

## Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (\*), which are mandatory and require a response.

## 1A. Continuum of Care (CoC) Identification

### **Instructions:**

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1A-1. CoC Name and Number:** NC-500 - Winston-Salem/Forsyth County CoC

**1A-2. Collaborative Applicant Name:** City of Winston-Salem

**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 application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.**

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	No
Hospital(s)	Yes	Yes
EMS/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	No
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

<b>Other:(limit 50 characters)</b>		
Govt: VA, DSS, Public Health, & Library	Yes	Yes
Private Businesses, Attorneys, & Landlords	Yes	Yes
Non-Profit (funders, employment) & Faith-Based	Yes	Yes

**1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 2,000 characters)**

The WS/FC CoC has an open communication and engagement strategy to solicit and consider opinions from any organization/person in our community with interest in preventing or ending homelessness. CoC leadership frequently invite stakeholders to CoC meetings/subcommittees educate membership on pertinent issues and ensure diverse perspectives are represented at the CoC. All organizations/persons inquiring about our work are invited to CoC meetings - all open. The CoC’s website is one tool used to communicate an open invitation to both membership and attendance. The website specifically solicits opinions from people experiencing homelessness and acts as an on-going communication forum. Whether visitor or member, everyone is encouraged to present their interests at CoC meetings. Committees, subcommittees, and workgroups have diverse, active representation cutting across the CoC’s organizational levels. Our Homeless Caucus chair attends CoC meetings, giving a voice for homeless/formerly homeless persons. In turn, CoC staff support the Homeless Caucus in its organization efforts. Our faith-based seasonal shelter broadens membership, bringing new ideas to the CoC & Shelter Providers Committee. VA reps are CoC members and are actively engaged in CoC planning, which has helped us to end Veteran homelessness. Victim services, family/homeless youth providers, and LEA work on the Families, Children & Youth Committee, contributing to efforts to end family/youth homelessness.

In 2018, in consultation with Focus Strategies, the CoC completed a new five-year Strategic Plan. Community input into the plan included stakeholder interviews, listening sessions, focus groups, and strategy development sessions. Participants included non-profit homeless service and housing providers, local government staff, Homeless Caucus representatives and others. The main objectives of the plan mirror the goals of Home, Together: The Federal Strategic Plan to Prevent and End Homlessness.

**1B-2.Open Invitation for New Members. Applicants must describe:  
 (1) the invitation process;  
 (2) how the CoC communicates the invitation process to solicit new members;  
 (3) how often the CoC solicits new members; and  
 (4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.  
 (limit 2,000 characters)**

The WS/FC CoC leadership, which is drawn from the Collaborative Applicant (City of Winston-Salem) and other key stakeholders including United Way, actively recruit new members through one-on one engagements and solicitations of individuals/organizations with key roles in providing services to the homeless. The CoC has an open, standing, year-round invitation to new members via its website, and publicly invites new members to join (via cable TV, email, website, word of mouth, etc.). A TV promotion runs each fall as an intensive CoC membership drive. Recent affirmative outreach included recruiting North Star LGBTQ Community Ctr. & Positive Wellness Alliance (HIV/AIDS) to join our Operating Cabinet; dedicating CoC staff/resources to our Homeless Caucus (homeless/formerly homeless persons); engaging more youth-serving organizations through our YHDP planning and application process; and a new WS/FC CoC website with an online member sign-up form indicating membership is free and open to anyone interested in ending homelessness. In this transition year of websites, the CoC's new website continues to be linked to the Collaborative Applicant (City of Winston-Salem) website where all CoC business is posted. A link to the CoC website is being added to the City website to increase opportunities to connect to the CoC. Current membership of the Operating Cabinet, subcommittees, and work groups reflects the diversity of our community. All meetings are held in locations that are easily accessible by public transportation and in close proximity to CoC provider organizations.

**1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 characters)**

The Collaborative Applicant (CA), City of Winston-Salem, coordinates an open solicitation (issued 05/31/18) and review process. Funding availability is advertised by newspaper, website, TV, and email to CoC members and the public. The CA conducts an annual grant workshop for interested parties which is focused on helping new applicants and is advertised by email, in newspapers, and on TV (workshop held 06/13/18). The CoC promotes new membership, and meetings are a primary means of funding promotion. Since 2012, 27 new CoC projects have been submitted to HUD, evidence of the CoC's open process and responsiveness to CoC program change and new opportunities. The 2018 Priority Listing includes 5 new projects. New CoC project proposals are rated on capacity, strategic priority, project approach and design, and cost effectiveness; ranked by an objective panel; then voted on by a Commission with strict conflict of interest rules.

# 1C. Continuum of Care (CoC) Coordination

## Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.**

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Service programs - Cardinal Innovations (LME/MCO)	Yes

**1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:**

- (1) consulted with ESG Program recipients in planning and allocating ESG funds; and**
  - (2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.**
- (limit 2,000 characters)**

1) The City is the ESG entitlement recipient, CoC Collaborative Applicant (CA), state ESG fiscal sponsor, and CoC Administrator under the CoC Governance Charter. City staff (ESG Program Recipient) and ESG Program Subrecipients all serve on the CoC's Operating Cabinet and are engaged in ongoing

consultation at CoC meetings and other venues, which help inform the planning and allocating ESG funds. The City uses a single application for entitlement and state ESG funding. The CoC's Rating Panel makes both CoC and ESG funding recommendations. Prior to approving funding recommendations, the CoC Board seeks comments from the Operating Cabinet on funding recommendations and strategies.

2) The CoC CA also leads the local ConPlan PJ and coordinates entitlement and State ESG funding using a single application process for both. Per the CoC Governance Charter, the CoC appoints a Rating Panel to approve performance measures and make state and entitlement ESG funding recommendations, which are reviewed by the CoC Operating Cabinet and approved by the governing CoC Board, the Commission on Ending Homelessness, before the CA's board provides authority to submit ESG applications to HUD or the state. CoC and ESG programs enter data in an HMIS administered by the CA. This data is provided to the CoC Rating Panel, which considers performance in making CoC and ESG funding decisions. The CA also provides PIT data to the state ESG office and ConPlan jurisdiction.

**1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?** Yes to both

**1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)?** Yes

**1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:**

- (1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and**
  - (2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.**
- (limit 2,000 characters)**

1) The CoC adopted standards related to the 2016 VAWA reauthorization, including implementation of emergency transfer plans for covered housing providers. These protocols include notification of occupancy rights under VAWA, protections to all persons against denial of admission, termination of assistance or lease violation due to being a victim or survivor of domestic violence, dating violence, sexual assault, or stalking, as well as lease bifurcation to remove a household member engaged in related criminal activity, without penalizing a victim or survivor of such criminal activity who is also a tenant or lawful occupant and allowing them to remain in the housing unit. Our

Coordinated Intake Center (CIC) has specific protocols to prioritize and protect individual safety, as part of our coordinated entry system. During initial engagement, if there are concerns about immediate safety, the client is referred to law enforcement and the DV shelter. If they need a protective order, they are referred to Safe on Seven, the community's one-stop center for DV safety. If there is DV in a household matched to housing through coordinated entry, the members can be housed separately. Also, a person in CIC-matched housing who is fleeing violence and leaves the unit can be re-prioritized for housing through CIC. Case managers assigned to DV cases have extensive training in safety planning. The CoC provided training to CoC members on safety planning related to DV in 2018.

