with the longest histories of homelessness and most severe service needs. Recipients
are only expected to exercise due diligence and should document the efforts they have
undertaken to locate persons that would be considered the highest priority.

Victim Service Providers within NC 504 will develop individual written processes for their
shelter clients to access housing through Coordinated Assessment
Coordinated Assessment – Steps

I. Individual/Family experiencing homelessness is identified

II. VI-SPDAT is completed with Individual/Family
   a. When:
      i. Street homeless: VI-SPDAT is conducted immediately
      ii. Emergency shelter: First Time Homeless: VI-SPDAT is conducted on Day 15 of stay.
         1. Return to Homelessness: VI-SPDAT conducted within 7 days
         2. Long-term Shelter stayers: With no VI-SPDAT should be completed immediately.
   b. Who:
      i. Street homeless:
         1. Interactive Resource Center (Day Shelter) provides Coordinated Access for Guilford County. Those who are experiencing homelessness will have one destination in each City (Greensboro and High Point) to be accessed for Homelessness Services including but not limited to Diversion and Entrance into Homeless Shelters.
         2. Interactive Resource Center PATH Team specifically reaches out to those who are street homeless
         3. Greensboro Housing Coalition completes VI-SPDATs when staff is available.
         4. Emergency Departments and Behavioral Health Facilities that have association with PEH can conduct VI-SPDATs when available.
      ii. Emergency Shelter:
         1. Most, not all, emergency shelters use the VI-SPDAT with their clients after 14 days of being in shelter.

III. VI-SPDAT information is sent to Partners Ending Homelessness
   a. After the VI-SPDAT is completed, the surveyor transcribes some specific information from the VI-SPDAT onto a Provider spreadsheet.
      i. The Coordinated Assessment spreadsheet highlights client identifying information, demographic information, veteran status, etc., and specific risks the individual endorsed.
         1. The specific risks that are captured on the CA Spreadsheet were determined by the Coordinated Assessment providers in the CoC in collaboration with OrgCode.
         2. All information on the CA spreadsheet is from the VI-SPDAT.
   b. The Provider spreadsheet and a scanned copy of the VI-SPDATs are emailed to Bennita Curtain with PEH.
   c. Bennita combines the CA spreadsheets into one Master Coordinated Assessment Spreadsheet, which tracks and monitors the VI-SPDATs that have been completed. The Master CA spreadsheet also tracks who is the highest acuity at any given time in Guilford County.

IV. The Providers of RRH and PSH programs meet twice a month for a Coordinated Assessment Meeting.
   a. All CoC Program-funded PSH and RRH accept referrals only through a single prioritized list that is created through the CoCs coordinated assessment process. All other housing programs are encouraged to exclusively receive referrals through this process.
b. Providers identify how many individuals they can assist with RRH and PSH for the given month.

c. The Master CA List is reviewed.

d. For Recipients of CoC Program-funded PSH that is dedicated and prioritized for persons experiencing chronic homelessness.
   i. Chronic Homeless status is based on Federal definition for Chronically Homeless.
   ii. Priority is given based on Chronically Homeless Individuals and Families with the Longest History of Homelessness; and
   iii. With the Most Severe Service Needs. VI-SPDAT is used to assess severity of need.
   iv. See below for documentation process

e. For Recipients of CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness.
   i. First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.
   ii. Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs. An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.
   iii. Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs. An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.
   iv. Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing. An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing
f. For Recipients of RRH programs:
   i. Highest acuity is first based on VI-SPDAT score,
   ii. If an Individual/family scores the same then each case is
       further accessed for more risk factors including but not limited to:
       length of time homeless, age, medical/mental health, sheltered vs.
       unsheltered, etc.

