

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 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.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1A-1. CoC Name and Number: SC-503 - Myrtle Beach, Sumter City & County CoC

1A-2. Collaborative Applicant Name: Eastern Carolina Homelessness Organization, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Eastern Carolina Homelessness Organization, Inc.

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	No	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Yes	No	Yes
5.	CoC-Funded Youth Homeless Organizations	Yes	Yes	Yes
6.	Disability Advocates	Yes	No	Yes
7.	Disability Service Organizations	Yes	No	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	Yes	No	No
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	Yes	No	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
13.	Law Enforcement	Yes	No	Yes
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No	Yes
15.	LGBT Service Organizations	Nonexistent	No	No
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	Yes	Yes	Yes
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	No	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	No	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	Yes	No	Yes
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	No	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

By selecting "other" you must identify what "other" is.

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

(limit 2,000 characters)

1) The CoC holds a membership drive annually and has 4 quarterly general CoC membership meetings throughout the year. The CoC posts its meeting schedules on the website, email listserv & social media. 2) We ensure effective communication with people with disabilities through our website contact forms or telephone. All meeting agendas are sent in advance in PDF format. 3) All private, public, government, non-profit agencies, individuals and currently or formerly homeless persons, etc. that are interested in ending homelessness are invited to join the CoC. TCHC Membership Committee solicits members at other collaborative meetings (i.e. local homelessness meetings, homeless courts, VA Challenge, government groups, town halls, SC Hospital Association). The CoC also solicits new members at training events (i.e Grant & Capacity Building Workshop specifically focusing on new and start up agencies, motivational interviewing training, mental health first aid training, and Certified Peer Support Trainings). Board and members are encouraged to recruit and solicit new attendees. 2 board members are formerly homeless individuals. Current and

formerly homeless individuals are encouraged to join and participate in the CoC during exit interviews by CoC grantees and outreach events. Fees are waived for any homeless or formerly homeless person seeking membership. Examples of special outreach events to ensure homeless or formerly homeless persons are encouraged to join the CoC are monthly homeless connect events and Certified Peer Support Training where attendees must be homeless or formerly homeless. 4) CoC members attend other community coalitions such as SC Inter-agency Council on the Homeless, SC Alliance for Recovery Residences, etc. to invite their member organizations to join the CoC and attend the meetings. This is done to expand CoC membership to more than just homeless organizations and to engage organizations that serve culturally specific communities experiencing homeless.

1B-3.	CoC’s Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

Describe in the field below how your CoC:

1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

1) We solicit and consider opinions at CoC meetings, outreach events, SSVF Planning mtgs, SC Hospital Association mtgs, the South Carolina Interagency Council on Homelessness mtgs (all 4 CoCs and major state agencies), through the CoC website and email listserv. The CoC is an active member in the new Myrtle Beach Homeless Coalition organized by United Way, CoC and Myrtle Beach Police Dept, attended by all local agencies and govt groups addressing the homeless issue. The CoC hosts federal/state/local partner training. 2) The CoC mtgs are open forums/discussions to solicit, consider and address new opinions. We conduct exercises on topics such as CES, HMIS, Housing First, SPM, underserved populations, protected classes, fair & equal opportunity housing, disparities, GAPS, and COVID pandemic. At these mtgs, TCHC and its members compile/consider all opinions to evaluate/develop new strategies/action plans to prevent & end homelessness. CoC grantees conduct exit interviews soliciting ideas from program participants. The Correspondence, Bylaws and Record-Keeping Committee solicits/considers feedback from agencies and individuals on CoC policies/procedures. The HMIS/CES Committee considers feedback on related policies/procedures at the locally and as a part of a State Committee. 3) This information is used in strategic planning to prevent/end homelessness. Accordingly, these trainings were provided: LGBTQ and Cultural/Linguistic Competency, Raising Diversity, Youth Specific, Rapid Resolution Training, SC Thrive Hub training on mainstream benefits, Best Practices for Hospital Patients Experiencing Homelessness, the Arizona Self-Sufficiency Matrix, Certified Peer Support, Wellness Recovery Action Plan and a CoC Open House soliciting opinions and membership.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC’s local competition was open and accepting project applications;	
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
3.	about how project applicants must submit their project applications;	
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.	

(limit 2,000 characters)

1) In April 2021 TCHC conducted a Membership Drive/ Open House. During this event, we reviewed the local competition and application process for new and existing grantees. In August 2021 an announcement was publicly posted on the website and emailed to our listserv that the HUD CoC NOFO was published by HUD and that the local CoC was open to new and renewal application proposals including organizations that have not previously received CoC Program funding. The local competition policies, procedures, estimated amount of funding available, a timeline of competition, and instructions on how to submit applications to the CoC were also made available publicly at this time. 2) TCHC accepts and encourages proposals from previously non-funded organizations to help close gaps in housing and supportive services in the CoC coverage area. These announcements and events are designed to encourage previously funded and not previously funded organizations to apply. 3) At the September CoC meeting a slide presentation on the NOFO was presented, followed by a CoC local competition workshop training on 9/29. 4) The TCHC Grant Selection Committee uses a CoC approved Rating and Ranking Tool, a weighted tool based on the rating and ranking tool developed by HUD to determine project acceptance and rankings. This tool along with the criteria that new and renewal applications would be rated against were posted on the CoC website. 4) All documents and materials needed to complete the application for the local competition process is posted online in PDF format.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

1.	select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
2.	select Nonexistent if the organization does not exist within your CoC’s geographic area.

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	No
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	No
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

Describe in the field below how your CoC:

1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,000 characters)

1) TCHC works with the State of South Carolina & Horry County on a regular basis to discuss and coordinate funding component allocations, Coordinated Entry System, monitoring efforts and planning efforts through its Annual Action Plan process. The CoC was heavily involved in the planning, allocation and implementation of ESG-CV grant applications to effectively make sure that the COVID pandemic was addressed in the planning, prevention and mitigation of COVID in the state. The CoC endorses agencies for participation in the annual ESG competition based on CoC, HMIS and CES participation. TCHC, the State, and Horry County share and discuss best practice models in an effort to have a comprehensive and effective approach to RRH, HP, Shelter, Outreach and HMIS components. All ESG recipients, sub recipients and CoC's in South Carolina are receiving on-going HUD technical assistance from TAC to better incorporate ESG into the Coordinated Entry System. 2) TCHC works with the State & Horry County to evaluate sub recipient projects and monitor performance outcomes, develop system wide policies & procedures, incorporate the CoC Coordinated Entry System policies, and create comprehensive planning goals. The CoC uses HMIS data from the CAPER/ PIT and other local project performance measures from the previous funding year to inform planning and decision making on funding percentages for each component in our CoC for each program year. 3) The CoC provides local PIT, HIC, and other relevant data concerning homelessness in our CoC geographic area to contribute to and develop the Consolidated Plans for those jurisdictions that have Consolidated Plans. 4) The CoC helps to draft the homeless section language in the Horry County Consolidated Plan updates. The CoC works with the State and provides local information so it can be addressed in their Consolidated Plan update.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are	No
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	not separated.	
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

Describe in the field below:

1.	how your CoC collaborates with youth education providers;
2.	your CoC's formal partnerships with youth education providers;
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC's formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC's formal partnerships with school districts.