2) VSPs are CoC-funded RRH providers. Victim safety is assured in housing; clients are not placed in close proximity to their batterer; and at every stage client choice is upheld. VSPs are active in CoC meetings, coordinated entry and on the CoC Board, helping to instill safety policies/practices. Also, electronic filing/conferencing is used locally for safety in obtaining protective orders.

**1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)**

CoC providers receive annual training on best practices in serving DV survivors, offered by CoC-member agencies including Family Services (VSP), Cardinal Innovations, and United Way of Forsyth County. Family Services conducted our most recent training to address best practices in serving survivors of DV, dating violence, sexual assault, and stalking, on August 21, 2018, which was attended by staff representing our CoC's Project Applicant and all Project Subrecipient Service Providers. This training covered latest statistics from the National Coalition Against Domestic Violence, common characteristics of victims/survivors and abusers, details on the cycle of violence, a description of different forms of abuse, as well as information on the effects of abuse and reasons for abuse in relationships.

**1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)**

The WS/FC CoC uses data regularly to assess the scope of community needs, inform practices, monitor program, and develop future strategies. The CoC worked with Focus Strategies to develop a new Strategic Plan for the community, which relied on data from our HMIS (MCAH). Our CoC's VSPs manage data via a comparable database, Osnum (using os-soft), through NC Coalition Against Domestic Violence, collect PIT/HIC, for the CAPER, APRs, performance measures, and other uses. While data from these databases is used to monitor general system performance, it is also used to assess the scope of needs, whether it be for specific target populations, like DV, or for other demographic groups (e.g., racial, ethnic, household composition, disabilities, etc.) in our community. The Winston-Salem Police Department also



works with the CoC and its providers, reporting incident and criminal activity data relevant to homeless and DV issues. The responses to Questions 1C-4a-f describe the scope of our community's needs and capacity in our work to end homelessness among survivors of DV, dating violence, sexual assault, and stalking.

**1C-4. DV Bonus Projects. Is your CoC Yes  
applying for DV Bonus Projects?**

**1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.**

SSO Coordinated Entry	<input type="checkbox"/>
RRH	<input checked="" type="checkbox"/>
Joint TH/RRH	<input type="checkbox"/>

**1C-4b. Applicants must describe:**

- (1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;**
- (2) the data source the CoC used for the calculations; and**
- (3) how the CoC collected the data.**  
**(limit 2,000 characters)**

1) CoC HMIS data indicate at least 16.9% of all clients served (2,152), from 7/1/2017 to 6/30/2018, had a history of DV. Of those 364 responding Yes to having a history of DV, 33.2% were fleeing DV at entry. Our CoC's primary DV organization, Family Services, served 1,749 survivors from 7/1/2017 to 6/30/2018. Of those served, 72 women and 41 children received emergency shelter for 6,044 nights of care (avg. LOS = 38 days). Next Step Ministries in Kernersville, a smaller DV organization in NC-500, served 46 adults and 25 children (avg. LOS = 56 days) for that same 12-month period. In addition, Family Services provided RRH case management to 29 households (84 persons) in FFY2017. Family Services also reports that approximately 1/3 of their RRH caseload is for DV survivors who were sheltered by other CoC providers. Local police data shows during 2017, there were 4,703 incidents with 5,980 charges flagged as DV related. Only 7 of those DV-related incidents were without criminal charges, which indicates a need for services to ensure safety. Also, there were 412 DV incidents with juvenile victims, indicating the impact of DV on families and youth.

2) Family Services maintains a daily census for all shelter guests to determine nights of care and length of stay. Since January 2018, all client data is entered into Osnum database (using os-soft), an HMIS comparable database. Rapid Rehousing case managers maintain an excel spreadsheet of all clients and data to support that process. The Winston-Salem Police Department (WSPD) maintains their own incident and criminal charges data.

3) CoC data was pulled from the HMIS. Family Services ran reports from its

HMIS comparable database, Osnum, and crosschecked output with its internal reporting methods. Also, Family Services collected data directly from Next Step Ministries; and the Collaborative Applicant contacted the WSPD.

**1C-4c. Applicants must describe:**

- (1) how many domestic violence survivors need housing or services in the CoC’s geographic area;**
  - (2) data source the CoC used for the calculations; and**
  - (3) how the CoC collected the data.**
- (limit 2,000 characters)**

1) Family Services provided housing or services to 1,749 survivors from July 1, 2017 to June 30, 2018. Services provided included emergency shelter, court advocacy, counseling, support groups, transportation assistance, RRH case management, and referral for needed resources. Family Services also responded to 778 phone calls on the DV crisis line. Family Services documented that there were 1,048 unmet requests for shelter by domestic violence survivors during that same timeframe.

2) Family Services maintains a daily census for all shelter guests to determine nights of care and length of stay. Since January 2018, all client data is entered into Osnum database, an HMIS comparable database. Rapid Rehousing case managers maintain an excel spreadsheet of all clients and data to support that process.

3) CoC data was pulled from the HMIS. Family Services ran reports from its HMIS comparable database, Osnum, and crosschecked output with its internal reporting methods. Osnum has the ability to compile reports on housing, as well as services. Also, Family Services collected data directly from Next Step Ministries.

**1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:**

- (1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;**
  - (2) quantify the unmet need for housing and services for DV survivors;**
  - (3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and**
  - (4) describe how the CoC determined the unmet need for housing and services for DV survivors.**
- (limit 3,000 characters)**

1) There is a significant unmet need for housing and services among DV survivors in NC-500. While we continue to improve our service delivery and housing program, we still do not have enough resources to meet the demand. Safe on Seven, our multi-agency collaborative providing services to domestic violence victims, had an increase 42% individuals served from first to second quarter of calendar year 2018. Many of those victims are filing emergency protective orders (50B’s) and are unable to return home until their abusive partner is arrested. For those turned away when shelter providers are at capacity, it means returning to their abusers or entering life on the street. For those who are able to access emergency shelter, it is taking an average of 2-3

months for them to locate housing from their initial RRH intake. In 2017-2018, a total of 23 survivors were housed. 17% (4) of victims at the shelter were housed in less than 1 months, 65% (15) is 1-3 months, and 17% (4) required 3-6 months. Addressing the barriers (the lack of income, lack of housing options, bad credit) requires intensive case management, both in shelter and once the move into permanent housing takes place. With additional staff resources, DV survivors will be able to move into housing with shorter shelter stays and have supportive resources to remain in housing once their RRH services end.