V. Referring and receiving agencies exchange information to successfully
    connect client to housing services.
   a. VI-SPDAT Information is distributed to receiving agency, which will provide
      housing intervention to client
   b. Statuses of clients referred to a housing program are communicated back to
      Bennita at PEH either throughout the course of the month, and formally at the
      following CA meeting.
   c. For PSH participants in accordance with HUD guidelines if it is determined that
      after an individual or family has been accepted into a program but before an
      appropriate unit has been identified, a household may stay with a friend or
      family or in a hotel or motel without losing their eligibility for the permanent
      supportive housing program in which they have already been accepted.
      Participants are also allowed to be temporarily housed in an available
      transitional housing bed while a permanent housing unit is identified.
   d. If the PSH participant is placed in a Transitional Bed/Bridge Housing:
      i. The transitional housing provider cannot place any requirements on
         the program participant, including requiring a program participant to
         participate in additional services as a condition of occupancy or
         requiring the program participant to meet sobriety requirements.
      ii. The PSH provider will work quickly to identify permanent housing.
         Providers must also document all attempts at locating housing before
         and after participants are placed in a transitional bed.
      iii. There cannot be duplication in billing for the program participant. The
         transitional bed provider and the PSH provider must coordinate
         services to ensure that each program bills for separate services.

VI. Record Keeping Process:
   i. VI-SPDAT score is used to report Chronic Homeless status and severity
      of need.
   ii. PEH documents why a client was chosen at Coordinated Assessment
       Meeting.
   iii. VI-SPDAT follows client and recipient documents in file that CoC
       procedure was followed in receipt of client and services provided.
   iv. The CoC’s prioritized list will be referenced for evidence if no chronic
       households are identified for dedicated PSH beds, and additional
       documentation will be required see HUD Notice CPD-16-11.

Approved this 8th day of September 2016.

Rev. Mike Aiken
Chair, Board of Directors
Partners Ending Homelessness
Performance Measurement Module (Sys PM)

**Measure 1: Length of Time Persons Remain Homeless**

This measure measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October 1, 2012.

**Metric 1.1:** Change in the average and median length of time persons are homeless in ES and SH projects.

**Metric 1.2:** Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

<table>
<thead>
<tr>
<th></th>
<th>Universe (Persons)</th>
<th>Average LOT Homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Previous FY</td>
<td>Current FY</td>
<td>Previous FY</td>
</tr>
<tr>
<td><strong>1.1 Persons in ES and SH</strong></td>
<td>2619</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td><strong>1.2 Persons in ES, SH, and TH</strong></td>
<td>2823</td>
<td>69</td>
<td></td>
</tr>
</tbody>
</table>

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client’s “Length of Time on Street, in an Emergency Shelter, or Safe Haven” (Data Standards element 3.17) response and prepends this answer to the client’s entry date effectively extending the client’s entry date backward in time. This “adjusted entry date” is then used in the calculations just as if it were the client’s actual entry date.

<table>
<thead>
<tr>
<th></th>
<th>Universe (Persons)</th>
<th>Average LOT Homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Previous FY</td>
<td>Current FY</td>
<td>Previous FY</td>
</tr>
<tr>
<td><strong>1.1 Persons in ES and SH</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>1.2 Persons in ES, SH, and TH</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
### Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

<table>
<thead>
<tr>
<th>Exit was from</th>
<th>Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)</th>
<th>Returns to Homelessness in Less than 6 Months (0 - 180 days)</th>
<th>Returns to Homelessness from 6 to 12 Months (181 - 365 days)</th>
<th>Returns to Homelessness from 13 to 24 Months (366 - 730 days)</th>
<th>Number of Returns in 2 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of Returns</td>
<td>% of Returns</td>
<td># of Returns</td>
<td>% of Returns</td>
<td># of Returns</td>
</tr>
<tr>
<td>Exit was from SO</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Exit was from ES</td>
<td>842</td>
<td>110</td>
<td>13%</td>
<td>67</td>
<td>8%</td>
</tr>
<tr>
<td>Exit was from TH</td>
<td>193</td>
<td>24</td>
<td>12%</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Exit was from SH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Exit was from PH</td>
<td>306</td>
<td>5</td>
<td>2%</td>
<td>6</td>
<td>2%</td>
</tr>
<tr>
<td>TOTAL Returns to Homelessness</td>
<td>1341</td>
<td>139</td>
<td>10%</td>
<td>78</td>
<td>6%</td>
</tr>
</tbody>
</table>
Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless persons as reported on the PIT (not from HMIS).