(limit 2,000 characters)

1) The CoC has a Youth Subcommittee that coordinated with education providers during a "100 Day Youth Challenge". 2) Beach Reach Ministries, Horry Hope House, Lighthouse Ministries, DSS and Pee Dee Community Action Partnership are some of the many organizations that the CoC has formal partnerships with. 3) TCHC has 4 Board members on The South Carolina Interagency Council on Homelessness (SCICH) Board, which along with the SC Dept. of Ed. State McKinney-Vento Rep (SEA) developed the State plan for the education concerns/needs of School children in the homeless families served by CoC Programs. These State Board bi-monthly mtgs are attended by SEAs and CoC Representatives. LEAs attend local CoC committee meetings, where both parties collaborate on addressing the problem of the educational needs of homeless school aged children. This allows the CoC to coordinate with SEA's and LEA's to identify families and unaccompanied youth experiencing homelessness or imminently at-risk of homelessness. The CoC, SCICH, LEA's/SEA's coordinate planning and strategies for proper safeguards against discrimination. The CoC develops and updates these strategies. ESG & CoC programs work with LEA's, families and youth to identify appropriate housing. 4) The CoC has a formal partnership with The S.C. Dept. of Ed. at the State level and partners with each local/county school district throughout the year and each is directly involved in the PIT Count. 5) Eastern Carolina Homelessness Org (ECHO) and Sea Haven, two CoC Grantees participate in A Day of Hope, an outreach event for over 800 school kids & their families that live at/below the poverty level and possible homelessness, as well as all relevant outreach events related to education needs of homeless children. ECHO conducts CES assessments for housing and service needs at these events.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,000 characters)

All HUD CoC and ESG funded projects operating and serving participants inside the CoC’s geographic service area are required to have a dedicated staff person to ensure that children are enrolled in school and receive eligible and appropriate educational services. The name of the staff person is identified during the monitoring or for a new project during the CoC Technical Application Review. The CoC requires CoC and ESG funded projects to collaborate with local school district liason(s) when a new child or youth enters a homeless program that is not enrolled in school. The policies ensure that these children are immediately able to enroll in school regardless of the documentation required. These children must have equal access to education, just as all children that are not homeless are provided. It also requires that there can be no limitations or restrictions on the geographic location or a particular school itself and the LEA will coordinate transportation service to and from school

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

	MOU/MOA	Other Formal Agreement
1. Birth to 3 years	No	No
2. Child Care and Development Fund	No	Yes
3. Early Childhood Providers	No	Yes
4. Early Head Start	No	Yes
5. Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6. Head Start	No	Yes
7. Healthy Start	No	Yes
8. Public Pre-K	No	Yes
9. Tribal Home Visiting Program	No	No
Other (limit 150 characters)		
10.		

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:	
1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,000 characters)

1) Training on victim centered services, trauma-informed care, motivational interviewing, mental health first aid, safety protocols, cultural competency and human trafficking and Certified Peer Support are provided by CoC member organizations that provide victim services at a minimum of once a year at a CoC Member Meeting and special training events. The CoC collaborated with Victim Service Providers to develop the CoC Protocols for serving survivors of Domestic Violence, Dating Violence, Sexual Assault and Stalking. These same victim service agencies provide training on these topics on a regular on-going basis to member organizations when requested. The Office of the Attorney General provides a one-day training on domestic violence and sexual assault and related topics in the CoC coverage area. These trainings are geared towards law enforcement officers, judges, prosecutors, health care providers, victim advocates, and other victim service providers. All member organizations are invited to attend these trainings. 2) CoC area project staff and staff of Coordinated Entry access points are required to attend these trainings annually.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

The CoC uses HMIS and local victim service provider agencies de-identified aggregate data as well as data/statistics from comparable databases provided by the Department of Justice, S.T.O.P. Violence Against Women, South Carolina Coalition Against Domestic Violence and Sexual Assault and SC Department of Public Safety OHSJP Statistical Analysis Center to assess the specialized needs related to domestic violence, dating violence, sexual assault and stalking. This gaps analysis led to the identification of the need for more immediate shelter, transitional housing, and permanent housing options in our CoC. As a result, the CoC now has 2 Joint TH/RRH projects awarded for this population in our CoC under the DV Bonus. The CoC has implemented a comparable database specifically for victim service providers that is managed separately by the HMIS Lead. The CoC works with multiple victim service providers to onboard and use this single database. This makes the process of collecting and analyzing the de-identified aggregate data an easier process. Analysis of the data has also led the CoC to identify a need for additional transitional housing, permanent housing, and coordination between qualified victim service providers, advocates, law enforcement, emergency shelter, transitional and permanent housing providers that are not victim service providers.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Coordinated Assessment—Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC’s coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:	
1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

The CoC’s Written Standards established protocols for working with survivors of domestic violence, including emergency transfer plans to provide protections for those who make requests and believe there is a threat of imminent harm from further violence if they remain in the same dwelling unit or geographic area. The Standards incorporate the requirements of VAWA Act of 2013 including compliance with 24CFR, part 5, subpart L. The CoC’s protocol is outlined in the CES policies/procedures. The specific policies/procedures relate to individuals and families who are fleeing/attempting to flee domestic violence, dating violence, sexual assault, or stalking. When presenting to a non-victim service provider they must, at a minimum provide safe and confidential access CES and immediate access to emergency services such as DV hotline, shelter, specific counseling services using trauma informed care. When an individual or family presents to an access point that is fleeing domestic violence, special considerations are taken to ensure their safety during the emergency transfer plan. A victim centered, trauma informed approach is taken with all participants. If the participant is not in a domestic violence shelter/ safe house and is not presenting with a victim’s advocate, proper measures must be taken to connect them with a safe place and resources, if the participant chooses. All housing programs in the CoC use a Client Choice philosophy. Domestic Violence orgs are referenced in the CES Manual by county. These organizations are funded by DOJ, ESG and HHS for housing and other victim services. Training is provided on this policy and population by the CES Lead Agency regularly and when new access points are created in the community. Additional training on victim centered services and trauma-informed care are provided by CoC member orgs that provide victim services. All these policies and actions of the CoC ensure the confidentiality of all those and all information.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender—Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your 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 your 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.	Public Housing Agencies within Your CoC’s Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC’s geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Housing Authority of Myrtle Beach	80%	Yes-Public Housing	Yes
Georgetown Housing Authority	25%	Yes-Both	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