2) Family Services's shelter was either at or above capacity for 163 days from 7/1/17 to 6/30/18, and Next Step Ministries stayed at capacity almost every day that same year (i.e., 317 days). In addition to the number served in our DV shelters, Family Services documented 1,048 requests for shelter that they were unable to meet. Based on the data in 1C-4b (118 DV households served by Family Services and Next Step), our CoC is only able to shelter about 10% of DV survivors in a given year. The need for shelter and housing among DV survivors is great.

3) Referrals to other shelters due to lack of space is documented in the Osnum database.

4) The CoC simply determined the unmet need for housing and services for DV survivors by looking at the number of requests for shelter that were not met. These families were referred to other shelters in our CoC, as well as other CoCs, as such Family Services was unable to assess the outcomes after those referrals.

**1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)**

The proposed Housing Independence Project (HIP), NC-500's DV Bonus project, is strategically designed to meet the needs of domestic violence survivors in our community by reducing the amount of time they spend in shelters and by increasing their housing stability. Family Services has a wealth of experience in working with domestic violence survivors, and as such as a thorough understanding of what housing programs and services best meet their needs. HIP specifically seeks to: 1) establish new relationships and strengthen existing relationships with landlords to increase the pool willing to rent to survivors; 2) increase collaboration with Next Step Ministries in Kernersville, NC through on-site meetings with domestic violence survivors at their safe house; 3) increase collaboration with other homeless shelters and programs, like Forsyth Rapid Rehousing Collaborative (FRRC), around services for domestic violence survivors; 4) expand housing options to reduce the time between program entry and housing placement; and 5) provide more intensive case management to address retention barriers and housing stabilization. By implementing these efforts, Family Services will broaden the housing options, reduce the time in shelter or unsafe situations, and create a safe and expeditious path to housing independence for our domestic violence survivors.

**1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by**

**describing:**

- (1) rate of housing placement of DV survivors;**
- (2) rate of housing retention of DV survivors;**
- (3) improvements in safety of DV survivors; and**
- (4) how the project applicant addresses multiple barriers faced by DV survivors.**

**(limit 4,000 characters)**

Family Services, our sole DV Bonus Project Applicant is well equipped to deliver on the RRH outcomes expected and benchmarked by our CoC. Family Services is an exceptional partner and deeply involved in the activities and work of our CoC.

1) Within 2-3 weeks of shelter entry, DV survivors initiate the RRH process. It typically takes 2-3 months to access housing for the majority of the CoC's DV RRH participants. Family Services has placed at least 80% of DV survivors in housing over the past two years.

2) Current retention rates among DV survivors in our CoC is about 55%-65%. The new project seeks to improve retention, so that rates approach those of other RRH participants.

3) The proposed DV Bonus, HIP, will increase the number of DV survivors and their families that access housing. Hip also will increase the case management support to keep them in housing and improve retention. Finally, HIP will decrease the length of time homeless or in shelter by shortening the time it takes for housing placement. This ultimately will increase our CoC's shelter bed capacity and address identified unmet housing needs for DV survivors.

4) Family Services (FS) has a wealth of experience working with DV survivors, and FS staff are actively involved at all levels of CoC work in Winston-Salem/Forsyth County. FS addresses the multiple barriers faced by DV survivors in a very thorough and thoughtful manner using a client-centered approach and never compromising safety. Family Services, our DV Bonus Project Applicant, describes their efforts and capacity in the following.

o One of the most difficult obstacles for our DV survivors is fast exits from the shelter into housing. Our guests are still dealing with safety issues for several weeks in shelter before they begin to look at the goal of housing. A survivor's immediate safety, emotional and physical needs must be first addressed before she is ready to focus on developing a permanent housing plan through Rapid Rehousing.

o Our case managers provide a level of support that is responsive to the needs of each unique family and based on a voluntary and survivor driven approach. Each case manager has been trained in a trauma focused approach to working with survivors of DV, has attended the NC Coalition against DV Advocate's Institute, and is engaged in ongoing training.

o The addition of a victim advocate/case manager to target survivors across multiple shelters builds on the relationships already established. Shelter case managers work closely together and the project will enhance the opportunities for collaborative work to meet the needs of DV survivors.

o Landlord recruitment will be key to building housing resources that are available. At least half of the survivors that FS works with have had an application denied by at least one landlord during her housing search. This

lengthens the staff in shelter and is a major setback on a survivor's hope for the future.

o Survivors of domestic violence and sexual assault have complex needs that must be addressed in any housing program. Their safety concerns and barriers to housing stability (past evictions, physical assaults and destruction of property, poor work histories, isolation) often require longer than average lengths of stay in the women's shelter.

**1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:**

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;**
- (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and**
- (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Housing Authority of Winston-Salem (NC012)	6.70%	Yes-Public Housing	No
Piedmont Triad Regional Council (NC166)	2.03%	Yes-HCV	No

**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-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)**

This is not applicable.

**1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)?** Yes

**Move On strategy description.**

**(limit 2,000 characters)**

The PHA, Housing Authority of Winston-Salem, administers all PSH tenant-based rental assistance for the CoC. Under its Administrative Plan, when PSH participants reach a point of needing fewer services, participants are transferred to the Housing Choice Voucher program or in some cases the HOME Tenant-based Rental Assistance Program, which the PHA also administers for the HOME Participating Jurisdiction. Also, the PHA has set aside public housing units for homeless households in partnership with a homeless services provider which provides case management services. The PHA's active involvement in our CoC strategy has contributed to our ability to serve more homeless persons, efficiently use of resources, and improve system performance.

**1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness.**

**(limit 2,000 characters)**

North Star LGBTQ Ctr. was actively recruited to our CoC Operating Cabinet (OC), which helps raise pertinent issues for discussion and create new partnerships (i.e., 2016 YHDP application). CoC members worked with North Star to develop/administer a housing and homeless needs assessment for LGBTQ persons at the Winston-Salem Pride festival; the data helps determine unmet needs of youth/non-youth homeless persons for CoC and Consolidated Planning. Our CoC incorporated input from stakeholders, like North Star, on the recent Assessment of Fair Housing. CoC meetings are used as a venue to present and discuss HUD's Equal Access final rules of 2016 and 2012. CoC-member United Way conducted LGBT training for our VSPs and Youth providers this year. CoC member Cardinal Innovations conducts regular trainings. CoC shelters held staff training on serving LGBTQ persons. Finally, our CoC adopted the Preventing Involuntary Family Separation policy (10/20/15) & Anti-Discrimination policy (09/19/17).

