

## **Before Starting the CoC Application**

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

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2019 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (\*), which are mandatory and require a response.

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

### **Instructions:**

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

#### **Resources:**

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

**1A-1. CoC Name and Number:** SC-503 - 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. Continuum of Care (CoC) Engagement

### Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

#### Resources:

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notice>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

### 1B-1. CoC Meeting Participants.

For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:

1. participated in CoC meetings;
2. voted, including selecting CoC Board members; and
3. participated in the CoC's coordinated entry system.

Organization/Person	Participates in CoC Meetings	Votes, including selecting CoC Board Members	Participates in Coordinated Entry System
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	No
Local Jail(s)	No	No	Yes
Hospital(s)	Yes	Yes	Yes
EMS/Crisis Response Team(s)	Yes	Yes	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Disability Service Organizations	Yes	Yes	Yes
Disability Advocates	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes

Youth Advocates	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Domestic Violence Advocates	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	No
LGBT Service Organizations	Not Applicable	No	No
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Mental Illness Advocates	Yes	Yes	Yes
Substance Abuse Advocates	Yes	Yes	Yes
Other:(limit 50 characters)			
United Way Organizations	Yes	Yes	Yes
Local Homeless Court	Yes	No	Yes
Drug and Mental Health Court	Yes	No	Yes

### 1B-1a. CoC's Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.

**Applicants must describe how the CoC:**

- 1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;**
  - 2. communicates information during public meetings or other forums the CoC uses to solicit public information;**
  - 3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and**
  - 4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF.**
- (limit 2,000 characters)**

We solicit and consider opinions at CoC meetings, outreach events, SSVF Community Planning meetings, SC Hospital Association meetings, the South Carolina Interagency Council on Homelessness Board meetings which is comprised of the states 4 CoC's & reps from major state depts., through the CoC website, and social media. The CoC hosts federal/state/local partner trainings. The CoC meetings are open forums/discussions to solicit, consider and address new opinions. We conduct CoC exercises on topics such as CES, HMIS, Housing First, SPM, underserved populations, protected classes, fair & equal opportunity housing, and local GAPS annalysis. At these meetings TCHC and its members compile/consider all opinions to better evaluate and develop new strategies and action plans to prevent & end homelessness. CoC grantees conduct exit interviews soliciting ideas from program participants. This information is used in strategic planning to prevent/end homelessness. Based on the feedback, the following updated trainings were provided: LGBTQ and

Cultural/Linguistic Competency (Summer 2019), Raising Diversity – Youth Specific (Summer 2019), Rapid Resolution Training (Spring 2019), SC Thrive Benefits Bank Counselor training on mainstream benefits connection and a CoC Open House soliciting opinions and membership. We were selected as one of the communities for the 100 DAY Challenge to End Youth Homelessness and solicited/considered opinions and are incorporating them in our strategic plan. The Correspondence, Bylaws and Record-Keeping Committee solicits and considers feedback from agencies and individuals on CoC wide policies and procedures. The HMIS and CES Committee considers feedback on related policies and procedures at the local level and as a part of a State Committee. We ensure effective communication with people with disabilities through our website contact forms. We also offer other accessible electronic formats like PDF. Outreach efforts also ensure effective communication.

## **1B-2. Open Invitation for New Members.**

**Applicants must describe:**

- 1. the invitation process;**
  - 2. how the CoC communicates the invitation process to solicit new members;**
  - 3. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
  - 4. how often the CoC solicits new members; and**
  - 5. any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.**
- (limit 2,000 characters)**

The CoC holds a membership drive/open house annually. TCHC posts its membership meeting schedules on the website, email list serve & social media. All private, public, government and non-profit agencies, individuals and currently or formerly homeless persons, etc. that are interested in ending homelessness are invited and open to attend. TCHC Membership Committee solicits members at other collaborative meetings (i.e. VA Challenge, town halls, SC Thrive, SC Hospital Association). The CoC also solicits new members at monthly 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 a poverty simulation). Board members are encouraged to recruit and solicit new attendees monthly. 2 TCHC board members are formerly homeless individuals. Current and former 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 a scheduled Certified Peer Support Training where attendees must be homeless or formerly homeless. . We ensure effective communication with people with disabilities through our website contact forms. We also offer other accessible electronic formats like PDF. Outreach efforts also ensure effective communication.

## **1B-3. Public Notification for Proposals from Organizations Not Previously Funded.**

**Applicants must describe:**

- 1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;**
  - 2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;**
  - 3. the date(s) the CoC publicly announced it was open to proposal;**
  - 4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and**
  - 5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.**
- (limit 2,000 characters)**

On April 10, 2019 TCHC conducted a Membership Drive/ Open House. During this event we reviewed the local competition and application process for new and existing grantees. On July 15, 2019 an announcement was publically posted on the website and emailed to our list served that the HUD CoC funding availability notices were 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, timeline of competition and instructions on how to submit applications to the CoC were also made available publicly at this time. These announcements and events are designed to encourage previously funded and not previously funded organizations to apply. All announcements and event invitations are accessible through electronic formats to ensure effective communication with individuals with disabilities. TCHC accepts and encourages proposals from previously non-funded organizations to help close gaps in housing and supportive services in the CoC coverage area. The TCHC Grant Selection Committee uses a CoC approved Ranking and Rating Tool, a weighted tool based on the rating and ranking tool developed by HUD to determine project acceptance and rankings. This committee sends a letter, outside of e-snaps, to all organizations that applied on whether their project application will be included in the CoC Program Competition process.

## 1C. Continuum of Care (CoC) Coordination

### Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

#### Resources:

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notice>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

### 1C-1. CoCs Coordination, Planning, and Operation of Projects.

**Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.**

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

**1C-2. CoC Consultation with ESG Program Recipients.**

**Applicants must describe how the CoC:**

- 1. consulted with ESG Program recipients in planning and allocating ESG funds;**
  - 2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and**
  - 3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.**
- (limit 2,000 characters)**

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 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. 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. 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 endorses applications 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. The CoC uses local PIT Count data 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. The CoC actually helps draft the language in this section of the Plans.

**1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions.** Yes to both

**Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.**

**1C-2b. Providing Other Data to Consolidated Plan Jurisdictions.** Yes

**Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it**



**can be addressed in Consolidated Plan updates.**

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

**Applicants must describe:**

- 1. the CoC's protocols, including protocols for coordinated entry and the CoC's emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and**
  - 2. how the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and 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. These 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 and procedures. The specific policies and 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 the provider 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 in need of assistance. 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 specifically geared towards their situation, 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 organizations that provide victim services.

**1C-3a. Training–Best Practices in Serving DV Survivors.**

**Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:**

- 1. CoC area 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**
  - 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.**
- (limit 2,000 characters)**

Training on victim centered services, trauma-informed care, motivational interviewing, mental health first aid, safety protocols, cultural competency and human trafficking 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. All member organizations are invited to attend these trainings. CoC area project staff and staff of Coordinated Entry access points are required to attend. 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.

### **1C-3b. Domestic Violence—Community Need Data.**

**Applicants must describe how the 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. (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. In 2018 a new Joint TH/RRH project was 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 is in the process of working with multiple victim service providers to onboard and use this single database. This will make 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-4. PHAs within CoC. Attachments Required.**

**Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC's geographic area.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer
FY2019 CoC Application	Page 10		09/28/2019

	homelessness at entry		needing intensive supportive services, e.g., Moving On
Housing Authority of Myrtle Beach	80.00%	Yes-HCV	Yes-HCV
Georgetown Housing Authority	25.00%	Yes-Both	No

#### 1C-4a. PHAs' Written Policies on Homeless Admission Preferences.

**Applicants must:**

**1. provide the steps the CoC has taken, with the two largest PHAs within the CoC's geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference—if the CoC only has one PHA within its geographic area, applicants may respond for one; or**

**2. state that the CoC does not work with the PHAs in its geographic area. (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 CES 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 these 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-4b. Moving On Strategy with Affordable Housing Providers.

**Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.**

Yes

**If "Yes" is selected above, describe the type of provider, for example, multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs. (limit 1,000 characters)**

The CoC works with Eastern Carolina Homelessness Organization (ECHO), the only CoC PSH provider, to identify PSH households that are ready to use the "Move on Strategy" through progressive engagement and annual recertification.

Households that have been in PSH for a period of time, no longer need intensive services and have demonstrated the ability to maintain housing can voluntarily participate in this “program”. The CoC and ECHO work with an established network of housing partners that include, but are not limited to PHA’s (HCV, Mainstream Housing Vouchers and VASH), HOME funded housing programs, Low Income Tax Credit developments (LIHTC), and other local low-income housing programs. The household’s PSH case manager will make referrals to these housing programs/ providers based on their screening criteria. These referrals are tracked and followed up on by the PSH case manager. This strategy has worked successfully with a HOME funded housing provider, PHA HCV Program and a LIHTC development with several households. These providers now have this preference. The CoC has adopted this “Move On Strategy” into its strategic plan and operational policies and procedures and has a formal MOU with the Myrtle Beach Housing Authority and its Mainstream Voucher Program. This strategy creates openings in PSH units for chronically homeless households and exits current participants into permanent housing. This furthers the mission of ending chronic homelessness and increasing coordination with housing partners in the CoC.

#### **1C-5. Protecting Against Discrimination.**

**Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.  
(limit 2,000 characters)**

The CoC has had many discussions about the needs of Lesbian, Gay, Bisexual and Transgender individuals and their families at member meeting and at the Board level. Input has been provided by CoC, ESG and other private housing and shelter providers across the CoC. Currently the CoC has required ESG subrecipients and CoC recipients to review their admissions, occupancy and operating policies and procedures and adopt policies for equal access in accordance with gender identity in an effort to affirmatively further fair housing. These policies must address equal access and placement to housing, shelters, facilities, services and that accommodations are provided in accordance with gender identity without intrusive questioning or being asked to provide documentation. The CoC works with private housing and shelter providers in implementing and monitoring these policies to provide their services indiscriminately. The CoC revised its monitoring tool to include reviewing these policies and procedures and that the provider is abiding by them. The CES process and assessments are designed to be inclusive and assess the needs of homeless individuals and families indiscriminately. Training is provided by the CoC on best practices when working with the homeless LGBTQ+ and all other protected classes. Sea Haven, Inc. is a CoC member that has facilitated training on gender identity, inclusivity, and competency. The CoC attended a statewide training on Cultural Competency focused on discrimination and fair housing practices, specifically addressing racial and other disparities in housing. The CoC formally adopted the Equal Access Rule and Anti-Discrimination in October of 2017. The CoC was directly involved in the adoption and approval by HUD of the Horry County AFFH Plan, that addresses this issue.

**\*1C-5a. Anti-Discrimination Policy and Training.**

**Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:**

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act?	Yes
3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing?	Yes

**\*1C-6. Criminalization of Homelessness.**

**Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area.**

1. Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
2. Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
3. Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
4. Implemented communitywide plans:	<input checked="" type="checkbox"/>
5. No strategies have been implemented:	<input type="checkbox"/>
6. Other:(limit 50 characters)	
Implemented Homeless Court	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

**1C-7. Centralized or Coordinated Assessment System. Attachment Required.**

**Applicants must:**

1. demonstrate the coordinated entry system covers the entire CoC geographic area;
2. demonstrate the coordinated entry system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach; and
3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they 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.

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

### Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

#### Resources:

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

### 1D-1. Discharge Planning Coordination.

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

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

## 1E. Local CoC Competition

### Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

#### Resources:

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notice>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

### **\*1E-1. Local CoC Competition–Announcement, Established Deadline, Applicant Notifications. Attachments Required.**

**Applicants must indicate whether the CoC:**

1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition;	Yes
2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline;	Yes
3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and	Yes
4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline.	Yes

### **1E-2. Project Review and Ranking–Objective Criteria.**

**Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:**

1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served);	Yes
2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and	Yes
3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served.	Yes

### **1E-3. Project Review and Ranking–Severity of Needs and Vulnerabilities.**

FY2019 CoC Application	Page 16	09/28/2019
------------------------	---------	------------



**Applicants must describe:**

**1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and**

**2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.**

**(limit 2,000 characters)**

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 subpopulations listed in the CoC grant application and follow a Housing First approach that removes barriers to entry for the hardest to serve populations. Also, the CoC's Coordinated Entry System prioritizes persons with the highest service needs and other vulnerabilities. For New Project scoring the CoC requires, through the use of threshold requirements, that proposed applications participate in the Coordinated Entry process as well as be Housing First and/ or a low barrier implementation. The CoC uses a weighted project ranking and review tool that gives points to applicants that target populations that are harder to serve. There is a section on the "Renewal/Expansion Project Rating Tool" that scores Rapid Rehousing Projects for serving a minimum percent of participants with zero income at entry and minimum percent of participants entering project from place not meant for human habitation. For Permanent Supportive Housing the tool gave points to projects that served a minimum percent of participants with zero income at entry and minimum percent of participants entering project from place not meant for human habitation. Applicants that met the percentage threshold received additional points. The monitoring tool used by the CoC evaluates project performance on actually serving these populations.

**1E-4. Public Postings–CoC Consolidated Application. Attachment Required.**

**Applicants must:**

**1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or**

**2. check 6 if the CoC did not make public the review and ranking process; and**

**3. indicate how the CoC made public the CoC Consolidated Application—including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected—which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or**

**4. check 6 if the CoC did not make public the CoC Consolidated Application.**

Public Posting of Objective Review and Ranking Process		Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing, Project Listings	
1. Email	<input checked="" type="checkbox"/>	1. Email	<input checked="" type="checkbox"/>

2. Mail	<input type="checkbox"/>	2. Mail	<input type="checkbox"/>
3. Advertising in Local Newspaper(s)	<input type="checkbox"/>	3. Advertising in Local Newspaper(s)	<input type="checkbox"/>
4. Advertising on Radio or Television	<input type="checkbox"/>	4. Advertising on Radio or Television	<input type="checkbox"/>
5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>	5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>
6. Did Not Publicly Post Review and Ranking Process	<input type="checkbox"/>	6. Did Not Publicly Post CoC Consolidated Application	<input type="checkbox"/>

**1E-5. Reallocation between FY 2015 and FY 2018.**

**Applicants must report the percentage of the CoC's ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.**

**Reallocation: 43%**

**1E-5a. Reallocation—CoC Review of Performance of Existing Projects.**

**Applicants must:**

- 1. describe the CoC written process for reallocation;**
  - 2. indicate whether the CoC approved the reallocation process;**
  - 3. describe how the CoC communicated to all applicants the reallocation process;**
  - 4. describe how the CoC identified projects that were low performing or for which there is less need; and**
  - 5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.**
- (limit 2,000 characters)**

The CoC has two types of reallocation in its 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 may also reallocate projects that do not meet current HUD or CoC thresholds. 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 served every competition year. The CoC identified 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. Another major factor for voluntary reallocation in our CoC was

due to grantees not wanting to comply with Housing First, lowering barriers, and the Coordinated Entry System.

## DV Bonus

### Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

#### Resources:

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

### 1F-1 DV Bonus Projects.

**Applicants must indicate whether the CoC is requesting DV Bonus projects which are included on the CoC Priority Listing:**

Applicant Name	DUNS Number
This list contains no items	

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

### Intructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

#### Resources:

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

### 2A-1. HMIS Vendor Identification. Mediware

**Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.**

### 2A-2. Bed Coverage Rate Using HIC and HMIS Data.

**Using 2019 HIC and HMIS data, applicants must report by project type:**

Project Type	Total Number of Beds in 2019 HIC	Total Beds Dedicated for DV in 2019 HIC	Total Number of 2019 HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	423	50	343	91.96%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	115	14	95	94.06%
Rapid Re-Housing (RRH) beds	99	0	99	100.00%
Permanent Supportive Housing (PSH) beds	418	0	418	100.00%
Other Permanent Housing (OPH) beds	132	0	132	100.00%

### 2A-2a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-2.

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

**1. steps the 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 the CoC will implement the steps described to increase bed coverage to at least 85 percent.  
(limit 2,000 characters)**

**\*2A-3. Longitudinal System Analysis (LSA) Submission.**

**Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0.** Yes

**\*2A-4. HIC HDX Submission Date.**

**Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).  
(mm/dd/yyyy)** 04/30/2019

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

### Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

#### Resources:

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notice>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

**2B-1. PIT Count Date.** 01/23/2019

**Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).**

**2B-2. PIT Count Data–HDX Submission Date.** 04/30/2019

**Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).**

**2B-3. Sheltered PIT Count–Change in Implementation.**

**Applicants must describe:**

**1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and**

**2. how the changes affected the CoC's sheltered PIT count results; or**

**3. state "Not Applicable" if there were no changes.**

**(limit 2,000 characters)**

Not Applicable

**\*2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.**

**Applicants must select whether the CoC No added or removed emergency shelter,**

**transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC's 2019 sheltered PIT count.**

#### **2B-5. Unsheltered PIT Count–Changes in Implementation.**

**Applicants must describe:**

- 1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and**
  - 2. how the changes affected the CoC's unsheltered PIT count results; or**
  - 3. state "Not Applicable" if there were no changes.**
- (limit 2,000 characters)**

Not Applicable

#### **\*2B-6. PIT Count–Identifying Youth Experiencing Homelessness.**

**Applicants must:**

**Indicate whether the CoC implemented specific measures to identify youth experiencing homelessness in their 2019 PIT count.** Yes

#### **2B-6a. PIT Count–Involving Youth in Implementation.**

**Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:**

- 1. plan the 2019 PIT count;**
  - 2. select locations where youth experiencing homelessness are most likely to be identified; and**
  - 3. involve youth in counting during the 2019 PIT count.**
- (limit 2,000 characters)**

Youth stakeholders met monthly starting in August of 2018 to plan for the PIT count. Input was solicited and received from youth during their enrollment in Runaway Homeless Youth Programs about how to conduct and encourage participation in the youth count. The CoC interviewed youth outreach workers and local homeless youth to determine locations where youth experiencing homelessness are most likely to be identified. An informational and educational event was hosted at Sea Haven's Street Outreach Program, Project Lighthouse. This event not only spread awareness of what the PIT count is, and why it is important, but also provided a training opportunity for those youth (18 years of age or older) interested in participating in the PIT count as volunteers. Volunteers at the event consisted of local homeless youth as well as youth from the local college and university.



**2B-7. PIT Count–Improvements to Implementation.**

**Applicants must describe the CoC's actions implemented in its 2019 PIT count to better count:**

- 1. individuals and families experiencing chronic homelessness;**
  - 2. families with children experiencing homelessness; and**
  - 3. Veterans experiencing homelessness.**
- (limit 2,000 characters)**

Starting in August of 2018 the CoC specifically engaged SSVF service providers, local county Veteran Affairs Offices, the local Colleges of Social Work, and providers that work specifically with individuals and families experiencing chronic homelessness, families with children and veterans to join the Point in Time Count Committee to help add value and experience to the planning and implementation of the 2019 PIT Count. The CoC also worked close with the VA Vision 7 Homeless Network Coordinator and local Veterans, some that had and some that haven't experienced homelessness to better plan how to identify and count Veterans experiencing homelessness. The CoC also worked with McKenney Vento and DSS representatives across the CoC to help identify and count families with children, experiencing homelessness. The CoC worked with local public, private and faith based shelters, PATH Outreach Teams, Shelter Outreach workers, Local law enforcement agencies, community/soup kitchens, other homeless services providers that are constantly in contact with families with children and chronically homeless to establish relationships with the unsheltered homeless and help plan and coordinate improving the engagement of homeless families with children and chronically homeless individuals/families and prior to the PIT Count.

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

### Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

#### Resources:

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

### \*3A-1. First Time Homeless as Reported in HDX.

**Applicants must:**

Report the Number of First Time Homeless as Reported in HDX.	1,807
--	-------

#### 3A-1a. First Time Homeless Risk Factors.

**Applicants must:**

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

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. 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 and hospital associations to discuss practices of discharging patients into homelessness. The CoC will also begin to enforce these moratoriums on hospital discharges to homelessness. TCHC partners with CDBG, HOME, VA-SSVF, ESG, private & faith based shelters & housing assistance programs to address risk factors of first time homelessness. ECHO staff and the CoC partner with ESG/SSVF prevention providers oversee the strategy to reduce first time homelessness.

### **\*3A-2. Length of Time Homeless as Reported in HDX.**

#### **Applicants must:**

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.
---

86

### **3A-2a. Strategy to Reduce Length of Time Homeless.**

#### **Applicants must:**

- 1. describe the CoC's strategy to reduce the length of time individuals and persons in families remain homeless;**
  - 2. describe how the 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 the CoC's strategy to reduce the length of time individuals and families remain homeless.**
- (limit 2,000 characters)**

The average length of time individuals and families remained homeless for persons in ES, SH and TH is 86 days, this is an increase of 12 days from the previous year. ES, SH, TH, and PH combined the average is 269 days. We know this number is much higher due to persons experiencing chronic homeless that are not going to our ES or TH programs but are being identified and served in permanent housing programs. 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 to. 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. 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 Chronically Homeless individuals and families through the CES process. Eastern Carolina Homelessness Organization is the organization responsible for overseeing the strategy.

### **\*3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.**

**Applicants must:**

	Percentage
1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.	42%
2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	91%

### **3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.**

**Applicants must:**

1. describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
2. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
3. describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations; and
4. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.

**(limit 2,000 characters)**

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. 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. CoC SOAR specialists and S.C. Thrive Benefits Bank trained staff work diligently to connect clients to all eligible benefits. Partnerships with Goodwill Workforce, S.C. Works and private employers help to increase/obtain income for the households. Eastern Carolina Homelessness Organization is responsible for overseeing the strategy.

#### **\*3A-4. Returns to Homelessness as Reported in HDX.**

##### **Applicants must:**

	Percentage
1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.	9%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	4%

#### **3A-4a. Returns to Homelessness–CoC Strategy to Reduce Rate.**

##### **Applicants must:**

- 1. describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness;**
- 2. describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and**
- 3. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.**  
**(limit 2,000 characters)**

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. The CoC’s strategy to reduce the rate of additional returns to homelessness is to

coordinate with current programs like diversion/prevention, 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, other private and faith based rental assistance programs. The Collaborative Applicant hired a PhD of social work 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 has provided training on motivational interviewing, mental health first aid, cultural competency, a poverty simulation, and has a certified peer support training with a homeless component added scheduled for this year. Eastern Carolina Homelessness Organization is the organization responsible for overseeing the strategy described above.

### **\*3A-5. Cash Income Changes as Reported in HDX.**

#### **Applicants must:**

	Percentage
1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.	21%
2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.	12%

### **3A-5a. Increasing Employment Income.**

#### **Applicants must:**

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

The CoC advertises and facilitates training for CoC member organizations to be trained in programs and systems that help participants obtain or increase employment and non –employment income like SC Thrive benefits bank and SOAR. The CoC works 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. CoC member organizations develop relationships and advocate for persons experiencing homelessness with local business throughout the CoC. The CoC has 4 SOAR specialists that connects

participants to SSDI benefits. Some CoC member organizations provide access to computers and internet for participants to use for job search. ECHO now employs a PhD of Social Work CP, Supervisor to continue developing and implementing CoC wide practices to better connect to Mainstream Services. Eastern Carolina Homelessness Organization and Sea Haven are responsible for overseeing the strategy described above.

### **3A-5b. Increasing Non-employment Cash Income.**

**Applicants must:**

- 1. describe the CoC's strategy to increase non-employment cash income;**
- 2. describe the CoC's strategy to increase access to non-employment cash sources;**
- 3. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase non-employment cash income.**

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 Benefits Bank trained program staff assist in the access to these non-employment cash resources (EBT, Family Independence, TANF, 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. The outcomes of this position/program will be analyzed and employed throughout the CoC, if, as expected it has the positive outcomes anticipated. CoC program staff are regularly updated on available resources to help aid in their work with participants through list serve 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 participants and that increases in the 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 is developed and implemented.

### **3A-5c. Increasing Employment. Attachment Required.**

**Applicants must describe how the 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, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.**
- (limit 2,000 characters)**

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 case mgrs. 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 company. 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 and Goodwill Job Link Services are the 2 main providers of these services and are focused on people with disabilities of all types.

### 3A-5d. Promoting Employment, Volunteerism, and Community Service.

**Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service 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.	<input type="checkbox"/>
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).	<input type="checkbox"/>
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	<input type="checkbox"/>
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	<input type="checkbox"/>
5. The CoC works with organizations to create volunteer opportunities for program participants.	<input type="checkbox"/>
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	<input type="checkbox"/>
7. Provider organizations within the CoC have incentives for employment.	<input type="checkbox"/>
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	<input type="checkbox"/>

### 3A-6. System Performance Measures 05/31/2019 Data-HDX Submission Date

**Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)**



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

### Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

#### Resources:

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

### 3B-1. Prioritizing Households with Children.

**Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.**

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

### 3B-1a. Rapid Rehousing of Families with Children.

**Applicants must:**

**1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;**

**2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once**

**assistance ends; and**

**3. provide the organization name or position title responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of them becoming homeless.**

**(limit 2,000 characters)**

The CoC identifies families with children through CES, outreach/outreach events, community events and other partner referrals ie: DSS, churches, & city/county units of government. The CoC has focused reallocated funds to create new RRH & PSH projects that focus on households with children. The CoC prioritizes chronically homeless households with children with high service needs, identified by the CoC Acuity Tool for its PSH openings and prioritizes chronic and non-chronic homeless households with children with lower service needs for its CoC & ESG RRH openings. Once identified, these families are referred to the agency with readily available RRH resources to rapidly re-house them within 30 days. Referrals to other private and public housing programs will be made if CoC or ESG resources are not readily available in the timeframe. Once housed, all barriers to remain in housing are addressed/assessed by case managers using the self-sufficiency matrix tool and a progressive case mgt. plan is established for each family. Eastern Carolina Homelessness Org, the CES and HMIS lead agency employs a PhD of Social Work as the Director of Supportive Services. A progressive training regimen, CoC wide trainings such as motivational interviewing, poverty simulations, cultural competency, mental health first aid, centers for human design, etc are all facilitated by the Director of Supportive Services and made available to the entire CoC. All Case Managers are S.C. Thrive Benefits Bank trained in connecting these families to all mainstream benefits, as well as the 2 Soar Specialist assisting with SSDI. Eastern Carolina Homelessness Org (ECHO) employs the CoC's CES Coordinator and HMIS Administrator, who collaborate together on actual data and housing timelines to oversee and evaluate the outcomes.

### **3B-1b. Antidiscrimination Policies.**

**Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent housing (PSH and RRH)) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.**

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

**3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing Needs.**

Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:

1. Unsheltered homelessness	Yes
2. Human trafficking and other forms of exploitation	Yes
3. LGBT youth homelessness	Yes
4. Exits from foster care into homelessness	Yes
5. Family reunification and community engagement	Yes
6. Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

**3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.**

Applicants must check all that apply that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

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

**3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.**

Applicants must describe how the CoC increased availability of housing and services for:

1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and

2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.

(limit 3,000 characters)

The CoC's strategy is to make new CoC funding through strategic reallocation and the permanent housing bonus available to agencies that serve youth experiencing homelessness. Sea Haven received a new CoC RRH grant that

provided housing to 11 youth households and 21 youth participants and received an expansion in the FY17 competition to more than double the amount of youth being served. Sea Haven also receives 3 Runaway Homeless Youth grants through HHS to provide services, outreach, and shelter to youth experiencing homelessness this allows them to maximize the effectiveness of all projects, including CoC funding. ECHO also received an expansion of its CoC RRH project that has a focus on the youth population. Existing CoC and ESG Rapid Rehousing resources are being used more effectively through the CoC Coordinated Entry System by prioritizing youth 18 – 24 as a priority population to receive these resources. This year the CoC participated in a 100 Day Challenge to End Youth Homelessness. The goal was to safely and stably house 50 youth and young adults and also prevent homelessness for 150 young people at risk by creating housing access plans and/ or, if needed, providing access to behavioral health service in 45 days. The CoC and Youth Advisory Committee solicited and invited current and new stakeholders to this challenge in an effort to create new and innovative youth inclusive solutions. This CoC initiative focused all homeless housing projects to be more youth specific and the CoC exceeded the goal and housed 54 youth and young adults it was also able to reduce the length of time to housing from more than 90 days to less than 90 days. During the challenge the CoC also created a Youth Action Board consisting of youth in the community that have experienced homelessness to ensure that youth perspectives and opinions are considered in strategic planning. New partnerships across the CoC will allow an increased availability to housing and services because these organizations have a direct presence in the communities they serve. The Youth Advisory committee works with the CoC in evaluating the GAPS analysis to determine the need for additional funding, sources of funding, and maximizing additional resources from foundations and or other local, state and federal funding sources.

