

## Part I: CoC Organizational Structure

<b>HUD-Defined CoC Name:*</b>	<b>CoC Number*</b>
<a href="#">Athens/Clarke County</a>	<a href="#">GA-503</a>

### A: CoC Lead Organization Chart

<b>CoC Lead Organization: Athens-Clarke County Department of Human and Economic Development</b>		
<b>CoC Contact Person: William McNeely</b>		
<b>Contact Person's Organization Name: Athens-Clarke County Department of Human and Economic Development</b>		
<b>Street Address: 375 Satula Avenue</b>		
<b>City: Athens</b>	<b>State:GA</b>	<b>Zip: 30601-1731</b>
<b>Phone Number:706-613-3155</b>	<b>Fax Number:706-613-3158</b>	
<b>Email Address: <a href="mailto:kmcneely@co.clarke.ga.us">kmcneely@co.clarke.ga.us</a></b>		

### B: CoC Geography Chart

Geographic Area Name	6-digit Code
Athens-Clarke County	130168

Geographic Area Name	6-digit Code

## CoC Structure and Decision-Making Processes

### C: CoC Groups and Meetings Chart

CoC Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/ entities that are members of each CoC planning group listed on this chart.
		At Least Monthly	At Least Quarterly	At Least Biannually	Annually	
<b>CoC Primary Decision-Making Group</b>						
<b>Name:</b>	Northeast Georgia Homeless Coalition Executive Committee	X				8
<b>Role:</b>	This work group meets to address current issues, set agendas for full CoC meetings, and facilitate the process of determining project priorities.					
<b>Other CoC Committees, Sub-Committees, Workgroups, etc.</b>						
<b>Name:</b>	Northeast Georgia Homeless Coalition	X				60
<b>Role:</b>	This group serves as the umbrella organization for local homeless service providers. The Coalition supports the activities of its member agencies through collaboration and facilitation.					
<b>Name:</b>	Mainstream Resources Subcommittee		X			8
<b>Role:</b>	A subcommittee of the NEGA Homeless Coalition, this work group meets to develop new and innovative approaches to increasing access to mainstream services for homeless persons.					
<b>Name:</b>	Homeless Assessment Subcommittee		X			7
<b>Role:</b>	A subcommittee of the NEGA Homeless Coalition, this work group meets to coordinate the annual homeless count and analyzes the CoC's unmet need in shelter beds and services.					
<b>Name:</b>	Base Realignment and Closure Subcommittee	X				8
<b>Role:</b>	This group works with the Local Redevelopment Authority to develop a plan for homeless services to be implemented as a result of the closure of Athens Navy Supply School in 2011.					
<b>Name:</b>	Athens-Clarke County HMIS User Group		X			12
<b>Role:</b>	This group meets to discuss the implementation and ongoing use of the Homeless Management Information System and coordinates regularly scheduled user training sessions.					
<b>Name:</b>	Joint Staff Planning Commission	X				10
<b>Role:</b>	This group consists of local direct service providers who gather weekly to discuss the ongoing case plans of the shared homeless clientele.					
<b>Name:</b>	Athens Homeless Property Corporation			X		7
<b>Role:</b>	This group is the fiscal agent responsible for overseeing property acquisition and rehab for offsite accommodation of homeless services as a result of the base closure of the Athens Navy Supply School in 2011.					
<b>Name:</b>	Reentry Roundtable		X			12
<b>Role:</b>	This group meets to address high recidivism and homelessness among local Clarke County Jail inmates through creative facilitation and collaboration with other local service providers targeting this population.					
<b>Name:</b>	Affordable Housing Roundtable	X				10
<b>Role:</b>	This group meets to address the local affordable housing shortage in Athens-Clarke County through the development of affordable housing options using federal and state grant funds.					
<b>Name:</b>	Weed and Seed Planning Meeting	X				12
<b>Role:</b>	The Weed and Seed program in Athens-Clarke County emphasizes community-oriented policing by increasing officers' service hours on the street in target neighborhoods.					

**D: CoC Planning Process Organizations Chart**

	<b>Specific Names of All CoC Organizations</b>	<b>Geographic Area Represented</b>	<b>Subpopulations Represented, if any* (no more than 2 per organization)</b>		
<b>PUBLIC SECTOR</b>	<b>STATE GOVERNMENT AGENCIES</b>				
	Georgia Department of Community Affairs	GEORGIA	All		
	Department of Family and Children Services	CLARKE CO.	All		
	Advantage Behavioral Health Systems	NORTHEAST GA	SMI	SA	
	Social Security Administration	CLARKE CO.	All		
	Veteran Services	NORTHEAST GA	VET		
	Department of Labor	NORTHEAST GA	All		
	<b>LOCAL GOVERNMENT AGENCIES</b>				
	Clarke Co. Department of Human and Economic Development	CLARKE CO.	All		
	Clarke Co. Planning Department	CLARKE CO.	All		
	Clarke Co. Superior Court	CLARKE CO.	All		
	Clarke Co. Probate Court	CLARKE CO.	All		
	Clarke Co. Magistrate Court	CLARKE CO.	All		
	Office of the Mayor	CLARKE CO.	All		
	Athens-Clarke County Commission	CLARKE CO.	All		
	Athens Downtown Development Authority	CLARKE CO.	All		
	<b>PUBLIC HOUSING AGENCIES</b>				
	Athens Housing Authority	CLARKE CO.	All		
	<b>SCHOOL SYSTEMS / UNIVERSITIES</b>				
	Clarke Co. School District (Homeless Education Program)	CLARKE CO.	Y		
	University of Georgia	CLARKE CO.	All		
	Clarke Co. School District (Project Even Start, Early Start, and Pre-Kindergarten Program)	CLARKE CO.	Y		
	<b>LAW ENFORCEMENT / CORRECTIONS</b>				
	Athens-Clarke County Sheriff's Department	CLARKE CO.	All		
	Athens-Clarke County Police Department	CLARKE CO.	All		
	<b>LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS</b>				
	Northeast Georgia Regional Development Center	NORTHEAST GA	All		
	<b>PRIVATE SECTOR</b>	<b>NON-PROFIT ORGANIZATIONS</b>			
		Northeast Georgia Homeless Coalition	NORTHEAST GA	All	
		Athens Area Homeless Shelter	CLARKE CO.	All	
Food Bank of Northeast GA		NORTHEAST GA	All		
Athens Justice Project		CLARKE CO.	All		
Family Connection Partnership		CLARKE CO.	All		
ABHS Homeless Day Service Center		CLARKE CO.	All		
Community Connection of Northeast GA		NORTHEAST GA	All		
Hancock Corridor Development Corporation		CLARKE CO.	All		

CASA	CLARKE CO.	All
Athens Neighborhood Health Center	CLARKE CO.	All
Project Safe	CLARKE CO.	DV
Catholic Social Services	CLARKE CO.	All
Our Daily Bread Soup Kitchen	CLARKE CO.	All
The Salvation Army of Athens	CLARKE CO.	All
Athens Nurses Clinic	CLARKE CO.	All
The Healing Place of Athens	CLARKE CO.	All
The Bigger Vision of Athens	CLARKE CO.	All
Interfaith Hospitality Network of Athens	CLARKE CO.	All
AIDS Athens	CLARKE CO.	HIV
Athens Area Habitat for Humanity	CLARKE CO.	All
East Athens Development Corporation	CLARKE CO.	All
Jubilee House	CLARKE CO.	All
Sparrow's Nest	CLARKE CO.	All
Georgia Community Loan Fund	CLARKE CO.	All
Athens Land Trust	CLARKE CO.	All
Freedom From Bondage	CLARKE CO.	All
Strong Day Recovery Residence	CLARKE CO.	All
Georgia Task Force for the Homeless	GEORGIA	All
Food Not Bombs	CLARKE CO.	All
Jesus Cares For You Ministries	CLARKE CO.	All
<b>FAITH-BASED ORGANIZATIONS</b>		
Timothy Baptist Church Homeless Ministry	CLARKE CO.	All
Christ Walk Ministries	CLARKE CO.	All
Walk on Water Ministries	CLARKE CO.	All
St. Joseph's Charities	CLARKE CO.	All
The ARK Ministries	CLARKE CO.	All
Ebenezer Baptist Angel Food Ministries	CLARKE CO.	All
Mercy Health Center	CLARKE CO.	All
Athens Urban Ministries	CLARKE CO.	All
Bread of Life Ministries	CLARKE CO.	All
Cornerstone Church of God	CLARKE CO.	All
<b>FUNDERS / ADVOCACY GROUPS</b>		
Williams Rhodes Foundation	NORTHEAST GA	All
United Way of Northeast GA	NORTHEAST GA	All
Newland Family Foundation	NORTHEAST GA	All
Georgia Coalition to End Homelessness	GEORGIA	All
REM	CLARKE CO.	All
<b>BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)</b>		
Bugg Properties	CLARKE CO.	All
Paine Insurance Co.	CLARKE CO.	All
Athens Covenant Carpenter	CLARKE CO.	All
Halloran Masonry	CLARKE CO.	All
Grayson Realty	CLARKE CO.	All
Stanfield Air Systems	CLARKE CO.	All
Athens Area Board of Realtors	CLARKE CO.	All
Athens Home Builders Association	CLARKE CO.	All