**1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.**

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	No
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

**1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
<b>Other:(limit 50 characters)</b>	
Crisis Intervention Training of Law Enforcement	<input checked="" type="checkbox"/>
Community-oriented Policing	<input checked="" type="checkbox"/>
Connect WSPD bike patrol & Homeless Caucus	<input checked="" type="checkbox"/>

**1C-8. Centralized or Coordinated Assessment System. Applicants must:**  
**(1) demonstrate the coordinated entry system covers the entire CoC geographic area;**  
**(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;**  
**(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and**  
**(4) attach CoC’s standard assessment tool.**  
**(limit 2,000 characters)**

1) Our coordinated entry system (CES) covers the entire NC-500 geographic area. The CoC’s geographic area is one county and is covered by the CES. Access points are the shelters and street outreach programs, which serve the county and feed into our centrally-located Coordinated Intake Center. In addition, the NC 211 information and referral service provides access to system programs outside of normal business operating hours, and 211 serves the entire county.

2) The Community Intake Center (CIC) serves as the coordinated entry process for the CoC and works with all local homeless shelters and street outreach programs to identify people with the highest barriers or acuity and connect them to supportive housing opportunities. CIC staff work with staff from the shelters, street outreach programs, and other community services, which serve people who are homeless, to identify and assess homeless people for prioritization. Upon admission to a shelter or identification by a street outreach program people are given a VI-SPDAT assessment which is used to prioritize people for supportive housing. Persons contacting 211 information and referral who are homeless are directed to appropriate services such as shelter, which then links them to CIC.

3) The CIC maintains a comprehensive By-Name List of individuals in need of supportive services to end their homelessness. The list is ordered by the

client/household's score on the VI-SPDAT and length of time homeless. Every week the CIC staff perform full assessments based on available resources and length of time homeless. Cases are then anonymously presented to the multi-agency assessment team which refers them to available housing resources and other services which will assist the client/household in achieving their housing stability goals.

4) VI-SPDAT is attached (both individual and family tools).



## 1D. Continuum of Care (CoC) Discharge Planning

### Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).**

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

## Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:**

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

**1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:**

- (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and**
  - (2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.**
- (limit 2,000 characters)**

1) All CoC projects use the VI-SPDAT as a beginning point to determine vulnerability and severity of needs. This offers an opportunity for provider and participant to discuss factors that may be correlated with vulnerability, such as low/no income; substance abuse; criminal records; chronic homelessness; domestic violence; LGBTQ status; health or behavioral health challenges or disabilities; high use of crisis or emergency services; unsheltered situations; and victimization, including physical assault, human trafficking, or sex trafficking. Two new projects selected for FY2017 target persons with many of the aforementioned risk factors. 2) The CoC adopted a performance scorecard, favoring projects which administer the VI-SPDAT prior to referral. The scorecard also favors low barrier projects for which vulnerable persons are not screened out for any of these factors. To facilitate uniformity, the scorecard also favors projects for which all referrals are through coordinated entry.

**1E-3. Public Postings. Applicants must indicate how the CoC made public:**

- (1) objective ranking and selection process the CoC used for all projects (new and renewal);**
- (2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and**
- (3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.**

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	<input type="checkbox"/>	CoC or other Website	<input type="checkbox"/>
Email	<input type="checkbox"/>	Email	<input type="checkbox"/>
Mail	<input type="checkbox"/>	Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>	Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>	Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>	Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

**1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC’s ARD between the FY 2014 and FY 2018 CoC Program Competitions.**

**Reallocation:** No

**1E-4a. If the answer is “No” to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects. (limit 2,000 characters)**

Our CoC was ahead of the curve on reallocating to new program types pursuant to HUD’s implementation of the HEARTH Act. In 2012, we reallocated \$899,638 of \$1,703,785 in ARD (53% of funds) to move away from transitional housing and to invest heavily in coordinated entry and rapid rehousing. We considered HUD’s implementation of HEARTH through the CoC and ESG rules a turning point in our ability to effectively implement our housing first work under our Ten Year Plan. From 2013 to 2017, we continued to invest in new RRH and PSH projects using bonus funds, while monitoring the performance of existing projects. In 2018, we have reached a point of re-evaluating our project structure, particularly for PSH, and are reallocating \$765,219 of \$1,956,291 in ARD (39% of funds). This restructuring will allow us to use PSH more effectively for referrals from our coordinated entry system, because we will have the right

balance of rental assistance and supportive services. This balancing is the result of a very participatory learning process that has occurred, with CoC members involved in Action Camps driven by the Built for Zero campaign participation. The restructuring also is reflected in the goals, objectives, and targets of a new CoC Strategic Plan that was launched in 2018, with the involvement of CoC members in many workshops and meetings.

**1E-5. Local CoC Competition. Applicants must indicate whether the CoC:**  
**(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;**  
**(2) rejected or reduced project application(s)—attachment required; and**  
**(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required. :**

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

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

### Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required.** Yes

**2A-1a. Applicants must:** pages 1-3, MOU  
(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and  
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

**2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required.** Yes

**2A-3. HMIS Vender. What is the name of the HMIS software vendor?** Mediware

**2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area.** Regional (multiple CoC)

**2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:  
(1) total number of beds in 2018 HIC;  
(2) total beds dedicated for DV in the 2018 HIC; and**

**(3) total number of beds in HMIS.**

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	349	39	260	83.87%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	84	0	46	54.76%
Rapid Re-Housing (RRH) beds	112	0	112	100.00%
Permanent Supportive Housing (PSH) beds	408	0	202	49.51%
Other Permanent Housing (OPH) beds	0	0	0	

**2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months. (limit 2,000 characters)**

Our CoC's ES PIT count was just under 85% for a few reasons. One of our shelters (Bethesda Center) had five broken beds on the night of the PIT. If those beds had been operational, our HMIS bed coverage rate would have been 84.13%. In addition, our Salvation Army shelter reduced their total bed count by 15 this past year. Lastly, the WS Rescue Mission (WSRM), a faith-based provider, accounts for the 50 non-HMIS, non-DV ES beds. While WSRM is not in HMIS, they do refer clients to Coordinated Entry which enters client data in HMIS. Lastly, if prorated seasonal beds (28.84) are included in our ES numbers, then our CoC's shelter bed coverage rate reaches 85.46%.

Over the past few years, the CoC has strategically reduced the number of TH beds as part of its Housing First approach, so overall TH inventory is low. WSRM and Stepping Stones Ministries, both faith-based non-HMIS providers, account for almost 50% of the CoC's TH beds. While not in HMIS, both organizations refer clients to Coordinated Entry which enters client data in HMIS.

VASH accounts for the non-HMIS PSH beds. The VA and PHA are active CoC partners, but have inadequate staff/funds for VASH data entry. We are investigating having Coordinated Entry enter VASH and faith-based TH data into HMIS in 2019 to improve bed coverage. Our CoC will embrace any effort to integrate VASH and other programs into HMIS. Our CoC offers free licenses for organizations joining HMIS.

**2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 10**

**2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). 04/27/2018**

**(mm/dd/yyyy)**

## 2B. Continuum of Care (CoC) Point-in-Time Count

### Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).** 01/31/2018

**2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).** 04/27/2018



## 2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

**Instructions:**

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC’s sheltered PIT count results.  
 (limit 2,000 characters)**

There were no changes in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018.