### **3B-1d.1. Youth Experiencing Homelessness—Measuring Effectiveness of Housing and Services Strategies.**

#### **Applicants must:**

- 1. provide evidence the CoC uses to measure each of the strategies in question 3B-1d. to increase the availability of housing and services for youth experiencing homelessness;**
- 2. describe the measure(s) the CoC uses to calculate the effectiveness of both strategies in question 3B-1d.; and**
- 3. describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of both strategies in question 3B-1d. (limit 3,000 characters)**

The CoC has a Youth Advisory Committee to help research, coordinate, develop, implement, and evaluate these strategies and projects in their effectiveness in ending youth homelessness. The CoC is currently using the Housing Inventory Chart (HIC) , the Annual Performance Report (APR), LSA , and point in time measurements, along with the Grant award announcements for CoC, ESG, and RHY to make a yearly comparison of funding available compared to how it is being utilized and performing across the CoC system. The analysis of available resources compared to the utilization of those resources is how the CoC measures housing and services for youth experiencing homelessness both through new resources being secured and existing resources being maximized. Over the last 4 CoC Funding Years, Sea

Haven has secured \$272,000.00 of CoC RRH project funding dedicated exclusively to Youth. Sea Haven's Executive Director was recently awarded the Executive Leadership of the Year National Award by the RHY Program. Their Program Director was also awarded the National Safe Haven Director Award. The Sea Haven Executive Director is a CoC Executive Board Member and Chair of the Youth Committee. Homeless youth is a sub list on the CoC's CES prioritization list. Each quarter the Youth Advisory Committee reviews how many youths were prioritized and referred for housing through CES compared to how many youths remain on the priority list awaiting housing and services. The committee reviews the outcomes of Runaway Homeless Youth funded programs in comparison with National Objectives of this program. The CoC uses the Annual Performance Report and CAPER to monitor the results of housing placements and retention rates, housing outcomes, connection to mainstream benefits and increase in employment/ income for CoC and ESG funded programs. The Youth Advisory Committee developed a needs based assessment to be administered to youth in these programs to further measure their effectiveness. The CoC believes these measures are an appropriate way to determine effectiveness of our strategies in the overall scope of youth homelessness. The CoC believes using data from HMIS in conjunction with the performance metrics funders use to evaluate projects along with local CES data is the best way provide a true picture of the progress of the CoC's strategies. The CoC also believes that using data and input from homeless youth utilizing these programs is an appropriate way to measure accessibility and effectiveness because it allows the CoC to measure performance over time and it is peer driven.

### **3B-1e. Collaboration–Education Services.**

#### **Applicants must describe:**

- 1. the formal partnerships with:**
  - a. youth education providers;**
  - b. McKinney-Vento LEA or SEA; and**
  - c. school districts; and**
- 2. how the CoC collaborates with:**
  - a. youth education providers;**
  - b. McKinney-Vento Local LEA or SEA; and**
  - c. school districts.**

**(limit 2,000 characters)**

TCHC has 4 Board members on The South Carolina Interagency 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 General Membership 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. CoC/ESG funded Community Action Agency programs operate the Head Start program. 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. All CoC projects have specific staff to inform participants of their educational services eligibility. 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. 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. The participation in the 100 Day Challenge allowed the CoC to reach out to many new providers.

### **3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.**

**Applicants must describe policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education 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 normal records and 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 for these children. The Community Action Agencies in the CoC operate the Head Start Programs and all of these agencies are members of the CoC. One of these, Pee Dee Community Action Partnership is represented on the CoC Board.

### **3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.**

**Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and supports and may add other providers not listed.**

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	Yes
Head Start	No	Yes
FY2019 CoC Application	Page 38	09/28/2019

Early Head Start	No	Yes
Child Care and Development Fund	No	Yes
Federal Home Visiting Program	No	Yes
Healthy Start	No	Yes
Public Pre-K	No	Yes
Birth to 3 years	No	No
Tribal Home Visiting Program	No	No
Other: (limit 50 characters)		

**3B-2. Active List of Veterans Experiencing Homelessness.**

Applicant must indicate whether the CoC **Yes**  
uses an active list or by-name list to identify  
all veterans experiencing homelessness in  
the CoC.

**3B-2a. VA Coordination—Ending Veterans Homelessness.**

Applicants must indicate whether the CoC **Yes**  
actively working with the U.S. Department of  
Veterans Affairs (VA) and VA-funded  
programs to achieve the benchmarks and  
criteria for ending veteran homelessness.

**3B-2b. Housing First for Veterans.**

Applicants must indicate whether the CoC **Yes**  
has sufficient resources to ensure each  
veteran experiencing homelessness is  
assisted to quickly move into permanent  
housing using a Housing First approach.

**3B-3. Racial Disparity Assessment. Attachment Required.**

Applicants must:

1. select all that apply to indicate the findings from the CoC's Racial Disparity Assessment; or
2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

1. People of different races or ethnicities are more likely to receive homeless assistance.	<input checked="" type="checkbox"/>
2. People of different races or ethnicities are less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	<input type="checkbox"/>
4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	<input type="checkbox"/>

5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
7. The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>

### 3B-3a. Addressing Racial Disparities.

**Applicants must select all that apply to indicate the CoC's strategy to address any racial disparities identified in its Racial Disparities Assessment:**

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.	<input checked="" type="checkbox"/>
2. The CoC has identified the cause(s) of racial disparities in their homeless system.	<input type="checkbox"/>
3. The CoC has identified strategies to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
4. The CoC has implemented strategies to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
5. The CoC has identified resources available to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
6. The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>



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

### Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

#### Resources:

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

### 4A-1. Healthcare—Enrollment/Effective Utilization

**Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and effectively utilizing Medicaid and other benefits.**

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

### 4A-1a. Mainstream Benefits.

**Applicants must:**

1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;
2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;
3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in

**health insurance;****4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and****5. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits.****(limit 2,000 characters)**

The CoC works with Community Health Orgs and all FQHCs, like Little River Medical, Sumter Family Health, Hope Health and Mercy Med to provide medical, dental, vision care and general health services to all participants providing free or sliding scale services. In 2018/19 the CoC established partnerships with CareSouth Carolina, (covers 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. The CoC's SOAR Teams helps all eligible CoC participants obtain SSI/SSDI benefits. All CoC program staff are S.C. Thrive Benefits Bank trained, using a single application for multiple benefits. These partnerships have resulted in positive outcomes obtaining private health insurance, Medicaid, Medicare, employment, noncash benefits including Family Independence (FI), Food Stamps and SSI/SSDI benefits. The CoC has partnerships with the VA, S.C. Works, Goodwill Job Link, Voc Rehab and many local/national companies for employment opportunities for CoC clients. Program Case Mgrs assist clients in the connection to and utilization of these benefits. The CoC updates members and staff regarding mainstream resources available and programs that facilitate connection to them through emails and at all regular CoC membership mtgs and special events. 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 Benefits Bank trainings, a partner with the CoC focused on easier access and quicker connection to mainstream benefits. Eastern Carolina Homelessness Org and Sea Haven oversee, analyze, develop and implement trainings and current program information to keep all program staff updated and maximize connection for all participants to mainstream benefits.

**4A-2. Lowering Barriers to Entry Data:****Applicants must report:**

1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.	10
2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	10
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 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

**4A-3. Street Outreach.****Applicants must:****1. describe the CoC's street outreach efforts, including the methods it**

**uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;**

**2. state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;**

**3. describe how often the CoC conducts street outreach; and**

**4. describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)**

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 this disaster. 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.

#### **4A-4. RRH Beds as Reported in HIC.**

**Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2018 and 2019.**

	2018	2019	Difference
RRH beds available to serve all populations in the HIC	112	99	-13

#### **4A-5. Rehabilitation/Construction Costs—New No Projects.**

**Applicants must indicate whether any new project application the CoC ranked and**

FY2019 CoC Application	Page 43	09/28/2019
------------------------	---------	------------

**submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting \$200,000 or more in funding for housing rehabilitation or new construction.**

**4A-6. Projects Serving Homeless under Other Federal Statutes.** No

**Applicants must indicate whether the CoC is requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other federal statutes.**

## 4B. Attachments

### Instructions:

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

Document Type	Required?	Document Description	Date Attached
FY 2019 CoC Competition Report (HDX Report)	Yes	FY 2019 CoC Compe...	09/26/2019
1C-4.PHA Administration Plan–Moving On Multifamily Assisted Housing Owners' Preference.	No	Moving On Multifa...	09/26/2019
1C-4. PHA Administrative Plan Homeless Preference.	No	PHA Administratio...	09/26/2019
1C-7. Centralized or Coordinated Assessment System.	Yes	CE Assessment Tool	09/28/2019
1E-1.Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.	Yes	Projects Accepted...	09/26/2019
1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.	Yes	Project Rejected/...	09/26/2019
1E-1.Public Posting–30-Day Local Competition Deadline.	Yes	Local Competition...	09/28/2019
1E-1. Public Posting–Local Competition Announcement.	Yes	Local Competition...	09/28/2019
1E-4.Public Posting–CoC-Approved Consolidated Application	Yes	Consolidated Appl...	09/28/2019
3A. Written Agreement with Local Education or Training Organization.	No	Local Education o...	09/28/2019
3A. Written Agreement with State or Local Workforce Development Board.	No	State or Local Wo...	09/28/2019
3B-3. Summary of Racial Disparity Assessment.	Yes	Racial Disparity ...	09/26/2019
4A-7a. Project List-Homeless under Other Federal Statutes.	No		
Other	No	CoC & HMIS lead A...	09/28/2019
Other	No	HMIS Policy and P...	09/28/2019

**Applicant:** Total Care for the Homeless Coalition

SC503

**Project:** SC-503 CoC Registration FY2019

COC\_REG\_2019\_170568

Other	No		
-------	----	--	--

## 2019 HDX Competition Report

### PIT Count Data for SC-503 - Myrtle Beach, Sumter City & County CoC

#### Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count	1322	974	1092	1153
Emergency Shelter Total	231	254	312	267
Safe Haven Total	0	0	0	0
Transitional Housing Total	259	115	86	95
Total Sheltered Count	490	369	398	362
Total Unsheltered Count	832	605	694	791

#### Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	229	191	171	258
Sheltered Count of Chronically Homeless Persons	49	22	38	31
Unsheltered Count of Chronically Homeless Persons	180	169	133	227

## 2019 HDX Competition Report

### PIT Count Data for SC-503 - Myrtle Beach, Sumter City & County CoC

#### Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	107	93	77	78
Sheltered Count of Homeless Households with Children	42	42	24	26
Unsheltered Count of Homeless Households with Children	65	51	53	52

#### Homeless Veteran PIT Counts

	2011	2016	2017	2018	2019
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	82	231	127	71	64
Sheltered Count of Homeless Veterans	24	43	38	33	29
Unsheltered Count of Homeless Veterans	58	188	89	38	35



## 2019 HDX Competition Report

### HIC Data for SC-503 - Myrtle Beach, Sumter City & County CoC

#### HMIS Bed Coverage Rate

Project Type	Total Beds in 2019 HIC	Total Beds in 2019 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	423	50	343	91.96%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	115	14	95	94.06%
Rapid Re-Housing (RRH) Beds	99	0	99	100.00%
Permanent Supportive Housing (PSH) Beds	418	0	418	100.00%
Other Permanent Housing (OPH) Beds	132	0	132	100.00%
Total Beds	1,187	64	1087	96.79%

## 2019 HDX Competition Report

### HIC Data for SC-503 - Myrtle Beach, Sumter City & County CoC

#### PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC	2019 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	232	401	368	381

#### Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH units available to serve families on the HIC	25	16	12	14

#### Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH beds available to serve all populations on the HIC	231	102	112	99

## 2019 HDX Competition Report

### FY2018 - Performance Measurement Module (Sys PM)

#### Summary Report for SC-503 - Myrtle Beach, Sumter City & County CoC

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

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

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2017	FY 2018	Submitted FY 2017	FY 2018	Difference	Submitted FY 2017	FY 2018	Difference
1.1 Persons in ES and SH	1843	1724	55	71	16	18	21	3
1.2 Persons in ES, SH, and TH	2025	1826	74	86	12	23	25	2

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

## 2019 HDX Competition Report

### FY2018 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2017	FY 2018	Submitted FY 2017	FY 2018	Difference	Submitted FY 2017	FY 2018	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	1895	1662	170	256	86	36	71	35
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	2102	1757	198	269	71	50	82	32

## 2019 HDX Competition Report

### FY2018 - Performance Measurement Module (Sys PM)

#### Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

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

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns
Exit was from SO	15	0	0%	0	0%	0	0%	0	0%
Exit was from ES	353	40	11%	15	4%	22	6%	77	22%
Exit was from TH	32	2	6%	6	19%	0	0%	8	25%
Exit was from SH	0	0		0		0		0	
Exit was from PH	449	38	8%	17	4%	14	3%	69	15%
TOTAL Returns to Homelessness	849	80	9%	38	4%	36	4%	154	18%

#### Measure 3: Number of Homeless Persons

##### Metric 3.1 – Change in PIT Counts

## 2019 HDX Competition Report

### FY2018 - Performance Measurement Module (Sys PM)

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

	January 2017 PIT Count	January 2018 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	974	1092	118
Emergency Shelter Total	254	312	58
Safe Haven Total	0	0	0
Transitional Housing Total	115	86	-29
Total Sheltered Count	369	398	29
Unsheltered Count	605	694	89

#### Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2017	FY 2018	Difference
Universe: Unduplicated Total sheltered homeless persons	2126	1869	-257
Emergency Shelter Total	1920	1756	-164
Safe Haven Total	0	0	0
Transitional Housing Total	306	176	-130

## 2019 HDX Competition Report

### FY2018 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	98	94	-4
Number of adults with increased earned income	4	6	2
Percentage of adults who increased earned income	4%	6%	2%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	98	94	-4
Number of adults with increased non-employment cash income	18	31	13
Percentage of adults who increased non-employment cash income	18%	33%	15%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	98	94	-4
Number of adults with increased total income	21	31	10
Percentage of adults who increased total income	21%	33%	12%

## 2019 HDX Competition Report

### FY2018 - Performance Measurement Module (Sys PM)

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	315	193	-122
Number of adults who exited with increased earned income	85	41	-44
Percentage of adults who increased earned income	27%	21%	-6%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	315	193	-122
Number of adults who exited with increased non-employment cash income	34	24	-10
Percentage of adults who increased non-employment cash income	11%	12%	1%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	315	193	-122
Number of adults who exited with increased total income	118	64	-54
Percentage of adults who increased total income	37%	33%	-4%



## 2019 HDX Competition Report

### FY2018 - Performance Measurement Module (Sys PM)

#### Measure 5: Number of persons who become homeless for the 1st time

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

	Submitted FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	1925	1771	-154
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	390	394	4
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	1535	1377	-158

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

	Submitted FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	2545	2280	-265
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	533	473	-60
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	2012	1807	-205

## 2019 HDX Competition Report

### FY2018 - Performance Measurement Module (Sys PM)

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

This Measure is not applicable to CoCs in FY2018 (Oct 1, 2017 - Sept 30, 2018) reporting period.

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

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

	Submitted FY 2017	FY 2018	Difference
Universe: Persons who exit Street Outreach	101	182	81
Of persons above, those who exited to temporary & some institutional destinations	24	39	15
Of the persons above, those who exited to permanent housing destinations	29	66	37
% Successful exits	52%	58%	6%

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

## 2019 HDX Competition Report

### FY2018 - Performance Measurement Module (Sys PM)

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	2134	1884	-250
Of the persons above, those who exited to permanent housing destinations	942	796	-146
% Successful exits	44%	42%	-2%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in all PH projects except PH-RRH	980	550	-430
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	896	502	-394
% Successful exits/retention	91%	91%	0%

## 2019 HDX Competition Report

### **FY2018 - SysPM Data Quality**

#### **SC-503 - Myrtle Beach, Sumter City & County CoC**

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

## 2019 HDX Competition Report

### FY2018 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018
1. Number of non-DV Beds on HIC	158	215	312	334	259	286	140	88	468	590	657	536		231	102	112				
2. Number of HMIS Beds	74	111	259	299	259	218	126	76	345	590	657	536		231	102	112				
3. HMIS Participation Rate from HIC ( % )	46.84	51.63	83.01	89.52	100.00	76.22	90.00	86.36	73.72	100.00	100.00	100.00		100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	468	667	1766	1934	1017	1243	271	179	805	1057	1039	913	340	738	607	529	27	102	130	566
5. Total Leavers (HMIS)	424	626	1564	1677	834	958	204	102	360	377	400	291	227	615	428	298	0	12	18	184
6. Destination of Don't Know, Refused, or Missing (HMIS)	261	325	642	844	496	389	42	13	4	0	0	4	0	7	14	14	0	4	8	61
7. Destination Error Rate (%)	61.56	51.92	41.05	50.33	59.47	40.61	20.59	12.75	1.11	0.00	0.00	1.37	0.00	1.14	3.27	4.70		33.33	44.44	33.15

## 2019 HDX Competition Report

### Submission and Count Dates for SC-503 - Myrtle Beach, Sumter City & County CoC

#### Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2019 PIT Count	1/23/2019	

#### Report Submission Date in HDX

	Submitted On	Met Deadline
2019 PIT Count Submittal Date	4/30/2019	Yes
2019 HIC Count Submittal Date	4/30/2019	Yes
2018 System PM Submittal Date	5/31/2019	Yes



---

Chesterfield ♦ Clarendon ♦ Darlington ♦ Dillon ♦ Florence ♦ Georgetown ♦ Horry ♦ Kershaw ♦ Lee ♦ Marlboro ♦ Marion ♦ Sumter ♦ Williamsburg

---

## **Mainstream Program for MBHA**

### **MEMORANDUM of UNDERSTANDING**

#### **BETWEEN MYRTLE BEACH HOUSING AUTHORITY AND EASTERN CAROLINA HOMELESSNESS ORGANIZATION, INC.**

**SUBJECT:** Permanent housing for homeless, at risk of being homeless non-elderly disabled families with or without children. This includes non-elderly persons with disabilities who are transitioning out of institutional or other segregated settings or at serious risk of institutionalization.

#### **I. Purpose of this MOU**

This memorandum of understanding (MOU) outlines the basic agreement during operation between the Myrtle Beach Housing Authority (MBHA) and Eastern Carolina Homeless Organization (ECHO) for the Mainstream program and “Move on Strategy” implemented by the Continuum of Care.

#### **II. Program Goal**

The goal of the Mainstream Program is to pair housing subsidies with supportive services to provide sustained community-based integrated housing opportunities to non-elderly persons with disabilities. This partnership should assist MBHA to use these vouchers by providing referrals, assisting with a timely transition to a unit, and providing the opportunity to access any supportive services.

#### **III. Term**

This agreement shall commence on November 1, 2019. It may be amended and/or extended based upon the agreement of MBHA and ECHO.

#### **IV. Operational Roles and Responsibilities**

##### **A. Myrtle Beach Housing Authority**

1. MBHA is applying for and will administer a Mainstream Voucher Program.
2. MBHA will educate participants and landlords about the Mainstream program.

3. Commit a sufficient number of staff and other resources to ensure that the application, certification, and rental assistance processes are completed in a timely manner.
4. Commit a sufficient number of staff and other resources to ensure that inspections of units are completed in a timely manner, usually within ten working days following the completion of certification.
5. Maintain releases of information for each participant in the Program to ensure open communication between MBHA and ECHO.
6. Designate a staff person to meet with ECHO's representative in person or by phone on a monthly basis to exchange updates about participants' housing stability.
7. Notify ECHO's contact person when a participant's housing is at risk due to noncompliance with the Mainstream Housing program or their landlord.
8. Maintain all necessary files and HMIS data entry required by HUD.

## **B. ECHO**

1. Identify and maintain a single point of contact for communication with MBHA.
2. Affirmatively further fair housing in identifying households who are eligible for the Mainstream Housing Program.
3. Assist applicants with applications, paperwork and verifications, and ensure that they are complete prior to submission.
4. Provide assistance with reasonable accommodations as needed.
5. Attend participant briefings when needed.
6. During grant program enrollment administered by ECHO: Provide housing search services to ensure that participants lease housing in a timely manner. Housing search services may include but are not limited to the following:
  - a. Visit prospective rental units with the participant.
  - b. Counsel participants in communicating effectively with landlords.
  - c. Assist participants in completing rental applications.
  - d. Assist participants with application fees and security deposits.
  - e. Provide foreign language translation and interpretation services.
  - f. Assist participants in understanding the terms of the lease.
  - g. Allow participants to freely exercise their preferences in selecting neighborhoods and buildings in which they want to live.



7. During grant program enrollment administered by ECHO: Establish and implement methods to identify housing problems for participants as early as possible and engage participants in a change process to prevent a loss of housing, including but not limited to the following:

- a. Provide assistance in fulfilling Mainstream program requirements.
- b. Provide and/or refer participants to supportive services.
- c. Engage participants in determining the types of assistance they need.
- d. Provide interventions with landlords.

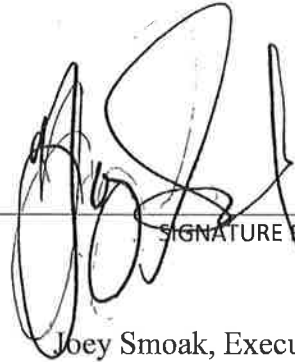
8. Maintain excellent service to any landlord with whom participants are applying or leased. ECHO will be available to the landlord not less than during regular business hours.

9. Maintain all necessary files, Individual Service Plans and HMIS data entry required by MBHA & HUD.



SIGNATURE BLOCK

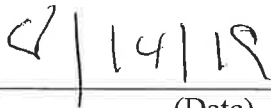
Sharon Forrest, Executive Director  
Housing Authority of Myrtle Beach



SIGNATURE BLOCK

Joey Smoak, Executive Director

ECHO



(Date)



(Date)

## A. Local Preferences and Ranking

The Housing Quality and Work Responsibility Act of 1998 permanently eliminated the federal preference requirement; however, PHAs may adopt the federal preference language and criteria as their local and/or ranking preferences.

The PHA will select and house applicants in accordance with the following preferences and priorities, in the order listed:

1. Limitations on Admission
  - a) Types of developments and units available;
  - b) Occupancy standards (limitation on the minimum and maximum number of household members permitted to live in dwelling units of specified sizes).
2. Selection Preferences, as follows, in the order listed:

	Preference	Ranking or Point Value
1	Elderly, disabled, or handicapped and are unable to work, and Veterans/and or military personnel that serve or have served in various branches of the military including Reserve and National Guard.	200
2	Victims of criminal domestic violence or other violent crimes that have resulted in their being displaced from their home.	200
3	<b>Working:</b> Applicant families whose head of household, or spouse is employed for at least thirty (30) hours per week, (this preference will not be based on the amount of earned income and the PHA may not prefer higher income families over families with lower incomes to occupy a development or unit except to the extent that the PHA has identified the need to implement economic de-concentration and income targeting). Families whose head of household or spouse is sixty-two (62) years of age or disabled automatically receive the maximum level of local preference.	200
4	<b>Crucial/critical need for assistance through no fault of the applicant:</b> <ul style="list-style-type: none"> <li>• <b>Natural Disaster</b> – Flood or hurricane within the last year.</li> <li>• <b>Fire</b> – Fire not caused by family's negligence, deliberate act or carelessness within last year.</li> <li>• <b>Government Action</b> – Government action against the property: Condemned, seized, etc.</li> <li>• <b>Currently Homeless: Definition – an individual who lacks a fixed (stable), regular and adequate nighttime residence -</b> Living in a shelter, family divided due to lack of housing.</li> <li>• <b>Evicted</b> – Evicted by landlord through no fault of the tenant.</li> </ul>	100

	<ul style="list-style-type: none"> <li>• <b>Foreclosure</b> – Loss of home.</li> <li>• <b>Paying more than 50% to rent/utilities</b> – When your rent and utilities are more than 50% of your income.</li> </ul>	
--	--	--

3. Date and Time of Application (in each of the above circumstances)

Applicants who meet all the eligibility requirements and who qualify for a preference will be assisted first according to the date and time of application. After all applicants with verified preferences are assisted, the PHA will then contact applicant families who are on the waiting list, according to date and time of application, and bedroom size needed.

4. Eligibility for Multiple Preferences

In the event that a family qualifies for multiple preferences, the PHA will award the points for the highest ranked single preference for which the family qualifies. Selection will not be based on the points from multiple preferences.

5. Denial of Local Preference(s) Claim

Applicants must provide appropriate documentation to substantiate their claim for a local preference. Families who cannot provide the appropriate documentation to the agency will be notified in writing that they do not qualify for a local preference.

The PHA will provide a written notice if an applicant does not qualify for a preference. This notice will contain: a brief statement of the reasons for the determination, and a statement that the applicant has the right to meet with the PHA's designee to review the determination. If the applicant wishes to request a review of the determination, they must do so within ten (10) calendar days of the postmarked date of the notice.

If the applicant requests the meeting, the PHA shall designate someone to conduct the meeting who is not the person who made the initial determination or reviewed the determination, a subordinate, or any other person designated by the PHA. A written summary of this meeting would be retained in the applicant's file. A letter informing the applicant of the final determination as to their local preferences status will be mailed within ten (10) days from the conference/hearing.



## ECHO COORDINATED ENTRY SYSTEM INITIAL ASSESSMENT COVER SHEET

1. Full Name \_\_\_\_\_  
Last First Middle Initial

2. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\_\_\_\_ Full DOB Reported  
\_\_\_\_ Approximate or Partial DOB Reported  
\_\_\_\_ Client doesn't know  
\_\_\_\_ Client refused  
\_\_\_\_ Data not collected

3. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Don't Know \_\_\_\_\_ Refused \_\_\_\_\_

4. Gender:  
\_\_\_\_ Female  
\_\_\_\_ Male  
\_\_\_\_ Trans Female (MTF or Male to Female)  
\_\_\_\_ Trans Male (FTM or Female to Male)  
\_\_\_\_ Gender Non-Conforming (i.e. not exclusively male or female)

- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

**5. Race:**

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

**6. Ethnicity:**

- ☐ Non-Hispanic/Non-Latino
- ☐ Hispanic/Latino
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected



## ECHO COORDINATED ENTRY SYSTEM INITIAL ASSESSMENT

A trained assessment specialist should ask the questions below.

*Instructions for the person administering the tool are in italics. Scripting to be read to applicant is underlined. Decisions will have to be made about the degree to which information on the form should be verified by third parties or other data sources.*

- 1. Are you homeless or do you believe you will become homeless within the next 72 hours?** Yes \_\_\_\_ No \_\_\_\_

*Consult HUD definition: People who are living in a place not meant for human habitation, in emergency shelter (including domestic violence shelter), in transitional housing, or are exiting an institution where they temporarily resided for up to 90 days and were in shelter or a place not meant for human habitation immediately prior to entering that institution.*

- 2. Are you currently residing with, or trying to leave, an intimate partner who hurts or threatens you or makes you fearful?** Yes \_\_\_\_ No \_\_\_\_

- If Yes to both question 1 and/or 2, continue the assessment.*
- If No to both of the above questions, refer to other appropriate resources or 211 and stop administering the assessment.*

**PLEASE MAKE SURE THAT THESE POINTS ARE DISCUSSED WITH EACH**

**PARTICIPANT:**

- This process should take approximately 15 - 30 minutes of your time. During this process we will be asking you questions that are directly related to your housing needs.
- Housing resources in our community are extremely limited and there are a lot of people in need.
- This assessment helps the community determine who is most in need of housing services and helps the community prioritize participants for these services.
- We are going to complete this assessment and get you (and your family, if applicable) placed on the list that is appropriate for your unique situation; however, please know that financial assistance from housing providers using this system may or may not become available.
- Please continue to look for help in the community from family, friends, your church, and other community organizations.
- Please do not rely solely on the Coordinated Entry System for your housing needs - if you need us to help you talk to family members or friends to get you off the street, please do not hesitate to ask as we are more than happy to help advocate for your housing needs.