- Describe in the field below:
1. steps your CoC has taken, with the two largest PHAs within your CoC’s geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference–if your CoC only has one PHA within its geographic area, you may respond for the one; or
 2. state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,000 characters)

The CoC meets with and continues to engage with the Housing Authorities of Myrtle Beach, Sumter, Florence, and Conway about preferences for homeless individuals/families in their policies for the HCV, Mainstream Vouchers Program and Public Housing. These PHA’s currently refer to the CoC’s Coordinated Entry System directly when homeless clients present for housing. The two we work with mostly (Myrtle Beach/Georgetown) housing authorities are now CES access points. The CoC is working with ECHO, a CoC grantee and the collaborative applicant, to use their Tennant Based Rental Assistance program funded through the HOME program through the Waccamaw Regional Council of Governments in an effort to help alleviate the waiting list of homeless applicants from the Georgetown, Myrtle Beach, Conway, and the Williamsburg Housing Authorities. This is a collaborative and coordinated effort between the CoC and PHA’s aimed at encouraging the PHA’s to adopt homeless preferences in all programs. The CoC consults with a local, private HUD Technical Assistance provider to assist in the collaboration and coordination between the CoC and the PHA’s. Ultimately the goal is to have all PHA’s adopt a homeless preference and/or Move On Strategy for their housing programs to help create more openings in CoC funded Permanent Supportive Housing projects. The CoC also consults with the State HUD Field Office Public Housing Department in this coordinated effort.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored–For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC’s jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Including PHA-Funded Units in Your CoC’s Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC’s coordinated entry process?	Yes
--	-----

1C-7c.1.	Method for Including PHA-Funded Units in Your CoC’s Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

The CoC includes Emergency Housing Vouchers(EHV) units provided by the SC State Housing Authority and the Housing Authority of Florence in it's CES process. CES prioritizes households for these vouchers using the CoC's standard prioritization protocols. Households that are prioritized for Rapid Rehousing programs and determined to potentially be eligible for a emergency housing voucher are referred to the PHA when a voucher opening becomes available. The PHA makes the determination on eligibility and then initiates the lease up process. The CoC has a MOU with both PHA's facilitating these vouchers.

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No
---	----

1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits.	
	NOFO Section VII.B.1.g.	

If you selected yes to question 1C-7d, describe in the field below:

1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

(limit 2,000 characters)

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
--	-----

1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
---	-----

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
SC State Housing ...
Housing Authority...

1C-7e.1. List of PHAs with MOUs

Name of PHA: SC State Housing Authority

1C-7e.1. List of PHAs with MOUs

Name of PHA: Housing Authority of Florence

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your 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.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	10
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	10
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

The CoC conducts an annual monitoring that assess all areas of CoC funded projects including fidelity to the Housing First approach. During the monitoring the monitor reviews the program policies and procedures to ensure the program is prioritizing rapid placement and stabilization in permanent housing and are

not requiring service participation or any preconditions of program participants. The monitor reviews a percentage of the program's participant files, client case notes, and other relevant documentation to ensure staff are following the program's policies and procedures. The CoC continuously monitors the number of CES referral rejects and the reason for those rejections to ensure that projects remain as low barrier as possible.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
---	-----

1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

Describe in the field below:	
1.	your CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,000 characters)

The CoC street outreach efforts cover all 13 counties (100% coverage rate). Homeless outreach is conducted by 19 dedicated staff outreach workers that engage the homeless on a daily basis, including weekends, special events, and disasters in an effort to identify all who are currently homeless. During natural disasters (like floods, hurricanes or winter storms) outreach workers make special efforts to connect people to available Red Cross, FEMA and local storm shelters and resources. All CoC outreach workers are in regular contact with all existing homeless shelters working with families/individuals that have been displaced as the result of any disasters. The outreach workers conduct CES screenings or contact a CES access point. SSVF outreach, PSH/ESG outreach, PATH outreach and RHY funded street outreach workers all conduct daily outreach and are funded by grant programs. Outreach is also performed by many partnering agencies that provide basic services and connect the individuals/families to CES access points within the CoC. The CoC collaborates regularly with city and county depts., police departments, hospitals, community health organizations, community kitchens, 12 step fellowships, 211 call centers, and many churches and faith based organizations to coordinate targeted outreach efforts. Outreach workers engage persons less likely to request assistance by going to their location (ie: tent encampments, woods, abandoned buildings, housing not meant for human habitation, bus stations, etc.). These persons are engaged in a manner to develop a trusting relationship using motivational interviewing & trauma informed care techniques and giving out hygiene, clothing, and food items. This year the City of Myrtle Beach has established a Homeless Court that the CoC participates in. An effective approach has been to work with homeless clients that have received services to

help conduct outreach to others that they know about that otherwise may never be contacted or found.

1C-11.	Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.I.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of “Current.”	126	253

1C-13.	Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

1C-13a.	Mainstream Benefits and Other Assistance–Information and Training.	
	NOFO Section VII.B.1.m	

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4.	providing assistance with the effective use of Medicaid and other benefits.

(limit 2,000 characters)

1) The CoC updates members and staff regarding mainstream resources available and programs that facilitate connection to them through list serv emails and at all regular CoC membership mtgs and special events. All CoC program staff are S.C. Thrive Hub trained, using a single application for multiple benefits. 2) This is accomplished through program highlights at CoC Member Meetings, monthly in-service trainings on benefits availability, connection and utilization, email blasts and facilitating SC Thrive Hub trainings, a partner with the CoC focused on easier access and quicker connection to mainstream benefits. 3) The CoC and CoC funded projects works with Community Health Orgs and FQHCs, like Little River Medical, Sumter Family Health, Hope Health and faith based Mercy Med to provide medical, dental, vision care and general health services to all participants providing free/sliding scale services. In 2019 the CoC established partnerships with CareSouth Carolina, (5 counties, 11 facilities and 25 people CES trained), the South Carolina Hospital Association, The National Alliance for Healthcare for the Homeless and the South Carolina Primary Healthcare Assoc. to aid in connecting clients to accessible healthcare benefits. 4) These partnerships have resulted in positive outcomes in obtaining and utilization of private health insurance, Medicaid, Medicare, employment, noncash benefits including Family Independence (FI), Food Stamps and SSI/SSDI benefits.