**2C-2. Did your CoC change its provider coverage in the 2018 sheltered count?** No

**2C-2a. If “Yes” was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.**

Beds Added:	0
Beds Removed:	0
Total:	0

**2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC’s 2018 sheltered PIT count?** No

**2C-3a. If “Yes” was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.**

Beds Added:	0
Beds Removed:	0
Total:	0

**2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable.** No

**2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?** Yes

**2C-5a. If “Yes” was selected for question 2C-5., applicants must describe: (1) how stakeholders serving youth experiencing homelessness were engaged during the planning process; (2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count. (limit 2,000 characters)**

The CoC Operating Cabinet participates in PIT planning, including youth-serving organizations North Star LGBTQ Center, Youth in Transition (foster care), Catholic Charities Diocese of Charlotte (RHY), and Project HOPE (LEA/public schools). In CoC meetings and through follow-up communication, these providers were asked to provide information on locations where homeless youth are likely to be identified and approaches for capturing PIT data. Our CoC learned many of the unaccompanied youth from high-risk subpopulations in our community are not defined as HUD homeless (i.e., precariously housed), and thus, would not be included in a PIT count. A large percentage of our homeless youth are in youth-led households with children and are sheltered by the Salvation Army; thus, they are included in our annual PIT count.

**2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count: (1) individuals and families experiencing chronic homelessness; (2) families with children experiencing homelessness; and (3) Veterans experiencing homelessness. (limit 2,000 characters)**

The 2018 PIT count, like prior counts, provided an accurate count of homelessness, including chronic individuals/families, families with children, and Veterans. All providers participate. Staff are trained on intake/assessment and HMIS data entry (or if non-HMIS provider completing surveys accurately). Our annual PIT count results are consistent and reliable. After each count feedback on best practices and challenges is used for continuous quality improvement. Our CoC employs other practices year-round, like maintaining By-Name Lists for chronically homeless individuals & families and Veterans, which improve

"counting" and assessment of subpopulations. Seasoned PIT count volunteers and outreach staff use their expertise leading up to the count to pre-identify locations and encourage participation of street homeless. Our high rate of AHAR shell usability is further evidence of quality client data entry. HUD Data Standards updates continue to help us count subpopulations using HMIS.

## 3A. Continuum of Care (CoC) System Performance

### Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.**

Number of First Time Homeless as Reported in HDX.	1,361
---	-------

### 3A-1a. Applicants must:

- (1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;**
- (2) describe the CoC’s strategy to address individuals and families at risk of becoming homeless; and**
- (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)**

1) The CoC identified first-time risk factors by analyzing HMIS data and using the results of coordinated, in-depth screening (VI-SPDAT). Vulnerabilities are: low/no income, substance abuse, criminal records, chronic homelessness, DV, LGBTQ status, health/behavioral issues, high use of crisis/prevention, living unsheltered, human trafficking, likelihood for eviction, and high use of hospitals/jail.

2) As a strategy to reduce first-time homelessness, the CoC coordinates with crisis assistance agencies, implements a diversion protocol at initial phone contact, and partners with mainstream/prevention agencies. There are more specific efforts underway to prevent families with children from becoming homeless for the first time. Specifically, the Salvation Army of Winston-Salem was recently awarded a private foundation grant to implement a new diversion protocol for our CoC. Their leadership, collaboration with coordinated entry, and partnership with other organizations (e.g., WS/FC Schools, our LEA) serving families with children will ensure successful implementation. Lastly, because low/no income is one of the leading factors in our community with regards to first-time homelessness, the CoC is also engaged with the community's Poverty Thought Force efforts, which released its final report in 2017.

3) The Senior Director for Housing Strategies at the United Way of Forsyth County is the position/organization responsible for overseeing the strategy to reduce/end first-time homelessness.

### 3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:

FY2018 CoC Application	Page 28	09/14/2018
------------------------	---------	------------

- (1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);**
  - (2) describe the CoC’s strategy to reduce the length-of-time individuals and persons in families remain homeless;**
  - (3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**
  - (4) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless.**
- (limit 2,000 characters)**

1) For Metric 1.2, our CoC's FY2017 average LOT Homeless was 73 days, a decrease of 14 days from FY2016. Our CoC's FY2017 median LOT Homeless was 36 days, a decrease of 11 days from FY2016. Our CoC is proud of the continued decline seen in this SPM metric, and the success is attributed to the following.

2) The CoC used Built for Zero planning and housing surges to speed movement through coordinated intake to PH (i.e., reduce LOT Homeless). Surges decreased placement time from 60 days to as short as 1 week, and success is due to CoC planning and partnership with our PHA, Housing Authority of Winston-Salem. HMIS data is used to examine LOT Homeless, and it informs our work to end homelessness among the target populations identified in the Home, Together Plan.

3) The CoC uses data sharing to facilitate identification, placement on By-Name List, and prioritization through Community Intake Center. The CoC adopted Notice CPD-16-11 and coordinates use of RRH & PSH to house people quickly and stably. Our PHA moves PSH clients to vouchers and dedicates units for homeless, expediting PSH placements.

4) The Director of Community Intake Center, United Way of Forsyth County, maintains the By-Name List, while the Senior Director for Housing Strategies at the United Way of Forsyth County is the position/organization responsible for overseeing the strategy to reduce LOT Homeless.

**3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:**

- (1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and**
- (2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.**

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	27%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	98%

**3A-3a. Applicants must:**

**(1) describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and (2) describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.**

**(limit 2,000 characters)**

1) The WS/FC CoC’s strategy for PH placement for those in ES, TH, and RRH is making sure coordinated entry works seamlessly with our PHA and RRH providers to move people to permanent housing quickly after assessment and referral. Due to the unique needs of domestic violence survivors and their families, the CoC is proposing a new DV RRH effort - the Housing Independence Project. This will be instrumental in our work to increase exits to PH destinations among this target population. Lastly, the CoC is proposing implementation of a new strategy in its RRH work, which includes landlord assurances as part of the proposed new Forsyth Rapid Rehousing Collaborative Expansion project.

2) The WS/FC CoC has maintained very high performance over the years as it relates to permanent housing stability (i.e., retain PH or exit to PH) for both individuals and persons in families who reside in PSH programs. However, our CIC has recently struggled to place homeless persons in PSH, because our CoC lacks case management staff to support the housing placement. The primary strategy for increasing the rate of housing stability in PSH is client-centered case management, where case managers providing the appropriate and necessary supports to ensure retention or successful exit for each individual or family. Our CoC has redesigned our PSH programs to ensure that the housing stability rate continues to be high. As such, several new PSH programs are part of this year’s CoC application. These PSH programs provide the critical case management services that our homeless individuals and persons in families need.