<table>
<thead>
<tr>
<th>Description</th>
<th>Previous FY PIT Count</th>
<th>2015 PIT Count</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered persons</td>
<td>897</td>
<td>665</td>
<td>-232</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>452</td>
<td>342</td>
<td>-110</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>346</td>
<td>209</td>
<td>-137</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>798</td>
<td>551</td>
<td>-247</td>
</tr>
<tr>
<td>Unsheltered Count</td>
<td>99</td>
<td>114</td>
<td>15</td>
</tr>
</tbody>
</table>

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

<table>
<thead>
<tr>
<th>Description</th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Unduplicated Total sheltered homeless persons</td>
<td>2877</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>2634</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>389</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

<table>
<thead>
<tr>
<th>Description</th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td></td>
<td>124</td>
<td></td>
</tr>
<tr>
<td>Number of adults with increased earned income</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td></td>
<td>8%</td>
<td></td>
</tr>
</tbody>
</table>
## Performance Measurement Module (Sys PM)

### Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td></td>
<td>124</td>
<td></td>
</tr>
<tr>
<td>Number of adults with increased non-employment cash income</td>
<td></td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td></td>
<td>10%</td>
<td></td>
</tr>
</tbody>
</table>

### Metric 4.3 – Change in total income for adult system stayers during the reporting period

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td></td>
<td>124</td>
<td></td>
</tr>
<tr>
<td>Number of adults with increased total income</td>
<td></td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased total income</td>
<td></td>
<td>17%</td>
<td></td>
</tr>
</tbody>
</table>

### Metric 4.4 – Change in earned income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td></td>
<td>116</td>
<td></td>
</tr>
<tr>
<td>Number of adults who exited with increased earned income</td>
<td></td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td></td>
<td>15%</td>
<td></td>
</tr>
</tbody>
</table>

### Metric 4.5 – Change in non-employment cash income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td></td>
<td>116</td>
<td></td>
</tr>
<tr>
<td>Number of adults who exited with increased non-employment cash income</td>
<td></td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td></td>
<td>27%</td>
<td></td>
</tr>
</tbody>
</table>

### Metric 4.6 – Change in total income for adult system leavers

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td></td>
<td>116</td>
<td></td>
</tr>
<tr>
<td>Number of adults who exited with increased total income</td>
<td></td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased total income</td>
<td></td>
<td>39%</td>
<td></td>
</tr>
</tbody>
</table>
Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

<table>
<thead>
<tr>
<th>Universe: Person with entries into ES, SH or TH during the reporting period.</th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.</td>
<td></td>
<td>2564</td>
<td></td>
</tr>
<tr>
<td>Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)</td>
<td></td>
<td>694</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1870</td>
<td></td>
</tr>
</tbody>
</table>

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

<table>
<thead>
<tr>
<th>Universe: Person with entries into ES, SH, TH or PH during the reporting period.</th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.</td>
<td></td>
<td>2952</td>
<td></td>
</tr>
<tr>
<td>Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)</td>
<td></td>
<td>854</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2098</td>
<td></td>
</tr>
</tbody>
</table>

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in 2016.
Performance Measurement Module (Sys PM)

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons who exit Street Outreach</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Of persons above, those who exited to temporary &amp; some institutional destinations</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>% Successful exits</td>
<td></td>
<td></td>
<td>50%</td>
</tr>
</tbody>
</table>

Metric 7b.1 – Change in exits to permanent housing destinations

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons in ES, SH, TH and PH-RRH who exited</td>
<td></td>
<td>2436</td>
<td></td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td></td>
<td>1250</td>
<td></td>
</tr>
<tr>
<td>% Successful exits</td>
<td></td>
<td></td>
<td>51%</td>
</tr>
</tbody>
</table>

Metric 7b.2 – Change in exit to or retention of permanent housing

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons in all PH projects except PH-RRH</td>
<td></td>
<td>640</td>
<td></td>
</tr>
<tr>
<td>Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations</td>
<td></td>
<td>622</td>
<td></td>
</tr>
<tr>
<td>% Successful exits/retention</td>
<td></td>
<td></td>
<td>97%</td>
</tr>
</tbody>
</table>