1C-14.	Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	

	Describe in the field below how your CoC's coordinated entry system:
1.	covers 100 percent of your CoC's geographic area;
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

(limit 2,000 characters)

The CoC has multiple access point locations for the Coordinated Assessment System (CES) and uses a mixed approach of physical locations and an Assessment Hotline for locations that have no access or limited access to a physical access point. The CoC currently has 10 physical access point locations in the CoC service area. The CES Coordinator conducts outreach to organizations that come into contact with the homeless population. All access point locations are detailed in the CES Policies and Procedures and discussed with CoC members and other organizations that come in contact with the

homeless population. The CoC SSVF, ESG, CoC, RHY and PATH outreach workers all provide CES housing assessments themselves or have one performed by an access point in their area. These outreach teams are designed and dedicated to reach people who are least likely to apply for homelessness assistance programs and housing. The CoC advertises CES to all CoC members and other perspective individuals and organizations that are in contact with the homeless at CoC events and meetings with local stakeholders (including local and county governments). The Assessment process prioritizes people most in need by following a standardized housing assessment, using the HUD Prioritization Notice, and communicating with local stakeholders about potential other needs that are not identified in the assessment as potential factors to be prioritized when making a housing referral. The assessment process also identifies sub populations that may be better served by an organization that specializes in services for these populations (i.e. DV and Youth). The assessment tool and procedures explain what to do and how to refer to these organizations, taking safety and confidentiality into consideration. All access points are required to provide this information and allow the applicant the choice to pursue these services.

1C-15.	Promoting Racial Equity in Homelessness–Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC’s most recent racial disparities assessment.
--

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	Yes
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC’s board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	No
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	No
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	No
10.	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.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

The CoC has had conversations to be more intentional when selecting board members to ensure that the makeup of the CoC Board of Directors is representative of the population being served in the CoC. This year on the Rating and Ranking Tool it was approved to include points for factors that related to racial equity. For example, the tool had points associated if the project applicant reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing policies that do not impose undue barriers. Another factor with points associated on the tool was that the recipient has reviewed program participant outcomes with an equity lens, including the dis-aggregation of data by race, ethnicity, gender identity, and/or age.

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	0	2
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	0	2
3.	Participate on CoC committees, subcommittees, or workgroups.	0	2
4.	Included in the decisionmaking processes related to addressing homelessness.	0	2
5.	Included in the development or revision of your CoC's local competition rating factors.	0	2

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	

Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:

1.	unsheltered situations;
2.	congregate emergency shelters; and
3.	transitional housing.

(limit 2,000 characters)

1) The CoC partnered with SCDHEC to implement a non congregate hotel sheltering program that was funded by FEMA. The CoC conducted special outreach providing masks, hand sanitizer, COVID-19 literature, and other regular outreach items. During this outreach if someone was symptomatic they would call the DHEC hotline to have them assessed. If it was determined necessary transportation would be provided to a hotel for quarantining. Outreach workers would teach persons in unsheltered situations about COVID-19 and instruct them to social distance if there was any symptoms of sickness.

2) The CoC used the non congregate hotel shelter program to quarantine persons in congregate emergency shelters to reduce the chance of an outbreak and reducing the number of beds available in the CoC. The CoC had staff from SCDHEC provide a training to the members of the CoC about COVID-19 and congregate living situations at a CoC member meeting. All Shelter staff had the SCDHEC hotline number to call if a client exhibited symptoms.

3) The same safety protocols for emergency shelters were implemented for transitional housing.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

The CoC was able to establish an important partnership with SCDHEC and the Federally Qualified Health Centers for education, awareness, and prevention of the current evolving pandemic and any future health emergency. The CoC was able to establish State and local partners to procure bulk PPE. Policies were created and implemented that can be utilized in any future public health emergency. The CoC was able to establish a framework to implement funding quickly and effectively to ensure persons experiencing homelessness were as safe as possible. The CoC established sanitizing protocols for homeless providers to follow during a public health emergency.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

The CoC coordinated with the 2 recipients of ESG-CV funds in the CoC's geographic area to distribute funds to sub-recipients that had the capacity to quickly expend the much needed funds. The State recipient held round table discussions with CoC members to discuss out of the box approaches and to determine the best use of ESG-CV funding. 1) ESG-CV funds were used to purchase PPE when needed for staff of housing providers, shelters, and outreach across the CoC. One of the residential programs used ESG-CV funds to buy outdoor covered tents to provide meetings outdoors where they could socially distance. 2) The CoC identified the immediate need of Rapid Rehousing assistance to house participants in the non congregate shelter program. ESG-CV funds were used for rental assistance, housing search and placement, case management, and other housing needs. 3) The CoC coordinated with ESG-CV recipients to provide additional funding for homeless prevention as well. It was identified in a round table with the State recipient that homeless prevention would need to be increased to combat the impending eviction crisis. 4) & 5) The CoC and the State had a special focus to ensure that ESG-CV funds were used to purchase healthcare and sanitary supplies and be used for the safety of participants and staff.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

1) The CoC partnered with SCDHEC, the hospital system, and local health agencies to ensure that persons experiencing homelessness were provided adequate care and when discharged had a safe place to quarantine if needed. Hospital staff and local and state health agencies would ensure the persons experiencing homeless that were not COVID-19 positive but were highly vulnerable to the disease had a safe place to go and were not discharged back into homelessness. In partnership with SCDHEC the CoC implemented a non congregate shelter program. The program provided hotel stays for quarantining, food, laundry, and connection to permanent housing. Once the participant left quarantine the program would sanitize the entire room. 2) SCDHEC provided training to homeless providers to ensure that adequate safety measures were implemented and that these agencies had adequate PPE for clients and staff.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

1) The CoC utilized it's list serv and quarterly CoC general meeting to communicate information on safety measures. The CoC encouraged homeless service providers to join the list serv of their local health department and to regularly visit the websites for SCDHEC, CDC, USICH, and HUD to stay update on COVID-19 safety measures. 2) The CoC communicated back and forth with shelters and transitional housing programs while local restrictions were changing and shut downs were starting to happen. The CoC ensured that these programs were able to continue to operate and knew the applicable hotlines if the had a person test positive or were a close contact of someone that had COVID-19. 3) ECHO partnered with SCDHEC to communicate the vaccine implementation strategy for South Carolina. SCDHEC and the CoC worked to get the homeless population listed as one of the priority groups to receive the vaccine.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

The CoC worked with the SCDHEC regional director to advocate for the homeless population to be included in the State's rollout plan. Outreach workers handed out education literature about the COVID-19 vaccine and where to get vaccinated. The CoC partnered with SCDHEC and local FQHC's to transport individuals and families experiencing homelessness to get them onsite at the

health center as well as mobile vaccination sites.