**3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.**

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	8%

**3A-4a. Applicants must:**

**(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;**  
**(2) describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and**  
**(3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families returns to homelessness.**

**(limit 2,000 characters)**

1) The CoC's Community Intake Center (CIC) uses a By-Name List to

identify/track recidivism as part of coordinated entry, and the CoC/Collaborative Applicant (CA) monitors individual returns to homelessness from PH projects with HMIS recidivism reports. Having multiple non-PH exits has been identified as a common factor among those who return to homelessness. The coordinated intake and assessment process uses the standardized assessment tool to identify factors for persons to consider addressing in their housing stability plan.

2) Other WS/FC CoC strategies to reduce additional returns include: a) using diversion to avoid returns to ES/TH; b) improving entry/exit data to distinguish true returns from continued homelessness; c) enhancing follow-up for persons who exit to stay with family/friends, so they remain or move to more stable housing; d) expanding access to income resources (e.g., SOAR and jobs) to increase disability and employment income; e) including in CES referral recommended services, such as mental health and substance abuse services and budgeting classes; f) providing adequate case management and educating tenants about rights and responsibilities in housing, including how to avoid lease violations; and g) arranging access to childcare resources for working families.

3) The City of Winston-Salem (CA) and United Way of Forsyth County (Subrecipient for CIC) maintain responsibility for overseeing the CoC’s efforts, using SPM and HMIS reports for monitoring.

**3A-5. Job and Income Growth. Applicants must:**

- (1) describe the CoC’s strategy to increase access to employment and non-employment cash sources;**
  - (2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
  - (3) provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase job and income growth from employment.**
- (limit 2,000 characters)**

1) The WS/FC CoC uses several strategies to increase access to employment and non-employment cash sources. Some of these include: partnerships with employment/mainstream organizations; and co-locating coordinated entry & housing placement with Prosperity Center’s employment services (Goodwill) and financial education (Financial Pathways). Participants in CoC projects also benefit from United Way’s coordinated entry and collaborative approach, which allows CoC case managers an opportunity for biweekly collaboration/training and responsibility for participant cash/non-cash income objectives. CoC partner agencies tailor their on-site income services specifically to their participant needs.

2) Through our dedicated, client-centered case managers, the CoC works with several mainstream organizations to help individuals and families increase their cash income. Goodwill, Operating Cabinet member, links mainstream employment services with CoC projects. Other income growth efforts include using SOAR (NC-500: \$2.49 million) and referring to Financial Pathways (offers budget planning, rep payee program, etc.)

3) Our Poverty Thought Force initiative is seeking an anti-poverty program

position with emphasis on job/income growth for the CoC. Case managers are responsible at the CoC project/participant level. The Collaborative Applicant and Rating Panel annually evaluate CoC-funded projects' progress as it relates to participants' job and income growth.

**3A-6. System Performance Measures Data** 05/31/2018  
**Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)**



## 3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

### Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:**
- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and**
  - (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.**

Total number of beds dedicated as DedicatedPLUS	111
Total number of beds dedicated to individuals and families experiencing chronic homelessness	0
<b>Total</b>	<b>111</b>

**3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required.** Yes

**3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.**

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>
Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

**3B-2.2. Applicants must:**

- (1) describe the CoC’s current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;**
  - (2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and**
  - (3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.**
- (limit 2,000 characters)**

1) Our CoC implements a coordinated effort for Rapid Rehousing, known as the Forsyth Rapid Rehousing Collaborative (FRRC). The FRRC strategy for rapidly rehousing households of families with children is multifaceted. Our only shelter serving families with children, Salvation Army, uses an early assessment and diversion protocol to prevent homelessness, resolve homelessness quickly, and shorten ES time. If not resolved in <14 days, then the households of families with children are referred to Community Intake Center (CIC), which coordinates entry, prioritizes for housing assistance using Family VI-SPDAT (3-4 days), and expedites PH placement (30-day goal). Access to all assistance (e.g., RRH, PSH, The Commons, etc.) is via CIC. CoC & ESG funds are used to complement eligible activities in RRH. In the past few years, our CoC increased HOME TBRA and RRH (ROOF & FAST Housing) for homeless families with children. Strong relationships with our PHA and landlords eliminate entry barriers and shorten rehousing time. Outcomes indicate this strategy is successful.

2) Once participants are rehoused, FRRC case managers will develop a plan for participants to remain in housing permanently. They also ensure participants have access to other supports, resources, and benefits to assist them in remaining in PH. Many clients are able to move from RRH to PSH through partnership with the PHA. FRRC has a proven track record of successful housing outcomes for participants, which is attributed to its case management, collaboration, and use of best practices.

3) The Director of the Forsyth Rapid Rehousing Collaborative, United Way of Forsyth County, is responsible for overseeing the strategy to rapidly rehouse families with children within 30 days.

**3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.**

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	<input type="checkbox"/>

CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.

**3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:**

Human trafficking and other forms of exploitation	No
LGBT youth homelessness	Yes
Exits from foster care into homelessness	Yes
Family reunification and community engagement	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

**3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.**

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

**3B-2.6. Applicants must describe the CoC's strategy to increase:  
 (1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and  
 (2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.  
 (limit 3,000 characters)**

1) Our CoC's strategy to increase housing and services for all youth experiencing homelessness was well researched and formulated in 2016, when we applied for a YHDP grant in an effort to secure additional funding. In the process, our CoC increased its understanding of the youth homeless population and subpopulations in Winston- Salem/Forsyth County. The biggest need for housing and services among the youth population is for parenting youth (18-24) and their children. Data indicate that typically 20% of the Salvation Army of Winston-Salem's shelter population are in parenting-youth households. If diversion is not an option, then the primary strategy for serving these households is to work with coordinated entry to identify the best housing solution for these families. A secondary strategy for our CoC to address the housing/service needs of youth, includes creating a Youth System of Care and

growing collaborations with youth providers to gain greater insight into the struggles of youth in our community. Our LEA (school district), WS/FCS, has a growing demand for serving youth who are either in families or unaccompanied and at imminent risk of losing their housing. When our ES providers that serve individuals begin to see a significant increase the number of youth (18-24) seeking shelter, our CoC will identify a strategy specific to their needs.

2) Since NC-500 does not have any youth experiencing unsheltered homelessness, as evidenced by our PIT counts and as reported by street outreach staff and volunteers, the CoC does not currently have a strategy for increasing the availability of housing and services for unsheltered youth. The CoC is aware that many youth in our community, while not technically homeless, are very precariously housed – often couch surfing and/or not welcome in the homes of their own families.

**3B-2.6a. Applicants must:**

**(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;**

**(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and**

**(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC’s strategies.**

**(limit 3,000 characters)**

1) The CoC uses PSH and RRH housing inventory as a measure of our effectiveness in meeting the aforementioned strategy. In recent years, our CoC has developed The Commons, housing for youth 18-24, and the FAST Housing project, youth-focused RRH. HMIS reports also are used to track and monitor client services. As the CoC further develops its Youth System of Care, the CoC monitors service availability and participating agencies as an indicator of growth in the community’s resources for youth.