<b>HOSPITALS / MEDICAL REPRESENTATIVES</b>			
ST. MARY'S HOSPITAL	CLARKE CO.	All	
ATHENS REGIONAL MEDICAL CENTER	CLARKE CO.	All	
<b>HOMELESS / FORMERLY HOMELESS PERSONS</b>			
(info extracted)	CLARKE CO.		
	CLARKE CO.		
	CLARKE CO.		
	CLARKE CO.		
	CLARKE CO.		
	CLARKE CO.		
	CLARKE CO.		
<b>OTHER</b>			

**E: CoC Governing Structure Chart**

1. Is the CoC's primary decision-making body a legally recognized organization (check one)?

Yes, a 501(c)(3)  
 Yes, a 501(c)(4)  
 Yes, other – specify: \_\_\_\_\_  
 No, not legally recognized

2. If your CoC were provided with additional administrative funds from HUD, would the primary decision-making body, or an agent designated by it (e.g. a city or non-profit organization), be able to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring?

Yes, if additional administrative funds were provided from HUD, the NEGA Homeless Coalition Executive Committee (the CoC's primary decision making body) would be able to take a more proactive role in partnering with the ACC Dept. of Human and Economic Development (HED) to assist in activities such as project oversight and monitoring, and preparing applications for future HUD funding. If funds were made available, the coalition would designate HED with these responsibilities, and would, in effect, give the Coalition even more involvement in the overall process.

3. What percentage of the decision-making body membership represents the private sector, including non-profit providers, homeless or formerly homeless persons, advocates and consumer interests, etc.?

60%

4a. Indicate how the **members** of the primary decision-making body are selected (check all that apply):

Elected                       Assigned/Volunteer  
 Appointed                       Other – specify: \_\_\_\_\_

4b. Briefly explain the selection process.

The primary decision making body (NEGA Homeless Coalition Executive Committee) is made up of four community members elected by the general membership of the NEGA Homeless Coalition to fill the Chair, Vice Chair, Secretary and Treasurer positions. In addition, certain coalition members are **appointed** by the Chair to fill four subcommittee chair seats, which include the Mainstream Subcommittee Chair, Homeless Assessment Subcommittee Chair, HMIS User Group Subcommittee Chair, and the Membership Subcommittee Chair. The four subcommittee chairs report back to the Executive committee on ongoing activities throughout the year.

5. Indicate how the **leaders** of the primary decision-making body are selected (check all that apply):

- Elected                                       Assigned/Volunteer  
 Appointed                                       Other – specify: \_\_\_\_\_

**F: CoC Project Review and Selection Chart**

<b>1. Open Solicitation</b>			
a. Newspapers	<input type="checkbox"/>	d. Outreach to Faith-Based Groups	<input checked="" type="checkbox"/>
b. Letters/Emails to CoC Membership	<input checked="" type="checkbox"/>	e. Announcements at CoC Meetings	<input checked="" type="checkbox"/>
c. Responsive to Public Inquiries	<input checked="" type="checkbox"/>	f. Announcements at Other Meetings	<input checked="" type="checkbox"/>
<b>2. Objective Rating Measures and Performance Assessment</b>			
a. CoC Rating & Review Committee Exists	<input checked="" type="checkbox"/>	j. Assess Spending (fast or slow)	<input checked="" type="checkbox"/>
b. Review CoC Monitoring Findings	<input checked="" type="checkbox"/>	k. Assess Cost Effectiveness	<input checked="" type="checkbox"/>
c. Review HUD Monitoring Findings	<input checked="" type="checkbox"/>	l. Assess Provider Organization Experience	<input checked="" type="checkbox"/>
d. Review Independent Audit	<input checked="" type="checkbox"/>	m. Assess Provider Organization Capacity	<input checked="" type="checkbox"/>
e. Review HUD APR for Performance Results	<input checked="" type="checkbox"/>	n. Evaluate Project Presentation	<input checked="" type="checkbox"/>
f. Review Unexecuted Grants	<input type="checkbox"/>	o. Review CoC Membership Involvement	<input checked="" type="checkbox"/>
g. Site Visit(s)	<input checked="" type="checkbox"/>	p. Review Match	<input checked="" type="checkbox"/>
h. Survey Clients	<input checked="" type="checkbox"/>	q. Review All Leveraging Letters (to ensure that they meet HUD requirements)	<input checked="" type="checkbox"/>
i. Evaluate Project Readiness	<input checked="" type="checkbox"/>		
<b>3. Voting/Decision System</b>			
a. Unbiased Panel / Review Committee	<input checked="" type="checkbox"/>	d. One Vote per Organization	<input type="checkbox"/>
b. Consumer Representative Has a Vote	<input checked="" type="checkbox"/>	e. Consensus (general agreement)	<input checked="" type="checkbox"/>
c. All CoC Members Present Can Vote	<input checked="" type="checkbox"/>	f. Voting Members Abstain if Conflict of Interest	<input checked="" type="checkbox"/>

**G: CoC Written Complaints Chart**

<b>Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>If Yes, briefly describe the complaints and how they were resolved.</b>	
N/A	

## Part II: CoC Housing and Service Needs

### H: CoC Services Inventory Chart

(1)  <b>Provider Organizations</b>	(2) <b>Prevention</b>					(3) <b>Outreach</b>			(4) <b>Supportive Services</b>									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Athens Area Homeless Shelter			x		x			x	x		x			x	x	x	x	
Food Bank of Northeast Georgia					x													
Athens Justice Project			x	x				x	x									
ABHS Homeless Day Service Center	x	x	x		x			x	x	x	x							x
Athens Neighborhood Health Center						x						x	x					
Project Safe, Inc.	x	x	x	x				x	x		x						x	x
Catholic Social Services	x	x	x	x				x	x					x	x	x		
Our Daily Bread Soup Kitchen					x	x												
Salvation Army Emergency Shelter	x	x						x	x									x
Athens Nurses Clinic						x						x	x					
Community Connection of NEGA			x															
Veterans Services			x	x														x
Department of Labor			x						x					x	x			
CCSD Homeless Education Program			x	x	x			x	x					x				
Athens-Clarke County Police Department									x									
The Healing Place of Athens									x	x	x	x						x
The Hope House				x					x	x	x	x						x
St. James Community Winter Shelter			x		x			x	x									x

Interfaith Hospitality Network				X					X	X								X	X
AIDS Athens		X	X	X	X	X			X	X		X	X	X					
Jubilee House				X	X			X	X	X									
Freedom From Bondage Recovery Residence				X						X	X								
Strong Day Recovery Residence									X	X	X								
Food Not Bombs				X		X													
Athens Tutorial program										X							X		X
Athens-Oconee CASA				X	X												X		X
Mercy Health Center							X							X	X				
ACTION, INC.		X	X																
Timothy Baptist Church Homeless Ministry		X	X			X				X									X
Christ Walk Ministries				X		X				X									
Walk on Water Ministries				X		X				X									
Sparrow's Nest		X	X	X		X			X	X	X					X	X		X
St. Joseph's Ministries		X	X																
The ARK Ministries		X	X																X
Ebenezer Baptist Angel Food Ministries						X													
Athens Urban Ministries		X	X			X													
East Athens Development Corporation	X																		