1D-7.	Addressing Possible Increases in Domestic Violence.	
NOFO Section VII.B.1.e.		

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

The CoC coordinated with homeless housing programs to provide domestic violence victims safe emergency housing in hotels when a call for assistance was made. If victim service providers were unable to provide shelter for these victims the CoC would utilize an ESG or ESG-CV funded organization to provide emergency hotel stays. Victim Service providers were referred to immediately to ensure safety planning and other DV specific services were provided. The CoC's CES prioritizes individuals and families fleeing from domestic violence and refers them to one of the two joint TH/ RRH programs for DV in the CoC.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
NOFO Section VII.B.1.n.		

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

CES adjusted quickly to the changes brought about by the COVID-19 pandemic. CES facilitated the hotel quarantine program implemented by the CoC in partnership with SCDHEC. CES staff worked with SCDHEC staff to provide immediate hotel placement, food, laundry services, etc. to people experiencing literal homelessness and in shelters that could not adequately quarantine. After the required quarantine period CES referred these participants to housing programs. The CoC also implemented a CES process for homeless prevention programs. This was determined to be an immediate need with the impending job loss crises and additional ESG-CV funds used to support homeless prevention programs. CES also referred individuals and families with a low acuity score to a new deposit only program. These referrals helped to ensure households that didn't have high service needs could be helped quickly and with light touch services.

1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/16/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/24/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

- | | |
|----|--|
| 1. | the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and |
| 2. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

(limit 2,000 characters)

1) All the renewal projects submitted to the CoC are serving vulnerable populations i.e. Chronically Homeless, Youth, Domestic Violence, Substance Abuse disorder and/or all the sub-populations listed in the CoC grant application and follow a Housing First approach that removes barriers to entry for the hardest to serve populations. The CoC considered the following severity of needs and vulnerabilities using the previous year's Annual Performance Report data when ranking and scoring renewal project applications. The percentage of participants with zero income when entering the program (low or no income), the percentage of participants with more than one disability, and the percent of participants entering the project from a place not meant for human habitation. 2) The Ranking and Scoring tool took the consideration of projects that provide housing and services to the hardest to serve populations that could result in lower performance by giving these projects additional points for serving clients with the above mentioned needs and vulnerabilities. The additional points make up for the points that could be missed by lower project performance in other areas of the scoring tool.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
	NOFO Section VII.B.2.e.	

Describe in the field below how your CoC:

- | | |
|----|--|
| 1. | obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications; |
| 2. | included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; |
| 3. | rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented). |

(limit 2,000 characters)

1) The CoC is working to develop a strategy that will be more inclusive of persons of different races that are over represented in the local homelessness population and obtaining their input and feedback on the rating factors used in the review of project applications. 2) The CoC is actively working on soliciting persons of different races to participate on the CoC Board of Directors and all committees of the CoC. 3) The CoC included rating factors that awarded points if organizations provided evidence of their review of internal policies and procedures with an equity lens and developed a plan for implementing more equitable policies and procedures that do not impose undue barriers and/ or the review of program participant outcomes with an equity lens.

1E-4.	Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a	
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factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
NOFO Section VII.B.2.f.	

Describe in the field below:	
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5.	how your CoC communicated the reallocation process to project applicants.

(limit 2,000 characters)

1) The CoC has two types of reallocation in it's written process: Voluntary and Involuntary. The process for voluntary reallocation is for the grantee to notify the CoC of their intent to fully or partially reallocate their project in the upcoming competition. The CoC will evaluate the impact on the system and how to handle any potential client displacements. Involuntary reallocation is determined when a project fails to meet monitoring or performance expectations outlined in the reallocation policy. The CoC identifies lower performing projects through the CoC monitoring process which includes a review of Annual Performance Reports and other CoC project performance standards. The reasons for reallocation are as follows: fiscal non-compliance, ongoing non-compliance with HUD/CoC regulations, policies, or processes, and poor performance. The CoC may also reallocate projects that do not meet current HUD or CoC thresholds. 2) The CoC did not identify any projects during this years local competition. 3) The CoC did not reallocate any projects this year. 4) The CoC did not determine that any projects were considered low performing or less needed during this years local competition. 5) The CoC board and membership created and approved the reallocation process outlined in the written standards. The CoC written standards are located on the website and announced at the general membership meeting. The reallocation process is also outlined and emailed to the list serve every competition year.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.
NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	Yes
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1E-5.	Projects Rejected/Reduced--Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.
NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	No
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2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	
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1E-5a.	Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen. NOFO Section VII.B.2.g.	
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Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/25/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen. NOFO Section VII.B.2.g.	
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Enter the date your CoC’s Consolidated Application was posted on the CoC’s website or affiliate’s website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/14/2021
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2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky ServicePoint
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC’s HMIS coverage area.	Statewide
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

- | | |
|----|---|
| 1. | have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and |
| 2. | submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead. |

(limit 2,000 characters)

1) The CoC funds a comparable database that is HMIS compliant and collects all of the data elements required by HUD. The HMIS vendor being used for the comparable data base is Wellsky - ServicePoint. The CoC's Community Data Solutions team (HMIS Lead) targeted DV service providers that do not use a comparable database or do not provide the CoC with de-identified data to discuss with them the importance of sharing the data with the CoC. The Community Data Solutions teams offers the use of the database along with ongoing training for no charge. 2) The CoC and HMIS lead request de-identified system performance measures data for each project that uses a comparable database. The CoC does not have any issues with getting this data from DV housing and service providers that use a HMIS compliant comparable database.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	331	52	233	83.51%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	203	56	157	106.80%
4. Rapid Re-Housing (RRH) beds	253	71	238	130.77%
5. Permanent Supportive Housing	436	0	400	91.74%
6. Other Permanent Housing (OPH)	405	0	59	14.57%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

1) The CoC will engage emergency shelter and other permanent housing providers that are not using HMIS to discuss with their leadership the organizations barriers to using HMIS. The CoC offers the HMIS database, ongoing training, data quality assistance, and custom reporting available to all organizations for no cost. The CoC will allow for minimal data collection to only what is required in the HUD data standards for organizations that do not operate a project that is required to enter project specific data elements. 2) The CoC will use the staff of the Community Data Solutions team to develop these relationships and schedule these meetings with organizational leadership.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	67.26%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

- | | |
|----|--|
| 1. | steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and |
| 2. | how your CoC will implement the steps described to increase bed coverage to at least 85 percent. |

(limit 2,000 characters)

1) The CoC will engage DV service providers that are not using a comparable database to discuss with their leadership the organizations barriers to using a comparable database. The CoC offers a comparable database, ongoing training, data quality assistance, and custom reporting available to DV service providers for no cost. The CoC will allow for minimal data collection to only what is required in the HUD data standards for organizations that do not operate a project that is required to enter project specific data elements. 2) The CoC will use the staff of the Community Data Solutions team to develop these relationships and schedule these meetings with organizational leadership.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	No
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2C-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	NOFO Section VII.B.5.b.	