2) The PIT youth count decreased by 50% from 2017 to 2018, as evidence of effective strategies. Diversity of providers is evidence of our strategy to increase collaboration. Specifically, our CoC’s Youth System of Care includes Youth In Transition (serving youth leaving foster care), North Star (serving LGBTQ), Goodwill (serving youth in poverty), and Project HOPE (LEA serving homeless preK-12). The CoC’s two youth-focused housing efforts, The Commons and FAST Housing are demonstrating success with participant outcomes. The very low number of unaccompanied, unsheltered youth is further evidence of our effectiveness.

3) The CoC also continues to focus on parenting- youth households served by Salvation Army, our only shelter for families with children – using the number of persons in these households (i.e., every member under age 24) as a key measure for tracking change annually, along with their LOT Homeless, PH placements, and income growth. These measures are used because they are specific to our homeless youth populations and are consistent with SPM.

**3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:**

- (1) youth education providers;**
  - (2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);**
  - (3) school districts; and**
  - (4) the formal partnerships with (1) through (3) above.**
- (limit 2,000 characters)**

1) The CoC collaborates with its primary youth education providers, Early Head Start/Head Start & the Winston-Salem/Forsyth County Schools' public, preK-12 program on a regular basis through meetings or one-on-one staff contact. Family Services, CoC Operating Cabinet member, provides our Early Head Start/Head Start program. The Project HOPE Homeless Liaison, Winston-Salem/Forsyth County Schools, is also a CoC Operating Cabinet member.

2&3) The NC Department of Public Instruction (NCDPI), our SEA, maintains regular communication with our LEA and Homeless Liaison through reports (e.g., new ESSA Consolidated State Plan, pp. 157-165), and through the State Coordinator for Homeless Education at the SERVE Center. The Winston-Salem/Forsyth County Schools (WS/FCS), NC-500's only LEA/school district, operates Project HOPE - a strong collaborator since 1996, serving homeless youth & their families and providing vital street/shelter outreach and service at schools. The WS/FCS Homeless Liaison is on the Operating Cabinet and Families, Children & Youth Subcommittee, keeping our CoC abreast of NCDPI (SEA) news. Project HOPE staff & Home-School Coordinators work with case managers to coordinate services for families in shelters and make referrals to Community Intake Center. In 2018, Project HOPE "had the honor of assisting 16 seniors" experiencing homelessness, toward graduation. Finally, United Way, a lead CoC partner, works with the LEA using data to inform community programming and financial investment, and recently received a private grant for pilot program to reduce student mobility and foster diversion from shelter.

4) Our CoC maintains an MOU with WS/FCS, which is our CoC's main youth education provider, as well as the only LEA/school district in our geography. Additionally, in 2015, our CoC established a Policy on Education for CoC/ESG funded programs, which ensures all participants are informed of their eligibility for educational services via designated staff.

**3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.**  
**(limit 2,000 characters)**

In 2015, our CoC established a Policy on Education for CoC/ESG funded programs, which ensures all participants are informed of their eligibility for educational services via designated staff. The policy includes four specific procedures, which are described in the following. 1) Educational needs of children shall be taken into account when families with children are placed into emergency shelter, transitional housing and permanent housing programs. 2) Programs funded by Continuum of Care (CoC) and Emergency Solutions Grants (ESG) programs shall have policies and procedures that are consistent with and which do not restrict the exercise of rights provided by subtitle B of title VII of the the McKinney-Vento Homeless Assistance Act as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 and other laws relating to the provision of educational and related

services to individuals and families experiencing homelessness. 3) In the case of programs that provide housing or services to families with children, CoC and ESG funded providers will designate a staff person to be responsible for ensuring that children being served in the program are enrolled in school and connected to appropriate services in the community, including early childhood programs such as Head Start, part C of the Individuals with Disabilities Education Act, and programs authorized under subtitle B of title VII of the HEARTH Act. 4) When families are placed in emergency shelter, transitional housing and permanent housing, CoC and ESG funded programs will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education. However, the decision to maintain a child's enrollment at their school of origin will consider any history of domestic violence or child abuse within the child's home environment.

**3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No", from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.**

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	Yes
Head Start	No	Yes
Early Head Start	No	Yes
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	Yes
Healthy Start	No	Yes
Public Pre-K	No	Yes
Birth to 3 years	No	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

**3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 2,000 characters)**

Our CoC participates in all regional Stand Downs each year to identify, assess, and refer Veterans to appropriate resources. The Community Intake Center, which facilitates our CoC's coordinated entry/assessment and maintains a Veteran By-Name List, is in regular communication with shelter and street outreach staff to identify Veterans at the point of engagement/admission. HUD-VASH, GPD, and SSVF case managers are included in all coordinated case planning, and participate alongside VA staff in our quarterly Continuous Quality

Improvement clinics. GPD staff work to ensure rapid transition to PH. VA Benefits and Medical Center staff are key CoC members and help to ensure that eligible Veterans are identified and linked to appropriate resources. Also, local nonprofits, like H.A.R.R.Y. Veterans Community Outreach Services and NABVETS, engage Veterans and connect them to our CoC's housing and services. Our CoC's actions with identifying, assessing, and referring Veterans led to our ability to end Veteran homeless in 2015, and receive recognition by USICH.

**3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?** Yes

**3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness?** Yes

**3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?** Yes

**3B-5. Racial Disparity. Applicants must:** Yes  
**(1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;**  
**(2) if the CoC conducted an assessment, attach a copy of the summary.**

**3B-5a. Applicants must select from the options below the results of the CoC's assessment.**

People of different races or ethnicities are more or less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	<input type="checkbox"/>
There are no racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	<input checked="" type="checkbox"/>

**3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.**

			<input type="checkbox"/>
FY2018 CoC Application	Page 39	09/14/2018	

<b>The CoC's board and decisionmaking bodies are representative of the population served in the CoC.</b>	<input type="checkbox"/>
<b>The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.</b>	<input type="checkbox"/>
<b>The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.</b>	<input type="checkbox"/>
<b>The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups</b>	<input type="checkbox"/>
<b>The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.</b>	<input type="checkbox"/>
<b>The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.</b>	<input type="checkbox"/>
<b>The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.</b>	<input type="checkbox"/>
<b>The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.</b>	<input type="checkbox"/>
<b>The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.</b>	<input type="checkbox"/>
<b>The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.</b>	<input type="checkbox"/>
<b>The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>



## 4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

**Instructions:**

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:**
- (1) assists persons experiencing homelessness with enrolling in health insurance; and**
  - (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.**

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		
Utd Health Ctr/Downtown Health Plz/Comm Care Clin	Yes	Yes