## CoC Housing Inventory and Unmet Needs

### I: CoC Housing Inventory Charts



**I: CoC Housing Inventory Charts**

<b>Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart</b>																
Provider Name	Facility Name* *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input checked="" type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds				
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	O/V*			
<b>Current Inventory</b> (Available for Occupancy on or before Jan. 31, 2006)			Ind.	Fam.												
Interfaith Hospitality Network	Interfaith Hospitality Network	PA		9	130168	FC		3	9		9					
The Healing Place	The Healing Place	PA	20			SM				20	20					
Strong Day Recovery Center	Strong Day Recovery Center	PA	10			SM				10	10					
Salvation Army	Salvation Army	PS	25	8		M		4	12	40	52					
Project Safe	Project Safe	DV				M	DV	3	10	6	16					
Bigger Vision	Community Winter Shelter	D				M						10				
<b>SUBTOTALS:</b>			55	17	<b>SUBTOTAL CURRENT INVENTORY:</b>			10	31	76	107	10				
<b>New Inventory in Place in 2006</b> (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.												
<b>Inventory Under Development</b> (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date													
<b>Unmet Need</b>								<b>UNMET NEED TOTALS:</b>			3	10	10	20	10	0
<b>Total Year-Round Beds—Individuals</b>					<b>Total Year-Round Beds—Families</b>											
1. Total Year-Round Individual Emergency Shelter (ES) Beds:			76	6. Total Year-Round Family Emergency Shelter (ES) Beds:						31						
2. Number of DV Year-Round Individual ES Beds:			6	7. Number of DV Year-Round Family ES Beds:						10						
3. Subtotal, non-DV Year-Round Individual ES Beds (Line 1 minus Line 2):			70	8. Subtotal, non-DV Year-Round Family ES Beds (Line 6 minus Line 7):						21						
4. Total Year-Round Individual ES Beds in HMIS:			55	9. Total Year-Round Family ES Beds in HMIS						17						

5. HMIS Coverage—Individual ES Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	79 %	10. HMIS Coverage—Family ES Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):	81 %
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\*In the column labeled "O/V," enter the number of Overflow and Voucher Beds

**I: CoC Housing Inventory Charts**

<b>Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart</b>											
Provider Name	Facility Name* <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input checked="" type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv. Beds	
<b>Current Inventory</b> (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.							
Athens Area Homeless Shelter	Almost Home Transitional Program	PA	4	20	130168	M		5	20	4	24
Healing Place of Athens	Healing Place of Athens	PA	18			SM				20	20
Strong Day Recovery Center	Strong Day Recovery Center	PA	6			SM				8	8
Advantage Behavioral Health Systems	Women’s Center	PA		30		FC		12	42		42
<b>SUBTOTALS:</b>			28	50	<b>SUBTOTAL CURRENT INVENTORY:</b>			17	62	32	94
<b>New Inventory in Place in 2006</b> (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.							
<b>Inventory Under Development</b> (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date								
<b>Unmet Need</b>								<b>UNMET NEED TOTALS:</b>			
								20	97	117	
<b>Total Year-Round Beds—Individuals</b>					<b>Total Year-Round Beds—Families</b>						
1. Total Year-Round Individual Transitional Housing Beds:		32		6. Total Year-Round Family Transitional Housing Beds:		62					
2. Number of DV Year-Round Individual TH Beds:		0		7. Number of DV Year-Round Family TH Beds:		0					
3. Subtotal, non-DV Year-Round Individual TH Beds (Line 1 minus Line 2):		32		8. Subtotal, non-DV Year-Round Family TH Beds (Line 6 minus Line 7):		62					

4. Total Year-Round Individual TH Beds in HMIS:	28	9. Total Year-Round Family TH Beds in HMIS	50
5. HMIS Coverage—Individual TH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	88%	10. HMIS Coverage—Family TH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):	81%

**I: CoC Housing Inventory Charts**

<b>Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart</b>													
Provider Name	Facility Name <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input checked="" type="checkbox"/>	Target Pop.		Year-Round			Total Year-Round Beds		
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv./CH Beds			
<b>Current Inventory</b> (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.									
Advantage Behavioral Health Systems	S+C Voucher Program*	PA	28		130168	M				28	28		
AIDS Athens	S+C Voucher Program*	PA	18	8		M	HIV	7	17	16	33		
<b>SUBTOTALS:</b>			42	13	<b>SUBTOTAL CURRENT INVENTORY:</b>			7	17	44	61		
<b>New Inventory in Place in 2006</b> (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.									
<b>Inventory Under Development</b> (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date										
Advantage Behavioral Health Systems	SHP Voucher Program*	PA	May 15, 2007			M				12	12		
<b>SUBTOTAL INVENTORY UNDER DEVELOPMENT:</b>									12	12			
<b>Unmet Need</b>								<b>UNMET NEED TOTALS:</b>		9	32	33	55
<b>Total Year-Round Beds—Individuals</b>						<b>Total Year-Round Beds—Families</b>							
1. Total Year-Round Individual Permanent Housing Beds:			44	6. Total Year-Round Family Permanent Housing Beds:						17			
2. Number of DV Year-Round Individual PH Beds:			0	7. Number of DV Year-Round Family PH Beds:						0			
3. Subtotal, non-DV Year-Round Individual PH Beds (Line 1 minus Line 2):			44	8. Subtotal, non-DV Year-Round Family PH Beds (Line 6 minus Line 7):						17			

4. Total Year-Round Individual PH Beds in HMIS:	42	9. Total Year-Round Family PH Beds in HMIS	15
5. HMIS Coverage—Individual PH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	95 %	10. HMIS Coverage—Family PH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):	88%

**J: CoC Housing Inventory Data Sources and Methods Chart**

<b>(1) Indicate date on which Housing Inventory count was completed: 01/25/2007</b>	
<b>(2) Identify the method used to complete the Housing Inventory Chart (check one):</b>	
<input checked="" type="checkbox"/>	<b>Housing inventory survey</b> – CoC conducted a housing inventory survey (via mail, fax, e-mail, web-based, phone or on-site) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS data to complete the Housing Inventory Chart
<input type="checkbox"/>	<b>HMIS plus housing inventory</b> – Used HMIS data supplemented by a survey of providers NOT participating in the HMIS
<b>(3) Indicate the percentage of providers completing the housing inventory survey:</b>	
100%	Emergency shelter providers
100%	Transitional housing providers
100%	Permanent supportive housing providers
<b>(4) Indicate steps to ensure data accuracy for 2007 Housing Inventory Chart (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Instructions</b> – Provided written instructions for completing the housing inventory survey.
<input checked="" type="checkbox"/>	<b>Training</b> – Trained providers on completing the housing inventory survey.
<input type="checkbox"/>	<b>Updated prior housing inventory information</b> – Providers submitted updated 2006 housing inventory to reflect 2007 inventory.
<input checked="" type="checkbox"/>	<b>Follow-up</b> – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	<b>Confirmation</b> – Providers or other independent entity reviewed and confirmed information in 2007 Housing Inventory Chart after it was completed.
<input type="checkbox"/>	<b>HMIS</b> – Compared HMIS and housing inventory survey data to check for consistency.
<input type="checkbox"/>	<b>Other</b> – specify:
<b>Unmet Need:</b>	
<b>(5) Indicate type of data that was used to determine unmet need (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Sheltered count</b> (point-in-time)
<input checked="" type="checkbox"/>	<b>Unsheltered count</b> (point-in-time)
<input checked="" type="checkbox"/>	<b>Housing inventory</b> (number of beds available)
<input checked="" type="checkbox"/>	<b>Local studies or data sources</b> – specify: Real Time Homeless Assessment and Homeless Health Care & Corrections System Cost Analysis
<input type="checkbox"/>	<b>National studies or data sources</b> – specify:
<input checked="" type="checkbox"/>	<b>Provider opinion through discussions or survey forms</b>
<input type="checkbox"/>	<b>Other</b> – specify:
<b>(6a) Indicate the method(s) used to calculate or determine unmet need (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Stakeholder discussion</b> – CoC stakeholders met and reviewed data to determine CoC’s unmet need
<input type="checkbox"/>	<b>Locally-determined formula</b> – Used locally-determined formula based on local point-in-time (PIT) count data and housing inventory to calculate unmet need
<input type="checkbox"/>	<b>Applied statistics</b> – Used local PIT enumeration data and applied national or other local statistics
<input checked="" type="checkbox"/>	<b>HUD unmet need formula</b> – Used HUD’s unmet need formula*
<input type="checkbox"/>	<b>Other</b> – specify:
<b>(6b) If more than one method was used in 6a, please describe how these methods were used.</b>	