**3. Where did you sleep last night?**

*---Homeless Situation---*

- ☐ Place not meant for human habitation
- ☐ Emergency shelter, including hotel or motel paid for with emergency voucher
- ☐ Safe Haven
- ☐ Interim Housing

*---Institutional Situation---*

- ☐ Foster care home or Foster care group home
- ☐ Hospital or other non-psychiatric medical facility
- ☐ Jail, prison, or juvenile detention facility
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center

*---Transitional and Permanent Housing Situation---*

- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy

- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with VASH subsidy
- ☐ Rental by client, with GPD TIP subsidy
- ☐ Rental by client, with other ongoing housing subsidy (including RRH)
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Staying or living in a family member's room, apartment, or house
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Transitional housing for homeless persons (including homeless youth)
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

**If somewhere they could potentially stay again, diversion eligible.**

*If diversion is possible, use the information above to talk through diversion scenarios and attempt to divert household to these locations. If successfully diverted, the assessment worker should end the assessment process*

*If Yes, diversion tactics should be used to determine if applicant can stay at this location longer, continue assessment*

*If No, ask "What made the location unsafe?", "Is there another place you can think of where you feel you'd be safe and could stay for a couple of nights?"*

*If Yes, to this question, diversion tactics should be used to find applicant a safe place to stay, continue assessment*

**(If named a location above) Was it a safe location? Yes\_\_\_\_\_ No\_\_\_\_\_**

*If No, continue with questions, but likely diversion tactics will not solve homelessness.*

*If all locations are unsafe due to domestic violence, refer to domestic violence shelter/ services (see "CoC Referral Worksheet") and skip to question 4.*

- 4. Why did you have to leave the place you stayed last night? Could you stay tonight at the same location or can you think of another place that is safe that you could stay?**



- 5. Would it help if I contacted the person you stayed with last night or the person that may allow you to stay with them? What is the best way to contact that person? Contact person if necessary.**

Yes\_\_\_\_\_ No\_\_\_\_\_

*If diversion is possible, use the information above to talk through diversion scenarios and attempt to divert household to these locations. If successfully diverted, the assessment worker should end the assessment process.*

*If diversion is unsuccessful, skip to question 6 and continue assessment.*

- 6. If you are currently fleeing or experiencing domestic or intimate partner violence, when did the experience last occur?**

\_\_\_Within the past three months

\_\_\_Three to six months ago

\_\_\_From six to one year ago

\_\_\_More than a year ago

\_\_\_Don't know

\_\_\_Refused

- 7. Do you want services that are specifically geared to domestic violence survivors OR do you need a confidential location to stay**

Yes\_\_\_\_\_ No\_\_\_\_\_

*If YES, follow protocols addressed to people seeking domestic violence services throughout this tool. These protocols include questions to help staff members identify individuals who are in danger, but may not immediately self-identify as domestic violence victims. Follow the CES Policies and Procedures on protocol for entering information into HMIS.*

*If NO, introduce Release of information Form; explain what the documents say and the utility of having information shared through this system. Let consumer sign - if they do, continue data entry into HMIS if possible; If they do not sign, continue filling out paper form (if this is okay with them).*

*Use information from these questions as well as any other accompanying questions you may need to ask to determine a plan for helping re-house household.*

- 8. Are you seeking services related to HIV/AIDS?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**9. Are you seeking programs that are targeted specifically to people under the age of 24?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**10. Are you interested in a program that provides substance abuse services or addiction treatment services?**

Yes\_\_\_\_\_ No\_\_\_\_\_

➤ **If Yes, are you looking for a group setting where others around you will be sober and the program encourages complete sobriety?**

Yes\_\_\_\_\_ No\_\_\_\_\_

*If YES, consumer is automatic priority for transitional housing- substance abuse. Discuss this option and what it offers versus any other consumer might be prioritized for according to the tool.*

*If YES, refer to substance abuse referral list.*

**11. What county are you currently living/staying right now?**

\_\_\_ Chesterfield

\_\_\_ Clarendon

\_\_\_ Darlington

\_\_\_ Dillon

\_\_\_ Florence

\_\_\_ Georgetown

\_\_\_ Horry

\_\_\_ Lee

\_\_\_ Marlboro

\_\_\_ Marion

\_\_\_ Sumter

\_\_\_ Williamsburg

**12. Relationship to Head of Household:**

\_\_\_ Self (head of household)

\_\_\_ Head of household's child

\_\_\_ Head of household's spouse or partner

\_\_\_\_ Head of household's other relation member (other relation to head of household)

\_\_\_\_ Other: non-relation member

\_\_\_\_ Data not collected

**13. Were you ever on active duty in the Armed Forces in the United States?**

Yes\_\_\_\_ No\_\_\_\_

*If yes, continue with the following 9 questions:*

**a) Do you have military ID?**

\_\_\_\_ DD-214

\_\_\_\_ Military Card

\_\_\_\_ Veterans Choice Card

**b) Year entered military service:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**c) Year separated from military service:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**d) Have you served in a theater of operations?**

Yes\_\_\_\_ No\_\_\_\_

**e) Name of theater of operations:**

\_\_\_\_ September 11, 2001 – present

\_\_\_\_ Afghanistan

\_\_\_\_ Persian Gulf Era (August 1991 – September 10, 2001)

\_\_\_\_ Post Vietnam (May 1975 – July 1991)

\_\_\_\_ Panama

\_\_\_\_ Vietnam Era (August 1964 – April 1975)

\_\_\_\_ Lebanon

- ☐ Between Korean and Vietnam War (February 1955 – July 1964)
- ☐ Korean War (June 1950 – January 1955)
- ☐ Between WWII and Korean War (August 1947 – May 1950)
- ☐ World War II (September 1940 – July 1947)
- ☐ Grenada
- ☐ Bosnia
- ☐ UHC\_Iraq
- ☐ UHC\_Other
- ☐ Client doesn't know
- ☐ Client refused

**f) Branch of the Military**

- ☐ Army
- ☐ Air Force
- ☐ Coast Guard
- ☐ Navy
- ☐ Marines
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

**g) Discharge Status**

- ☐ Honorable
- ☐ General under honorable conditions
- ☐ Under other than honorable conditions (OTH)
- ☐ Bad conduct
- ☐ Dishonorable
- ☐ Uncharacterized
- ☐ Client doesn't know

\_\_\_\_ Client refused  
\_\_\_\_ Data not collected

**h) Have you ever received healthcare from a VA Medical Center? If so, where?** \_\_\_\_\_

**i) Have you applied or have a pending application for VA benefits or compensation?**

Yes\_\_\_\_ No\_\_\_\_

**14. General Health**

\_\_\_\_ Excellent  
\_\_\_\_ Very good  
\_\_\_\_ Good  
\_\_\_\_ Fair  
\_\_\_\_ Poor  
\_\_\_\_ Client doesn't know  
\_\_\_\_ Client refused  
\_\_\_\_ Data not collected

**15. Do you have a disability (documented or that needs to be documented)?**

Yes\_\_\_\_ No\_\_\_\_

**16. Are you pregnant?**

Yes\_\_\_\_ No\_\_\_\_  
Don't Know\_\_\_\_ Refused\_\_\_\_

**If Yes, due date:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**17. Do you have any children that are with you now?**

Yes\_\_\_\_ No\_\_\_\_

**a) How many are under the age of 18?** \_\_\_\_\_

b) How many are from the ages of 0 to 5 years? \_\_\_\_\_

c) Please list the names, date of birth, ages, and gender of all children that will be residing with the Head of Household.

---

---

---

---

18. If housing became available in another county, would you be willing to move?

Yes\_\_\_\_\_ No\_\_\_\_\_

19. Are you currently receiving income from any source?

Yes\_\_\_\_\_ No\_\_\_\_\_

*If yes, please indicate what type and how much:*

_____ Alimony or other Spousal Support	\$_____
_____ Child Support	\$_____
_____ Earned Income	\$_____
_____ General Assistance	\$_____
_____ Other	\$_____
_____ Pension or retirement income from another job	\$_____
_____ Retirement income from Social Security	\$_____
_____ SSDI	\$_____
_____ SSI	\$_____
_____ TANF	\$_____
_____ Unemployment Insurance	\$_____
_____ VA Non-Service Connected Disability Pension	\$_____
_____ VA Service Connected Disability Compensation	\$_____
_____ Worker's Compensation	\$_____

20. Do you have any household non-cash benefits?

Yes\_\_\_\_\_ No\_\_\_\_\_

***If yes, please indicate which benefit and how much you are receiving:***

____ Supplemental Nutrition Assistance Program (SNAP)	\$_____
____ Special Supplemental Nutrition Program for WIC	\$_____
____ TANF Child Care Services	\$_____
____ TANF Transportation Services	\$_____
____ Other TANF-funded Services	\$_____
____ Other source	\$_____

**21. Do you have health insurance?**

Yes\_\_\_\_\_ No\_\_\_\_\_

***If yes, please indicate which type you are receiving:***

\_\_\_\_ Medicaid  
\_\_\_\_ Medicare  
\_\_\_\_ State Children's Health Insurance Program  
\_\_\_\_ Veterans Administration Medical Services  
\_\_\_\_ Employer Provided Health Insurance  
\_\_\_\_ Health Insurance through Cobra  
\_\_\_\_ Private Pay Health Insurance  
\_\_\_\_ State Health Insurance for Adults  
\_\_\_\_ Indian Health Services Program  
\_\_\_\_ Other

**22. What is your employment status?**

\_\_\_\_ Full-time  
\_\_\_\_ Part-time  
\_\_\_\_ Part-time, looking for full-time  
\_\_\_\_ Seasonal/sporadic (including day labor)  
\_\_\_\_ Not employed, looking for work  
\_\_\_\_ Not employed, in school  
\_\_\_\_ Not employed, unable to work

- ☐ Not employed, not looking for work
- ☐ Other
- ☐ Don't know
- ☐ Refused

**23. In the past 5 years have you rented an apartment or house in your own name?**

Yes ☐ No ☐

**24. If a landlord needed a reference from a prior landlord would any of them be poor?**

Yes ☐ No ☐

**25. Do you have any unpaid rent or utility bills from previous rentals?**

Yes ☐ No ☐

**26. Have you ever been evicted from a rental? If so, how many evictions?**

- ☐ No evictions
- ☐ One Eviction
- ☐ 2-4 evictions
- ☐ 5 or more
- ☐ Don't know

**27. Have you ever had a bill in your name, owned a credit card, or had a bank loan?**

Yes ☐ No ☐

**28. Do you have Poor Credit?**

Yes ☐ No ☐

**29. Have you ever been convicted of a misdemeanor?**



Yes\_\_\_\_\_ No\_\_\_\_\_

**30. Have you ever been convicted of a felony (Arson, weapons, sex crime, drug related)?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**31. Do you have more than two adults in your household?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**32. How many individuals are in your household?**

\_\_\_\_\_ 1  
\_\_\_\_\_ 2  
\_\_\_\_\_ 3  
\_\_\_\_\_ 4+

**33. Has your housing been affected as a result of your current health or physical abilities?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**34. Has your housing been affected as a result of any mental health issues?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**35. Has your housing been affected as a result of current substance use (drugs or alcohol)?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**36. Do you currently have a state issued ID card, driver's license, or passport?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**37. Do you have your social security card?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**38. Do you have your Birth Certificate?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**39. Do you have the means to be able to get these documents re-issued?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**40. Approximate date that this most recent episode of homelessness began**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**41. Where do you sleep most frequently?**

\_\_\_\_ Outdoors or place not meant for human habitation  
\_\_\_\_ Shelter

**42. Is this the first time you have ever experienced homelessness?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**43. If No, how many separate times in the past 3 years have you been homeless, in a shelter, or safe haven including today? (a break in homelessness consists of any length of time greater than 7 days)**

\_\_\_\_ Two Times  
\_\_\_\_ Three Times  
\_\_\_\_ 4 or more times

**44. How many total months in the past 3 years has the applicant spent homeless, in a shelter, or somewhere else that is not meant for human habitation?** \_\_\_\_\_

**45. On a regular day, where is it easiest to find you and what time of day is it easiest to do so?** \_\_\_\_\_  
\_\_\_\_\_

46. Applicant phone number: \_\_\_\_\_

47. Email and/or Additional Numbers, please put name of person:

\_\_\_\_\_

\_\_\_\_\_

- *If the participant meets the HUD criteria for being considered "Chronically Homeless," (e.g. they have a disabling condition and have been literally homeless for at least one year continuously or episodically homeless four times over the last three years with all episodes totaling at least one year homeless) then read the script below:*

The assessment is telling me that you may be eligible for a program called Permanent Supportive Housing. This program is long term and may have more intensive case management services that you can take advantage of. However, the availability of this program is limited and may only become available a few times each year. If this is something that you are interested in we will continue to our acuity tool to assess your priority on this housing list. If you are not interested in this program you will be placed on the Rapid Rehousing priority list for our community. If eligible, Rapid Rehousing is a shorter term program that may offer less intensive case management services. These programs vary and more information can be provided when an opening becomes available and you are referred. Please read the "CES Follow Up" letter that I will give to you in a moment for more information on next steps and how this process will work from here.

*Next conduct the Acuity Tool (AT) on them to determine their placement on the community housing priority list for Permanent Supportive Housing (PSH). The Acuity Tool can be found at the end of this packet under "Acuity Tool."*

- *If the participant does not meet the HUD criteria for being considered "Chronically Homeless" then read the script below:*

The assessment is telling me that you may be eligible for a program called Rapid Rehousing. This program is short to medium term and may have case management services available. These programs vary and more information

can be provided when an opening becomes available and you are referred.  
Please read the “CES Follow Up” letter that I will give to you in a moment for  
more information on next steps and how this process will work from here.

- ***If the applicant meets the criteria of a sub population (Domestic Violence, HIV/AIDS, Veteran, Youth, or substance abuser, wanting help) also offer them a referral to a population-specific service provider that may be able to help them with any services that they might be interested in. These organizations can help get the clients engaged in housing readiness as well as any other supports that the applicant may need.***

### **Please Note:**

***Any assessment/estimation of program eligibility is purely on a preliminary basis, Final determination on eligibility will be determined by the housing provider during intake,***

***Only the CES coordinator and program coordinators for each individual program will be able to make final determination of appropriate participant eligibility.***

## **ADDITIONAL NOTES**



## **ECHO ACUITY TOOL**

**1. In what language do you feel best able to express yourself?**

- ☐ Arabic
- ☐ Chinese
- ☐ English
- ☐ French
- ☐ German
- ☐ Hindi
- ☐ Japanese
- ☐ Korean
- ☐ Other
- ☐ Polish
- ☐ Portuguese
- ☐ Russian
- ☐ Spanish

**OK, first I'm going to ask you a few questions about your housing history...**

**1. What is the total length of time you have lived on the streets or shelters?**

- ☐ Less than 2 days
- ☐ Two to 30 days
- ☐ 31-90 days
- ☐ 91 days to 1 year
- ☐ Over 1 year

**2. In the past three years, how many times have you been homeless and then housed again?**

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ Greater than 10
- ☐ Refused

**3. Where do you sleep most frequently?**

- ☐ Outdoors or place not meant for human habitation
- ☐ Shelter

**OK, now I'd like to ask you a few questions about your health...**

**4. Where do you usually go for healthcare or when you're not feeling well?**

- ☐ Doctor's office (private)
- ☐ Hospital
- ☐ Primary Care Center
- ☐ Midwife
- ☐ Other
- ☐ N/A

**5. How many times have you been to the emergency room in the past three months?** \_\_\_\_\_

**6. How many times have you been hospitalized as an inpatient in the past year?** \_\_\_\_\_

**7. Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions?**

- |  |                  |
|--|------------------|
| <b>a. Kidney disease/ End Stage Renal Disease or Dialysis</b>  | Yes_____ No_____ |
| <b>b. History of frostbite, Hypothermia, or Immersion Foot</b> | Yes_____ No_____ |
| <b>c. History of Heat Stroke/Heat Exhaustion</b>               | Yes_____ No_____ |
| <b>d. Liver disease, Cirrhosis, or End-Stage Liver Disease</b> | Yes_____ No_____ |
| <b>e. Heart disease, Arrhythmia, or Irregular Heartbeat</b>    | Yes_____ No_____ |
| <b>f. HIV+/AIDS</b>  | Yes_____ No_____ |
| <b>g. Emphysema</b>  | Yes_____ No_____ |
| <b>h. Diabetes</b>   | Yes_____ No_____ |
| <b>i. Asthma</b>   | Yes_____ No_____ |
| <b>j. Cancer</b>   | Yes_____ No_____ |
| <b>k. Hepatitis C</b>  | Yes_____ No_____ |
| <b>l. Tuberculosis</b>   | Yes_____ No_____ |

**m. *DO NOT ASK: Surveyor, do you observe signs or symptoms of serious physical health conditions?***

Yes \_\_\_\_\_ No \_\_\_\_\_

**n. Have you ever abused drugs/alcohol, or been told you do?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**o. Have you consumed alcohol every day for the past month?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**p. Have you ever used injection drugs or shots?**

Yes\_\_\_\_\_ No\_\_\_\_\_



**q. Have you ever been treated for drug or alcohol abuse?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**r. *DO NOT ASK: Surveyor, do you observe signs of symptoms of alcohol or drug abuse?***

Yes\_\_\_\_\_ No\_\_\_\_\_

**s. Are you currently or have you ever received treatment for mental health issues?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**t. Have you ever been taken to the hospital against your will for mental health reasons?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**u. *\*DO NOT ASK, THIS IS AN OBSERVATION ONLY: Surveyor, do you detect signs or symptoms of severe, persistent mental illness?***

Yes\_\_\_\_\_ No\_\_\_\_\_

**v. Have you been the victim of a violent attack since you've become homeless?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**w. Do you have a physical disability that limits your mobility? [i.e., wheelchair, amputation, unable to climb stairs]?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**x. Have you had a serious brain injury or trauma that required hospitalization or surgery?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**Alright, now I've just got a few more questions...**

**8. If you served in the military, was your discharge honorable?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**9. Have you ever been in jail?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**10. Have you ever been in prison?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**11. Have you ever been in foster care?**

Yes\_\_\_\_\_ No\_\_\_\_\_

**12. How do you make money? (Choose as many as apply)**

\_\_\_\_\_ Work, on-the-books

\_\_\_\_\_ Work, off-the-books

\_\_\_\_\_ SSI

\_\_\_\_\_ SSDI/SSA

\_\_\_\_\_ VA

\_\_\_\_\_ Public Assistance

\_\_\_\_\_ Food Stamps

\_\_\_\_\_ Sex Trade

\_\_\_\_\_ Drug Trade

\_\_\_\_\_ Recycling

\_\_\_\_\_ Panhandling

\_\_\_\_\_ No Income

**13. What is your citizenship status?**

\_\_\_\_\_ Citizen

\_\_\_\_ Legal Resident  
\_\_\_\_ Undocumented

**OK, now I'm going to ask you some questions about your community**

**14. Is there a person/outreach worker that you trust more than others?**

Yes\_\_\_\_ No\_\_\_\_

**15. If yes, do you know what agency they work for?**

---

---

## **VULNERABILITY INDEX SCORING**

If answer to question 6 was 3 or more, add one point.... \_\_\_\_\_

If answer to question 7 was 3 or more, add one point... \_\_\_\_\_

If answer was "yes" to 8a, add one point... \_\_\_\_\_

If answer was "yes" to 8b, add one point... \_\_\_\_\_

If answer was "yes" to 8d, add one point.... \_\_\_\_\_

If answer yes "yes" to 8f, add one point... \_\_\_\_\_

If over age 60, add one point... \_\_\_\_\_

If answer was yes to any question from 8a-m or 8w or 8x, AND yes  
to any question 8n-r, AND yes to any question 8s-u, add one point.... \_\_\_\_\_

TOTAL NUMBER OF POINTS: \_\_\_\_\_

## **ADDITIONAL NOTES**



Total Care for the Homeless Coalition ,TCHC &lt;tchc.coc.secretary@gmail.com&gt;

---

**CoC Grant Application Accepted**

1 message

**TCHC Secretary** <tchc.coc.secretary@gmail.com>

Fri, Sep 13, 2019 at 10:22 PM

To: cbjack@sccoast.net

Cc: Melinda Lautzenhiser &lt;melindal@sccoast.net&gt;

Bcc: D Wormsley &lt;tchc.coc.secretary@gmail.com&gt;, Dennis Wormsley &lt;pillarstone114@gmail.com&gt;

This is notification to inform you that the renewal application you submitted for funding through the CoC competition has been accepted and ranked accordingly.

Attached you will also find a copy of your application's Technical Review. Please review and make any necessary changes to your application before finalizing your application and submitting it in e-snaps. All applications are required to be submitted in e-snaps no later than September 25, 2019.

Yours in Service,  
Dennis Wormsley

**Sea Haven Rapid Re-Housing renewal technical review.pdf**

153K



Total Care for the Homeless Coalition ,TCHC &lt;tchc.coc.secretary@gmail.com&gt;

---

**CoC Grant Applications Accepted**

1 message

**TCHC Secretary** <tchc.coc.secretary@gmail.com>

Fri, Sep 13, 2019 at 10:28 PM

To: Joey Smoak &lt;jsmoak@echomeless.org&gt;

Cc: "kjenkins@echomeless.org" &lt;kjenkins@echomeless.org&gt;

Bcc: D Wormsley &lt;tchc.coc.secretary@gmail.com&gt;, Dennis Wormsley &lt;pillarstone114@gmail.com&gt;

This is notification to inform you that the 8 renewal applications, 1 consolidated application, and 2 new project applications you submitted for funding through the CoC competition have been accepted and ranked accordingly.

Attached you will also find a copy of the application's Technical Reviews. If there is not a technical review attached for an application then there are no changes necessary to that application. Please review and make any necessary changes to your applications before finalizing your applications and submitting them in e-snaps. All applications are required to be submitted in e-snaps no later than September 25, 2019.

Yours in Service,  
Dennis Wormsley

---

**4 attachments****Dedicated HMIS Expansion New Project Technical Review.pdf**

149K

**RRH for Individuals New Project Technical Review.pdf**

140K

**Renewing Beyond Shelter Technical Review.pdf**

150K

**Kershaw Renewing Beyond Shelter DV Technical Review.pdf**

151K



Total Care for the Homeless Coalition ,TCHC &lt;tchc.coc.secretary@gmail.com&gt;

---

**Notification Regarding you HUD Grant Funding Request**

1 message

**TCHC Secretary** <tchc.coc.secretary@gmail.com>

Sat, Sep 14, 2019 at 7:42 PM

To: flopdcaa@aol.com

Bcc: Dennis Wormsley &lt;pillarstone114@gmail.com&gt;, D Wormsley &lt;tchc.coc.secretary@gmail.com&gt;

Dear Mrs. Alberta Durant and Rev. Robert Cooper

Thank you for submitting your application. Attached is a letter that will inform you that your agency's new project application for funding was not ranked due to the application failing to meet a HUD threshold item and will not be included in the FY 2019 request to HUD. You will receive the technical review of the application detailing any issues or concerns no later than October 4, 2019.

I am extending an invitation for your board and leadership to meet with myself and the CoC Technical Assistance committee for a debriefing on this years application review. Please feel free to reach out to me by email to schedule the debriefing at [pillarstone114@gmail.com](mailto:pillarstone114@gmail.com)

Yours in Service,  
Dennis Wormsley



**PDCAP Letter.jpg**  
314K

1

# TOTAL CARE FOR THE HOMELESS COALITION

September 13, 2019

CoC New Project Application

Dear Pee Dee Community Actions Partnership representative,

This letter is to inform you that the members of the TCHC HUD Grant Selection Committee have reviewed your new project application titled "Pee Dee Transitional to Rapid Re-housing Project" and has determined that it does not meet all of the HUD threshold items as described in the Notice of Funding Availability (NOFA) for the Fiscal Year 2019 Continuum of Care Program Competition Sections V.C.3.b and c. Specifically, 24 CFR 578.55;C states, "that program funds may not be used for the operating costs of emergency shelter and supportive service-only facilities." It is clear in the application submitted that shelter activities and operations are being proposed as part of the funding request.

All HUD threshold items, as well as CoC threshold items must be met in order for the HUD Grant Selection Committee to complete its review. The TCHC board has reviewed the committee's findings and agrees with their assessment. Your application will not be included with this year's CoC Collaborative Application for the FY 2019 HUD CoC Program Competition.

You will receive the committee's technical review of your application no later than October 4, 2019. We would like to extend an invitation for your board and leadership to meet with the TCHC Technical Assistance Committee and myself for a debriefing on this year's application review. Please reach out to me by email to schedule the debriefing at your convenience.

Sincerely,  
Dennis Wormsley  
President  
pillarstone114@gmail.com

A handwritten signature in dark ink, appearing to read "Dennis", is enclosed within a hand-drawn oval.



# FY 2019 NOFA Announcement

[Campaign Preview](#)[HTML Source](#)[Plain-Text Email](#)[Details](#)[View this email in your browser](#)

## **HUD Releases the Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2019 Continuum of Care Program Competition**

On July 3rd HUD released the notice of funding availability for the fiscal year 2019 Continuum of Care program competition. We advise anyone interested in applying for these funds to read the NOFA in its entirety before submitting an application.

[Click here for the HUD CoC NOFA](#)

**Prospective applicants must follow the Local CoC Policies, Procedures, and Timelines to be included in the application review process. The TCHC website (tchcsc.org) is currently under construction but there will be a 2019 NOFA Competition page available soon. TCHC is currently updating its ranking and scoring criteria and will post it publicly on the website by July 31st.**

[Click here for the Local Policies, Procedures, and Timelines Official Announcement](#)

***\*Please note that you cannot apply directly to HUD for this funding and must follow the local CoC's procedures and timeline.***

---

*Please add [tchc.coc.secretary@gmail.com](mailto:tchc.coc.secretary@gmail.com) to your contacts to make sure you don't miss out on any new updates.*

*If you are not receiving emails from TCHC please check your email service providers SPAM folder.*

*Copyright © 2019 Total Care for the Homeless Coalition, All rights reserved.  
You are receiving this email because you opted in at our membership meeting.*

**Our mailing address is:**  
Total Care for the Homeless Coalition  
PO Box 1275  
Myrtle Beach, SC 29578-1275

[Add us to your address book](#)

Want to change how you receive these emails?  
You can [update your preferences](#) or [unsubscribe from this list](#).



# FY 2019 NOFA Announcement

[Campaign Preview](#)[HTML Source](#)[Plain-Text Email](#)[Details](#)**Campaign URL**

<https://mailchi.mp/0db1c04ced49/fy-2019-hud-coc-notice-of-funding-announcement>

[Edit](#)**Delivery date & time**

Mon, Jul 15, 2019 6:17 pm

**From name**

Cecilia

**From email**

tchc.coc.secretary@gmail.com

**Subject line**

FY 2019 HUD CoC Notice of Funding  
Announcement

**Preview text**

HUD released the FY 2019 Continuum of Care Notice of Funding (NOFA) on July 3rd. Please read the official announcement for the local competition.

**Recipients**

Sent to audience: **Total Care for the Homeless Coalition**

[Subscribe](#)[Past Issues](#)[Translate ▼](#)[View this email in your browser](#)

## 16 days left to submit CoC grant applications

### 2019 Rating and Ranking Tool Public Release

TCHC has released the 2019 Rating and Ranking Tool publicly on its website [tchcsc.org](http://tchcsc.org)

[Click here for 2019 Rating and Ranking Tool](#)

HUD requires Continuums of Care to release the criteria that submitted applications will be reviewed and scored by, in advance of the due date to the local CoC.

On July 3rd HUD released the notice of funding availability for the fiscal year 2019 Continuum of Care program competition. We advise anyone interested in applying for these funds to read the NOFA in its entirety before submitting an application.

[Click here for the HUD CoC NOFA](#)

**Prospective applicants must follow the Local CoC Policies, Procedures, and Timelines to be included in the application review process.**

[Click here for the Local Policies, Procedures, and Timelines Official Announcement](#)

***\*Please note that you cannot apply directly to HUD for this funding and must follow the local CoC's procedures and timeline.***

# 2019 CoC Application Rating And Ranking Tool Announcement

[Campaign Preview](#)[HTML Source](#)[Plain-Text Email](#)[Details](#)**Campaign URL**

<https://mailchi.mp/5aa893c229df/tchc-coc-application-rating-and-ranking-tool-release>

[Edit](#)**Delivery date & time**

Wed, Jul 31, 2019 10:10 pm

**From name**

Cecilia

**From email**

[tchc.coc.secretary@gmail.com](mailto:tchc.coc.secretary@gmail.com)

**Subject line**

TCHC CoC Application Rating and Ranking  
Tool Release

**Preview text**

TCHC approved their 2019 Rating and Ranking tool to be used for the FY19 HUD CoC Local Competition. Click on the link to preview the tool.