- 4A-1a. Mainstream Benefits. Applicants must:**
- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;**
  - (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and**
  - (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits. (limit 2,000 characters)**

1) The CoC ensures mainstream connections by including mainstream agencies as CoC members. Mainstream agencies make presentations to the CoC to help keep providers up-to-date. The CoC’s 3-layer approach to ensure mainstream engagement includes discussion of each client’s mainstream service needs by the coordinated entry assessment team, case conferencing at the CoC’s case management meetings, and person-centered case planning involving the provider and participant. CoC funds leverage other state/federal and private funds to serve most clients. CoC providers actively seek resources to improve participant benefits/income. CoC case managers hold biweekly case conferences for PSH/RRH participants – a strategy maximizing efficiency and effectiveness in serving participants from different subpopulations and/or with

specific needs. 2) Our CoC systematically informs program staff through: in-house organizational meetings; Shelter Providers Committee – main mechanism for convening CoC providers and scheduling presentations by mainstream organizations; and collaborating with NC Community Action Agency via CoC-member Experiment in Self-Reliance (ESR). DSS (Foods Stamps & TANF) sits on the Commission (CoC's governing body) and works with leadership to improve linkages between Social Services and homeless providers. 3) CoC Shelter Providers Chair and ESR staff provide monthly updates to CoC Operating Cabinet. Case managers are responsible at the CoC project/participant level.

**4A-2.Housing First: Applicants must report:**

- (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and**
- (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.**

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	9
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	9
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

**4A-3. Street Outreach. Applicants must:**

- (1) describe the CoC's outreach;**
- (2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;**
- (3) describe how often the CoC conducts street outreach; and**
- (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)**

11) Wake Forest Baptist Health's Empowerment Project (formerly PATH funded) is our primary street outreach provider. City With Dwellings (CWD) also provides street outreach, using volunteers. City With Dwellings operates a downtown drop-in center, and is often in direct communication with the Winston-Salem Police Department downtown bike patrol, which enhances outreach efforts. 2) Street outreach covers 100% of NC-500. 3) Empowerment Project conducts street outreach daily; CWD throughout each week. We divide NC-500 into four areas (N,S,E,W), with identified hotspots in each area. Outreach is targeted at the streets, in camps, under bridges, abandoned buildings, hospitals; etc. 4) To reach those least likely to request assistance, Empowerment Project relies on its highly trained and skilled outreach staff. The staff then focuses on building a relationship, requiring ongoing contacts and effort to make the person safe where he/she is. CWD uses a similar person-

based approach and started a drop-in center to pull people off the streets. Empowerment and CWD have established a partnership to be better able to connect to unsheltered persons and get them to coordinated entry.

**4A-4. Affirmative Outreach. Applicants must describe:**

**(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and**

**(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above. (limit 2,000 characters)**

1) Per 578.93(c), our CoC educated members on HUD’s Equal Access rules twice this year. Our CoC adopted policies on Preventing Involuntary Family Separation (2015) & Anti-Discrimination (2017). Inclusive CoC membership, including North Star LGBT Center, helps us market programs to those least likely to apply. The Collaborative Applicant (CA) operates a human relations agency, which handles discrimination cases. CoC members are involved in advocacy for greater Fair Housing rights for LGBT persons and attend Fair Housing trainings. CoC projects prohibit sobriety requirements, and CoC members are involved in formal harm reduction advocacy & implementation. The City (CA), County, PHA, and other CoC members developed an Assessment of Fair Housing in 2017, with goals benefiting homeless persons. 2) Coordinated entry connects LEP persons to Prosperity Center’s bilingual staff. The CA provides Fair Housing brochures in Spanish. Industries for the Blind trained CoC members. CoC providers, including our VSPs/DV providers, serve and accommodate persons of all needs and abilities, and publish materials in Spanish for persons with LEP.

**4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.**

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	123	112	-11

**4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?** No

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

## 4B. 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>

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	NC-500 PHA Admini...	09/04/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	NC-500 Coordinate...	08/29/2018
1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	NC-500 Objective ...	09/11/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes		
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	NC-500 Public Pos...	09/11/2018
1E-4. CoC's Reallocation Process	Yes	NC-500 WS/FC CoC'...	08/29/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	NC-500 Notificati...	08/29/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	NC-500 Notificati...	08/29/2018
1E-5. Public Posting–Local Competition Deadline	Yes	NC-500 Public Pos...	09/11/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	NC-500 and MCAH G...	09/11/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	NC HMIS-Policies ...	08/29/2018
3A-6. HDX–2018 Competition Report	Yes	NC-500 HDX-2018 C...	08/29/2018
3B-2. Order of Priority–Written Standards	No	NC-500 Order of P...	08/29/2018

3B-5. Racial Disparities Summary	No	NC-500 Racial Dis...	09/12/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

## **Attachment Details**

**Document Description:** NC-500 PHA Administration Plan-Homeless Preference

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** NC-500 Coordinated Assessment Tool

## **Attachment Details**

**Document Description:** NC-500 Objective Criteria-Rate, Rank, Review, and Selection Criteria

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** NC-500 Public Posting-Local Competition Rate, Rank, Review, and Selection Criteria

## **Attachment Details**

**Document Description:** NC-500 WS/FC CoC's Reallocation Process FY2018

## **Attachment Details**

**Document Description:** NC-500 Notifications Outside e-snaps-Projects Accepted

## **Attachment Details**

**Document Description:** NC-500 Notifications Outside e-snaps-Projects Rejected or Reduced

## **Attachment Details**

**Document Description:** NC-500 Public Posting-Local Competition Deadline

## **Attachment Details**

**Document Description:** NC-500 and MCAH Governance (FY19 MOU)

## **Attachment Details**

**Document Description:** NC HMIS-Policies and Procedures Manual

## **Attachment Details**

**Document Description:** NC-500 HDX-2018 Competition Report

## **Attachment Details**

**Document Description:** NC-500 Order of Priority-Written Standards

## **Attachment Details**

**Document Description:** NC-500 Racial Disparities Summary

## **Attachment Details**

**Document Description:**

## **Attachment Details**



**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## Submission Summary

**Ensure that the Project Priority List is complete prior to submitting.**

Page	Last Updated
<b>1A. Identification</b>	09/11/2018
<b>1B. Engagement</b>	09/12/2018
<b>1C. Coordination</b>	09/13/2018
<b>1D. Discharge Planning</b>	09/11/2018
<b>1E. Project Review</b>	09/11/2018
<b>2A. HMIS Implementation</b>	09/11/2018
<b>2B. PIT Count</b>	09/11/2018
<b>2C. Sheltered Data - Methods</b>	09/12/2018
<b>3A. System Performance</b>	09/13/2018
<b>3B. Performance and Strategic Planning</b>	09/12/2018
<b>4A. Mainstream Benefits and Additional Policies</b>	09/12/2018
<b>4B. Attachments</b>	Please Complete

**Submission Summary**

No Input Required