The Homeless Assessment Subcommittee formed by the NEGA Homeless Coalition Executive Committee, met on a quarterly basis to discuss gaps in homeless services and to determine needs based on the annual point-in-time count and monthly data reported by local homeless service providers. In order to determine the unmet need for shelter beds, and the specific numbers for the formula, the subcommittee members used the HUD unmet need formula and a stakeholder discussion. Specifically, a consensus among the group was required to determine the actual number of homeless persons who need emergency shelter vs. the number of homeless persons who need transitional housing vs. the number for homeless persons who need permanent supportive housing. Once these figures are agreed upon, the numbers are entered into the HUD unmet need formula to determine the overall unmet need.

## CoC Homeless Population and Subpopulations

### K: CoC Point-in-Time Homeless Population and Subpopulations Chart

Indicate date of last point-in-time count: 1/25/2007				
Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Number of Households <b>with</b> Dependent Children:	31	19	3	53
1a. Total Number of Persons in these Households (adults and children)	94	58	8	160
2. Number of Households <b>without</b> Dependent Children**	98	83	123	304
2a. Total Number of Persons in these Households	98	83	123	304
<b>Total Persons (Add Lines 1a and 2a):</b>	192	141	131	464
<b>Part 2: Homeless Subpopulations below)</b>				
	Sheltered		Unsheltered	Total
a. Chronically Homeless	74		84	158
b. Severely Mentally Ill	98		65	163
c. Chronic Substance Abuse	146		80	226
d. Veterans	17		18	35
e. Persons with HIV/AIDS	N/A		N/A	N/A
f. Victims of Domestic Violence	31		6	37
g. Unaccompanied Youth (Under 18)	96		5	101

\*Optional for unsheltered homeless subpopulations

\*\* Includes single individuals, unaccompanied youth, and other adults (such as a married couple without children)

\*\*\*For "sheltered" chronically homeless subpopulations, list persons in emergency shelter only.

### L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

**L-1: Sheltered Homeless Population and Subpopulations**

<b>(1a) Check method(s) used to count sheltered homeless persons in the CoC (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Survey</b> – Providers count the total number of clients residing in their programs during the PIT count.
<input type="checkbox"/>	<b>HMIS</b> – CoC used HMIS to complete the PIT sheltered count and subpopulation information.
<input type="checkbox"/>	<b>Other</b> – specify:
<b>(1b) If multiple methods are checked, briefly describe how data collected using the methods were combined to produce the count. N/A</b>	
<b>(2a) Check the method(s) used to gather the subpopulation information on sheltered homeless persons reported in Part 2: Homeless Subpopulations (check all that apply):</b>	
<input type="checkbox"/>	<b>Point-in-time (PIT) interviews with each adult and unaccompanied youth</b> – All sheltered adults and unaccompanied youth were interviewed to gather subpopulation information.
<input type="checkbox"/>	<b>Sample of PIT interviews plus extrapolation</b> – A sample of sheltered adults and unaccompanied youth were interviewed to gather subpopulation information, and extrapolation techniques were applied to produce the total sheltered homeless population.
<input checked="" type="checkbox"/>	<b>Non-HMIS client-level information</b> - Providers used individual client records (e.g., case management files) to provide subpopulation data for each adult and unaccompanied youth.
<input type="checkbox"/>	<b>Provider expertise</b> – Providers estimated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole.
<input type="checkbox"/>	<b>HMIS</b> – CoC used HMIS to gather subpopulation information on sheltered homeless persons.
<input type="checkbox"/>	<b>Other</b> –specify:
<b>(2b) If multiple methods are checked, briefly describe how the methods were combined to produce the subpopulation information. N/A</b>	
<b>(3) Indicate CoC’s steps to ensure data quality of the sheltered count (check all that apply):</b>	
<input checked="" type="checkbox"/>	<b>Instructions</b> – Provided written instructions to providers for completing the sheltered PIT count.
<input checked="" type="checkbox"/>	<b>Training</b> – Trained providers on completing the sheltered PIT count.
<input checked="" type="checkbox"/>	<b>Remind and Follow-up</b> – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy.
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS to verify data collected from providers for the sheltered PIT count.
<input type="checkbox"/>	<b>Other</b> –specify:
<b>(4) How often will sheltered counts of sheltered homeless people take place in the future?</b>	
<input type="checkbox"/>	<b>Biennial (every two years)</b>
<input checked="" type="checkbox"/>	<b>Annual</b>
<input type="checkbox"/>	<b>Semi-annual</b>
<input type="checkbox"/>	<b>Other</b> – specify:
<b>(5) Month and Year when next count of sheltered homeless persons will occur: 01/2008</b>	
<b>(6) Indicate the percentage of providers providing populations and subpopulations data collected via survey, interview and/or HMIS:</b>	
<u>100</u> %	Emergency shelter providers
<u>100</u> %	Transitional housing providers

\*Please refer to ‘A Guide to Counting Sheltered Homeless People’ for more information on unsheltered enumeration techniques.

**L-2: Unsheltered Homeless Population and Subpopulations\***

<b>(1) Check the CoC’s method(s) used to count unsheltered homeless persons (check all that apply):</b>	
<input type="checkbox"/>	<b>Public places count</b> – CoC conducted a point-in-time (PIT) count <u>without</u> client interviews.
<input checked="" type="checkbox"/>	<b>Public places count with interviews</b> – CoC conducted a PIT count and interviewed unsheltered homeless persons encountered during the public places count:



<input checked="" type="checkbox"/>	<b>ALL persons were interviewed</b>	<b>OR</b>	<input type="checkbox"/>	<b>Sample of persons were interviewed</b>
<input type="checkbox"/>	<b>Public places count using probability sampling</b> – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to include in the point-in-time count and extrapolated results to estimate the entire homeless population.			
<input checked="" type="checkbox"/>	<b>Service-based count</b> – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons.			
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS for the count of unsheltered homeless people or for subpopulation information.			
<input type="checkbox"/>	<b>Other</b> – specify:			
<b>(2) Indicate the level of coverage of the PIT count of unsheltered homeless people:</b>				
<input type="checkbox"/>	<b>Complete coverage</b> – The CoC counted every block of the jurisdiction.			
<input checked="" type="checkbox"/>	<b>Known locations</b> – The CoC counted in areas where unsheltered homeless people are known to congregate or live.			
<input type="checkbox"/>	<b>Combination</b> – CoC combined complete coverage with known locations by conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.			
<input checked="" type="checkbox"/>	<b>Used service-based or probability sampling</b> (coverage is not applicable)			
<input type="checkbox"/>	<b>Other</b> –specify:			
<b>(3) Indicate community partners involved in PIT unsheltered count (check all that apply):</b>				
<input checked="" type="checkbox"/>	<b>Outreach teams</b>			
<input type="checkbox"/>	<b>Law Enforcement</b>			
<input checked="" type="checkbox"/>	<b>Service Providers</b>			
<input checked="" type="checkbox"/>	<b>Community volunteers</b>			
<input checked="" type="checkbox"/>	<b>Homeless and/or formerly homeless persons</b>			
<input type="checkbox"/>	<b>Other</b> – specify:			
<b>(4) Indicate CoC’s steps to ensure data quality of the unsheltered count (check all that apply):</b>				
<input checked="" type="checkbox"/>	<b>Training</b> – Conducted training(s) for PIT enumerators.			
<input type="checkbox"/>	<b>HMIS</b> – Used HMIS to check for duplicate information.			
<input type="checkbox"/>	<b>Other</b> – specify:			
<b>(5) How often will CoC conduct PIT counts of unsheltered homeless people in the future?</b>				
<input type="checkbox"/>	<b>Biennial (every two years)</b>			
<input checked="" type="checkbox"/>	<b>Annual</b>			
<input type="checkbox"/>	<b>Semi-annual</b>			
<input type="checkbox"/>	<b>Quarterly</b>			
<input type="checkbox"/>	<b>Other</b> – specify:			
<b>(6) Month and Year when next PIT count of unsheltered homeless persons will occur: 01/2008</b>				

\*Please refer to ‘A Guide to Counting Unsheltered Homeless People’ for more information on unsheltered enumeration techniques.