**Recipients**

Sent to audience: **Total Care for the Homeless Coalition**

# Local Competition Deadline Reminder

[Campaign Preview](#)[HTML Source](#)[Plain-Text Email](#)[Details](#)[View this email in your browser](#)

**4 days left to submit CoC grant applications**

**CoC Application Submission Deadline**

**Thursday, August 15th 11:59:59 PM**

The CoC application submission deadline is approaching. Make sure to have all applications and required attachments submitted to the [tchc.coc.secretary@gmail.com](mailto:tchc.coc.secretary@gmail.com) by Thursday, August 15th at 11:59:59 PM.

Please visit our FY19 NOFA Competition page on our website [tchcsc.org](http://tchcsc.org) for more information about the competition and how to apply. ***We have updated our quick links section to include the user guides published by HUD for e-SNAPS, the electronic application management system used for the CoC program.***

---

Please add [tchc.coc.secretary@gmail.com](mailto:tchc.coc.secretary@gmail.com) to your contacts to make sure you don't miss out on any new updates.

# Local Competition Deadline Reminder

[Campaign Preview](#)[HTML Source](#)[Plain-Text Email](#)[Details](#)**Campaign URL**

<https://mailchi.mp/04903d86f62b/tchc-coc-application-submission-deadline-reminder>

[Edit](#)**Delivery date & time**

Mon, Aug 12, 2019 2:26 pm

**From name**

Cecilia

**From email**

tchc.coc.secretary@gmail.com

**Subject line**

TCHC CoC Application Submission Deadline Reminder

**Preview text**

TCHC's local application submission due date is Thursday, August 15th.

**Recipients**

Sent to audience: **Total Care for the Homeless Coalition**

# FY 2019 NOFA CoC Competition

## Competition Timeline

08/15/2019

08/16/2019 - 8/26/2019

08/30/2019

09/04/2019



All Applications due to TCHC	Review and Scoring	Public Announcement	Appeal Letters Due
<p>Applications should be entered directly into esnaps. Create a PDF export of your application and email to TCHC.</p> <p><b>DO NOT HIT THE SUBMIT BUTTON!</b></p> <p>Review documents to submit in Policy and Procedure Document.</p>	<p>The HUD Collaborative Application and Grant Applications Selection Committee reviews, ranks, and scores all applications that meet the application threshold on the "Continuum of Care Renewal or Expansion Project Rating Form 2019".</p>	<p>TCHC will announce to all applicants if their application is going to be included in the CoC Consolidated Application Submission. If an application is not included in the CoC Consolidated Application a rejection letter will be emailed to the contact information for the Chairman of the Board and Executive Director.</p>	<p>Appeal letters, if any, are due.</p>

Competition Policies & Procedures

## Updates

DEPARTMENT OF

## HUD FY 2019 Quick Links

- > What's New - Changes and Highlights
- > CoC Program Competition NOFA



# TOTAL CARE FOR THE HOMELESS COALITION

[Home](#)
[About TCHC](#)
[HMIS](#)
[CES](#)
[Contact](#)
[FY 2019 NOFA](#)
[Go to the TCHC FY 2019 NOFA CoC Competition Timeline & Information Page](#)

## TCHC is Committed to Ending Homelessness in our Community

### Recent News:



### CoC Public Posting of the FY2019 Consolidated Application

Continuum of Care are required to post on their website, at least 2 days before the application submission deadline, all parts of the CoC Consolidated Application, including the CoC Application with attachments and the CoC Priority Listing with all project applications accepted and ranked, or rejected, and notify community members and key stakeholders that the CoC Consolidation Application is available.

[READ MORE](#)
[September 28, 2019](#)


### FY2019 TCHC Policies and Guidelines for Renewal and New Grant Applications, Including Reallocated Project Funding

The HUD Collaborative Applicant & Grant Applications Selection Committee must use a point-based evaluation form to score and rank NOFA grant applications. Attached, as Appendix A, are the current forms, one for new grants and one for renewal Grants. The HUD Collaborative Applicant & Grant Applications Selection Committee may recommend changes to the form, from year to year depending on HUD's priorities announced in the NOFA, which the Board of Directors must approve.

[READ MORE](#)
[September 3, 2019](#)


### SCICH State of Homelessness Report

The purpose of the SCICH State of Homelessness Report is to provide a comprehensive overview of statewide and local homelessness data as reported by the state's four Continuums of Care and the South Carolina Department of Education. This report was designed to compile and communicate statewide information about homelessness in South Carolina. However, the report also presents more localized data.

[READ MORE](#)
[September 19, 2019](#)


### FY2019 TCHC CoC Program Competition Policies and Procedures

Each year, the US Department of Housing and Urban Development (HUD) makes available federal resources for homeless housing services to communities around the nation through its Continuum of Care Program Competition.

[READ MORE](#)
[August 8, 2019](#)


### FY 2019 NOFA: What's New

This document supplements the FY 2019 CoC

[Search](#)

### RECENT POSTS

CoC Public Posting of the FY2019 Consolidated Application

SCICH State of Homelessness Report

FY2019 TCHC Policies and Guidelines for Renewal and New Grant Applications, Including Reallocated Project Funding

FY2019 TCHC CoC Program Competition Policies and Procedures

FY19 TCHC CoC Rating Criteria

### NEWSLETTER

Our site will be updated from TCHC delivered to your email.



FY19 TCHC CoC Rating Criteria

This document contains TCHC's Scoring and Ranking Criteria for the FY 2019 CoC Competition.

READ MORE

READ MORE

Previous Next

ABOUT TCHC

What is a CoC?

CES Access Points

Become A Member

Board of Directors

GENERAL INFORMATION

2019 NOFA

Coordinated Entry System

HMIS

Privacy Policy

EMAIL NEWSLETTER

Join our mailing list and learn about TCHC events and other news directly to your inbox!

SUBSCRIBE

# FY 2019 NOFA Announcement

[Campaign Preview](#)[HTML Source](#)[Plain-Text Email](#)[Details](#)[View this email in your browser](#)

## **HUD Releases the Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2019 Continuum of Care Program Competition**

On July 3rd HUD released the notice of funding availability for the fiscal year 2019 Continuum of Care program competition. We advise anyone interested in applying for these funds to read the NOFA in its entirety before submitting an application.

[Click here for the HUD CoC NOFA](#)

**Prospective applicants must follow the Local CoC Policies, Procedures, and Timelines to be included in the application review process. The TCHC website (tchcsc.org) is currently under construction but there will be a 2019 NOFA Competition page available soon. TCHC is currently updating its ranking and scoring criteria and will post it publicly on the website by July 31st.**

[Click here for the Local Policies, Procedures, and Timelines Official Announcement](#)

***\*Please note that you cannot apply directly to HUD for this funding and must follow the local CoC's procedures and timeline.***

---

*Please add [tchc.coc.secretary@gmail.com](mailto:tchc.coc.secretary@gmail.com) to your contacts to make sure you don't miss out on any new updates.*

*If you are not receiving emails from TCHC please check your email service providers SPAM folder.*

*Copyright © 2019 Total Care for the Homeless Coalition, All rights reserved.  
You are receiving this email because you opted in at our membership meeting.*

**Our mailing address is:**

Total Care for the Homeless Coalition  
PO Box 1275  
Myrtle Beach, SC 29578-1275

[Add us to your address book](#)

Want to change how you receive these emails?

You can [update your preferences](#) or [unsubscribe from this list](#).



# FY 2019 NOFA Announcement

[Campaign Preview](#)[HTML Source](#)[Plain-Text Email](#)[Details](#)**Campaign URL**

<https://mailchi.mp/0db1c04ced49/fy-2019-hud-coc-notice-of-funding-announcement>

[Edit](#)**Delivery date & time**

Mon, Jul 15, 2019 6:17 pm

**From name**

Cecilia

**From email**

tchc.coc.secretary@gmail.com

**Subject line**

FY 2019 HUD CoC Notice of Funding  
Announcement

**Preview text**

HUD released the FY 2019 Continuum of Care Notice of Funding (NOFA) on July 3rd. Please read the official announcement for the local competition.

**Recipients**

Sent to audience: **Total Care for the Homeless Coalition**

[Subscribe](#)[Past Issues](#)[Translate ▼](#)[View this email in your browser](#)

## 16 days left to submit CoC grant applications

### 2019 Rating and Ranking Tool Public Release

TCHC has released the 2019 Rating and Ranking Tool publicly on its website [tchcsc.org](http://tchcsc.org)

[Click here for 2019 Rating and Ranking Tool](#)

HUD requires Continuums of Care to release the criteria that submitted applications will be reviewed and scored by, in advance of the due date to the local CoC.

On July 3rd HUD released the notice of funding availability for the fiscal year 2019 Continuum of Care program competition. We advise anyone interested in applying for these funds to read the NOFA in its entirety before submitting an application.

[Click here for the HUD CoC NOFA](#)

**Prospective applicants must follow the Local CoC Policies, Procedures, and Timelines to be included in the application review process.**

[Click here for the Local Policies, Procedures, and Timelines Official Announcement](#)

***\*Please note that you cannot apply directly to HUD for this funding and must follow the local CoC's procedures and timeline.***

# 2019 CoC Application Rating And Ranking Tool Announcement

[Campaign Preview](#)[HTML Source](#)[Plain-Text Email](#)[Details](#)**Campaign URL**

<https://mailchi.mp/5aa893c229df/tchc-coc-application-rating-and-ranking-tool-release>

[Edit](#)**Delivery date & time**

Wed, Jul 31, 2019 10:10 pm

**From name**

Cecilia

**From email**

tchc.coc.secretary@gmail.com

**Subject line**

TCHC CoC Application Rating and Ranking  
Tool Release

**Preview text**

TCHC approved their 2019 Rating and Ranking tool to be used for the FY19 HUD CoC Local Competition. Click on the link to preview the tool.

**Recipients**

Sent to audience: **Total Care for the Homeless Coalition**

# Local Competition Deadline Reminder

[Campaign Preview](#)[HTML Source](#)[Plain-Text Email](#)[Details](#)[View this email in your browser](#)

**4 days left to submit CoC grant applications**

**CoC Application Submission Deadline**

**Thursday, August 15th 11:59:59 PM**

The CoC application submission deadline is approaching. Make sure to have all applications and required attachments submitted to the [tchc.coc.secretary@gmail.com](mailto:tchc.coc.secretary@gmail.com) by Thursday, August 15th at 11:59:59 PM.

Please visit our FY19 NOFA Competition page on our website [tchcsc.org](http://tchcsc.org) for more information about the competition and how to apply. ***We have updated our quick links section to include the user guides published by HUD for e-SNAPS, the electronic application management system used for the CoC program.***

---

*Please add [tchc.coc.secretary@gmail.com](mailto:tchc.coc.secretary@gmail.com) to your contacts to make sure you don't miss out on any new updates*



# Local Competition Deadline Reminder

[Campaign Preview](#)[HTML Source](#)[Plain-Text Email](#)[Details](#)**Campaign URL**

<https://mailchi.mp/04903d86f62b/tchc-coc-application-submission-deadline-reminder>

[Edit](#)**Delivery date & time**

Mon, Aug 12, 2019 2:26 pm

**From name**

Cecilia

**From email**

tchc.coc.secretary@gmail.com

**Subject line**

TCHC CoC Application Submission Deadline Reminder

**Preview text**

TCHC's local application submission due date is Thursday, August 15th.

**Recipients**

Sent to audience: **Total Care for the Homeless Coalition**

# Local Competition Deadline Reminder (Copy 01)

[Campaign Preview](#)[HTML Source](#)[Plain-Text Email](#)[Details](#)[View this email in your browser](#)

## CoC New and Renewal Grant Applications Due Today

### CoC Application Submission Deadline

**Today, August 15th 11:59:59 PM**

The CoC application submission deadline is today! Make sure to have all applications and required attachments submitted to [tchc.coc.secretary@gmail.com](mailto:tchc.coc.secretary@gmail.com) by August 15th at 11:59:59 PM

Please visit our FY19 NOFA Competition page on our website [tchcsc.org](http://tchcsc.org) for more information about the competition and how to apply. ***We have updated our quick links section to include the user guides published by HUD for e-SNAPS, the electronic application management system used for the CoC program.***

---

Please add [tchc.coc.secretary@gmail.com](mailto:tchc.coc.secretary@gmail.com) to your contacts to make sure you don't miss out on any new updates.

# Local Competition Deadline Reminder (Copy 01)

Campaign Preview

HTML Source

Plain-Text Email

Details

Campaign URL	<a href="https://mailchi.mp/4ff491d34ee2/tchc-coc-application-submission-deadline-reminder-385557">https://mailchi.mp/4ff491d34ee2/tchc-coc-application-submission-deadline-reminder-385557</a> <div>Edit</div>
Delivery date & time	Thu, Aug 15, 2019 11:13 am
From name	Cecilia
From email	tchc.coc.secretary@gmail.com
Subject line	TCHC CoC Application Submission Due Today
Preview text	TCHC's local application submission due date is today August 15th.
Recipients	Sent to audience: <b>Total Care for the Homeless Coalition</b>



---

Chesterfield ♦ Clarendon ♦ Darlington ♦ Dillon ♦ Florence ♦ Georgetown ♦ Horry ♦ Kershaw ♦ Lee ♦ Marlboro ♦ Marion ♦ Sumter ♦ Williamsburg

---

## **FY 2019 CoC Program Competition Policies and Procedures**

### **Background and Introduction**

---

Total Care for the Homeless Coalition (TCHC) is the HUD designated Continuum of Care for the upper eastern region of South Carolina. Counties included in our CoC service area include Sumter, Clarendon, Lee, Darlington, Kershaw, Dillon, Florence, Marlboro, Chesterfield, Georgetown, Williamsburg, Marion and Horry.

### **HUD's Continuum of Care Program Competition**

Each year, the US Department of Housing and Urban Development (HUD) makes available federal resources for homeless housing services to communities around the nation through its Continuum of Care Program Competition. CoC's access these funds by completing a collaborative application on behalf of the local homeless service provider agencies. Any agency located in our CoC service area interested in applying for these funds must participate in local homeless planning efforts and TCHC's local CoC Competition for Funding. As such, it is the responsibility of the CoC to ensure that the best possible applications are submitted each year.

### **Purpose of this Document**

---

This document describes the processes and protocol for the FY 2019 CoC Competition, including:

- Publish the CoC Program Competition funding availability and local process
- Make available the link to the FY2019 Notice of Funding Availability (NOFA)
- Announce the availability of the Domestic Violence (DV) Bonus Funding
- Official timeline of events and application due dates for the competition
- Evaluation process of New, Renewal, and Expansion Projects by the HUD Grant Applications Selection Committee
- Publicly notify that the links to the CoC New Project Rating Form 2019 and the Renewal or Expansion Project Rating Form 2019 will be released in the upcoming weeks.
- Make available the CoC Operational Policy and Guidelines; this includes policies and procedures for the local competition process. The guidebook can be found on the [TCHC website](#) under Continuum of Care Competition Quick Links.
- This document is updated at least once a year and has been recently updated.

## **FY 2019 CoC Program Notice of Funding Availability (NOFA)**

---

The NOFA establishes the funding criteria for the FY 2019 Continuum of Care (CoC) Program. The CoC Program is designed to promote a community-wide commitment to the goal of ending homelessness, including providing funding for efforts by nonprofit providers, States, and local governments to quickly re-house homeless individuals, families, persons fleeing domestic violence, and youth. The NOFA determines the framework for the CoC to abide by for the local competition and allows for the CoC to determine local deadlines, local priorities, and ultimately provide a slate of projects to be recommended for funding ranked in order of priority.

[Click this link to review the FY2019 Notice of Funding Availability](#)

[Click this link to review FY2019 Continuum of Care \(CoC\) Program Competition NOFA: What's New, Changes, and Highlights](#)

### **FY 2019 CoC Program Competition Overview and Timeline**

---

TCHC's HUD Collaborative Applicant and Grant Applications Selection committee is responsible for the HUD CoC program competition grant applications process. This committee will conduct technical reviews of all HUD CoC Program application submitted, rank and score the applications and present a slate of applications recommended for funding to the Board of Directors.

All applicants will be required to submit a PDF export of their full application from e-snaps. All applications submitted to the [tchc.coc.secretary@gmail.com](mailto:tchc.coc.secretary@gmail.com) within the approved competition timeline will undergo a technical review of the application and an evaluation, scoring, and ranking. For more information please review Section III of the CoC Operational Policy and Guidelines that can be found on the [TCHC website](#).

**This year the available amount from HUD for New Projects and New Project Expansions through the CoC Bonus is approximately \$164,972. Please see the FY 19 NOFA for details on New Projects and what types of projects HUD will be funding in this competition.**

This year HUD has made available up to \$50 million nationally for Domestic Violence (DV) Bonus projects. The DV Bonus will provide housing and services to survivors of domestic violence, dating violence, and stalking. Please read the HUD CoC FY 2019 Notice of Funding Availability (NOFA) for more information on the project types available under this bonus. A Continuum of Care (CoC) may apply for up to 10 percent of its Preliminary Pro Rata Need (PPRN), or a minimum of \$50,000, whichever is greater. **HUD has determined the amount available through the DV Bonus for our Continuum of care is approximately \$308,278.**

For additional resources, including detailed Instructions for Renewal Applications, New Project Applications and instructional guides for e-snaps please click the link for the [CoC Program Competition: e-snaps Resources](#). Please keep in mind that this is updated by HUD and as of the date of this publication not all of the resources are available.

### **Local Competition Timelines (By Grant Type):**

---

There are three grant types this year: Renewal, New, and Expansion.

### **Renewal Grant Applications:**

**08/15/2019** – Renewal Applications due to TCHC- Email to [tchc.coc.secretary@gmail.com](mailto:tchc.coc.secretary@gmail.com)  
(Applications should be entered directly into esnaps, create a PDF export of your application and email to TCHC. **DO NOT HIT THE SUBMIT BUTTON!**)

### **Documents to Submit with Renewal Application:**

- Policy and Procedures for Organization/ Project that is applying for renewal, including HMIS and CES Policies.

**8/16/2019 – 8/26/2019** – The HUD Collaborative Application and Grant Applications Selection Committee reviews, ranks, and scores all applications that meet the application threshold on the “Continuum of Care Renewal or Expansion Project Rating Form 2019”.

**8/30/2019** – TCHC will announce to all applicants if their application is going to be included in the CoC Consolidated Application Submission. If an application is not included in the CoC Consolidated Application a rejection letter will be emailed to the contact information for the Chairman of the Board and Executive Director.

**09/04/2019** – Appeal letters, if any are Due

### **New Project Applications:**

**8/15/2019** – New Applications Due to TCHC – Email to [tchc.coc.secretary@gmail.com](mailto:tchc.coc.secretary@gmail.com) (Application should be entered directly into esnaps, create a PDF export of your application and email to TCHC. **DO NOT HIT THE SUBMIT BUTTON!**)

### **Documents to Submit with New Application**

**(If applicant currently receives a HUD CoC funded grant, please ignore these additional documents. These documents are reviewed during the CoC monitoring and will be considered during the review and ranking process.):**

- Organization Policy and Procedure/Operational Manual
- Project Policy and Procedure/ Operational Manual
- Financial Policies and Procedures (if not included in one of the above mentioned documents)
- Organizational Bylaws

**8/16/2019 – 8/26/2019** – The HUD Collaborative Applicant & Grant Applications Selection Committee reviews, ranks, and scores all applications that meet the application threshold on the “Continuum of Care New Project Rating Form 2019”.

**8/30/2019** – TCHC will announce to all applicants if their application is going to be included in the CoC Consolidated Application Submission. If an application is not included in the CoC Consolidated Application a rejection letter will be emailed to the contact information for the Chairman of the Board and Executive Director on the Pre-Application submitted.

**09/04/2019**– Appeals letters, if any are Due

### **Expansion Project Applications:**

**8/15/2019** – Expansion Applications Due to TCHC – Email to [tchc.coc.secretary@gmail.com](mailto:tchc.coc.secretary@gmail.com) (Application should be entered directly into esnaps, create a PDF export of your application and email to TCHC. **DO NOT HIT THE SUBMIT BUTTON!**

**8/16/2019 – 8/26/2019** – The HUD Collaborative Applicant & Grant Applications Selection Committee reviews, ranks, and scores all applications that meet the application threshold on the “Continuum of Care Renewal or Expansion Project Rating Form 2019”.

**8/30/2019** – TCHC will announce to all applicants if their application is going to be included in the CoC Consolidated Application Submission. If an application is not included in the CoC Consolidated Application a rejection letter will be emailed to the contact information for the Chairman of the Board and Executive Director.

**09/04/2019** – Appeals letters, if any are Due

**Applicant Appeals Process:**

Applicants may appeal a scoring and ranking decision if they believe that the score they were given was unsubstantiated by project performance, or if they believe the score indicates a violation of one of TCHC's written policies. Appeals regarding information that was not submitted in the original application will not be considered. Appeals must be in writing and submitted to the Selection Committee by E-mail message to the [tchc.coc.secretary@gmail.com](mailto:tchc.coc.secretary@gmail.com) within three (3) business days of the notification of project rejection or the public posting of the collaborative application and project ranking. The public posting will be available on the [TCHC website](#) and will be sent by email to the Continuum of Care list served.

The HUD Collaborative Applicant & Grant Applications Selection Committee will discuss any appeal that is submitted using the above mentioned process. The committee will review the appeal, the reason, and make a determination as to whether a score and/or ranking decision should be altered based on the reason for the appeal. The decision of the committee will be transmitted to the Board of Directors for their concurrence. The Board's decision will be posted on the [TCHC website](#) for all CoC members and an e-mail message sent to the applicant making the appeal.



NAVIGATION

- ☒ GO Customize Threshold Requirements
- ☒ GO Customize Renewal/Expansion Project Rating Tool
- ☒ GO Customize New Project Rating Tool

CUSTOMIZE NEW AND RENEWAL/EXPANSION PROJECT THRESHOLD REQUIREMENTS

CoC Threshold Requirements (Delete the X in the box next to any requirements you do not wish to include.)

<input checked="" type="checkbox"/>	Coordinated Entry Participation	
<input checked="" type="checkbox"/>	Housing First and/or Low Barrier Implementation	
<input checked="" type="checkbox"/>	Documented, secured minimum match	
<input checked="" type="checkbox"/>	Project has reasonable costs per permanent housing exit, as defined locally	
<input checked="" type="checkbox"/>	Project is financially feasible	
<input checked="" type="checkbox"/>	Applicant is active CoC participant	
<input checked="" type="checkbox"/>	Application is complete and data are consistent	
<input type="checkbox"/>	Data quality at or above 90%	
<input type="checkbox"/>	Bed/unit utilization rate at or above 90%	
<input checked="" type="checkbox"/>	Acceptable organizational audit/financial review	
<input checked="" type="checkbox"/>	Documented organizational financial stability	

(The first five requirements are recommended to be included in the rating process either as Threshold Requirements or as Rating Factors)

CUSTOMIZE RENEWAL/EXPANSION PROJECT RATING TOOL

Using the drop-down menu on the left customize rating factors for each project type or delete the type to view all factors at once.  
Delete the X in the box besides any rating factor you do not wish to include. If desired, adjust the factor/goal and point value for each measure. You can add additional locally-defined criteria below. See the Data Source Chart for information about where to obtain data to use in scoring.

Performance Measures

Length of Stay

- ☒ RRH - Participants spend XX days from project entry to residential move-in
- ☐ PSH - Participants stay in project XX days
- ☐ TH - Participants stay in project XX days

Exits to Permanent Housing

- ☒ RRH - Minimum percent move to permanent housing
- ☒ PSH - Minimum percent remain in or move to permanent housing
- ☐ TH - Minimum percent move to permanent housing

Factor/Goal	Max Point Value
90 days	10 points
90 %	10 points
90 %	10 points

# CUSTOMIZE RATING CRITERIA

## Returns to Homelessness (if data is available for project)

<input checked="" type="checkbox"/>	RRH - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	25 %	15 points
<input checked="" type="checkbox"/>	PSH - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	15 %	15 points
<input type="checkbox"/>	TH - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing		

## New or Increased Income and Earned Income

<input checked="" type="checkbox"/>	RRH - Minimum new or increased earned income for project stayers	8 %	2.5 points
<input type="checkbox"/>	PSH - Minimum new or increased earned income for project stayers		
<input type="checkbox"/>	TH - Minimum new or increased earned income for project stayers		
<input type="checkbox"/>	RRH - Minimum new or increased non-employment income for project stayers		
<input checked="" type="checkbox"/>	PSH - Minimum new or increased non-employment income for project stayers	10 %	5 points
<input type="checkbox"/>	TH - Minimum new or increased non-employment income for project stayers		
<input checked="" type="checkbox"/>	RRH - Minimum new or increased earned income for project leavers	8 %	2.5 points
<input type="checkbox"/>	PSH - Minimum new or increased earned income for project leavers		
<input type="checkbox"/>	TH - Minimum new or increased earned income for project leavers		
<input type="checkbox"/>	RRH - Minimum new or increased non-employment income for project leavers		
<input checked="" type="checkbox"/>	PSH - Minimum new or increased non-employment income for project leavers	10 %	5 points
<input type="checkbox"/>	TH - Minimum new or increased non-employment income for project leavers		

## Serve High Need Populations

(select from drop-down menu)

<input checked="" type="checkbox"/>	APR data on ≥ 50% disability/zero income/unsheltered		
<input checked="" type="checkbox"/>	RRH - Minimum percent of participants with zero income at entry	20 %	10 points
<input checked="" type="checkbox"/>	RRH - Minimum percent of participants with more than one disability	50 %	10 points
<input checked="" type="checkbox"/>	RRH - Minimum percent of participants entering project from place not meant for human habitation	25 %	10 points
<input checked="" type="checkbox"/>	PSH - Minimum percent of participants with zero income at entry	35 %	10 points
<input checked="" type="checkbox"/>	PSH - Minimum percent of participants with more than one disability	75 %	10 points
<input checked="" type="checkbox"/>	PSH - Minimum percent of participants entering project from place not meant for human habitation	50 %	10 points
<input checked="" type="checkbox"/>	TH - Minimum percent of participants with zero income at entry	50 %	10 points
<input checked="" type="checkbox"/>	TH - Minimum percent of participants with more than one disability	50 %	10 points
<input checked="" type="checkbox"/>	TH - Minimum percent of participants entering project from place not meant for human habitation	50 %	10 points

## Project Effectiveness

<input checked="" type="checkbox"/>	RRH - Project has reasonable costs per permanent housing exit as defined locally	Yes	10 points
<input type="checkbox"/>	PSH - Project has reasonable costs per permanent housing exit as defined locally		
<input type="checkbox"/>	TH - Project has reasonable costs per permanent housing exit as defined locally		
<input checked="" type="checkbox"/>	RRH - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	90 %	10 points

## CUSTOMIZE RATING CRITERIA

<input checked="" type="checkbox"/>	PSH - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	90	%	10	points
<input type="checkbox"/>	TH - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)				
<input checked="" type="checkbox"/>	RRH - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes		10	points
<input checked="" type="checkbox"/>	PSH - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes		10	points
<input type="checkbox"/>	TH - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures				

## Other and Local Criteria

(select from drag-down menu)

<input checked="" type="checkbox"/>	<input type="text" value="CoC Monitoring Score"/> Project is operating in conformance with CoC Standards	Yes		10	points
<input checked="" type="checkbox"/>	CoC Monitoring - Are Program expenditures eligible in the CoC Program and supported by project application (see monitoring tool Financial Records)	Yes/ No		20	points
<input checked="" type="checkbox"/>	CoC Monitoring - Minimum percent of households served with sufficient homeless verification (see monitoring tool Program Participant; 2)	98%		15	points
<input checked="" type="checkbox"/>	PSH - CoC Monitoring - Minimum percent of households served with sufficient disability verification (see monitoring tool Program Participant; 4)	98%		15	points
<input checked="" type="checkbox"/>	DV Project Only (If not a DV Project score full points) - Does Project provide (direct or indirect) Victim advocacy/ accompaniment? (ie: emergenc medical care, law enforcement, employer, child care, etc.)	Yes/ No		5	points
<input checked="" type="checkbox"/>	DV Project Only (If not a DV Project score full points) - Does Project provide (direct or indirect) Emotional Support/ Safety Services? (ie: crisis intervention, crisis line, individual/ group counseling, etc.)	Yes/ No		5	points
<input checked="" type="checkbox"/>	DV Project Only (If not a DV Project score full points) - Does Project provide (direct or indirect) Criminal/ Civil Justice System Assistance? (ie: protection or restraining order assistance, victim impact statement assistance, etc.)	Yes/ No		5	points

## Total Maximum Score

RRH projects:	160	points
PSH projects:	160	points
TH projects:	90	points

## CUSTOMIZE NEW PROJECT RATING TOOL

## Experience

☒

A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.