Describe in the field below:	
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

(limit 2,000 characters)

1) The CoC identifies specific risk factors/reasons leading to first time homelessness including limited amounts of shelter beds in community, significant loss of income (employment or cash benefits), low to zero income, disabilities (specifically severe mental illness), imminent loss of housing within 14 days, major change in household composition (birth, death, divorce), high number of evictions in prior 7 years, at-risk of losing housing subsidies, previous history of homeless service utilization in past 2 years, registered sex offenders, housing needs requiring 3 or more bedrooms. These were identified through analysis of HMIS data from service & prevention providers, housing barriers assessments, discussions at monthly meetings, committee meetings, agency outreach & events. 2) TCHC coordinates with hospitals, prisons, mental health, VA clinics, discharge planners and our landlord network to coordinate housing to the imminently at risk. All persons presenting to CES or being outreached to are assessed for diversion/ prevention assistance in CES. In coordination with the SSVF grantee the CoC has adopted a Rapid Resolution approach that focuses first on reuniting with family or other support networks and promote/ supporting doubled up living situations. TCHC and HP providers developed an HP screening tool to prioritize prevention assistance according to CoC priorities including prioritizing households for funding without two parents/adults. The CoC has also initiated conversations with hospitals, hospital associations, and FQHC's to discuss practices of discharging patients into homelessness. The CoC will also begin to enforce these moratoriums on hospital discharges to homelessness. 3) TCHC partners with CDBG, HOME, VA-SSVF, ESG, private & faith based shelters & housing assistance programs to address risk factors of first time homelessness. 3) ECHO staff and the CoC partner with ESG/SSVF prevention providers to oversee the strategy to reduce first time homelessness.

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

Describe in the field below:

1.	your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless.

(limit 2,000 characters)

1) The CoC’s strategy to reduce the length-of-time persons remain homeless is to be more diligent with HMIS data quality to make sure our system performance measures are more accurate, secure and obtain new access points for CES, secure additional funding for and train additional outreach workers in the CoC, and provide additional training and technical assistance to the CoC’s emergency shelters and transitional housing providers on the best practices to connect participants to housing and lowering barriers. The CoC, in partnership with its grantees and programs funded by ESG and SSVF are working with an established network of landlords to develop new affordable housing and recruit new landlords willing to work with these programs. 2) CES is designed to identify and prioritize persons with the longest histories of homelessness through our CES Access Points. CoC members and other stakeholders in the community are made aware and/ or trained on this process. The CoC houses these persons and families by incorporating HUD’s Prioritization Notice into our prioritization process as well as dedicating and prioritizing non-dedicated PSH beds to persons experiencing Chronic Homelessness. All PSH projects have switched to Dedicated Plus in an effort to quickly house those with long histories of homelessness that don’t meet the current definition of chronic. The CoC encourages all RRH providers to serve individuals and families with the longest histories of homelessness through the CES process. 3) Eastern Carolina Homelessness Organization is the organization responsible for overseeing the strategy.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1) The strategy to increase the rate at which individuals and persons in families in ES, SH, TH, and RRH exit to permanent destinations is to provide TA on best practice models like housing first, low barrier shelter, minimizing rules that cause negative exits, approaches that encourage conflict resolution other than exit, and how to partner with workforce boards to provide employment training and job opportunities. Planning and working with these programs to develop

strategies to refer clients that “break rules” to other programs that can house and/or shelter the individual or family. The CoC is continuing to bring these organizations onboard as CES Access Points or set up appointments with mobile CES workers, allowing quicker access to housing programs. The CoC continues to work with ESG and CoC recipients to create CoC wide policies that discourage negative program exits as well as formalizing strategies. 2) The strategy to increase the rate at which persons in permanent housing retain or exit to permanent housing is to further implement the “Move On” strategy which coordinates with PHA’s and other housing programs and enforce CoC policies that limit clients losing their housing or being exited from a program that provides housing into a negative destination. Examples of CoC policies are: Minimum number of months’ for non-payment of rent before exit/eviction, more stringent documentation stds. to support a negative exit, reviewing these cases during monitoring and conducting exit interviews with participants to better understand the gaps in services. TCHC SOAR specialists and S.C. Thrive Hub trained staff work diligently to connect clients to all eligible benefits. Partnerships with Goodwill Joblink, S.C. Works and private employers help to increase/obtain income for the households.

2C-4.	Returns to Homelessness–CoC’s Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	

Describe in the field below:

1.	how your CoC identifies individuals and families who return to homelessness;
2.	your 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 your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,000 characters)

1) The CoC identifies common factors of individuals and persons in families who return to homelessness by reviewing project level HMIS data (ES, TH, RRH and PSH) and comparing it to outreach and CES data collected through the CES housing assessment process. By comparing this data, the CoC has been able to determine common factors and barriers that lead to these persons returning to homelessness. A few common factors identified are significant loss of cash benefits, poor financial management, history/current criminal activity, fleeing domestic violence, untreated mental illness and substance abuse. 2) The CoC’s strategy to reduce the rate of additional returns to homelessness is to coordinate with current programs like rapid resolution, ESG and SSVF homeless prevention funds as well as identify partners and funding to expand and/or create new programs that focus on the at-risk population. The CoC is able to better identify these households through the CES housing assessment process and refer them to programs that can better meet their needs and provide long term housing interventions like HOME tenant based rental assistance, Permanent Supportive Housing, PHS’s, and other faith based rental assistance programs. The Collaborative Applicant employees a PhD and Clinical Social Worker as the director of supportive services. This position is to develop and implement a more effective and comprehensive supportive service plan, conduct and facilitate trainings for CoC members, and better coordinate other systems of care that intersect with homelessness (mental health, substance abuse, hospitals, public health centers, etc.). The CoC provided training on motivational interviewing, mental health first aid, cultural

competency, a poverty simulation, and a Certified Peer Support Training. 3) Eastern Carolina Homelessness Organization is the organization responsible for overseeing the strategy described above.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

Describe in the field below:

1.	your CoC's strategy to increase employment income;
2.	how your 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 your CoC's strategy to increase income from employment.