## CoC Homeless Management Information System (HMIS)

### M: CoC HMIS Charts

#### M-1: HMIS Lead Organization Information

Organization Name: Pathways Community Network	Contact Person: Tommy Phillips
Phone:404-639-9933 x305	Email: tommy.phillips@pcni.org
Organization Type: State/local government <input type="checkbox"/>	Non-profit/homeless provider <input checked="" type="checkbox"/>
	Other <input type="checkbox"/>

#### M-2: List HUD-defined CoC Name(s) and Number(s) for *every* CoC in HMIS Implementation:

<b>HUD-Defined CoC Name*</b>	<b>CoC #</b>	<b>HUD-Defined CoC Name*</b>	<b>CoC #</b>
Athens/Clarke County	GA-503		

**M-3: HMIS Implementation Status**

HMIS Data Entry Start Date for your CoC <b>OR</b> Anticipated Date Entry Start Date for your CoC	<b>If no data entry date, indicate reason:</b> <input type="checkbox"/> New CoC in 2007 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Initial implementation
<b>08/2002</b>	

Briefly describe significant challenges/barriers the CoC has experienced in:

1. HMIS implementation: Our strategic planning process revealed that some larger agencies were resisting participation in HMIS because they maintained that user fees were too high. The continuum’s nonprofit HMIS provider reduced fees significantly in response to this complaint, eliminating this objection. Strategic planning also revealed that many agencies are mandated to use multiple client management systems. Pathways, our nonprofit provider, is now developing an XML import feature to accept data from other systems that can supply data in accordance with HUD’s new XML data exchange standard.
2. HMIS Data and Technical Standards Final Notice requirements: Designing and implementing a practical process to visually confirm that agencies have implemented all of the notice’s security requirements (continually updated antivirus software, firewalls, posted privacy notices) has been a significant challenge. Starting in July 2007, our HMIS project will grow to include a full time technical assistance specialist who will visit agencies, check for standards compliance, and work with the agency and CoC to address any deficiencies that are found.

**M-4: CoC Client Records**

Calendar Year	Number of Client Records Entered in HMIS / Analytical Database (Duplicated) for CoC	Number of Unduplicated Clients Entered in HMIS / Analytical Database for CoC
2004	692	692
2005	901	901
2006	776	776

**Please provide a brief explanation of the reason(s) for any decreases in the number of records (duplicated or unduplicated) from year to year.**

Staff turnover during the months of June through August in two of our largest outreach/intake homeless service programs had a minor affect on our CoC’s ability to provide services to all members of the homeless population at that time, therefore resulting in a lesser number of homeless persons entered into the system.

In addition, the HMIS query used to generate these statistics has been improved this year to more closely match Exhibit 1 instructions.

**M-5: Data Collection/Completeness and Coverage**

(a) Indicate the percentage of unduplicated client records with null or missing values on the date that the point-in-time count was conducted.

Universal Data Element	% Null/Missing Values	Universal Data Element	% Null/Missing Values
Name	<b>0.00%</b>	Gender	<b>0.00%</b>
Social Security Number	<b>0.00%</b>	Veteran Status	<b>0.00%</b>
Date of Birth	<b>0.00%</b>	Disabling Condition	<b>0.00%</b>
Ethnicity	<b>0.00%</b>	Residence Prior to Program Entry	<b>0.00%</b>
Race	<b>0.00%</b>	Zip Code of Last Permanent Address	<b>0.00%</b>

**Briefly describe how the CoC ensures that valid program entry and exit dates are being recorded in the HMIS for persons served.**

The continuum's nonprofit HMIS provider periodically inspects system data for changes in program entry rates and alerts the continuum when they occur, then works with the continuum and the affected agency to address any issues. Each program's profile in the HMIS contains an average program length in days. HMIS provider staff periodically checks for program stays that exceed an agency's average program length and works with the agency and continuum to validate or correct those program records.

**(b) Indicate current OR anticipated HMIS bed coverage of 75% for each housing type.**

	<b>75% bed coverage</b>	<b>Anticipate 75% bed coverage</b>	<b>Date anticipate achieving</b>
Emergency Shelter	Y		
Transitional Housing	Y		
Permanent Supportive Housing	Y		

**(c) If CoC has not yet achieved or does not anticipate achieving 75% bed coverage for all beds (including DV beds), please explain why.**

N/A

**M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards**

	Y	N	P
<b>1. Training Provided:</b>			
Basic computer training		X	
HMIS software training	X		
Privacy / Ethics training	X		
Security Training	X		
System Administrator training	X		
<b>2. CoC Process/Role:</b>			
Is the CoC able to aggregate all data to a central location at least annually?	X		
Does the CoC monitor compliance with HMIS Data & Technical Standards Final Notice?	X		
<b>3. Security—Participating agencies have:</b>			
Unique username and password access?	X		
Secure location?	X		
Locking screen savers?	X		
Virus protection with auto update?	X		
Individual or network firewalls?	X		
Restrictions on access to HMIS via public forums (e.g. PKI digital certificates or IP filtering)?	X		
<b>4. Security—Agency responsible for centralized HMIS data collection and storage has:</b>			
Procedures for off-site storage of HMIS data?	X		
Disaster recovery plan that has been <u>tested</u> ?	X		
<b>5. Privacy Requirements:</b>			
If your state has additional confidentiality provisions, have they been implemented? <input type="checkbox"/> Check here if there are no additional state confidentiality provisions.	X		
Is there a “Purpose for data collection” sign at each intake desk for all participating agencies?			X
Has each participating agency adopted a written privacy policy, including the uses and disclosures of client information?			X
Does each participating agency have a privacy policy posted on its website (if applicable)?			X
<b>6. Data Quality—CoC has process to review and improve:</b>			
Client level data quality (i.e. missing birth dates etc.)?	X		
Program level data quality (i.e. data not entered by agency in over 14 days)?	X		
CoC bed coverage (i.e. percent of beds)?	X		
<b>7. Unduplication of Client Records—the CoC:</b>			
Uses only HMIS data to generate unduplicated count?		X	
Uses data integration or data warehouse to generate unduplicated count?	X		
<b>8. OPTIONAL: Uses of HMIS Data—CoC uses HMIS data for:</b>			
Point-in-Time Count			X
Project/Program performance monitoring	X		
Program purposes (e.g. case management, bed management, program eligibility screening)	X		
Statewide data aggregation (e.g. data warehouse)			X

**Part III: CoC Strategic Planning**

**N: CoC 10-Year Plan, Objectives, and Action Steps Chart**

<b>Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing</b>	<b>2007 Local Action Steps</b> How are you going to do it? List action steps to be completed within the next 12 months.	<b>Lead Person</b> List name and title or organization of one person responsible for accomplishing each action step.	<b>Baseline (Current Level)</b>	<b>Numeric Achievement in 12 months</b>	<b>Numeric Achievement in 5 years</b>	<b>Numeric Achievement in 10 years</b>
1. Create new PH beds for chronically homeless persons.	Provide 4 new beds for chronically homeless individuals with mental health care needs and/or AIDS in 2008 using CoC funds, bringing the total beds count to 60 beds for the estimated 158 chronically homeless in Athens at any given time.	William McNeely, Director, Athens-Clarke County Human & Economic Development	56 Beds	4 New Beds  60 Total Beds	20 New Beds  80 Total Beds	40 New Beds  100 Total Beds
2. Increase percentage of homeless persons staying in PH over 6 months to at least 71%.	AIDS Athens will hire a residential coordinator to meet with residents weekly and teach mandatory classes quarterly to help them maintain their apartments and become more self-sufficient.  The Advantage Behavioral Health System residential program has been restructured. Permanent housing mental health care clients will have more responsibilities, learn independent living skills, and rely less on staff for day-to-day needs	Olivia Long, Director, AIDS Athens  Michael Dock, Program Manager, Advantage Behavioral Health Systems	68 %	72 %	75 %	80 %