B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.

☒

## Factor/Goal

## Max Point Value

15	points
10	points

## CUSTOMIZE RATING CRITERIA

- ☒ C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants. 5 points

### Design of Housing & Supportive Services

- ☐ A. Extent to which the applicant 1) Demonstrates understanding of the needs of the clients to be served. 2) Demonstrates that type, scale, and location of the housing fit the needs of the clients to be served. 3) Demonstrates that type and scale of the all supportive services, regardless of funding source, meets the needs of clients to be served. 4) Demonstrates how clients will be assisted in obtaining mainstream benefits. 5) Establishes performance measures for housing and income that are objective, measurable, trackable and meet or exceed any established HUD or CoC benchmarks. 15 points
- ☒ B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs. 5 points
- ☒ C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently. 5 points

### Timeliness

- ☒ A. Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award. 10 points

### Financial

- ☒ A. Project is cost-effective when projected cost per person served is compared to CoC average within project type. 5 points
- B. Organization's most recent audit:
- ☒ 1. Found no exceptions to standard practices 5 points
- ☒ 2. Identified agency as 'low risk' 5 points
- ☒ 3. Indicates no findings 5 points
- ☒ C. Documented match amount meets HUD requirements. 5 points
- ☒ D. Budgeted costs are reasonable, allocable, and allowable. 20 points

### Project Effectiveness

- ☐ Coordinated Entry Participation- Minimum percent of entries projected to come from CE referrals

### Other and Local Criteria

- ☒ DV Project Only (If not a DV Project score full points) - Does Project provide (direct or indirect) Victim advocacy/accompaniment? (ie: emergency medical care, law enforcement, employer, child care, etc.) 5 points
- ☒ DV Project Only (If not a DV Project score full points) - Does project provide (direct or indirect) Emotional Support/ Safety Services? (ie: crisis intervention, crisis line, individual/group counseling, etc.) 5 points
- ☒ DV Project Only (If not a DV Project score full points) - Does project provide (direct or indirect) Criminal/ Civil Justice System Assistance? (ie: protection or restraining order assistance, victim impact statement assistance, etc.) 5 points

**Total Maximum Score**

All projects: 125 points

# Collaborative Application Public Posting

[Campaign Preview](#)[HTML Source](#)[Plain-Text Email](#)[Details](#)[View this email in your browser](#)

## CoC Consolidated Application Public Posting

The Consolidated Application, including the ranked priority listing of grants for FY19 HUD CoC funding is now available on our website [tchcsc.org](http://tchcsc.org)

---

*Please add [tchc.coc.secretary@gmail.com](mailto:tchc.coc.secretary@gmail.com) to your contacts to make sure you don't miss out on any new updates.*

*If you are not receiving emails from TCHC please check your email service providers SPAM folder.*

Copyright © 2019 Total Care for the Homeless Coalition, All rights reserved.  
You are receiving this email because you opted in at our membership meeting.

**Our mailing address is:**  
Total Care for the Homeless Coalition  
PO Box 1275  
Myrtle Beach, SC 29578-1275

# Collaborative Application Public Posting

[Campaign Preview](#)[HTML Source](#)[Plain-Text Email](#)[Details](#)**Campaign URL**

<https://mailchi.mp/2e4d07994c7b/continuum-of-care-consolidated-application-public-posting>

[Edit](#)**Delivery date & time**

Fri, Sep 27, 2019 9:16 pm

**From name**

Cecilia

**From email**

tchc.coc.secretary@gmail.com

**Subject line**



Continuum of Care Consolidated Application  
Public Posting

**Preview text****Recipients**

Sent to audience: **Total Care for the  
Homeless Coalition**

# CoC Public Posting of the FY2019 Consolidated Application

Continuum of Care are required to post on their website, at least 2 days before the application submission deadline, all parts of the CoC Consolidated Application, including the CoC Application with attachments and the CoC Priority Listing with all project applications accepted and ranked, or rejected, and notify community members and key stakeholders that the CoC Consolidation Application is available.

-  [FY2019 Consolidated Application](#)
-  [FY2019 CoC Priority Listing](#)

TAGS: FY2019, HUD, NOFA

[← Previous Post](#)

[FY2019 TCHC Policies and Guidelines for Renewal and New Grant Applications, Including Reallocated Project Funding](#)

Search

## RECENT POSTS

- CoC Public Posting of the FY2019 Consolidated Application
- SCICH State of Homelessness Report
- FY2019 TCHC Policies and Guidelines for Renewal and New Grant Applications, Including Reallocated Project Funding
- FY2019 TCHC CoC Program Competition Policies and Procedures
- FY19 TCHC CoC Rating Criteria

## NEWSLETTER

Get the latest updates from TCHC delivered to your email.

Your Email

GO







---

Chesterfield♦Clarendon♦Darlington♦Dillon♦Florence♦Georgetown♦Horry♦Kershaw♦Lee♦Marlboro♦Marion♦Sumter♦Williamsburg

---

## **FY 2019 CoC Program Competition Policies and Procedures**

### **Background and Introduction**

---

Total Care for the Homeless Coalition (TCHC) is the HUD designated Continuum of Care for the upper eastern region of South Carolina. Counties included in our CoC service area include Sumter, Clarendon, Lee, Darlington, Kershaw, Dillon, Florence, Marlboro, Chesterfield, Georgetown, Williamsburg, Marion and Horry.

### **HUD's Continuum of Care Program Competition**

Each year, the US Department of Housing and Urban Development (HUD) makes available federal resources for homeless housing services to communities around the nation through its Continuum of Care Program Competition. CoC's access these funds by completing a collaborative application on behalf of the local homeless service provider agencies. Any agency located in our CoC service area interested in applying for these funds must participate in local homeless planning efforts and TCHC's local CoC Competition for Funding. As such, it is the responsibility of the CoC to ensure that the best possible applications are submitted each year.

### **Purpose of this Document**

---

This document describes the processes and protocol for the FY 2019 CoC Competition, including:

- Publish the CoC Program Competition funding availability and local process
- Make available the link to the FY2019 Notice of Funding Availability (NOFA)
- Announce the availability of the Domestic Violence (DV) Bonus Funding
- Official timeline of events and application due dates for the competition
- Evaluation process of New, Renewal, and Expansion Projects by the HUD Grant Applications Selection Committee
- Publicly notify that the links to the CoC New Project Rating Form 2019 and the Renewal or Expansion Project Rating Form 2019 will be released in the upcoming weeks.
- Make available the CoC Operational Policy and Guidelines; this includes policies and procedures for the local competition process. The guidebook can be found on the [TCHC website](#) under Continuum of Care Competition Quick Links.
- This document is updated at least once a year and has been recently updated.

## **FY 2019 CoC Program Notice of Funding Availability (NOFA)**

---

The NOFA establishes the funding criteria for the FY 2019 Continuum of Care (CoC) Program. The CoC Program is designed to promote a community-wide commitment to the goal of ending homelessness, including providing funding for efforts by nonprofit providers, States, and local governments to quickly re-house homeless individuals, families, persons fleeing domestic violence, and youth. The NOFA determines the framework for the CoC to abide by for the local competition and allows for the CoC to determine local deadlines, local priorities, and ultimately provide a slate of projects to be recommended for funding ranked in order of priority.

[Click this link to review the FY2019 Notice of Funding Availability](#)

[Click this link to review FY2019 Continuum of Care \(CoC\) Program Competition NOFA: What's New, Changes, and Highlights](#)

## **FY 2019 CoC Program Competition Overview and Timeline**

---

TCHC's HUD Collaborative Applicant and Grant Applications Selection committee is responsible for the HUD CoC program competition grant applications process. This committee will conduct technical reviews of all HUD CoC Program application submitted, rank and score the applications and present a slate of applications recommended for funding to the Board of Directors.

All applicants will be required to submit a PDF export of their full application from e-snaps. All applications submitted to the [tchc.coc.secretary@gmail.com](mailto:tchc.coc.secretary@gmail.com) within the approved competition timeline will undergo a technical review of the application and an evaluation, scoring, and ranking. For more information please review Section III of the CoC Operational Policy and Guidelines that can be found on the [TCHC website](#).

**This year the available amount from HUD for New Projects and New Project Expansions through the CoC Bonus is approximately \$164,972. Please see the FY 19 NOFA for details on New Projects and what types of projects HUD will be funding in this competition.**

This year HUD has made available up to \$50 million nationally for Domestic Violence (DV) Bonus projects. The DV Bonus will provide housing and services to survivors of domestic violence, dating violence, and stalking. Please read the HUD CoC FY 2019 Notice of Funding Availability (NOFA) for more information on the project types available under this bonus. A Continuum of Care (CoC) may apply for up to 10 percent of its Preliminary Pro Rata Need (PPRN), or a minimum of \$50,000, whichever is greater. **HUD has determined the amount available through the DV Bonus for our Continuum of care is approximately \$308,278.**

For additional resources, including detailed Instructions for Renewal Applications, New Project Applications and instructional guides for e-snaps please click the link for the [CoC Program Competition: e-snaps Resources](#). Please keep in mind that this is updated by HUD and as of the date of this publication not all of the resources are available.

## **Local Competition Timelines (By Grant Type):**

---

There are three grant types this year: Renewal, New, and Expansion.

### **Renewal Grant Applications:**

**08/15/2019** – Renewal Applications due to TCHC- Email to [tchc.coc.secretary@gmail.com](mailto:tchc.coc.secretary@gmail.com)  
(Applications should be entered directly into esnaps, create a PDF export of your application and email to TCHC. **DO NOT HIT THE SUBMIT BUTTON!**)

#### **Documents to Submit with Renewal Application:**

- Policy and Procedures for Organization/ Project that is applying for renewal, including HMIS and CES Policies.

**8/16/2019 – 8/26/2019** – The HUD Collaborative Application and Grant Applications Selection Committee reviews, ranks, and scores all applications that meet the application threshold on the “Continuum of Care Renewal or Expansion Project Rating Form 2019”.

**8/30/2019** – TCHC will announce to all applicants if their application is going to be included in the CoC Consolidated Application Submission. If an application is not included in the CoC Consolidated Application a rejection letter will be emailed to the contact information for the Chairman of the Board and Executive Director.

**09/04/2019** – Appeal letters, if any are Due

### **New Project Applications:**

**8/15/2019** – New Applications Due to TCHC – Email to [tchc.coc.secretary@gmail.com](mailto:tchc.coc.secretary@gmail.com) (Application should be entered directly into esnaps, create a PDF export of your application and email to TCHC. **DO NOT HIT THE SUBMIT BUTTON!**)

#### **Documents to Submit with New Application**

**(If applicant currently receives a HUD CoC funded grant, please ignore these additional documents. These documents are reviewed during the CoC monitoring and will be considered during the review and ranking process.):**

- Organization Policy and Procedure/Operational Manual
- Project Policy and Procedure/ Operational Manual
- Financial Policies and Procedures (if not included in one of the above mentioned documents)
- Organizational Bylaws

**8/16/2019 – 8/26/2019** – The HUD Collaborative Applicant & Grant Applications Selection Committee reviews, ranks, and scores all applications that meet the application threshold on the “Continuum of Care New Project Rating Form 2019”.

**8/30/2019** – TCHC will announce to all applicants if their application is going to be included in the CoC Consolidated Application Submission. If an application is not included in the CoC Consolidated Application a rejection letter will be emailed to the contact information for the Chairman of the Board and Executive Director on the Pre-Application submitted.

**09/04/2019**– Appeals letters, if any are Due

**Expansion Project Applications:**

**8/15/2019** – Expansion Applications Due to TCHC – Email to [tchc.coc.secretary@gmail.com](mailto:tchc.coc.secretary@gmail.com) (Application should be entered directly into esnaps, create a PDF export of your application and email to TCHC. **DO NOT HIT THE SUBMIT BUTTON!**

**8/16/2019 – 8/26/2019** – The HUD Collaborative Applicant & Grant Applications Selection Committee reviews, ranks, and scores all applications that meet the application threshold on the “Continuum of Care Renewal or Expansion Project Rating Form 2019”.

**8/30/2019** – TCHC will announce to all applicants if their application is going to be included in the CoC Consolidated Application Submission. If an application is not included in the CoC Consolidated Application a rejection letter will be emailed to the contact information for the Chairman of the Board and Executive Director.

**09/04/2019** – Appeals letters, if any are Due

**Applicant Appeals Process:**

Applicants may appeal a scoring and ranking decision if they believe that the score they were given was unsubstantiated by project performance, or if they believe the score indicates a violation of one of TCHC's written policies. Appeals regarding information that was not submitted in the original application will not be considered. Appeals must be in writing and submitted to the Selection Committee by E-mail message to the [tchc.coc.secretary@gmail.com](mailto:tchc.coc.secretary@gmail.com) within three (3) business days of the notification of project rejection or the public posting of the collaborative application and project ranking. The public posting will be available on the [TCHC website](#) and will be sent by email to the Continuum of Care list served.

The HUD Collaborative Applicant & Grant Applications Selection Committee will discuss any appeal that is submitted using the above mentioned process. The committee will review the appeal, the reason, and make a determination as to whether a score and/or ranking decision should be altered based on the reason for the appeal. The decision of the committee will be transmitted to the Board of Directors for their concurrence. The Board's decision will be posted on the [TCHC website](#) for all CoC members and an e-mail message sent to the applicant making the appeal.

NAVIGATION

- ☒ GO Customize Threshold Requirements
- ☒ GO Customize Renewal/Expansion Project Rating Tool
- ☒ GO Customize New Project Rating Tool

CUSTOMIZE NEW AND RENEWAL/EXPANSION PROJECT THRESHOLD REQUIREMENTS

CoC Threshold Requirements (Delete the X in the box next to any requirements you do not wish to include.)

<input checked="" type="checkbox"/>	Coordinated Entry Participation	
<input checked="" type="checkbox"/>	Housing First and/or Low Barrier Implementation	
<input checked="" type="checkbox"/>	Documented, secured minimum match	
<input checked="" type="checkbox"/>	Project has reasonable costs per permanent housing exit, as defined locally	
<input checked="" type="checkbox"/>	Project is financially feasible	
<input checked="" type="checkbox"/>	Applicant is active CoC participant	
<input checked="" type="checkbox"/>	Application is complete and data are consistent	
<input type="checkbox"/>	Data quality at or above 90%	
<input type="checkbox"/>	Bed/unit utilization rate at or above 90%	
<input checked="" type="checkbox"/>	Acceptable organizational audit/financial review	
<input checked="" type="checkbox"/>	Documented organizational financial stability	

(The first five requirements are recommended to be included in the rating process either as Threshold Requirements or as Rating Factors)

CUSTOMIZE RENEWAL/EXPANSION PROJECT RATING TOOL

Using the drop-down menu on the left customize rating factors for each project type or delete the type to view all factors at once.  
Delete the X in the box besides any rating factor you do not wish to include. If desired, adjust the factor/goal and point value for each measure. You can add additional locally-defined criteria below. See the Data Source Chart for information about where to obtain data to use in scoring.

Performance Measures

Length of Stay

- ☒ X RRH - Participants spend XX days from project entry to residential move-in
- ☐ PSH - Participants stay in project XX days
- ☐ TH - Participants stay in project XX days

Exits to Permanent Housing

- ☒ X RRH - Minimum percent move to permanent housing
- ☒ X PSH - Minimum percent remain in or move to permanent housing
- ☐ TH - Minimum percent move to permanent housing

Factor/Goal	Max Point Value
90 days	10 points
90 %	10 points
90 %	10 points

# CUSTOMIZE RATING CRITERIA

## Returns to Homelessness (if data is available for project)

<input checked="" type="checkbox"/> RRH - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	25 %	15 points
<input checked="" type="checkbox"/> PSH - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	15 %	15 points
<input type="checkbox"/> TH - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing		

## New or Increased Income and Earned Income

<input checked="" type="checkbox"/> RRH - Minimum new or increased earned income for project stayers	8 %	2.5 points
<input type="checkbox"/> PSH - Minimum new or increased earned income for project stayers		
<input type="checkbox"/> TH - Minimum new or increased earned income for project stayers		
<input type="checkbox"/> RRH - Minimum new or increased non-employment income for project stayers		
<input checked="" type="checkbox"/> PSH - Minimum new or increased non-employment income for project stayers	10 %	5 points
<input type="checkbox"/> TH - Minimum new or increased non-employment income for project stayers		
<input checked="" type="checkbox"/> RRH - Minimum new or increased earned income for project leavers	8 %	2.5 points
<input type="checkbox"/> PSH - Minimum new or increased earned income for project leavers		
<input type="checkbox"/> TH - Minimum new or increased earned income for project leavers		
<input type="checkbox"/> RRH - Minimum new or increased non-employment income for project leavers		
<input checked="" type="checkbox"/> PSH - Minimum new or increased non-employment income for project leavers	10 %	5 points
<input type="checkbox"/> TH - Minimum new or increased non-employment income for project leavers		

## Serve High Need Populations

(select from drop-down menu)

<input checked="" type="checkbox"/> APR data on ≥ 50% disability/zero income/unsheltered	20 %	10 points
<input checked="" type="checkbox"/> RRH - Minimum percent of participants with zero income at entry	50 %	10 points
<input checked="" type="checkbox"/> RRH - Minimum percent of participants with more than one disability	25 %	10 points
<input checked="" type="checkbox"/> RRH - Minimum percent of participants entering project from place not meant for human habitation	35 %	10 points
<input checked="" type="checkbox"/> PSH - Minimum percent of participants with zero income at entry	75 %	10 points
<input checked="" type="checkbox"/> PSH - Minimum percent of participants with more than one disability	50 %	10 points
<input checked="" type="checkbox"/> PSH - Minimum percent of participants entering project from place not meant for human habitation	50 %	10 points
<input checked="" type="checkbox"/> TH - Minimum percent of participants with zero income at entry	50 %	10 points
<input checked="" type="checkbox"/> TH - Minimum percent of participants with more than one disability	50 %	10 points
<input checked="" type="checkbox"/> TH - Minimum percent of participants entering project from place not meant for human habitation	50 %	10 points

## Project Effectiveness

<input checked="" type="checkbox"/> RRH - Project has reasonable costs per permanent housing exit as defined locally	Yes	10 points
<input type="checkbox"/> PSH - Project has reasonable costs per permanent housing exit as defined locally		
<input type="checkbox"/> TH - Project has reasonable costs per permanent housing exit as defined locally		
<input checked="" type="checkbox"/> RRH - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	90 %	10 points

## CUSTOMIZE RATING CRITERIA

<input checked="" type="checkbox"/>	PSH - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	90 %	10 points
<input type="checkbox"/>	TH - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)		
<input checked="" type="checkbox"/>	RRH - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10 points
<input checked="" type="checkbox"/>	PSH - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10 points
<input type="checkbox"/>	TH - Housing First and/or Low Barrier Implementation - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures		

## Other and Local Criteria

(select from drop-down menu)

<input checked="" type="checkbox"/>	CoC Monitoring Score	Project is operating in conformance with CoC Standards	Yes	10 points
<input checked="" type="checkbox"/>	CoC Monitoring - Are Program expenditures eligible in the CoC Program and supported by project application (see monitoring tool Financial Records)		Yes/ No	20 points
<input checked="" type="checkbox"/>	CoC Monitoring - Minimum percent of households served with sufficient homelessness verification (see monitoring tool Program Participant; 2)		98%	15 points
<input checked="" type="checkbox"/>	PSH - CoC Monitoring - Minimum percent of households served with sufficient disability verification (see monitoring tool Program Participant; 4)		98%	15 points
<input checked="" type="checkbox"/>	DV Project Only (If not a DV Project score full points) - Does Project provide (direct or indirect) Victim advocacy/ accompaniment? (ie: emergenc medical care, law enforcement, employer, child care, etc.)		Yes/ No	5 points
<input checked="" type="checkbox"/>	DV Project Only (If not a DV Project score full points) - Does Project provide (direct or indirect) Emotional Support/ Safety Services? (ie: crisis intervention, crisis line, individual/ group counseling, etc.)		Yes/ No	5 points
<input checked="" type="checkbox"/>	DV Project Only (If not a DV Project score full points) - Does Project provide (direct or indirect) Criminal/ Civil Justice System Assistance? (ie: protection or restraining order assistance, victim impact statement assistance, etc.)		Yes/ No	5 points

## Total Maximum Score

RRH projects:	160 points
PSH projects:	160 points
TH projects:	90 points

## CUSTOMIZE NEW PROJECT RATING TOOL

## Experience

<input checked="" type="checkbox"/>	A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.	
<input checked="" type="checkbox"/>	B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.	

## Factor/Goal

## Max Point Value

15	points
10	points



## CUSTOMIZE RATING CRITERIA

☒ C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants. 5 points

### Design of Housing & Supportive Services

☒ A. Extent to which the applicant 1) Demonstrates understanding of the needs of the clients to be served. 2) Demonstrates that type, scale, and location of the housing fit the needs of the clients to be served. 3) Demonstrates that type and scale of the all supportive services, regardless of funding source, meets the needs of clients to be served. 4) Demonstrates how clients will be assisted in obtaining mainstream benefits. 5) Establishes performance measures for housing and income that are objective, measurable, trackable and meet or exceed any established HUD or CoC benchmarks. 15 points

☒ B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs. 5 points

☒ C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently. 5 points

### Timeliness

☒ A. Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award. 10 points

### Financial

☒ A. Project is cost-effective when projected cost per person served is compared to CoC average within project type. 5 points

B. Organization's most recent audit:

☒ 1. Found no exceptions to standard practices 5 points

☒ 2. Identified agency as 'low risk' 5 points

☒ 3. Indicates no findings 5 points

☒ C. Documented match amount meets HUD requirements. 5 points

☒ D. Budgeted costs are reasonable, allocable, and allowable. 20 points

### Project Effectiveness

☐ Coordinated Entry Participation- Minimum percent of entries projected to come from CE referrals

### Other and Local Criteria

☒ DV Project Only (If not a DV Project score full points) - Does Project provide (direct or indirect) Victim advocacy/accompaniment? (ie: emergency medical care, law enforcement, employer, child care, etc.) 5 points

☒ DV Project Only (If not a DV Project score full points) - Does project provide (direct or indirect) Emotional Support/ Safety Services? (ie: crisis intervention, crisis line, individual/group counseling, etc.) 5 points

☒ DV Project Only (If not a DV Project score full points) - Does project provide (direct or indirect) Criminal/ Civil Justice System Assistance? (ie: protection or restraining order assistance, victim impact statement assistance, etc.) 5 points

<b>Total Maximum Score</b>		All projects:	125	points
----------------------------	--	---------------	-----	--------

## **TCHC Operational Policy and Guidelines**

### **ARTICLE III – Policies and Guidelines for Renewal and New Grant Applications, Including Reallocated Project Funding**

**Section 1. Evaluation Form** The HUD Collaborative Applicant & Grant Applications Selection Committee must use a point-based evaluation form to score and rank NOFA grant applications. Attached, as Appendix A, are the current forms, one for new grants and one for renewal Grants. The HUD Collaborative Applicant & Grant Applications Selection Committee may recommend changes to this form, from year to year depending on HUD's priorities announced in the NOFA, which the Board of Directors must approve.

**Section 2. Prioritizing Applications for Grant Funding** When multiple funding applications are submitted those applications shall be ranked in priority order. Once the first priority application is established, the remainder of funds available shall be allocated to the second priority application, etc. until all available funds are included in the TCHC application for grant funding.

As a part of the application review process, the HUD Collaborative Applicant & Grant Applications Selection will review each new and/or renewal application for specific technical details and summarize their findings using the Continuum of Care New Project/ Renewal Project Technical Review Form.. [A current copy of this tool should be included in the Appendix.] Technical issues with a grant must be corrected prior to final acceptance by the CoC for rating and inclusion in the final application to HUD, provided the grant was approved by the HUD Collaborative Applicant & Grant Applications Selection Committee.

After renewal and new applications are reviewed for technical elements using the tool the applications are to be rated and ranked, as submitted, using the Renewal Project Rating Tool or the New Project Rating Tool as applicable.

**Section 4. Public Posting, Documenting and Storing the CoC Collaborative Application** It is the policy of the Corporation that the annual collaborative application to applicable grants containing the Continuum-of-Care narrative be publicly posted on the TCHC website ([tchcsc.org](http://tchcsc.org)) and made available to the person(s) preparing next year's application. The President and the Secretary shall be responsible to each store in a separate and different safe place a copy of the computer disc and a hard copy of the complete application.

#### **Section 4. Applicant Appeal Process**

Applicants may appeal a scoring and ranking decision if they believe that the score they were given was unsubstantiated by project performance, or if they believe the score indicates a violation of one of TCHC's written policies. Appeals regarding information that was not submitted in the original application will not be considered. Appeals must be in writing and submitted to the President in person or E-mail message within three (3) business days of the notification email going out that the results are posted on the TCHC website.

The HUD Collaborative Applicant & Grant Applications Selection Committee will meet to discuss any appeal that is brought to the President. The Committee will review the appeal, the reason, and make a determination as to whether a score and/or ranking decision should be altered based on the reason for the appeal. The decision of the Committee will be transmitted to the Board of Directors for their concurrence. The Board's decision will be posted on the website for all CoC members and an E-mail message sent to the applicant.

## **TCHC Operational Policy and Guidelines**

Upon completion of the above process the projects lists will be added to the annual CoC application to HUD.

### **Section 5. CoC Competition Workshop Training and NOFA Q&A**

The Collaborative Applicant and CoC will provide a workshop training for current and prospective grantees that are members of TCHC to educate agencies on the local process, requirements, and ranking/ scoring guidelines of TCHC on a yearly basis, unless otherwise noted. This workshop must be announced in writing and posted to the TCHC website no less than 5 days in advanced.

TCHC will have a Q&A session on the NOFA at the regularly scheduled CoC Meeting immediately following the release of the NOFA, unless the NOFA is announced less than 7 days before the regularly scheduled meeting, in this circumstance the Board may vote and approve to move the regularly scheduled CoC Meeting, to accommodate the local CoC Competition process or provide Q & A through email to the TCHC Secretary for a defined period of time. During the NOFA process the Board and Staff will not be available to contact for any issues regarding project applications outside of these designated times.

### **Section 7. Public Announcement and Process**

Upon publication, the HUD Notice of Funding Opportunity (NOFA) is posted to the TCHC website ([tchcsc.org](http://tchcsc.org)) and is emailed to all current members of ECHO. Reallocated funding, if any will be announced separately from renewal and new projects.

ECHO actively seeks out new organizations with an interest in combating homelessness and encourages them to join TCHC and collaborate with existing members on old and new projects. TCHC has the experience and expertise to assist new organizations in obtaining leveraged funds, complying with HUD requirements and partnering with existing members to expand the reach of TCHC's homeless programs.

Fee requirements will be included in the request for proposal (RFP) posted to the TCHC website ([tchcsc.org](http://tchcsc.org)) and emailed to all current members of TCHC. If an agency is able to demonstrate the capacity to manage a HUD CoC Grant project but are unable to apply due to any fee, a wavier may be given to reduce or excuse the fee by the TCHC Board of Directors. Proposals for a waiver by an Agency/ Organization must be submitted in writing to the President of TCHC within 15 calendar days of the NOFA announcement by HUD, and must be approved by the Board of Directors. The written proposal must include the reason for the reduced or waived fee and demonstrate the capacity of the Agency/ Organization to manage and operate a HUD CoC grant program.