(limit 2,000 characters)

1) The CoC advertises and facilitates training for CoC member organizations to be trained in programs and systems that help participants obtain or increase employment income. CoC member organizations develop relationships and advocate for persons experiencing homelessness with local business throughout the CoC. Some CoC member organizations provide access to computers and internet for participants to use for job search. 2) The CoC partners with the VA employment specialists, Vocational Rehab, Goodwill, SC Works, Temp/personnel agencies and private business owners to increase access to job training, resume building, interviewing skills, computer training and employment opportunities. ECHO employs a PhD and Clinical Social Worker as a director of supportive services to continue developing relationships to new mainstream and private employment providers. 3) Eastern Carolina Homelessness Organization and Sea Haven are responsible for overseeing the strategy described above.

2C-5a.	Increasing Employment Cash Income-Workforce Development-Education-Training.	
	NOFO Section VII.B.5.f.	

Describe in the field below how your CoC:

1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

(limit 2,000 characters)

1) and 2) The CoC partners with Goodwill Job Link services, the VA, Vocational Rehabilitation, SC Works, Trojan Labor Services and local businesses and contractors to promote partnerships and increase access to employment training and opportunities to the homeless in our CoC. CoC program staff, outreach workers, program management and Board members reach out to private, non-profit and public employment companies and organizations to better provide access to employment opportunities, trainings, education and resume services. Program staff notify and assist in connections and/or attendance at local job fairs, recruiting events, interviews or with day/temporary labor service organizations/companies. ECHO, one of the CoC grantees has

weekly regularly scheduled in office mini-job fairs with the VA Employment specialist and monthly with a temp/day labor provider. All of the CoCs permanent supportive housing projects serve only chronically homeless families/individuals. Most of these participants are on disability and their disability is debilitating to the point that they cannot work. Some are able to work limited hours, due to their disability income, either SSDI or VA disability. The PSH participants that are physically and/or mentally able to work are connected to and assisted with opportunities for direct employment, education, job training and/or volunteer opportunities. These opportunities and services definitely promote and further their recovery or well-being. S.C. Vocational Rehabilitation, SC Works, and Goodwill Job Link are the 3 main providers of these services and are focused on people with disabilities of all types.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

Describe in the field below:	
1.	your CoC's strategy to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,000 characters)

1) The CoCs strategy to increase non-employment cash income and access to these sources of cash income is to have all program staff/case mgrs. assist the participants with applications for any and all non-employment cash benefit sources at program intake. The CoC SOAR Specialists and SC Thrive Hub trained program staff assist in the access to these non-employment cash resources (SNAP, Family Independence, etc) through a streamlined application process encompassing many of the benefits in a single application. The CoC also has a Benefits Connection Case Manager in a newly funded CDBG program in Horry County. 2) CoC program staff are regularly updated on available resources to help aid in their work with participants through list serv emails and at regular CoC meetings. The CoC/Planning Committee along with ECHO, the collaborative applicant, HMIS lead, CoC CES administrator and grantee is constantly seeking new sources and making these new sources available to all CoC programs and the participant's increases in cash income and access to the sources are monitored. The outcomes are assessed and more effective ways to increase and provide access to these sources are developed and implemented. 3) Eastern Carolina Homelessness Organization and Sea Haven are responsible for overseeing the strategy described above.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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- 24 CFR part 578

3A-1.	New PH-PSH/PH-RRH Project—Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
---	-----

3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	Yes
2.	State or local government	No
3.	Public Housing Agencies, including use of a set aside or limited preference	No
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	No

3A-2.	New PSH/RRH Project—Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
--	-----

3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	Yes
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

3A-3.	Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

3B-1.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

- | | |
|----|---|
| 1. | Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and |
| 2. | HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons. |

(limit 2,000 characters)

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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- 24 CFR part 578

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
--	----

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

If you answered yes to question 3C-1, describe in the field below:

- | | |
|----|---|
| 1. | how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and |
| 2. | how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act. |

(limit 2,000 characters)

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH/RRH Component	Yes

You must click “Save” after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

4A-2.	Number of Domestic Violence Survivors in Your CoC's Geographic Area.	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	120
2.	Enter the number of survivors your CoC is currently serving:	
3.	Unmet Need:	120

You must enter a value for elements 1 and 2 in question 4A-2.

4A-2a.	Calculating Local Need for New DV Projects.	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,000 characters)

1) The number of DV survivors needing housing or services was determined by using the CES DV Priority list. All households experiencing homelessness that need housing or services are on this list. The number of survivors the CoC is currently serving was calculated by totaling all current participants in programs that indicated they are a DV survivor or fleeing DV. 2) The data source for these responses is from the CoC DV Priority List, HMIS for non-DV projects, and the CoC comparable data base for victim service providers.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
Eastern Carolina ...

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC’s FY 2021 Priority Listing:

1.	Applicant Name	Eastern Carolina Homelessness Organization, Inc.
2.	Rate of Housing Placement of DV Survivors–Percentage	88.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	80.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

1) Eastern Carolina Homelessness Organization (ECHO) operates 2 TH/RRH projects that serves DV survivors. The rate of housing placements and the rate of housing retention was calculated using data from the previous year's Annual Performance Report. Using Q22c we divided the "Total (persons moved into housing)" by the "Total persons" served in the grant to calculate the rate of housing placement. Using 23c we divided the "Total persons exiting to positive housing destinations" by the "Total" served in the grant to calculate the rate of housing retention. 2) The data source for the Annual Performance Report comes from HMIS. ECHO is not a victim service provider and enters information into HMIS.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;
3.	connected survivors to supportive services; and

4.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.
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(limit 2,000 characters)

1) When a DV household is identified by CES a referral is made to ECHO for a transitional housing placement. This allows DV survivors to quickly move into a safe environment while housing search takes place. Once a DV household is in a safe environment ECHO's goal is to place DV survivors into permanent safe affordable housing within 30 - 90 days. 2) ECHO accepts referrals from the CES list for all openings. ECHO provides services to these households in the order in which CES refers them. These households are prioritized based on their level of need based on the acuity score determined by the CES assessment. 3) ECHO offers an array of supportive services directly and by referral. ECHO operates a Wellness Center where participants can receive counseling services, participate in groups, and other therapeutic activities. ECHO also partners with Family Justice Center, Pee Dee Coalition Against Domestic and Sexual Assault, United Way Kershaw County, Sister Care, and the YWCA to refer DV survivors to DV specific supportive services. ECHO provides all participants connection with mainstream benefits, job placement, education, mental health treatment, substance abuse treatment, life skills, etc. 4) ECHO helps the participant develop a housing stability plan when they first enter the program. The plan is reviewed and updated once the participant is placed into permanent housing and then monthly. If it is identified that the participant may not be able to maintain stable housing when the subsidy ends ECHO staff will work to identify other subsidy or housing options like PHA vouchers, low-income tax credit properties, HOME funded apartment complexes, etc. ECHO partners with Home Alliance to refer domestic violence victims to permanent housing that is located within their apartment complex. These units are located on a special floor in the complex with secure access. These units are funded through project-based housing choice vouchers with the Housing Authority of Myrtle Beach.