3. Increase percentage of homeless persons moving from TH to PH to at least 61.5%.	<p>A HUD-certified housing counseling agency, Hancock Community Development Corporation, will provide one-on-one housing counseling to JobTREC clients. Counseling topics include renter rights and responsibilities, budgeting, credit counseling, and affordable housing searches.</p>	<p>Courtney Davis, Director, Athens Area Homeless Shelter JobTREC program</p>	55 %	61.5 %	65 %	70 %
	<p>JobTREC will continue to provide all services, including childcare vouchers, for up to six months after clients move into housing to prevent future homelessness</p> <p>Homeless Day Service Center (HDSC) provides resettlement financial assistance to working homeless</p> <p>HDSC also provides mental health care outreach, assessments, and treatment to homeless to help them transition to stable housing.</p>	<p>David Hendrickson, Lead Case Manager, Advantage Behavioral Health Systems Homeless Day Service Center</p>				
4. Increase percentage of homeless persons employed at exit to at least 18%.	<p>Through a new partnership, JobTREC will link clients with Georgia Department of Labor services including resume writing assistance, computer classes, and listings of employers who hire ex-offenders</p> <p>JobTREC staff have begun to visit the domestic violence shelter once a week to provide employment services in a safer environment for survivors</p>	<p>Courtney Davis, Director, Athens Area Homeless Shelter</p>	39 %	43 %	48 %	50 %

	<p>Advantage Behavioral Health System’s major strategic focus this year is employment. Staff in all sectors will provide the employment assistance to all mental health, substance abuse, and developmentally disabled clients. Comprehensive employment assistance is currently provided only to the vocational rehabilitation and day programs for developmentally disabled clients.</p>	<p>David Hendrickson, Lead Case Manager, Homeless Day Service Center</p>				
	<p>AIDS Athens has implemented a stricter plan for residents to become employed. Staff will monitor clients’ three and six month employment plans upgrading to thirty day plans if necessary to help clients meet employment goals.</p>	<p>Olivia Long, Director, AIDS Athens</p>				
<p>5. Ensure that the CoC has a functional HMIS system.</p>	<p>Pathways, Georgia’s HMIS provider will increase training sessions in Athens: Training sessions are coordinated with Pathways trainers for up to 12 months in advance. User Training Sessions take place bi monthly, Admin/Reports training occur on a quarterly basis and Confidentiality/Ethics Training are scheduled annually.</p>	<p>William Matson, Executive Director, Pathways Community</p>	<p>75 % Bed Cover- age</p>	<p>78% Bed Cover- age</p>	<p>80% Bed Cover- age</p>	<p>95% Bed Cover-age</p>
	<p>Each month JobTREC and Homeless Day Service Center caseworkers visit shelters not covered by HMIS to intake homeless and provide outreach for mainstream resources, employment, and mental health care services</p>	<p>Courtney Davis, Director, Athens Area Homeless Shelter</p>				

**Barriers: If your CoC will not meet one or more of the above objectives, briefly describe why not (use less than two paragraphs).**

The CoC does not expect to have any barriers to meeting any of the proposed objectives.

**Other CoC Objectives in 2007**

1. Expand housing and services for the homeless	<p>Due to the closing of a military base in Athens, the Athens CoC will receive \$7.8 million in 2011 to build a one-stop center to collocate CoC services including a medical clinic, a day care, transitional for homeless families, foster care visitation center, and offices for homeless service providers</p> <p>In 2007, the Athens CoC will create the trust organization to manage the funds.</p>	Courtney Davis and Art Ordoqui, Co-Chairs, Northeast Georgia Homeless Coalition	Develop lead organization to manage funds	Purchase/renovate property and begin programs	Programs fully operational
2. Increase access to mainstream resources	SOAR-SSI/SSDI Outreach, Access, and Recovery Initiative is a state sponsored initiative whose goal is to train frontline homeless case workers the referral and eligibility determination process for SSI and SSDI. Case workers will attend quarterly trainings on SSI/SSDI eligibility requirements	Charley Bliss, Georgia State Department of Human Resources	25% Case workers trained for SSI/SSDI Eligibility	50% Case workers trained for SSI/SSDI Eligibility	100% Case workers trained for SSI/SSDI Eligibility
	Volunteer tax preparers will provide free assistance to homeless in preparing 2007 tax returns to help them receive Earned Income Tax Credits and refunds	Alvin Sheats, Director, Hancock Community Development Corporation	Prepare 50 tax returns for homeless	Prepare 50 tax returns annually	Prepare 50 tax returns annually
	Clarke County Department of Family and Children's Services case managers will visit the Homeless Day Service Center monthly to outreach, intake, and work with clients to receive TANF, food stamps, and other resources.	David Henrickson, Lead Case Manager, Homeless Day Service Center	5% increase in SCHIP, Food Stamps, TANF, and General Assistance funds	10% increase in SCHIP, Food Stamps, TANF, and General Assistance funds	15% increase in SCHIP, Food Stamps, TANF, and General Assistance funds



<p>3. Improve quality of homeless services</p>	<p>In April 2007, Athens CoC created a web-based database to update vacancies in shelters and provide up-to-date information about services available to assist caseworkers in making referrals and placing homeless in shelters. The program is available on:  <a href="http://negahomeless.googlepages.com">http://negahomeless.googlepages.com</a></p> <p>In 2007 users will improve the database and the CoC will market it to mainstream resource caseworkers and regional shelters to increase utilization.</p>	<p>David Hendrickson,  Case Manager,  Advantage Behavioral Health Systems  Homeless Day Service Center</p>	<p>50 % shelters using system</p>	<p>75 % of shelters using system</p>	<p>90 % of shelters using the system</p>
<p>4. Increase available subsidized housing units for homeless individuals and families</p>	<p>Target CDBG, HOME, and local funds for building, renovating, and leasing housing for the homeless individuals and families</p>	<p>William McNeely,  Director,  Athens-Clarke County Human and Economic Development</p>	<p>Provide 4 new units of housing</p>	<p>Provide 12 new units of housing</p>	<p>Provide 24 new units of housing</p>

**O: CoC Discharge Planning Policy Chart**

<b>Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area</b>	<b>None</b>	<b>Initial Discussion</b>	<b>Protocol in Development</b>	<b>Formal Protocol Finalized</b>	<b>Formal Protocol Implemented</b>
<b>Foster Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Health Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Mental Health</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Corrections</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Foster Care:**  
 The Athens-Clarke County Department of Family and Children Services (DFCS) has developed a formal protocol for foster children aging out of the foster care support system at age 18. Foster care workers “strongly encourage” children to sign back into the program and enroll in the Independent Living Program. Legally, DFCS cannot mandate the children to re-enroll in the program since the children are now adults. However, if the children decide to continue in the program they will receive additional job training, life skills courses and other educational opportunities in order to better prepare them for a successful independent life. The ultimate goal of this program is to prevent children from aging out of the system and encourage them to re-enroll at age18, giving them opportunities they would not have previously had and thus preventing them from becoming homeless in the future.

**Health Care:**  
 Athens-Clarke County’s two area hospitals, St. Mary’s Health Systems and Athens Regional Medical Center, have developed policies requiring that all persons exiting their facilities shall receive assistance finding housing. At St. Mary’s Health Systems, social workers help homeless clients find placement in shelters and other suitable housing. At Athens Regional Medical Center, a Patient Affairs Coordinator meets with homeless patients to coordinate placement at non-HUD funded shelters, provide samples of prescriptions or referrals to agencies for financial assistance with prescriptions, and coordinate follow-up medical care at clinics. Both hospitals have employee representatives who are actively engaged in the CoC planning process and regularly meet with local service providers and homeless advocates to discuss discharge planning processes.