Upon publication of the NOFA, TCHC will establish a timeline for renewal projects and new projects (if new funding is available). The timeline for applications will be posted to the TCHC website ([echomeless.org](http://echomeless.org)) and emailed. This allows TCHC to be flexible with establishing timelines to meet HUD requirements. All local timelines for project applications must be in compliance with the most recent NOFA release by HUD. All project applications must be entered directly in E-Snaps, unless otherwise announced and submitted in PDF format to the TCHC Secretary email ([tchc.coc.secretary@gmail.com](mailto:tchc.coc.secretary@gmail.com)). Applications submitted in any other format will be rejected (ex: mail, fax, hand delivery, etc.). Applications submitted after the local deadline established after the announcement of the NOFA by HUD will be not be considered. Applications not considered or rejected by TCHC will receive written notification as for the reason why their project was not considered or rejected no later than 15 calendar days before the NOFA competition deadline.

## **TCHC Operational Policy and Guidelines**

### **Section 8. Reallocation: Reasoning, Process, and Public Announcement**

#### **Reallocation Explained:**

Reallocating funds is one of the most important tools by which CoCs can make strategic improvements to their homelessness system. Through reallocation, CoCs can create new, evidence-informed projects by eliminating projects that are underperforming or are more appropriately funded from other sources. Reallocation is particularly important when new resources are scarce.

Reallocation refers to the process by which a CoC shifts funds in whole or in part from existing CoC-funded projects that are eligible for renewal to fund one or more new projects. CoCs can pursue reallocations through the Annual CoC Program Competition. A new project through reallocation may use resources from an existing project, including staff, but it cannot be a continuation of an existing project that serves existing participants. CoC's can reallocate funding from any project eligible for renewal in a competition year. The Annual CoC Program Competition Notice of Funding Availability (NOFA) dictates what types of projects may be created through reallocation in a given competition.

**CoC Program recipients who do not meet local and/or HUD performance targets and/or do not meet expectations and compliance of program and grant management of their CoC programs, as documented in either or both the CoC monitoring report or monitoring and evaluation reports, may be subject to having their projects reduced in whole or in part and reallocated to other projects.**

**Because of the thorough review process for reallocation, TCHC will announce the availability of reallocated funding for new projects, if any, within 15 calendar days of the official announcement from HUD regarding the NOFA.**

#### **Reasons for Reallocation**

There are multiple instances that may call for the Continuum to reallocate funding from a project. Each instance will have its own set of circumstances and challenges and will be analyzed by the Board on a case – by- - case basis. Below is an outline of some of the reasons why funding may be reallocated as well as types of reallocation processes that may present. This is not an exhaustive list, as each decision to reallocate, in whole or in part, can be a unique process that will require guidance from the CoC and possibly the Board of Directors.

##### **1. Fiscal Non-compliance:**

- a. Projects with unspent funds in the most recently completed funding cycle may be considered for reallocation. This will depend upon the percentage of funds that were unspent, the reasons for recapture, and history of unspent funds.
- b. Has the agency been audited by independent auditors? If yes, were there any findings that the recipient is required to resolve?
- c. Has any program income been generated through any CoC Program-funded activities? (24 CFR Part 578.103(a)(6)), and if so have the following been met:
  - If program income has been generated, has the agency reported the income generated through the use of the CoC program funds?
  - If program income has been generated, has the program income been disbursed only for eligible CoC Program activities?

## **TCHC Operational Policy and Guidelines**

- Has the agency expended program income to pay program costs prior to taking further HUD-fund cash withdrawals?
- 2. Non-compliance with HUD/CoC Regulations, Policies & Procedures, and Processes:
  - a. Agency/Organizational non-compliance with the CoC Final Interim Rule
  - b. Agency/Organizational non-compliance with the Housing First Approach to end homelessness
  - c. Agency/Organizational non-compliance with Coordinated Entry System Policies and Procedures
  - d. Agency/Organizational non-compliance with CoC process  
Not attending trainings provided by the CoC for new and updated processes (i.e., HMIS, CES), lack of involvement in committee activities and calls, lack of attendance at General Membership meetings and other CoC-sponsored events, lack of awareness regarding current or new policies, procedures, and standards set forth by HUD and the CoC, general lack of knowledge regarding the current events that affect the day-to-day operations of programs and projects in the CoC
- 3. Poor Performance
  - a. Failure to meet the original performance standard as set forth in the original grant agreement
  - b. Under-utilization of units
  - c. Failure to justify the dollar-client ratio; fiscal inefficiency
  - d. Sub-standard Annual Performance Report (APR)
  - e. Below HUD data quality target for HMIS

### **Types of Reallocation**

- 1. Voluntary Reallocation of whole or part of a project:
  - a. Currently-funded NOFA project applicants interested in voluntarily reallocating should notify TCHC in writing of their intent by the due date of HUD's Grant Inventory Worksheet (GIW). The GIW will serve as TCHC's tool to identify Project Applicants' intent to reapply for CoC funding.
  - b. For purpose of reallocated project funding (to create a new and innovative project), strong preference will be given to those projects that voluntarily apply to reallocate, and especially for those within a compliance period.
  - c. This Reallocation Policy and Procedure incorporates the following general objectives:
    - To ensure the CoC's responsibility in submitting to HUD an application that is consistent with HUD guidelines and the HEARTH ACT;
    - To ensure the amount to be reallocated is sufficient to fund new and effective projects;
    - To further the CoC's efforts to end homelessness throughout the geographic area
- 2. Involuntary Reallocation of whole or part of a project:

## **TCHC Operational Policy and Guidelines**

- a. TCHC will consider involuntary reallocation as appropriate and as necessary per the language in the annual NOFA and/or the results of the annual project monitoring site visit. Project applicants who do not meet the standards set forth by HUD and the CoC that were examined during the project monitoring will be notified in writing and then required to submit a plan of corrective action and increase project outcomes and/or address concerns prior to the release of the following year's NOFA.
- b. Projects that do not meet threshold or successfully implement their corrective action plan will be subject to involuntary reallocation. While the above described process will be followed in most cases, TCHC, as the Continuum of Care, retains the right to reallocate any project for the aforementioned causes (See Section 8: Reasons for Reallocation).

There are many combinations of funding for projects that can be involved in a reallocation.

Examples include:

- a. Funding from one project (or partial funding from one project) can be reallocated into a new project operated by the same provider;
- b. Funding from one project (or partial funding from one project) can be reallocated into a new project operated by a different provider;
- c. Funding from one project (or partial funding from one project) can be reallocated into many new projects;
- d. Funding from many projects (or partial funding from many projects) can be reallocated into one new project; and
- e. Funding from many projects (or partial funding from many projects) can be reallocated into many new projects.

### **Request transfer of whole or part of a project PRIOR to Grant Application Process**

Prior to grant application process, if an organization decides that they are not able to administratively carry out a program and would like to transfer it in whole or in part to another agency with whom they have come to an agreement, this may be a preferable option to reallocation; however this process must be completed and approved by HUD prior to the release of the NOFA. In some situations, an agency or organization may decide they want to give up or transfer a grant program that they are currently administering – in whole or in part – to another agency. For this process, each grantee will collaborate to determine what is the most efficient and least disruptive process for the individuals that are participating in the program as well as any administrative issues that arise due to the transfer of funding and administration.

All new projects that are submitted that will be applying for any reallocated funding will be reviewed, ranked, and scored in the same manner that a new project would be. All applicants applying for funding must take into account any language and new or updated standards set forth in the most recent NOFA, as each year HUD amends the CoC program requirements, criteria, and policies.

### **Announcement of Reallocation**

It is the intent, as so specified in these Guidelines, that the recommendation for reallocation from the Grant Applications Selection Committee and approval by the board will be available within 15 days of the NOFA

## **TCHC Operational Policy and Guidelines**

announcement. However, the process is complex and relies on the activities of several committees so is not guaranteed. Also, the Selection Committee could recommend reallocation of after grant submission and technical review, if the review showed extensive technical flaws in the submission.

The announcement of reallocated funding and timeline will be publicly posted on the TCHC website (tchcsc.org) and will be emailed to all current members. Determination of reallocated funding can be at any time during the NOFA process by the TCHC Board of Directors. HUD Collaborative Applicant & Grant Applications Selection committee will technically review the applications and review, score, and rank the projects, as submitted and submit their recommendation to the TCHC Board of Directors. The TCHC Board of Directors must vote and approve all projects recommended for reallocated funding.

### **Avoiding Participant Displacement due to Project Reallocation or total/partial loss of funding**

It is of utmost importance to ensure that no participant in a HUD CoC program becomes displaced as a result of project reallocation or loss of funding. In order to protect participants from displacement, it is critical that the director of the program or project that is to be reallocated or losing funding contacts the CoC to begin to work out the process of transferring participants to other housing programs (e.g., Rapid Re-housing, Emergency Solutions Grant, Tenant Based Rental Assistance Voucher, or another PSH program, if units are available) within the continuum as soon as possible upon receiving written notification that the project is either being transferred, reallocated or being defunded.

The type of project may determine if and how participants are to remain in the same unit or if they will have to be moved. Each participant must be re-screened for eligibility using the most recent version of the CoC Program Final Interim Rule, the current NOFA in effect, and/or the prioritization standards set forth by the CoC. If the project that is to be reallocated or defunded is losing PSH units and has no access to additional funding for housing to ensure that the participants are not being displaced, the program director will immediately contact the Community Data Solutions Coordinator at ECHO to place each household on the CES Prioritization List for housing resources. Each household will have an intake and assessment done to get them placed onto the list, with the understanding that these participants will have the highest priority for being re-housed. Once the households have been identified, assessed, and placed onto the list, and a project opening becomes available they will be referred to a housing case manager that will contact them and begin the process of locating appropriate housing for their family size and need.

It is the objective of the Continuum and the current grantees to make the best effort to connect current participants, in a reallocated or defunded grant to available resources that the individuals or families are eligible for, as to not displace participants into homelessness. Once the Board makes the final decision to reallocate or has official notice of a defunded project, the Community Data Solutions Coordinator will be contacted to begin the participant transfer process.



## **TCHC Operational Policy and Guidelines**

### **ARTICLE IV - CoC Project Monitoring**

#### **Section 1. HUD Grant Monitoring Committee**

The ECHO Board of Directors will establish a Program Monitoring Sub-committee under the CoC Committee which will conduct the project monitoring activities for ECHO.

The Program Monitoring Sub-committee will develop and execute a program monitoring process for both remote off-site and on-site monitoring visits. Members of the Sub-committee may include ECHO members and consultants to ECHO (however, not ECHO board members).

Sub-committee members conducting monitoring visits must not have real or perceived conflicts of interest. Sub-committee members may not monitor their own agency's program. They must sign a conflict of interest statement to verify they are not a current project recipient or member of an affiliate agency to the project recipient being monitored.

#### **Section 2. CoC Program Monitoring Tool**

The Projects Monitoring Sub-committee will develop and maintain a monitoring tool to be used to monitor all projects. The CoC Program Monitoring Tool can be found in Appendix B. The CoC Program Monitoring Tool must be reviewed at least annually and updated as needed to stay in compliance with the HUD CoC Interim Rule and HUD funding priorities.

#### **Section 3. Notification of CoC Program Monitoring**

1. Recipients will be notified, no less than 30 days by email of their monitoring date and a list of information and documents they need to provide to the monitor by the due date, see Appendix D. Monitoring can be conducted in two (2) ways:
  - a. Desk or remote monitoring from the ECHO office.
  - b. On-site monitoring at the recipient's office location.

#### **Section 4. CoC Monitoring Process**

See Appendix C for the detailed ECHO CoC monitoring process.

#### **Section 5. Actions to be Taken Against Poor Performing Recipients**

1. ECHO will make reasonable efforts to provide training opportunities to staff of poor performing recipients as determined by the Board of Directors with recommendations from the CoC Committee.
2. Poor performers that do not accept ECHO's staff help or attend recommended technical training may be dropped from the CoC project listing. Poor performing projects may be transferred to another high performing recipient or have funding cancelled and offered up for reallocation to another applicant.



ACE Interface Master Trainer  
Memorandum of Understanding

I agree to complete the following to receive certification from Children's Trust of South Carolina as an ACE Interface Master Trainer:

1. Attend the two-day ACE Interface Master Training
2. Complete two, co-presented ACE presentations by September 30, 2019;
3. Disseminate the ACE presentation evaluation link at all trainings; and
4. Ensure all trainings are conducted with fidelity to the ACE Interface Master Training materials.

I agree to complete the following as a certified ACE Interface Master Trainer:

1. Complete 7-12 trainings a year or around one training a month by planning my own trainings or volunteering to assist other trainers;
2. Complete the ACE training notification form as soon as any training is scheduled;
3. Disseminate the ACE presentation evaluation link to attendees at all trainings;
4. Participate in the annual ACE Peer Learning Session;
5. Ensure all trainings are conducted with fidelity to the ACE Interface Master Training materials;
6. Notify Children's Trust of South Carolina of any questions regarding the content or delivery of trainings, training expectations or other feedback regarding trainings;
7. Direct any media inquiries regarding ACEs or ACE trainings to Children's Trust of South Carolina; and
8. Accept no compensation for ACE Interface trainings or presentations (except for a modest honorarium to cover reasonable mileage costs and expenses).

E. Ann Gowdy  
Print Name

May 2, 2019  
Date

[Signature]  
Sign Name

Sue Williams

Sue Williams, CEO  
Children's Trust of South Carolina

Date: 05/03/2019

# What we do to prevent child abuse and neglect

## **Supporting and Delivering Programs**

Bringing our resources and expertise, we partner with local organizations to deliver proven prevention programs. Together we achieve results.

## **Building Coalitions**

No individual, organization or government agency working alone can stop maltreatment. It is imperative that we work together, sharing best practices, expertise and resources.

## **Providing Resources**

We share expertise and research on how to prevent child abuse and neglect so that South Carolina can use resources effectively and efficiently.

## **Leading Prevention Training**

Our robust training and professional development opportunities give those working with children and families the prevention know-how to keep kids safe and build strong families.

**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH,  
HEALTHY TRANSITIONS: ROADS OF INDEPENDENCE  
AND**

**Eastern Carolina Homelessness Organization (ECHO)**

**I. Purpose**

South Carolina Department of Mental Health (SCDMH), **Healthy Transitions: Roads of Independence** (hereafter referred to as "**ROI**") and **Eastern Carolina Homelessness Organization (ECHO)** (hereafter referred to as "**ECHO**") enter into this Memorandum of Understanding (hereafter referred to as MOU) for the purpose of **community collaboration and partnership**.

**II. Scope of Services**

**A. ROI agrees to the following:**

1. Provide mental health services to youth and young adults ages 16 through 25. Mental Health Services will include screenings, assessments, individual, family, and group therapy sessions provided by licensed mental health counselors, Telepsychiatry, and medication management provided by a registered nurse. The screenings will include, but not limited to, substance abuse, homelessness, human and sex trafficking, suicide prevention, and trauma.
2. Provide transition services to youth and young adults ages 16 through 25. Transition Planning will be case managed by high fidelity wrap around services. Transition services will include, but not limited to, youth workshops, life skills training, financial literacy training, education consulting, career goal planning, and individual placement and supported employment services.
3. Provide peer support and engagement services to youth and young adults ages 16 through 25. Peer support will be provided by certified youth peer support. Peer engagement services include, but not limited to, sponsored events, youth council, recreation, and activities.

**B. ECHO agrees to the following:**

1. Provide Homeless Management Information System (HMIS) access and training for staff involved in this project.
2. Deliver Coordinated Entry System (CES) training, to include access point training.
3. Clients served by the ROI project, who are experiencing or are at imminent risk of homelessness, will then be able to be placed on the ECHO Continuum of Care (CoC) prioritization list for possible CoC funded housing placement. For those persons not placed on the CoC prioritization list, diversion and referral services will be provided.
4. ECHO will participate on the leadership team/advisory council, accepting or providing referrals, and providing assistance with planning of universal screening and screening tools.

### III. Terms and Conditions

#### A. Effective Dates:

This contract shall be effective on this 30 day of September, 2018, or when all parties have signed, whichever is later, and will end this 29 day of September, 2023. Thereafter, the MOU will automatically extend for four (4) additional one year terms, unless either party shall terminate the MOU as provided herein. At the end of each MOU year, the parties agree to meet to review the MOU. Maximum termination date is the 29 day of September, 2023.

#### B. Termination

This MOU may be terminated by either party upon thirty (30) days written notice to the other party.

#### C. Amendment:

Any changes to this MOU, which are mutually agreed upon between SCDMH and the Contracting Party, shall be incorporated in written amendment to this MOU and will not become effective until the amendment is signed by each party.

#### D. Records

Records with respect to all matters covered by this MOU, must be retained for 6 years after the end of the period of this MOU and shall be available for audit and inspection at any time such audit is deemed necessary by DMH. If audit has begun but is not completed at the end of the 6-year period, the records shall be retained until resolution of the audit findings.

#### E. Liability

Neither party shall be liable for any claims, demands, expenses, liabilities and losses (including reasonable attorney's fees) which may arise out of any acts or failures to act by the other party, its employees or agents, in connection with the performance of services pursuant to this MOA. Neither party is an employee, agent, partner, or joint venture of the other. Neither party has the right or authority to control or direct the activities of the other or the right or authority to bind the other to any agreement with a third party or to incur any obligation or liability on behalf of the other party, unless expressly authorized in this contract.

#### F. Non-Discrimination

No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in relation to any activities carried out under this MOU on the grounds of race, disability, color, sex, religion, age, health status, or national origin. This includes the provision of language assistance services to individuals of limited English proficiency eligible for services provided by DMH.

#### G. Controlled Substance Statement

By signing this MOU, Contracting Party certifies that it will comply with all applicable provisions of The Drug Free Workplace Act, S.C Code of Laws, Section 44-107-10 et. Seq. as amended.

#### H. Governing Law.

The Agreement any dispute, claim, or controversy relating to the agreement and all the rights and obligations of the parties shall, in all respects, be interpreted, construed, enforced and governed by and under the laws of the State of South Carolina.

#### I. PREVENTING AND REPORTING FRAUD, WASTE AND ABUSE

- a. SCMH has procedures and policies concerning the prevention and reporting of fraud, waste and abuse (FWA) in agency-funded programs, including but not limited to those funded by federal grants such as Medicaid. No agency employee, agent, or contracting party shall direct, participate in, approve, or tolerate any violation of federal or state laws regarding FWA in government programs.
- b. Federal law prohibits any person or company from knowingly submitting false or fraudulent claims or statements to a federally funded program, including false claims for payment or conspiracy to get such a claim approved or paid. The False Claims Act includes "whistleblower" remedies for employees who are retaliated against in their employment for reporting violations of the Act. Under State law, persons may be criminally prosecuted for false claims made for health care benefits, for Medicaid fraud, for insurance fraud, or for using a computer in a fraud scheme or to obtain money or services by false representations. Additional information regarding the federal and state laws prohibiting false claims and SCDMH's policies and procedures regarding false claims may be obtained from the agency's Contracts Manager.
- c. Any employee, agent, or contracting party of SCDMH who submits a false claim in violation of federal or state laws will be reported to appropriate authorities.

#### K. Insurance

Each of the parties agree to maintain professional and general liability insurance and may be required to provide the other party with satisfactory evidence of such coverage. Neither party will provide individual coverage for the other party's employees and each party shall be responsible for coverage of its respective employees.

#### L. Licenses

The parties agree that during the term of this MOU, each party shall maintain its respective federal and state licenses, certifications, and accreditations required for the provision of services therein. The Contracting Party will immediately notify DMH if a board, association, or other licensing authority takes any action to revoke or suspend the license, certification, or accreditation of Contracting Party or Contracting Party's employees or agents providing or performing services under this MOU.


#### M. Financial Responsibility:

Each party shall bear and be responsible solely for its own costs and expenses necessary to comply with this MOU.

IV. Incorporation

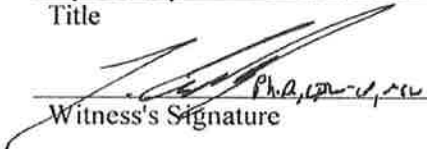
This MOU incorporates the attached SCDMH "Covenants and Conditions" and "Business Associate/Qualified Service Organization Agreement."

**SOUTH CAROLINA DEPARTMENT OF  
MENTAL HEALTH  
HEALTHY TRANSITIONS:  
ROADS OF INDEPENDENCE**

  
Contractor's Signature      6/4/19  
Date

Joey Smoak  
Printed Name

Executive Director  
Title

  
Witness's Signature      6/4/19  
Date

E. Ann Gowdy, Ph.D., LISW-CP, NAW  
Printed Name

\_\_\_\_\_  
SCDMH Signature      Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Witness's Signature      Date

\_\_\_\_\_  
Printed Name

## **SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH (DMH) COVENANTS AND CONDITIONS (1 page)**

This is made a part of the attached Contract with DMH and/or DMH component. If any Contract term or obligation is in conflict with this document, this document will control. The parties to the Contract will comply with all applicable law. If the Contract involves federal or other grant funds (including any applicable grant subcontractor or sub grantee obligations), the parties will comply with the applicable grant terms and obligations. As may be applicable to the attached Contract, the party contracting with DMH also agrees:

1. To comply with all applicable law including: Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. 2000d & 2000e); 45 CFR Part 80; § 504 of the Rehabilitation Act of 1973; 45 CFR Part 84; Age Discrimination Act of 1975; 42 U.S.C. 6101 et seq.; Omnibus Budget Reconciliation Act of 1981; Americans with Disabilities Act; 42 CFR Parts 35 & 36; Federal Drug Free Workplace Act of 1988 & §44-107-10 et seq. S.C. Code; 45 CFR Part 160 et seq. (HIPAA); 42 CFR Part 2 (Alcohol and Drug Confidentiality); and §44-22-100, SC Code (DMH Patient/Client/Person Subject to Commitment Confidentiality).
2. Unless specific Contract/applicable grant terms require otherwise, DMH has ownership, title, copyright or other right to property purchased or developed with Contract funds. The party contracting with DMH will not publish or use reports, data or other material or information related to Contract services for its own purpose or financial benefit without prior DMH written permission.
3. Execution and performance of any Contract provision, or continued payment, will not affect DMH's right to enforce the Contract. No DMH waiver of any Contract breach will be considered as waiver of any succeeding breach, or applicable provision.
4. The Contract is governed by applicable Federal and South Carolina law and any legal action, suit, proceeding or other dispute resolution activity arising from the Contract will be instituted and maintained in the applicable court in South Carolina.
5. No sub-contract or assignment of the Contract, Contract obligations or Contract rights is valid without written DMH consent. Regardless, the party contracting with DMH will be solely responsible for its Contract performance and obligations.
6. DMH and other public agency having audit authority over the Contract or Contract services may audit books, records and other documents of the party contracting with DMH as they pertain to the Contract, independent of and pursuant to, §11-35-2220, S.C. Code. Such documents will be maintained for a period of at least three (3) years from the date of final payment under the Contract.
7. The party contracting with DMH will not employ persons listed on the OIG's Cumulative Sanctions Report or Excluded Parties List System (<http://exclusions.oig.hhs.gov/> <https://www.epls.gov/>) and will adopt policies consistent with §6032 of the Deficit Reduction Act of 2005, amended.
8. If the party contracting with DMH seeks and obtains third party payment including from federal sources such as Medicare or Medicaid, the party contracting with DMH will offset any amounts due from DMH with the receipts or submit the funds to DMH and be solely responsible for the legitimacy of the request for and payment of funds and any recoupments sought by the third party payor. If payments to DMH from the party contracting with DMH are not full compensation for all DMH Contract services, DMH may bill and accept payment for such uncompensated services from any other available payor or source of payment, and any such payment will not reduce any payment due to DMH by the party contracting with DMH.
9. If Contract services involve the review or use of DMH plans, reports, financial information, attorney work product, personal, patient and/or other proprietary or confidential information, the party contracting with DMH will use or disclose such information only as necessary to perform Contract services or otherwise with applicable DMH written permission, or as required or permitted by law.
10. No Contract funds, materials, property, or services will be used for any partisan, political activity, or to further the election or defeat of any candidate for public office or any activity in violation of the "Hatch Act" or other applicable law. No attorney may be engaged through the use of Contract funds. Subject to §15-77-300, SC Code, DMH will not be obligated to pay attorney's fees or the cost of legal action arising from this Contract.
11. No employee of either party to this Contract will be deemed as an employee of the other party. Nothing in the Contract will be interpreted as creating any employment, agency, partnership, joint venture, or any other similar relationship between the parties. Neither party will make any representation or statement to any person or entity inconsistent with the Contract.
12. The following Contract terms or obligations are of no effect if they require (and the Contract will not be interpreted as requiring) that DMH: submit to the jurisdiction of another state's laws and/or courts; indemnify the party contracting with DMH or any other party; or waive any interest, right, immunity or defense that DMH may have in law or in equity.



## SCDMH BUSINESS ASSOCIATE/QUALIFIED SERVICE ORGANIZATION AGREEMENT

The South Carolina Department of Mental Health, including its inpatient/outpatient facilities and programs ("SCDMH"), is a "Covered Entity" subject to: the Health Insurance Portability and Accountability Act (HIPAA) 45 CFR Part 4-4-160 et seq, including Privacy Rule, Security Rule and Breach Notification Rule requirements, 45 CFR 164 et seq (HITECH); §44-22-100, Code of Laws of South Carolina (SCDMH patients or persons subject to commitment confidentiality); and also, for specific SCDMH Alcohol and Drug Treatment Programs: Confidentiality of Alcohol and Drug Abuse Patient records, 42 CFR Part 2, in protecting Protected Health Information (PHI), and/or applicable law protecting other Personally Identifiable Information (PII), collectively "Applicable Law."

ECHO at the address of 1704 N. King Hwy, Myrtle Beach, SC is a SCDMH Business Associate/Qualified Service Organization (BA/QSO), who by SCDMH contract/other written agreement, receives information from, creates or receives PHI and/or PII, on behalf of SCDMH.

### **BA/QSO in receiving from, or creating/receiving PHI and/or PII on behalf of SCDMH, acknowledges and agrees:**

1. In receiving, transmitting, disclosing, transporting, storing, processing, using, or otherwise dealing with PHI and/or PII, be bound by Applicable Law, and not use or disclose PHI and/or PII except as permitted or required by this Agreement, Applicable Law, SCDMH Privacy and/or Security Practices, and any contract or other written agreement with SCDMH.
2. Consistent with this Agreement, BA/QSO may disclose minimum necessary PHI and/or PII for its management and administration, or to carry out its legal responsibilities, provided the disclosures are required by law, or BA/QSO obtains reasonable assurances from the person to whom the PHI and/or PII is disclosed, that PHI and/or PII will remain confidential and used or further disclosed only as required by law, or for the purposes for which it was disclosed, and the person notifies BA/QSO of any instances it is aware where PHI and/or PII confidentiality has been Breached.
3. Use appropriate safeguards to prevent unauthorized use or disclosure of PHI and/or PII ("Breach").
4. Following discovery of a Breach, consistent with Applicable law, promptly report such Breach to the applicable local SCDMH Privacy Officer.
5. Ensure that its subcontractors and agents, to whom PHI and/or PII is provided, or created or received on behalf of SCDMH, protect PHI and/or PII including Breach reporting as described above.
6. Provide access to PHI as requested by SCDMH, including to an individual as directed by SCDMH, to meet HIPAA requirements of providing a SCDMH patient the right to access and copy their PHI.
7. Amend PHI as directed or agreed to by SCDMH pursuant to HIPAA requirements.
8. Make available its practices, policies, procedures and records, related to PHI and/or PII use and disclosure, to SCDMH, (and for PHI, Department of Health and Human Services, or to an individual/entity as directed by SCDMH related to HIPAA compliance).
9. Document its disclosures of PHI, as required by HIPAA, for SCDMH to promptly respond to a request for an accounting of PHI disclosures and provide such accounting to SCDMH or an individual as directed by SCDMH.
10. **[Applies only to SCDMH Alcohol & Drug Treatment Program PHI AND/OR PII]** As a SCDMH Qualified Service Organization under 42 CFR Part 2, resist efforts in judicial proceedings to obtain PHI as required by 42 CFR Part 2.
11. Upon termination of this Agreement for any reason, return or destroy PHI and/or PII received/created by this Agreement, including PHI and/or PII possessed by its subcontractors or agents. If returning or destroying the PHI and/or PII is infeasible, BA/QSO will notify SCDMH of conditions that make return/destruction infeasible and extend Agreement protections to such PHI and/or PII, and limit further uses/disclosures to purposes that make return/destruction infeasible, as long as BA/QSO maintains the PHI and/or PII.

12. To the extent BA/QSO carries out obligations under the Privacy Standards on Covered Entities behalf, BA/QSO will comply with applicable Privacy Standard(s) in performing such obligation.