4A-4c.	Ensuring DV Survivor Safety—Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:

1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

(limit 5,000 characters)

1) ECHO has a monthly in-service training for staff. During these trainings Family Justice Center a victim service provider that is a sub-recipient in ECHO's DV TH/RRH program have conducted trainings on safety planning, confidential interviewing practices and how to identify potential signs of domestic abuse. 2) ECHO has private intake rooms at all ECHO office's to ensure private

conversations with participants. 3) ECHO staff always conducts intake interviews with DV victims separately and are aware and looking for warning signs of domestic abuse when conducting a family interview. 4) ECHO utilizes a client choice approach for all of their housing programs. Case managers develop a housing stability plan with participants that includes where the participant wants to be housed that they will feel the safest. 5) ECHO maintains two transitional housing sites for DV victims and ensures that these locations are kept private and not identified as DV housing. ECHO's maintenance staff ensures that these houses have adequate security and lighting. 6) ECHO ensures that all staff and clients are trained on keeping these sites confidential and has protocols in place to move participants if the location of one of these sites is compromised.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

ECHO evaluates the projects ability to ensure the safety of DV survivors the project serves by having quarterly meetings with the 2 sub recipients of these Joint TH/RRH programs. During these meetings the 3 organizations review safety protocols, recent incidents, security concerns, and project performance. This serves as a self evaluation of the project. One of the sub recipients is a victim service provider that also operates a DV emergency shelter. They ensure that all protocols are compliant with standards and practices generally accepted with the DV population.

4A-4d.	Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

- | | |
|----|--|
| 1. | prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences; |
| 2. | establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials; |
| 3. | providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma; |
| 4. | emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations; |
| 5. | centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination; |
| 6. | providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and |
| 7. | offering support for parenting, e.g., parenting classes, childcare. |

(limit 5,000 characters)

1) All of ECHO's housing programs uses the best practices of Housing First, client choice/ empowerment, trauma informed care, victim/ client centered services, and motivational interviewing. ECHO staff uses motivational interviewing techniques to help clients create a housing stabilization plan. This plan is developed with the participant and encourages input from them to include their preferences and goals. ECHO provides housing search and placement services and takes the client to view housing options that meet their needs and preferences. The participant ultimately makes the decision on the housing placement from the options provided. 2) ECHO uses a Housing First approach which focuses on lowering the barriers to exit from a program. Staff are trained on how to keep program participants in the program instead of ensuring the rules are being followed. All staff are trained on trauma-informed care to ensure that organization staff and the services being provided are not conducted in a way that creates further trauma. 3) 18 staff members at ECHO are Certified Peer Support Specialists that have experience with addiction and mental health. These 18 peer support specialist are trained in the Wellness Recovery Action Plan (WRAP). 28 staff members have lived experience with homeless and some with domestic violence and most with trauma. This training and lived experience is invaluable with providing program participants with information on trauma. 4) ECHO conducts the Arizona Self Sufficiency Matrix to understand the program participants strengths and needs. A housing case plan is developed with the program participant using motivational interviewing techniques. Program participant strengths are highlighted when creating the housing stability plan. 5) ECHO staff are provided training on cultural competencies, implicit biases and nondiscrimination by ECHO's Chief Innovation Officer Dr. E. Ann Gowdy PH.D., LISW-CP,MSW. 6)& 7) ECHO's Wellness Center provides a holistic recovery approach to trauma, mental health, and substance abuse. At this center ECHO provides individual counseling, group therapy, peer to peer support, yoga therapy, art therapy, recovery groups, and life skills which includes parenting classes.

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.

(limit 5,000 characters)

1) ECHO partners with victim service providers to provide DV specific supportive services like Safety planning, therapy, legal assistance, and victim advocates. ECHO also provides connection to mainstream benefits, job placement, education, emergency food, furniture, bedding, mental health treatment, substance abuse treatment, and peer support. 2) ECHO provides furniture to families that are placed into permanent housing. Staff and volunteers deliver the furniture and help the household set it up in their new home. ECHO provides transportation to and from appointments with other service providers for supportive services. This allows the program participant safety and confidentiality while receiving these services.

4A-4f.	Trauma-Informed, Victim-Centered Approaches--New Project Implementation.	
	NOFO Section II.B.11.	

Provide examples in the field below of how the new project will:	
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

The practices listed in 4A-4d are already in place and will fully implemented in the new program. 1) All of ECHO's housing programs uses the best practices of Housing First, client choice/ empowerment, trauma informed care, victim/ client centered services, and motivational interviewing. ECHO staff uses motivational interviewing techniques to help clients create a housing stabilization plan. This plan is developed with the participant and encourages input from them to include their preferences and goals. ECHO provides housing search and placement services and takes the client to view housing options that meet their needs and preferences. The participant ultimately makes the decision on the housing placement from the options provided. 2) ECHO uses a Housing First approach which focuses on lowering the barriers to exit from a program. Staff are trained on how to keep program participants in the program instead of ensuring the rules are being followed. All staff are trained on trauma-informed care to ensure that organization staff and the services being provided are not conducted in a way that creates further trauma. 3) 18 staff members at ECHO are Certified Peer Support Specialists that have experience with addiction and mental health. These 18 peer support specialist are trained in the Wellness Recovery Action Plan (WRAP). 28 staff members have lived experience with homeless and some with domestic violence and most with trauma. This training and lived experience is invaluable with providing program participants with information on trauma. 4) ECHO conducts the Arizona Self Sufficiency Matrix to understand the program participants strengths and needs. A housing case plan is developed with the program participant using motivational interviewing techniques. Program participant strengths are highlighted when creating the housing stability plan. 5) ECHO staff are provided training on cultural competencies, implicit biases and nondiscrimination by ECHO's Chief Innovation Officer Dr. E. Ann Gowdy PH.D., LISW-CP,MSW. 6)& 7) ECHO's Wellness Center provides a holistic recovery approach to trauma, mental health, and substance abuse. At this center ECHO provides individual counseling, group therapy, peer to peer support, yoga therapy, art therapy, recovery groups, and life skills which includes parenting classes.