**Mental Health:**  
 The regional community service board, Advantage Behavioral Health Systems (ABHS) has developed a formal discharge protocol. ABHS provides indigent mental health care and substance abuse treatment. At the ABHS inpatient crisis stabilization unit, homeless clients are immediately assigned a case manager who works with them to find housing placements. ABHS maintains funds to help pay rent at halfway houses or apartments for these clients.

**Corrections:\***

The Athens-Clarke County Jail System has developed a formal screening process, which follows the inmate from entry into the jail until release back into the community. The process begins with identifying two key components: the person’s residential situation upon entry and release, and the person’s mental health status. If the person is determined to have a mental illness and/or is determined to be homeless, he/she is referred to the jail chaplain and the staff social worker who begin the discharge planning process. This process includes contacting mental health institutions for possible placement, local halfway houses, privately run transitional programs, substance abuse recovery programs, and when possible family and/or friends who may be interested in housing the parolee when the time comes. According to Athens-Clarke County Jail personnel, this protocol, implemented four years ago has been extremely successful in preventing future homelessness when all resources are available.

\*Please note that “corrections” category refers to local jails and state or federal prisons.

**P: CoC Coordination Chart**

<b>1. Consolidated Plan Coordination</b>	<b>YES</b>	<b>NO</b>
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2. Jurisdictional 10-year Plan Coordination</b>		
a. Is there one or more formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography that are separate from the CoC 10-year plan? (If No, you may skip to Question 3a.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).		
<b>3. Public Housing Agency Coordination</b>		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## CoC 2007 Funding Priorities

### Q: CoC Project Priorities Chart

HUD-defined CoC Name:*Athens/Clarke County						CoC #:GA-503			
(1) SF-424 Applicant Name	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount	(6) Term	(7) Program and Component Type			
						SHP New	SHP Renewal	S+C New	SRO New
<input checked="" type="checkbox"/> Athens- Clarke County	Advantage Behavioral Health Systems	Scattered Site Housing Program	1	\$53,424	2	PH			
Athens-Clarke County	Athens Area Homeless Shelter	Job TREC	2	\$105,991	1		SSO		
Athens-Clarke County	Advantage Behavioral Health Systems	Homeless Day Service Center	3	\$57,184	1		SSO		
<b>(8) Subtotal: Requested Amount for CoC Competitive Projects:</b>				<b>\$216,599</b>					
<b>(9) Shelter Plus Care Renewals:</b>						<b>S+C Component Type</b>			
Georgia Housing Finance Authority	AIDS Athens	S+C Program	4	\$182,088	1	SRA			
Georgia Housing Finance Authority	Advantage Behavioral Health Systems	S+C Program	5	\$139,920	1	SRA			
<b>(10) Subtotal: Requested Amount for S+C Renewal Projects:</b>				<b>\$322,008</b>					
<b>(11) Total CoC Requested Amount (line 8 + line 10):</b>				<b>\$538,607</b>					

\*HUD-defined CoC names & numbers are available at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>.

\*\*Check this box if this is a #1 priority Samaritan bonus project.

CoC-Q

**R: CoC Pro Rata Need (PRN) Reallocation Chart**  
**(Only for Eligible Hold Harmless CoCs)**

<b>1a. Will your CoC be using the PRN reallocation process?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>1b. If Yes,</b> explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page). N/A					
<b>2. Enter</b> the total 1-year amount of <i>all</i> SHP projects that are eligible for renewal in 2007, which amount you have <b>verified with your field office:</b>					\$163,175
<b>3. Starting</b> with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing project, and enter the remaining amount:					\$163,175
<b>4. Enter the Reduced or Eliminated Grant(s) in the 2007 Competition</b>					
<b>(1)</b> Expiring Grants	<b>(2)</b> Program Code	<b>(3)</b> Component	<b>(4)</b> Annual Renewal Amount	<b>(5)</b> Reduced Amount	<b>(6)</b> Retained Amount from Existing Grant
N/A	N/A	N/A	N/A	N/A	N/A
<b>(7) TOTAL:</b>			N/A	N/A	N/A
<b>5. Newly Proposed Permanent Housing Projects in the 2007 Competition*</b>					
<b>(8)</b> 2007 Project Priority Number		<b>(9)</b> Program Code	<b>(10)</b> Component	<b>(11)</b> Transferred Amounts	
N/A		N/A	N/A	N/A	
<b>(12) TOTAL:</b>				N/A	

**S: CoC Project Leveraging Summary Chart**

Name of Continuum	Total Value of Written Commitment
Athens-Clarke County CoC	\$816,030

**T: CoC Current Funding and Renewal Projections**

<b>Supportive Housing Program (SHP) Projects:</b>													
<b>Type of Housing</b>		<b>All SHP Funds Requested (Current Year)</b>		<b>Renewal Projections</b>									
		<b>2007</b>		<b>2008</b>		<b>2009</b>		<b>2010</b>		<b>2011</b>		<b>2012</b>	
Transitional Housing (TH)													
Safe Havens-TH													
Permanent Housing (PH)		\$53,424		\$77,068		\$130,492		\$130,492		\$130,492		\$130,492	
Safe Havens-PH													
SSO		\$163,175		\$163,175		\$163,175		\$163,175		\$163,175		\$163,175	
HMIS													
<b>Totals</b>		\$216,599		\$240,243		\$293,667		\$293,667		\$293,667		\$293,667	
<b>Shelter Plus Care (S+C) Projects:</b>													
<b>Number of S+C Bedrooms</b>		<b>All S+C Funds Requested (Current Year)</b>		<b>Renewal Projections</b>									
		<b>2007</b>		<b>2008</b>		<b>2009</b>		<b>2010</b>		<b>2011</b>		<b>2012</b>	
		<b>Units</b>	<b>\$</b>	<b>Units</b>	<b>\$</b>	<b>Units</b>	<b>\$</b>	<b>Units</b>	<b>\$</b>	<b>Units</b>	<b>\$</b>	<b>Units</b>	<b>\$</b>
SRO													
0													
1		36	\$228,960	36	\$228,960	44	\$279,840	44	\$279,840	44	\$279,840	44	\$279,840
2		4	\$31,920	4	\$31,920	4	\$31,920	4	\$31,920	4	\$31,920	4	\$31,920
3		3	\$31,896	3	\$31,896	3	\$31,896	3	\$31,896	3	\$31,896	3	\$31,896
4													
5													
<b>Totals</b>		43	\$292,776	43	\$292,776	51	\$343,656	51	\$343,656	51	\$343,656	51	\$343,656

## Part IV: CoC Performance

### U: CoC Achievements Chart

<b>2006 Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing</b>	<b>12-month Measurable Achievement Proposed in 2006</b> (from Chart N of your 2006 CoC application)	<b>Accomplishments</b> (Enter the numeric achievement attained during past 12 months)
1. Create new PH beds for chronically homeless persons.	Create <b>24</b> new beds for a total of <b>67</b> beds	Created <b>15</b> new PH beds for chronically homeless individuals for a total of <b>73</b> PH beds
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	Improve the percentage of clients staying in PH over six months from <b>53%</b> to <b>62%</b> through intensive case management and mandatory daily and weekly life skills, mental health, and substance abuse intervention	<b>68%</b> stayed in housing over 6 months
3. Increase percentage of homeless persons moving from TH to PH to 61.5%.	Assist <b>45%</b> of homeless persons in moving from TH to PH through case management, employment assistance, and other services.	<b>55%</b> moved from TH to PH* *Data reported by local TH providers to CoC planning committee on an annual basis.
4. Increase percentage of homeless persons becoming employed by 11%.	Assist <b>18%</b> of homeless persons find employment by providing transportation, work clothes/tools, child care, mental health care, and other supportive services.	<b>39%</b> became employed
5. Ensure that the CoC has a functional HMIS system.	Provide three training sessions, one annual conference, and system enhancements to build capacity of CoC membership, streamline the intake process, and differentiate similar data elements	<ul style="list-style-type: none"> <li>• 8 user trainings were held</li> <li>• 2 admin/reports trainings were held</li> <li>• 2 confidentiality/ethics trainings were held</li> <li>• Athens' Sponsored Statewide HMIS Conference March 21, 22 2007</li> <li>• System enhancements:               <ul style="list-style-type: none"> <li>• Streamlined Intake</li> <li>• Online Referral System</li> <li>• Enhanced Reporting Options</li> </ul> </li> </ul>

**Briefly explain the reasons for not meeting one or more of your proposed measurable achievements.**

Athens CoC met or exceeded most of its proposed measurable achievements. In regards to falling short of creating 24 new Chronically Homeless PH beds, the 2006 SHP/S+C application mistakenly listed 24 beds to be created in one year instead of within two years. The actual goal was to create 12 new beds to which the Athens CoC exceeded this goal as well having created 15 new beds in all.