13. BA/QSO will comply with security provisions of HITECH in the same manner as such regulations apply to SCDMH.

14. Upon request, BA/QSO will provide SCDMH access to, and information concerning, BA/QSO's security and privacy policies, processes, practices, impact and risk assessments, and actions taken to mitigate identified risks affecting PHI and/or PII provided to or created by BA/QSO pursuant to this Agreement.

15. BA/QSO will report to SCDMH security incidents of which it becomes aware that compromise PHI and/or PII confidentiality, integrity, or availability. Unsuccessful Security Incidents, involving unsuccessful attempts at unauthorized access to BA/QSO's system, that are not a threat to PHI and/or PII and do not result in unauthorized access, use, disclosure, modification, or destruction of PHI and/or PII or interference with an information system, are not required to be reported. Unsuccessful Security Incidents include: (a) "pings": request/response to determine if an Internet Protocol (IP) address, or host, exists or is accessible; (b) port scans; and (c) malware: viruses and worms detected and eradicated prior to effecting BA/QSO's system; (d) attempts to log on to system or enter database with invalid password or username; and (e) denial of service attacks that do not result in a server taken offline. If BA/QSO's system is capable of logging such Incidents, upon SCDMH written request, BA/QSO will report such Incidents in the aggregate.

16. BA/QSO will require any BA/QSO subcontractor to a SCDMH contract or other SCDMH written agreement with BA/QSO, to agree in writing to comply with this Agreement.

17. SCDMH may terminate this Agreement if it determines that BA/QSO or subcontractor has violated any material term.

BA/QSO Signature

Printed Name

Title

Date

Joey Smoak Ex. Director 6/14/19

## BUSINESS ASSOCIATE AGREEMENT

This Agreement dated 10/04/18 as is made by and between CareSouth Carolina Inc. ("**Covered Entity**") and Eastern Carolina Homelessness Organization, INC. ("**Business Associate**").

### INTRODUCTION

This Agreement governs the terms and conditions under which Business Associate will access personal health information belonging to patients of CareSouth Carolina, Inc. in performing services for, or on behalf of, CareSouth Carolina, Inc.

### I. DEFINITIONS

The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Healthcare Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

#### Specific Definitions:

1. Business Associate. "**Business associate**" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103 and in reference to the party to this agreement shall mean (**Name of Business Associate**)
2. Covered Entity. "**Covered entity**" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean CareSouth Carolina, Inc.
3. HIPAA Rules. "**HIPAA Rules**" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and 164.
4. Health Privacy Laws. "Health Privacy Laws" shall mean the HIPAA Laws.
5. HIPAA Laws. "**HIPAA Laws**" shall mean collectively HIPAA and the HITECH Act, 42 CFR Part 2 (if applicable), and their related regulations and amendments.
6. Individual. "Individual" shall have the same meaning as the term "Individual" in 45 CFR 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).
7. Privacy Rule. "**Privacy Rule**" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.
8. Protected Health Information. "**Protected Health Information**" shall have the same meaning as the term "protected health information" in 45 CFR 164.501, limited to the information created or received by Business Associate from or on behalf of CareSouth Carolina, Inc.
9. Required By Law. "**Required By Law**" shall have the same meaning as the term "required by law" in 45 CFR 164.501.

10. Secretary. "**Secretary**" shall mean the Secretary of the Department of Health and Human Services or his designee.

## **II. OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE**

Business Associate agrees to:

1. Not use or further disclose Protected Health Information other than as permitted or required by the Agreement or as Required by Law;
2. Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement;
3. Mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement;
4. Report to CareSouth Carolina, Inc. any use or disclosure of Protected Health Information not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410, and any security incident of which it becomes aware;
5. Ensure that any subcontractors that create, receive, maintain, or transmit Protected Health Information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information;
6. In the event that the Business Associate maintains PHI in a designated record set, Business Associate agrees to provide access, at the request of CareSouth Carolina, Inc., and in the reasonable time and manner designated by CareSouth Carolina, Inc., to Protected Health Information in a Designated Record Set, to CareSouth Carolina, Inc. or, as directed by CareSouth Carolina, Inc., to an Individual in order to meet the requirements under 45 CFR 164.524;
7. In the event that the Business Associate maintains Protected Health Information in a designated record set, Business Associate agrees to make any amendment(s) to Protected Health Information in a designated record set that CareSouth Carolina, Inc. directs or agrees to pursuant to 45 CFR 164.526 at the request of CareSouth Carolina, Inc. or an Individual, and in the time and manner designated by CareSouth Carolina, Inc.;
8. Make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, CareSouth Carolina, Inc. at the request of CareSouth Carolina, Inc. to the Secretary, in a time and manner designated by CareSouth Carolina, Inc. or the Secretary, for purposes of the Secretary determining CareSouth Carolina, Inc. compliance with the Privacy Rule. In the event such a request comes directly from the Secretary, Business Associate agrees to notify CareSouth Carolina, Inc. without unreasonable delay of such request and will provide CareSouth Carolina, Inc. with a copy of the records given to the Secretary upon request;
9. Document such disclosures of Protected Health Information and information related to such disclosures as would be required for CareSouth Carolina, Inc. to respond to a

request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528;

10. Provide to CareSouth Carolina, Inc. or an Individual, in a reasonable time and manner designated by CareSouth Carolina, Inc., information collected in accordance with this section, to permit CareSouth Carolina, Inc. to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528;
11. Not sell Protected Health Information or use or disclose Protected Health Information for purposes of marketing, as defined and prescribed in the Health Privacy Laws;
12. Business Associates shall adequately train its employees and contractors who might come into contact with Protected Health Information in accordance with the timeliness, obligations, policies and procedures required by the Health Privacy Laws and implementing regulations.
13. Business Associate shall take appropriate actions against any employee, subcontractor, or agent who uses and discloses CareSouth Carolina, Inc.'s Protected Health Information in violation of the Business Associate Agreement or applicable law;
14. To the extent the Business Associate is to carry out one or more of CareSouth Carolina, Inc.'s obligation(s) under Subpart E of CFR Part 164, comply with the requirements of Subpart E that apply to CareSouth Carolina, Inc. in the performance of such obligation;
15. Upon reasonable notice or upon reasonable determination by CareSouth Carolina, Inc. that Business Associate has breached this agreement, CareSouth Carolina may inspect the facilities, systems, books and records of Business Associate to monitor compliance with the agreement.

### **III. ADMINISTRATIVE, PHYSICAL AND TECHNICAL SAFEGUARDS**

1. Business associate shall implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of Protected Health Information that it creates, receives, maintains, or transmits on behalf of CareSouth Carolina, Inc. Such safeguards shall include, without limitation, implementing written policies and procedures in compliance with the Health Privacy Laws to the extent applicable, conducting a security risk assessment, and training business associate's employees who will have access to Protected Health Information in accordance with timeliness, obligations, policies and procedures required by the Health Privacy Laws and implementing regulations.
2. Business associate shall require all of its subcontractors, agents, and/or third parties that receive, use or have access to Protected Health Information to agree, in writing, to adhere to the same restrictions and conditions on the use or disclosure of Protected Health Information that apply to the business associate pursuant to this agreement and/or the Health Privacy Laws.

### **IV. PERMITTED USES AND DISCLOSURES BY BUSINESS ASSOCIATE**

Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information, as follows:

---

1. Business Associate may use and disclose Protected Health Information only as necessary to perform its obligations as set forth in the Service Agreement.
2. Business Associate may use and disclose Protected Health information on behalf of, CareSouth Carolina, Inc., provided that such use or disclosure would not violate the Privacy Rule if done by CareSouth Carolina, Inc.
3. Business Associate may use or disclose Protected Health Information as required by law.
4. Business Associate may use Protected Health Information to create de-identified information consistent with the standards set forth at 45 CFR Section 164.514.
5. Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
6. Business Associate may provide data aggregation services relating to the health care operations of CareSouth Carolina, Inc.
7. Business Associate agrees to make uses and disclosures and requests for Protected Health Information consistent with CareSouth Carolina, Inc. minimum necessary procedure only disclosing the minimum necessary to accomplish the intended purpose of the use, disclosure, or request used or disclosed.

#### **V. OBLIGATIONS OF COVERED ENTITY**

1. CareSouth Carolina, Inc. shall provide Business Associate with its Notice of Privacy Practices, as well as any changes to such notice, if such changes affect Business Associate's use and disclosure of Protected Health Information.
2. CareSouth Carolina, Inc. shall notify Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her Protected Health Information, to the extent that such changes may affect business associate's use or disclosure of Protected Health Information.
3. CareSouth Carolina, Inc. shall notify Business Associate of any restriction on the use or disclosure of Protected Health Information that CareSouth Carolina, Inc. has agreed to in accordance to 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.
4. CareSouth Carolina shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the HIPAA Laws if done by CareSouth Carolina, Inc., except that business associate may use or disclose Protected Health Information for management and administrative activities of Business Associate and for data aggregation.

#### **VI. OWNERSHIP OF INFORMATION**

CareSouth Carolina, Inc. holds all right, title, and interest in and to the Protected Health Information and Business Associate does not hold and will not acquire by virtue of this

---

Agreement or by virtue of providing goods or services to CareSouth Carolina, Inc., any right, title, or interest in or to the Protected Health Information or any portion thereof.

## **VII. TERM AND TERMINATION**

1. Term. The obligations set forth in this section shall be effective as of the date the first protected health information is released to Business Associate pursuant to this Agreement, and shall terminate only when all of the Protected Health Information provided by CareSouth Carolina, Inc. to Business Associate, or created or received by Business Associate on behalf of CareSouth Carolina, Inc., is destroyed or returned to CareSouth Carolina, Inc., or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Section.
2. Termination for Cause. Upon CareSouth Carolina, Inc. knowledge of a material breach by Business Associate, CareSouth Carolina, Inc. shall provide an opportunity for Business Associate to cure the breach or end the violation. CareSouth Carolina may terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by CareSouth Carolina, Inc.
3. Effect of Termination.
  - (i) Except as provided in paragraph (ii) of this section, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all Protected Health Information received from CareSouth Carolina, Inc., or created or received by Business Associate on behalf of CareSouth Carolina, Inc. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information. Business associate will continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of protected health information, other than as provided for in this section, for as long as Business Associate retains the Protected Health Information.
  - (ii) In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to CareSouth Carolina, Inc. notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return or destruction of Protected Health Information is infeasible; Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

## **VIII. INDEMNIFICATION**

Each Party ("Indemnifying Party") shall indemnify, hold harmless and defend the Indemnified Party ("Indemnified Party") from and against any and all claims, losses, liabilities, costs and other expenses resulting from, or relating to, the Indemnifying Party's material breach of this

---

Agreement; provided that the Indemnified Party gives the Indemnifying Party prompt, written notice of any such claim, sole control of the defense the Indemnifying Party prompt, written notice of any such claim, sole control of the defense and settlement of such claim, and all reasonable assistance to defend such claim.

#### IX. RIGHT TO INJUNCTIVE RELIEF

CareSouth Carolina, Inc. and Business Associate agree that any violation of the provisions of this Agreement may cause irreparable harm to CareSouth Carolina, Inc. Accordingly, in addition to any other remedies available to CareSouth Carolina, Inc. at law or in equity, CareSouth Carolina, Inc. shall be entitled to an injunction or other decree of specific performance with respect to any violation of this Agreement or explicit threat thereof, without any bond or other security being required and without the necessity of demonstrating actual damages.

#### X. MISCELLANEOUS

1. Regulatory References. A reference in this Agreement to a section in the Privacy Rule means the section as in effect or as amended, and for which Compliance is required.
2. Survival. The respective rights and obligations of Business Associate and CareSouth Carolina, Inc. set forth in Section VII, VIII, and IX shall survive the termination of this agreement.
3. Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for CareSouth Carolina, Inc. to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act, Public Law 104-191.
4. Interpretation. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits CareSouth Carolina, Inc. to comply with the Privacy Rule.

#### BUSINESS ASSOCIATE

By: [Signature]  
(Authorized Signature)

Name: Joey Smoak  
(Type or Print)

Title: Executive Director

Date: 10/16/18

#### CARESOUTH CAROLINA, INC

By: [Signature]  
(Authorized Signature)

Name: Ann Lewis  
(Type or Print)

Title: CEO

Date: 10/26/18





**Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 13 CFR Part 145. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211). Copies of the regulations may be obtained by contacting the person to which this proposal is submitted.

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Business Name Easterr. Carolina Homelessness Organization

Date 10-16-18

By Joey Smear Executive Director  
Name and Title of Authorized Representative

  
Signature of Authorized Representative

---

## Memorandum of Understanding

---

Between

Palmetto Goodwill

And

E.C.H.O

This Memorandum of Understanding (MOU) sets forth the terms and understanding between Palmetto Goodwill and E.C.H.O for the purpose of continuing as a referral partner for the clothing voucher program according to the attached policy.

A. Purpose:

1. The purpose of this MOU is to strengthen the bond between Palmetto Goodwill and its referral community partner in order to secure the best possible service for individuals in need of clothing assistance.
2. Neither party intends for this MOU to alter in any way their respective legal rights or their legal obligations to one another, to the individuals they serve, or to any third party.

B. General Understanding:

1. This MOU shall cover the time period, March 1, 2018 until MOU is dissolved with a 30 day notification by either party.
2. Both parties agree that this agreement is for the betterment of Individuals in need of clothing assistance. No fee may be charged to any individual and/or their family members for services provided under this agreement.
3. Both parties agree to work together to assure that the goals expressed are met in a timely fashion.
4. The geographic reach area for this agreement is the county in which service is rendered.

C. Palmetto Goodwill Responsibilities:

1. Provide assistance with clothing for Employment Training Programs, job search and/or new employment opportunity when the individual has been determined not to have sufficient resources to provide their own clothing needs, when a referral has been made in accordance with the terms outlined in this agreement.
2. Provide vouchers for transition situations where a basic clothing need has been verified by the referring agency, and a referral has been made in accordance with the terms outlined in this agreement. These could include homeless shelters, recovery programs, incarceration release, foster care/protective services scenarios, and situations of domestic violence.
3. Provide vouchers in crisis related situations for individuals/families who have suffered a loss due to a natural or man-made disaster, such as a flood, chemical spill or fire, when a referral has been made in accordance with the terms outlined in this agreement.

D. Community Partner Responsibilities:

1. Adults referred by community partner must bring a referral letter **to any Career Development Center during that Center's normal operating hours.** (Usually 10 AM to 4 PM) The vouchers will only be issued by the Career Development Center staff.
2. Persons requesting a voucher for **minor children in the household must come equipped with DOB and Social Security numbers for all children** listed on the referral letter. Other household members over age 18 must obtain their own referral.
3. Individuals understand that they will only be assisted one time within a 12-month period. Exceptions may be made only if a different crisis situation has been identified, and **must be approved by a Palmetto Goodwill Mission Services Director or VP.**
4. Individuals being referred **will not be served** if they violate our organizational value of respect.
5. Individuals are aware that clothing vouchers are redeemable for clothes and shoes only **(unless prior approval has been authorized by a Palmetto Goodwill Mission Services Director or VP)**
6. Ensure client is aware that voucher cards are preloaded with \$25 value each, and **that lost cards will not be replaced**

Agreed to by:

Authorization

Signed

Date

Printed

Agency Name

Signed

Date

**Rick Shelley**

**Palmetto Goodwill**

Printed

Agency Name



# HOST AGENCY AGREEMENT

HOST AGENCY: ECHO

PY: 2017

Eastern Carolina Homelessness Organization

As part of the Senior Community Service Employment Program (SCSEP), operated under Title V of the Older Americans Act, this Agreement is voluntarily entered into by ECHO, a governmental agency or a non-profit agency designated under Section 501(c)(3) of the Internal Revenue Code, (hereinafter referred to as the Host Agency), and Goodwill Industries Palm Beach (hereinafter referred to as Goodwill). The intent of this agreement is to provide useful community service assignments for low-income mature workers, in order to increase their skills and assist transition to permanent employment.

## THE HOST AGENCY AGREES:

- To provide a safe and healthy training site, adequate orientation and training, additional training as needed, and to treat each participant as a valued partner in the host agency.
- To assist Goodwill in transitioning fully trained participants off the program; and to consider participants for regular employment on its staff when vacancies occur or when new positions are created.
- To abide by mutually agreed to training schedules, documented through properly prepared time sheets, activity reports and periodic performance evaluations: Volunteer or overtime hours are not permitted. Participants are required to attend periodic meetings during regular working hours, and the host agency recognizes that participants will be unavailable for training during these times.
- To report any in-kind contributions accurately, documenting supervisors' rates of pay, time spent training and providing oversight of the participant, and any other and all other records and assistance necessary to prove Goodwill's compliance with SCSEP regulations. (See Host Agency In-kind Supervision Report and Host Agency Handbook)
- Sponsorship of a participant will not result in the partial or total displacement of currently employed workers; will not reduce regular hours worked, wages, or benefits; will not be used as a replacement for a position from which a person has been laid off; will not impair existing contracts or result in the substitution of Federal funds for other funds in connection with work that would otherwise be done. See Host Agency Handbook for more information on Maintenance of Effort violations.
- To assure that participants are not discriminated against based on age, race, color, religion, sex, national origin, disability, veteran status, political affiliation, or any other basis prohibited by law.
- To send a representative to a group meeting of host agency supervisors. Group meetings of host agency supervisors or designated representatives will be held annually to acquaint all concerned with the SCSEP goals and objectives.
- To not serve as a host agency for any other SCSEP project sponsor site while this agreement is in effect unless approved by Goodwill SCSEP Project Director.
- To inform Goodwill immediately if its Section 501(c) (3) certification changes.
- To furnish any tools, equipment, supplies and safety training, equipment or preparation required to perform the participant's training assignment.
- To comply with applicable provisions of the Americans with Disabilities Act.
- To maintain adequate insurance covering participants while acting under the host agency's supervision. This obligation includes the maintenance of comprehensive general liability insurance. Additionally, if participants have been authorized to drive as part of their assignments, the agency will insure that all documentation required is completed before participant is assigned to drive. This includes an agreement of continuous liability coverage (\$100,000/\$300,000), agency insurance information, insurance declaration pages, official driving record of the participant, a copy of their valid driver's license and any other information necessary to minimize the agency's liability.

- To not hold Goodwill liable for any damages incurred in the case of a driving accident involving an assigned participant.
- Assure that participants are not assigned to positions that involve political activities on behalf of either partisan or non-partisan groups.
- To adhere to policies and responsibilities as detailed in the Goodwill SCSEP Host Agency Handbook.

#### GOODWILL AGREES:

- To recruit, enroll, and assign a participant to the host agency for the purpose of engaging in productive community service training with duties and tasks as specified in a written description of a community service training assignment.
- To be responsible for all administrative and fiscal controls of the SCSEP and for paying wages and providing applicable fringe benefits, including worker's compensation, to each participant as defined in the Goodwill SCSEP Participant Handbook.

Goodwill reserves the right to reassign any participant whenever reassignment will increase opportunities for training or unsubsidized employment, will serve the best interests of the participant, or will better support the goals and objectives of the program. Host agency understands that they have no inherent right to a participant and that assignment of participants to that host agency depends upon the training needs and job goals of that participant. The host agency may terminate its participation as a host agency at any time for any reason upon notification to Goodwill. This agreement may be amended by written mutual agreement. This Host Agency Agreement is in effect from 11-13-17 to 11-13-18  
(Date) (Date)

#### \*\*PLEASE NOTE MAINTENANCE OF EFFORT VIOLATIONS:

Sponsorship of a participant will not result in the partial or total displacement of currently employed workers; will not reduce regular hours worked, wages, or benefits; will not be used as a replacement for a position from which a person has been laid off; will not impair existing contracts or result in the substitution of Federal funds for other funds in connection with work that would otherwise be done. See Host Agency Handbook for more information on Maintenance of Effort violations. This organization agrees not to willingly violate any maintenance of effort.

ECHO - Eastern Carolina

Host Agency: Homelessness Organization Palmetto (Goodwill Name)

Address: 1204 N Kings Hwy Myrtle Beach SC 29577 Signature: Teshawna Valentine

County: Horry Name: Teshawna Valentine

FEIN: 83-0421712 Title: SCSEP Service Coordinator

Signature: [Signature] Date: 11/13/2017

Name: E. Ann Gandy Host Agency Status:

Title: Director of Supportive Services

Date: 11/13/2017

- ☐ This host agency is a government agency.  
☒ This host agency is a non-profit agency under Section 501(c) (3) of the U.S. Internal Revenue Code  
☒ 501(c) (3) documentation attached.  
☐ 501(c) (3) documentation at Goodwill.



# HOST AGENCY SUPERVISOR'S RESPONSIBILITIES

Host Agency: Eastern Carolina Homelessness Organization Inc

<b>ABSENCE</b>	If a participant is absent due to illness for 3 days (i.e. hospital stay), please notify Teshawna Valentine at 843-408-1262.
<b>ACCIDENT</b>	If a participant is hurt on the job, please notify Teshawna Valentine at 843-408-1262 immediately. Please follow the instructions in the Workers' Compensation Instructions.
<b>EVALUATIONS</b>	Periodically the host agency Supervisor will be required to evaluate the performance of the participant(s) assigned to his/her site. The completed evaluation needs to be returned to Teshawna Valentine at 843-408-1262. At the end of each participant's Community Service Assignment, an exit evaluation will be required and should be sent to Palmetto Goodwill - 2148 Oakheart Rd, Myrtle Beach SC 29579.
<b>EMPLOYMENT INTERVIEWS</b>	One of the main goals of SCSEP is to assist the participant(s) in finding unsubsidized employment. Interviews may be scheduled during hours that the participant is normally training at your site. The participant must be excused from training but will be paid for this time.
<b>ASSIGNMENT DESCRIPTION</b>	The participant should be assigned only those duties that are part of the Community Service Assignment, which the host agency representative completed for the position. If new training or new duties are added, a new Community Service Assignment must be completed, and approved by Goodwill, prior to the change of assignment.
<b>MAINTENANCE OF EFFORT</b>	A participant will neither displace nor replace any paid employee. Goodwill must be notified if your site is in the process of laying off any employees. At that time an evaluation will determine if the participant may continue to train at your site.
<b>MANDATORY QUARTERLY MEETINGS</b>	Quarterly meetings are scheduled for all participants. Supervisors will support the participant's attendance at these meetings by releasing them from their training assignments for the designated hours. A participant's failure to attend may result in loss of wages and/or termination from the program.
<b>TIME SHEETS</b>	It is the responsibility of the host agency supervisor to verify that Time Sheets are filled out correctly and that the hours trained reflects the actual time that the participant was on the assignment. Time Sheets may only be signed by supervisors who have signed the Host Agency Authorized Signature Form. Timesheets must be delivered to 1-888-837-9305 by fax or by email to <a href="mailto:scsep@palmettogoodwill.org">scsep@palmettogoodwill.org</a> .
<b>VOLUNTEER</b>	Participants may not volunteer at the host agency where the participant is assigned. Permitting participants to volunteer may jeopardize host agency status.

I certify that a SCSEP staff member reviewed this information with me, answered my questions, and provided me with a copy of this document.

Signature of Host Agency Supervisor

Teshawna Valentine  
Signature of SCSEP Staff

11/13/2017  
Date

11/13/2017  
Date



# HOST AGENCY IN-KIND SUPERVISION REPORT

PY 2017

Host Agency: Eastern Carolina Homelessness Organization, Inc Address: 1204 N Kings Hwy  
City: Myrtle Beach State: SC Zip: 29577 County: Horry  
Phone: 843-213-1798 Fax: 843-213-1800

Complete the following information, based on the instruction listed below.

1. Supervisor Name & Title	2. Hourly Wage	3. Source of Wages	
<u>E. Ann Gaudy, Director of Supportive Services</u>	<u>\$25.00</u>	Fed % <u>100</u>	Non-Fed%
<u>Sean Scurlock, SSVP Program Coordinator</u>	<u>\$25.00</u>	Fed % <u>100</u>	Non-Fed%
		Fed %	Non-Fed%
		Fed %	Non-Fed%

## INSTRUCTIONS

Please indicate:

1. The name(s) of the person(s) designated as immediate supervisors for each Goodwill SCSEP participant assigned to your agency. If more than one supervisor oversees a participant, enter the name of the supervisor who provides the majority of the supervision and signs the time sheet.
2. The hourly wage for the supervisor. If a participant's supervisor is a volunteer, indicate an hourly wage that would be appropriate for a paid position with the same responsibilities. If a supervisor receives an annual salary, please calculate the hourly wage by dividing the salary by 2080 (based on a 40 hr work week); 1950 (based on a 37 1/2 hr work week); 1820 (based on a 35 hr work week), etc.
3. The source of the funds used to pay the wages of the supervisor. For instance "Non-federal 100%", or "Federal 50% and Non-Federal 50%". Do not leave item (3) blank.

I hereby certify that (1) this report is true in all respects; (2) all contributions have been reported in accordance with the Host Agency Agreement; (3) receipts, records, and accounts as required by the agreement and the U.S. Department of Labor rules and regulations are sufficient to document each contribution for which credit is claimed and are available for inspection; (4) the contributions are from non-federal sources with the exception of general revenue sharing funds; and (5) these contributions have not been claimed on any other federal program.

E. Ann Gaudy  
Signature of Authorized Official

11/13/2017  
Date

E. Ann Gaudy  
Printed Name

Director of Supportive Services  
Title

(Authorized Official should be an executive of the organization who can verify the wage information.)



## NON-FEDERAL IN-KIND CONTRIBUTIONS FROM HOST AGENCY

As a part of Federal Regulations, Goodwill SCSEP is required to report all non-federal in-kind match that is contributed to the Senior Community Service Employment Program. The most significant portion of the in-kind contribution that host agencies contribute is the value of salaries of the host agency personnel who directly supervise the Goodwill Industries SCSEP participants. Please talk to your Goodwill SCSEP staff to inquire if other contributions you make to SCSEP (i.e. uniforms for participants, other services provided, etc) qualify as in-kind contributions.

Because you are required to report all in-kind contributions to Goodwill SCSEP, we ask that you submit the above information, so that we will be able to calculate your agency's in-kind match throughout the year. This information is kept strictly confidential and will only be used for calculating the non-federal value of supervision time.

This report will document the hourly wage of each SCSEP participant's supervisor. The number of hours provided in one-on-one supervision each pay period is documented on the Participant Time Sheets. Goodwill SCSEP will then multiply each supervisor's wage rate by the number of hours spent supervising participants during each pay period to calculate the non-federal in-kind contribution.

A new Host Agency In-kind Supervision Report and Authorized Signature Form shall be completed by the host agency anytime there are supervisor changes within the grant year and forwarded to your Goodwill SCSEP.

Please contact Goodwill SCSEP if you have any questions.

Name of Goodwill: Palmetto

Staff Contact Name: Teshawna Valentine

Staff Contact Phone Number: 843-408-1212

Staff Contact e-mail: tvalentine@palmettogoodwill.org



# GRIEVANCE PROCEDURE

The following describes the actions and steps Goodwill SCSEP participants, applicants, or host agency representatives must follow to submit a grievance:

## STEP ONE:

The participant, applicant or host agency representative will meet with the local Goodwill SCSEP Program Manager to discuss the complaint or grievance, ideally within five business days of the occurrence. The local Goodwill SCSEP Program Manager has five business days to respond in writing.

If the complaint is resolved at Step One, the local Goodwill SCSEP Program Manager will document the resolution in writing, file a copy in the participant file, and submit a copy to the participant, applicant or host agency representative. The grievance is considered closed.

## STEP TWO:

If the problem has not been resolved in Step One to the satisfaction of the participant, applicant or host agency representative, the participant may appeal in writing (see name and address below) to the local SCSEP Program Manager/Director within five business days after receipt of the local Goodwill SCSEP Program Manager's response. The SCSEP Program Manager/Director has five business days to respond to the appeal.

### Step Two appeals are sent to:

Local SCSEP Program Manager/Director: Mrs. Lisa Kirchner  
Goodwill Name: Palmetto Goodwill  
Address: 2150 Eagle Drive Bldg 100  
City: North Charleston State: SC Zip: 29406  
Phone: 843-870-9674  
Email: lkirchner@palmettogoodwill.org

If the complaint is resolved at Step Two, the local SCSEP Program Manager/Director will document the resolution in writing, file a copy in the participant file, and submit a copy to the participant, applicant or host agency representative. The appeal is considered closed.