**OPTIONAL: If desired, you may use this space to describe your CoC's most significant accomplishments over the past 12 months.**

Athens-Clarke County CoC member agencies successfully negotiated receiving a \$7.9 million accommodation from the eventual end user of the Athens Navy Supply Corps School military base which is scheduled to close in March, 2011. With these funds, the Athens CoC will build a one-stop center to collocate CoC services including a medical clinic, a children's day care facility, transitional housing for homeless families with children, a homeless youth shelter, and offices for homeless service providers

The Athens Clarke County Department of Human and Economic Development analyzed the costs of homeless patient care at local hospitals to demonstrate the impact of homelessness on community resources. The study found that 576 homeless individuals accounted for over \$12 million in medical expenses. For a full report Google "homeless cost analysis" or go directly to:

<http://www.athensclarkecounty.com/~hed/Adobe/Homeless%20Health%20Care%20Cost%20Analysis.pdf>

Athens hosted the Georgia statewide HMIS conference held in March 21<sup>st</sup> & 22<sup>nd</sup>, 2007, attended by 179 participants.

In April 2007, Athens CoC created a web-based database to update vacancies in shelters and provide up-to-date information about services available to assist caseworkers in making referrals and placing homeless in shelters. The program is available on: <http://negahomeless.googlepages.com>

In 2007 users will improve the database and the CoC will market it to mainstream resource caseworkers and regional shelters to increase utilization.

**V: CoC Chronic Homeless (CH) Progress Chart**

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

Year	Number of CH Persons	Number of PH beds for the CH
2005	136	25
2006	121	41
2007	158	56

**Briefly describe the reason(s) for any increases in the total number of chronically homeless persons between 2006 and 2007:**

Homeless Count Efforts: Through extensive outreach efforts and unprecedented volunteer participation we were able to locate a much larger unsheltered and chronic homeless population in Athens than previously thought. Also more extensive efforts in volunteer training and coordination allowed our volunteers and front line workers to more accurately identify members of the Chronic Homeless population as defined by the HUD definition for Chronically Homeless Persons.



Sharp decrease in transitional beds: In 2006, due to losses of community funding resources and program changes in several of our local transitional shelters our CoC experienced a loss of 51 shelter beds targeting single homeless males. We believe this may have affected the increase in unsheltered and chronically homeless persons identified in our annual Point in Time count.

Increase Chronic Homeless Beds: However, despite these increases we have been able to increase beds available for CH persons earlier this year as a result of a new SHP leasing grant for 12 additional units that will target CH persons and recent turnover in one of our S+C renewal programs resulting in 3 one bedroom units now available for Chronically Homeless individuals. Although, our CoC has experienced an increase in availability of 15 new beds for Chronically Homeless persons we are unable to answer questions 2 and 3 below as this occurred after January 31, 2007.

2. Indicate the number of **new** PH beds in place and made available for occupancy for the chronically homeless between February 1, 2006 and January 31, 2007: 0

3. Identify the amount of funds from each funding source for the development and operations costs of the **new** CH beds created between February 1, 2006 and January 31, 2007.

Cost Type	Public/Government				Private
	HUD McKinney-Vento	Other Federal	State	Local	
Development	N/A	N/A	N/A	N/A	N/A
Operations	N/A	N/A	N/A	N/A	N/A
<b>TOTAL</b>	N/A	N/A	N/A	N/A	N/A

**W: CoC Housing Performance Chart**

1. Participants in Permanent Housing (PH)	
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart using data based on the <u>most recently submitted</u> APR for Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:	
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart
<input checked="" type="checkbox"/>	All PH renewal projects with APRs submitted are included in calculating the responses below
a.	Number of participants who <b>exited</b> PH project(s)—APR Question 12(a)
b.	Number of participants who did <b>not leave</b> the project(s)—APR Question 12(b)
c.	Number who <b>exited</b> after staying 7 months or longer in PH—APR Question 12(a)
d.	Number who did <b>not leave</b> after staying 7 months or longer in PH—APR question 12(b)
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b., multiplied by 100 = e.)
	68%
2. Participants in Transitional Housing (TH)	

HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH *not* identified as permanent housing. Complete the following chart using data based on the most recently submitted APR Question 14 for TH renewal projects included on your CoC Priorities Chart.

<input checked="" type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input type="checkbox"/>	<u>All</u> TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	
b.	Number of participants who moved to PH	
c.	Percent of participants in TH projects who moved to PH (b. divided by a., multiplied by 100 = c.)	%

**X: Mainstream Programs and Employment Project Performance Chart**

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart are included in the CoC Priorities Chart.
<input checked="" type="checkbox"/>	All renewal projects on the CoC Priorities Chart that are not exempted from reporting in the APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3÷Col 1 x 100)
528	a. SSI	22	4.2%
528	b. SSDI	20	3.8%
528	c. Social Security	3	.6%
528	d. General Public Assistance	0	0%
528	e. TANF	1	.2%
528	f. SCHIP	20	3.8%
528	g. Veterans Benefits	4	.8%
<b>528</b>	<b>h. Employment Income</b>	<b>207</b>	<b>39.2%</b>
528	i. Unemployment Benefits	4	.8%
528	j. Veterans Health Care	3	.6%
528	k. Medicaid	30	5.7%
528	l. Food Stamps	127	24%
528	m. Other (child support)	1	.2%
528	n. No Financial Resources	150	28%

**Y: Enrollment and Participation in Mainstream Programs Chart**

Check those activities implemented by a **majority** of your CoC’s homeless assistance providers (check all that apply):

<input checked="" type="checkbox"/>	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
<input checked="" type="checkbox"/>	The CoC systematically analyzes its projects’ APRs to assess and improve access to mainstream programs.
<input checked="" type="checkbox"/>	The CoC has an active planning committee that meets at least three times a year to improve CoC-wide participation in mainstream programs.

<input type="checkbox"/>	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
<input checked="" type="checkbox"/>	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
<input type="checkbox"/>	The CoC or any of its projects has specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
<input checked="" type="checkbox"/>	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

**Z: Unexecuted Grants Awarded Prior to the 2006 CoC Competition Chart**

Provide a list of all HUD McKinney-Vento Act awards made prior to the 2006 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
N/A	N/A	N/A	N/A
		<b>Total:</b>	N/A

**AA: CoC Participation in Energy Star Chart**

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

Have you notified CoC members of the Energy Star initiative?  Yes  No

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: 50%

**AB: Section 3 Employment Policy Chart**

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. <b>If you answered yes to Question 1:</b> Is the project requesting \$200,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. <b>If you answered yes to Question 2:</b> What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")? <b>Check all that apply:</b></p> <p><input type="checkbox"/> The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates.</p> <p><input type="checkbox"/> The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc.</p>		

- The project will notify any area Youthbuild programs of job opportunities.
- If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for “Section 3 business concerns”\* that provide economic opportunities and will include the “Section 3 clause”\*\* in all solicitations and contracts.
- The project has hired low- or very low-income persons.

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

\*\*The “Section 3 clause” can be found at 24 CFR Part 135.