## STEP THREE:

If the problem still has not been satisfactorily resolved in Step Two, and the participant, applicant or host agency representative wishes to pursue the matter, he/she may request in writing a meeting with the local SCSEP Goodwill Vice President to discuss the grievance within five business days after the local SCSEP Program Manager has responded. All original grievance documents, including responses from Step One and Two, will be reviewed and discussed at the meeting. The local Goodwill Vice President has five business days to respond and provide a determination in writing of the appeal.

### Step Three requests for a meeting to review a complaint or grievance is sent to:

Vice President: D. Jermaine Husser  
Goodwill Name: Palmetto Goodwill  
Address: 2150 Eagle Drive Bldg 100  
City: North Charleston State: SC Zip: 29406  
Phone: 843-377-2817  
Email: jhusser@palmettogoodwill.org

If the complaint is resolved at Step Three, the local Goodwill Vice President will document the resolution in writing, file a copy in the participant file, and submit a copy to the participant, applicant or host agency representative. The appeal is considered closed.

## STEP FOUR:

If the problem has not been resolved in Step Four and the participant, applicant, or host agency representative wishes to pursue the matter, he/she may send an appeal, in writing, to the National SCSEP Manager at GII. This



# HOST AGENCY AUTHORIZED SIGNATURE FORM

HOST AGENCY: Eastern Carolina Homelessness Organization Inc.

It is a requirement of the Department of Labor that Goodwill has an authorized signature of all the host agency supervisors and alternates. Only supervisors whose signatures are on this form are allowed to sign Participant Time Sheets. Use additional forms if necessary.

Note: A new Authorized Signature Form must be submitted along with a new Host Agency In-Kind Supervision Report, immediately if supervisor changes occur. Participant Time Sheets without authorized signatures will not be processed.

Program Year: 2017 to 2018  
(year) (year)

Supervisor's Signature: [Signature]

Supervisor's Typed or Printed Name & Title: F. Ann Gandy, Director of Supportive Services

Supervisor's Signature: [Signature]

Supervisor's Typed or Printed Name & Title: Sean Scurluck SSUF Program Coordinator

Supervisor's Signature: \_\_\_\_\_

Supervisor's Typed or Printed Name & Title: \_\_\_\_\_

The following people are authorized to sign Participant Time Sheets when the direct supervisor(s) listed above is not available:

Alternate Supervisor's Signature: \_\_\_\_\_

Alternate's Typed or Printed Name & Title: \_\_\_\_\_

Alternate Supervisor's Signature: \_\_\_\_\_

Alternate's Typed or Printed Name & Title: \_\_\_\_\_

written appeal must be mailed within five business days after the participant receives a written response from the meeting with the local SCSEP Vice President.

This written appeal must be mailed to:

GII SCSEP Program Manager  
Deborah Edmonds  
Goodwill Industries International  
15810 Indianola Drive  
Rockville, MD 20855  
1-800-741-0197 Ext. 5430

The GII National SCSEP Program Manager or designated representative will provide the participant, applicant, or host agency representative with a written decision 10 business days after the appeal is received, unless additional time is required due to the need for additional investigation. The GII National SCSEP Program Manager will inform the participant, applicant or host agency representative about the need for additional time prior to the end of the 10 business-day deadline. Copies of the decision will be kept in the subrecipient file at GII and sent to the subrecipient for filing in the participant or host agency file.

The decision from GII is considered final unless the participant, applicant, host agency complaint alleges that GII's procedures were not followed or that there have been violations of federal law (other than civil rights law) not resolved within 60 days. The participant, applicant, or host agency representative may then file a grievance with the U.S. Department of Labor. The participant, applicant or host agency representative must follow the four grievance procedure steps established by GII to attempt to resolve the complaint before requesting a review by the U.S. Department of Labor.

An appeal to the U.S. Department of Labor may be submitted to the following address:

Division of Older Worker Programs  
Employment and Training  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

If the complaint alleges discrimination on the basis of race, color, religion, sex, national origin, age, disability, veteran status, political affiliation or belief, the participant, applicant, or host agency representative may follow the procedure outlined above. If a complaint is not resolved through this process, the complainant may file a complaint with the Civil Rights Center. The participant, applicant, host agency representative may also file a grievance directly with the Civil Rights Center at any time.

Generally, a complaint must be filed within 120 days of the alleged discrimination. The address is:

Director, Civil Rights Center  
U.S. Department of Labor, Room N-4123  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

I acknowledge that I have been informed of, read, understood and received a copy of the Goodwill Industries SCSEP Grievance Policy and Procedures. I understand a copy of these procedures must be posted at the host agency where a SCSEP participant is located.

**Acknowledgement Form:** Place signed copy in participant's file or host agency's file.

Signature: \_\_\_\_\_

Participant /Host Agency Representative

Date: 11/12/2012


Signature: \_\_\_\_\_

Goodwill Industries SCSEP Representative

Date: 11-13-17

 **IRS** Department of the Treasury  
Internal Revenue Service  
P.O. Box 2508, Room 4010  
Cincinnati OH 45201

In reply refer to: 4077550279  
Jan. 26, 2011 LTR 4168C 0  
83-0421712 000000 00  
00021150  
BODC: TE

 EASTERN CAROLINA HOMELESSNESS  
ORGANIZATION INC  
% JUDY SWANSON  
PO BOX 3649  
SUMTER SC 29151-3649

117375

Employer Identification Number: 83-0421712  
Person to Contact: Sophia Brown  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Nov. 22, 2010, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 2007.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/ee](http://www.irs.gov/ee) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

4077550279  
Jan. 26, 2011 LTR 4168C 0  
83-0421712 000000 00  
00021151

EASTERN CAROLINA HOMELESSNESS  
ORGANIZATION INC  
X JUDY SWANSON  
PO BOX 3649  
SUMTER SC 29151-3649

If you have any questions, please call us at the telephone number  
shown in the heading of this letter.

Sincerely yours,

*Cindy Thomas*

Cindy Thomas  
Manager, EO Determinations



# HOST AGENCY INFORMATION

HOST AGENCY: Eastern Carolina PROGRAM YEAR: 2017

Homelessness Organization

## GENERAL HOST AGENCY INFORMATION

### 1. Host agency mailing address:

a. Number and street, suite number, or PO Box: 1204 N Kings Hwy

b. City: Myrtle Beach c. State: SC d. Zip code: 29577

2. FEIN: 82-0421712

3. Host agency type: ☒ a. Not-for profit ☐ b. Government

4a. Date of host agency agreement: 11-13-17

(matches date on most recent Host Agency Agreement)

4b. Date of host agency monitoring visit: \_\_\_\_\_

(matches date on most recent Host Agency Monitoring Form)

Eastern Carolina Homelessness Organization, Inc

5. Host agency site name and location: 1204 N Kings Hwy Myrtle Beach SC 29577

6a. HA job codes: I \_\_\_\_\_ ii \_\_\_\_\_ iii \_\_\_\_\_ 6b. HA job codes: ☐ i. Available ☐ ii. Not available

## CONTACT INFORMATION (INFORMATION FOR CUSTOMER SERVICE SURVEY)

7. Name of contact person: Dr. Ann Gowdy

8. Contact person's mailing address: 1204 N Kings Hwy - Myrtle Beach SC 29577  
(if different from number 1) Director of

9. Contact person's title: Supportive Services 9a. Contact person's salutation: ☐ Mr. ☒ Ms.

10. Contact person's phone #: 843-213-1798 10a. Contact person's fax #: 843-213-1800

10b. Contact person's email: agowdy@echomeless.org

## SUPERVISOR INFORMATION

10c. Name of Supervisor: Dr. Ann Gowdy

10d. Supervisor's mailing address: 1204 N Kings Hwy - Myrtle Beach SC 29577  
(if different from number 5) Director of Supportive

10e. Supervisor's title: Services 10f. Supervisor's salutation: ☐ Mr. ☒ Ms. ☐ Mrs. ☐ Miss.

10g. Supervisor's phone number: 843-213-1798 10h. Supervisor's fax number: 843-213-1800

10i. Supervisor's email: agowdy@echomeless.org



# HOST AGENCY ORIENTATION FORM

Host Agency Eastern Carolina Homelessness Organization, Inc.

Program Year 2017

Complete	Topic
<input checked="" type="checkbox"/>	<b>PURPOSE OF SCSEP</b> – Explain the ultimate goals of SCSEP and its focus on training.
<input checked="" type="checkbox"/>	<b>ROLE OF HOST AGENCY IN TRAINING</b> – Explain why the host agency is critical to the training of participants.
<input checked="" type="checkbox"/>	<b>ASSIGNMENT OF PARTICIPANTS</b> – Explain how participants will be assigned to the host agency; that participants may be transferred to a new host agency at any time and that the host agency may not always have a participant assigned there; discuss the participant who will be assigned there (if one is already lined up).
<input checked="" type="checkbox"/>	<b>MAINTENANCE OF EFFORT</b> – Explain what this is, examples of violations of maintenance of effort, and consequences of violating this policy.
<input checked="" type="checkbox"/>	<b>SUPERVISORS</b> – Explain supervisor's roles and responsibilities.
<input checked="" type="checkbox"/>	<b>COMMUNITY SERVICE ASSIGNMENT DESCRIPTIONS</b> – List possible tasks/projects that participants assigned there could be trained on how to complete. This generic description then can be used for all future assignments to this training position, but will need to be tailored to each participant's training needs. Create a different Community Service Assignment Description for each potential training position at that host agency.
<input checked="" type="checkbox"/>	<b>TIMESHEETS AND IN-KIND HOURS</b> – Explain the host agency supervisor's role in helping participants complete their timesheets. Additionally, stress the importance of not letting the participant train over the number of hours on their Community Service Assignment Descriptions. Explain how to calculate in-kind supervision hours.
<input checked="" type="checkbox"/>	<b>MODE OF COMMUNICATION ESTABLISHED</b> – Determine who will be the main point of contact at each organization and exchange preferred contact information.
<input checked="" type="checkbox"/>	<b>HOST AGENCY HANDBOOK REVIEW</b> – Review all sections of handbook.
<input checked="" type="checkbox"/>	<b>HOST AGENCY HANDBOOK</b> – Provide copy to supervisor.
<input checked="" type="checkbox"/>	<b>501 (C)(3) STATUS</b> – Obtain current copy of organization's 501 (c)(3) status.
<input type="checkbox"/>	<b>SAFETY CHECK OF NEW HOST AGENCY</b> – Use Attachment D-Host Agency Monitoring Form.
<input checked="" type="checkbox"/>	<b>PAPERWORK COMPLETED</b> – Explain Host Agency Agreement, Supervisor's Responsibilities, In-Kind Supervision Report, and Authorized Signature Form and have host agency representative sign each. (Copies of each form should be given to host agency.) Provide Grievance Procedure and Political Activities Notice to be posted where participant can view at site.

Orientation conducted by:

Teshawna Valentine

Date:

11/13/2017

Host Agency Representative signature:

[Signature]

Date:

11/13/2017





# HOST AGENCY FILE CHECKLIST

Host Agency: ECHO- PY 2017  
Eastern Carolina Homelessness Organization Inc.

## FORMS/DOCUMENTATION KEPT IN HOST AGENCY FILE

✓	<b>HOST AGENCY FILE CHECKLIST</b> (THIS FORM SHOULD BE IN THE HOST AGENCY FILE)
✓	<b>HOST AGENCY ORIENTATION - ATTACHMENT A</b> (COMPLETED WITH NEW HOST AGENCY)
✓	<b>HOST AGENCY INFORMATION PAGE - ATTACHMENT B</b> (UPDATED YEARLY)
✓	<b>HOST AGENCY AGREEMENT - ATTACHMENT C</b> (UPDATED YEARLY)
	<b>HOST AGENCY MONITORING FORM - ATTACHMENT D</b> (COMPLETED YEARLY)
✓	<b>HOST AGENCY SUPERVISOR'S RESPONSIBILITIES - ATTACHMENT F</b> (UPDATED WHEN NEW SUPERVISOR IS ASSIGNED)
✓	<b>HOST AGENCY IN-KIND SUPERVISION REPORT - ATTACHMENT G</b> (UPDATED YEARLY)
✓	<b>HOST AGENCY AUTHORIZED SIGNATURE FORM - ATTACHMENT J</b> (UPDATED YEARLY)
✓	<b>501(c)(3) DOCUMENTATION</b> (REQUIRED FOR ALL NON-GOVERNMENT HOST AGENCIES)
	<b>INITIAL SAFETY REVIEW FOR NEW HOST AGENCY - REQUIRED FOR NEW HOST AGENCY</b>

## FORMS/DOCUMENTATION KEPT IN PARTICIPANT FILE

	<b>PARTICIPANT PERFORMANCE EVALUATION FORM - ATTACHMENT H</b> (REVIEWED DURING ORIENTATION AND KEPT IN THE PARTICIPANT'S FILE)
	<b>COMMUNITY SERVICE ASSIGNMENT DESCRIPTION FORM - ATTACHMENT K</b> (REVIEWED DURING ORIENTATION AND KEPT IN THE PARTICIPANT'S FILE)

## FORMS/DOCUMENTATION POSTED IN HOST AGENCY

✓	<b>POLITICAL ACTIVITIES NOTICE - ATTACHMENT E</b> (SHOULD BE POSTED IN THE HOST AGENCY)
✓	<b>GRIEVANCE PROCEDURE AND POLICY - ATTACHMENT I</b> (REVIEWED DURING ORIENTATION AND COPY STAY WITH THE HOST AGENCY SUPERVISOR FOR REFERENCE)

# SC-211

**South Carolina 211 HMIS**  
Homeless Management Information System

## **Policies and Procedures**

## Table of Contents

<b>1</b>	<b>ORGANIZATIONAL STRUCTURE .....</b>	<b>3</b>
<b>2</b>	<b>STEERING COMMITTEE .....</b>	<b>3</b>
<b>3</b>	<b>HMIS COMMITTEE .....</b>	<b>4</b>
<b>4</b>	<b>HMIS PARTICIPATION.....</b>	<b>4</b>
4.1	AGREEMENTS TO PARTICIPATE .....	4
4.2	TERMS OF PARTICIPATION .....	4
4.3	CONTRIBUTORY HMIS ORGANIZATION (CHO).....	5
<b>5</b>	<b>ACCESS TO HMIS .....</b>	<b>5</b>
<b>6</b>	<b>TYPES OF USERS (USER ID PRIVILEGES).....</b>	<b>6</b>
<b>7</b>	<b>DATA .....</b>	<b>7</b>
7.1	OWNERSHIP OF DATA.....	7
7.2	DATA PRIVACY .....	7
7.2.1	Privacy Notice (Statement) .....	7
7.2.2	Privacy Policy.....	7
7.2.3	Acknowledgement of Receipt of Notice of HMIS Privacy Practices and Release of Information .....	7
7.2.4	Protected Personal Information (PPI).....	8
7.3	DATA QUALITY .....	8
7.4	OTHER DATA.....	9
7.5	DATA INTEGRITY AND ACCURACY .....	10
7.5.1	Data Timeliness.....	10
<b>8</b>	<b>PRIVACY AND SECURITY PLAN.....</b>	<b>11</b>
8.1	DESKTOP SECURITY .....	11
8.2	DATA SECURITY.....	11
8.3	CLIENT DATA SHARING .....	12
8.4	SHARING CLIENT PROFILE (NAME, AGE, SSN, RACE AND GENDER) .....	13
8.5	SHARING ASSESSMENTS AND OTHER DATA .....	13
8.6	AGGREGATE DATA SHARING AND RELEASE .....	14
	REPORTS:.....	14
8.7	DATA EXTRACTS:.....	14
<b>9</b>	<b>TECHNICAL SUPPORT AND SYSTEM AVAILABILITY .....</b>	<b>15</b>
<b>10</b>	<b>APPENDICES .....</b>	<b>16-38</b>

This document defines the Policies and Procedures of the SC-211 Homeless Management Information System (HMIS). SC-211 HMIS encompasses the four Continua of Care in South Carolina: Eastern Carolina Homelessness Organization (ECHO), Midlands Area Consortium for the Homeless (MACH), United Housing Connections (UHC), Lowcountry Homeless Coalition (LHC), and the Statewide 2-1-1 Information and Referral line. This document has been approved by the respective organizations. All HMIS Users must be provided a copy and be familiar with this document. **Agencies may not deny services or housing to clients for failure to participate in the HMIS.**

## 1 Organizational Structure

<b>Policy:</b>	1. The primary decision making body of the Continuum of Care (CoC) is the governing body of the HMIS. The grantee, if different from the CoC, guides the implementation of the system. However, the CoC is ultimately responsible for the HMIS. The CoC ensures participation of all qualified agencies in the HMIS. The CoC, if different from the grantee, can designate the grantee to assist in ensuring MOAs are executed with all qualified <b>Contributory HMIS Organizations (CHO)</b> . The CoC ensures that the HMIS is being carried out according to the guidelines set forth in the HMIS Data Standards.
<b>Procedure:</b>	1. The CoC's HMIS lead agency's designee is the representative to the SC-211 Steering Committee.

## 2 Steering Committee

<b>Policy:</b>	1. Primary decisions regarding SC-211 that affect all <b>lead agencies (i.e. CoC, HMIS grantee)</b> are made by the Steering Committee. The HMIS sharing contract defines the Steering Committee and its responsibilities.
<b>Procedure:</b>	<p>1. As defined in the <b>Participant</b> HMIS Sharing contracts, the Steering committee is comprised of one person designated by each <b>Participant</b>. It shall meet, as needed, to make decisions regarding:</p> <ul style="list-style-type: none"> <li>• Implementation</li> <li>• Expansion</li> <li>• Project management</li> <li>• Oversight</li> <li>• Enforcement</li> <li>• Coordination</li> <li>• Contracts</li> <li>• Policies and Procedures</li> </ul> <p>2. Meetings shall be called by the Steering Committee Lead or at the request of any of the <b>Participants</b>. Meeting times and places are arranged by the Steering Committee Lead who will also chair all meetings. Meetings may be conducted by email or telephone provided all participants are in agreement.</p>

### 3 HMIS Committee

#### Oversight Committee of CoC's HMIS

<b>Policy:</b>	<p>Each CoC designates a local committee to oversee the implementation of the HMIS and establish policies governing the HMIS. Policies must adhere to the guidelines set forth in the U.S. Department of Housing and Urban Development (HUD) HMIS Data Standards. This committee makes recommendations to the Steering Committee regarding:</p> <ul style="list-style-type: none"> <li>• Implementation</li> <li>• Expansion</li> <li>• Project management</li> <li>• Policies</li> <li>• Oversight</li> <li>• Enforcement</li> <li>• Coordination</li> <li>• Contracts</li> <li>• Policies and Procedures</li> </ul>
<b>Procedure:</b>	The CoC or the authorized agency (i.e. grantee) ensures the establishment of the HMIS Committee and that its responsibilities are tracked and documented.

### 4 HMIS Participation

#### 4.1 Agreements to Participate

<b>Policy:</b>	<p>All participating agencies in the HMIS must have a signed agreement with the local CoC HMIS grantee. The HMIS grantee must execute a Memorandum of Agreement, Memorandum of Understanding or some form of an agreement with each Contributory HMIS Organization (CHO). The agreements must reference these HMIS Standards that the partner agency must follow as a condition for participation in the HMIS, including requirements for data collection, data quality, data sharing, privacy and security.</p> <p>The agreements must define the terms of participation for all parties as well as the obligations and authority of the HMIS Lead Agency.</p>
<b>Procedure:</b>	The Agreements must be signed by the CHO Executive Director and an authorized official at the grantee level.

#### 4.2 Terms of Participation

<b>Policy:</b>	All agreements will include the following terms of participation: the disclosure of universal data and additional local elements at least once annually; compliance with local, state, and federal laws with respect to data retention, transfer, use and disclosure. Defined responsibilities of all parties either explicitly or by reference to other documents.
----------------	---

<b>Procedure:</b>	The terms of participation are outlined in the MOA between all participants.
-------------------	--

### 4.3 Contributory HMIS Organization (CHO)

<b>Policy:</b>	<p>Participation will be limited to all those providing housing and/or services to the homeless and those at risk of homelessness as defined by HUD.</p> <p>Participating agencies are defined as a CHO and can operate the following programs: Contributory CoC Program, Contributory Non-CoC Program, a CoC Program (i.e. Homeless Assistance Program or Homeless Prevention Program).</p> <p>First priority for participation as determined by the HMIS Standards is: (1) Shelters, (2) permanent supportive housing, (3) service agencies targeting the homeless population, and (4) Other agencies serving at-risk populations.</p> <p>Domestic Violence shelters are prohibited by HUD from participating in HMIS.</p>
<b>Procedure:</b>	All parties seeking to participate must contact the CoC and provide information on the agency and demonstrate ability to comply with the SC-211 Policies and Procedures.

## 5 Access to HMIS

<b>Policy:</b>	<ol style="list-style-type: none"> <li>1. Access to the HMIS is restricted to those with a valid user ID and password. Only an agency that has signed the MOA with the HMIS grantee may apply for a user ID. All potential users must receive training on the HMIS before an ID and password are provided.</li> <li>2. <b>User IDs may not be shared.</b> It is one ID per user. The only exception is where the users job share, i.e., are never on the system at the same time, and only if a log is kept of when each user is logged into HMIS.</li> </ol>
<b>Procedure:</b>	<p>The steps to obtain a valid user ID and password are:</p> <ol style="list-style-type: none"> <li>1. Agency must have a signed MOA with a <b>Participant</b>. The individual accessing the HMIS must be an employee or volunteer of the <b>CHO</b>.</li> <li>2. Agency must request access to the HMIS for specific individual(s) through their coalition or <b>Participant</b>.</li> <li>3. Agency must select one or more individuals who will use HMIS and request training for those individuals. The number of users may be limited by the <b>HMIS Lead based on availability</b>. Additionally, a fee per license may be assessed based on availability or limited resources.</li> <li>4. The new user must complete training, which consists of four components: <ul style="list-style-type: none"> <li>○ ServicePoint Application</li> <li>○ Data Quality</li> <li>○ Security</li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>○ Privacy</li> </ul> <ol style="list-style-type: none"> <li>5. Prior to training, each user must sign and initial the <b>Request for HMIS User ID</b> form. The form must also be signed by the user's immediate supervisor and the CHO's Executive Director. Training may be provided by the HMIS System Administrator, or other persons or organizations authorized by the System Administrator.</li> <li>6. If the CHO utilizes a subcontractor to enter client data, the CHO should provide a copy of the subcontractor agreement and a written statement of their authorization to access the system on behalf of the CHO. The HMIS User form must be signed by the CHO, Executive Director of the subcontractor agency, and system user.</li> <li>7. Each user must complete the HMIS Privacy Questionnaire.</li> <li>8. Each user must read the HMIS Privacy Policy and the HMIS Code of Ethics.</li> <li>9. <b>The CHO is responsible for informing their regional HMIS System Administrator within 24 hours when a staff member who is an HMIS user leaves their employment or for other reasons should no longer have access to HMIS.</b></li> </ol> <p>Users are required to follow the Policies and Procedures defined in this document which may be updated at any time. All users will be kept informed of changes to this document by email, and the most recent version is always available at: <a href="http://schomeless.org">http://schomeless.org</a></p> <p>Failure to comply may result in the suspension or revocation of a User ID.</p>
--	--

## 6 Types of Users (User ID privileges)

<b>Policy:</b>	<p>Depending on the need and training level, HMIS users may have different access to the data and functions of the HMIS. The HMIS defines four primary levels of user access:</p> <ol style="list-style-type: none"> <li>1. <b>Volunteer</b> – Non-paid staff members of an agency may be given Volunteer User IDs. This User ID enables client data input and shelter bed check-in and check-out.</li> <li>2. <b>Case Manager</b> – Most agency users will be assigned a Case Manager User ID. This ID enables new client entry and exiting, data entry and editing of case notes and service transactions, and bedlist check-in and check-out. All case managers within an agency have complete access to all data entered by all other case managers and volunteer users within their agency as well as most data entered and shared by other agencies.  Case Managers who enter data for more than one agency must sign a Business Associates Agreement (BAA) with their <b>Participant</b>, as these users will have access to data from multiple agencies. Copies of the signed BAA should be provided to the HMIS system administrator.</li> <li>3. <b>Agency Administrator</b> – This User ID provides the same access rights as Case Manager, plus access to provider profiles. This User may assign and activate/deactivate User IDs, and reassign temporary passwords for users in their agency. Agency Administrator may also create and delete flash news articles for their agency. Each coalition and large agencies (those with more than 3 users and at the discretion of the System Administrator) may request an Agency Administrator User ID.</li> <li>4. <b>System Administrator II</b> – This user has complete access to all data records</li> </ol>
----------------	---

	within the HMIS and to all administrative functions within the HMIS. Each CoC has one or more System Administrator II users, and these individuals have access to provider profiles and all data entered by all individuals. They must sign a Business Associates Agreement (BAA) with the HMIS grantees or be an employee of the HMIS Grantee. This agreement specifically states that he/she will not disclose any HMIS data to any third party. A copy of the signed agreement will be available from the CoC Board.
<b>Procedure:</b>	A <b>CHO</b> must contact the System Administrator to request training for potential new HMIS users. Once trained, a user ID and password are created and provided. The Agency Administrator or HMIS System Administrator will ensure that training is consistent with the user level and need.

## 7 Data

### 7.1 Ownership of Data

<b>Policy:</b>	The CoC is the custodian of the data and each agency owns the client data they enter. If an agency is inactive in HMIS or leaves the system for six consecutive months, ownership of the client level data reverts to the CoC. However, as a partner in the CES, each agency agrees to share data with other organizations for referral and coordination of services. Data may also be shared with organizations outside of HMIS, provided no client identifiers are shared, or with the SC Revenue and Fiscal Affairs Office (RFA) for research purposes with identifiers, provided there is a signed MOU between the CoC, HMIS grantee and RFA stating client identifiers will not be released to any third party and are destroyed after a period of time.
<b>Procedure:</b>	Data is stored on a server in a secure location at Bowman Systems.

### 7.2 Data Privacy

#### 7.2.1 Privacy Notice (Statement)

<b>Policy:</b>	Each agency must post a copy of the Privacy Statement at each intake desk and/or on the agency's web page (or comparable location) that explains the reasons for collecting data and the general use and disclosure of such information.
<b>Procedure:</b>	Agencies may modify this statement or combine it with existing privacy statements; however, any modifications must be approved by the HMIS grantee.

#### 7.2.2 Privacy Policy

<b>Policy:</b>	Each agency will abide by the HMIS <b>Privacy Policy</b> which defines the privacy practices.
<b>Procedure:</b>	Each agency must have a copy of the HMIS <b>Privacy Policy</b> (included in the Appendix). The HMIS Privacy Policy must be provided to clients, if requested.

#### 7.2.3 Acknowledgement of Receipt of Notice of HMIS Privacy Practices and Release of Information

<b>Policy:</b>	Clients are the real owners of the data they provide. Unless consent is provided by a client, no client data may be shared with other HMIS agencies. Agencies may use an
----------------	--



	implied consent provided no disability information (HIV/AIDS, substance abuse, mental illness or other disability whose release is covered by state or federal release regulation) is shared.
<b>Procedure:</b>	<p>Data collected is essential to the administration of local assistance programs. We recommend all agencies have clients sign the <b><i>Acknowledgement of Receipt of Notice of HMIS Privacy Practices and Release of Information</i></b>. This form has a place for the client to sign indicating they have read and understand what data is collected and how it might be used. The <i>Release of Information</i> has a separate section where the type of information released is identified and a separate signature block is available. Clients are encouraged to sign this section. The <i>Alternate Notice of Privacy and Release of Information</i> is used when a signature is not obtained, but a staff member certifies that the client was given the notice. The <b><i>Acknowledgement of Receipt of Notice of HMIS Privacy Practices and Release of Information</i></b> form is provided in the Appendix.</p> <p>This sharing practice is useful in creating unduplicated client counts and to facilitate effective client case management. All clients should be encouraged to sign. Data is only shared with other agencies that have access to the CES or as specified elsewhere in this document.</p> <p>The default setup is ALWAYS to share data with all other agencies with client's consent. The release of information initiates the sharing of information. Agencies that have sensitive data that should not be shared may request a deviation from this policy.</p> <p>The Acknowledgement of Receipt of Notice of HMIS Privacy Practices and Release of Information expire after one year and should be updated each year when the client's assessment is completed.</p> <p>After the release of information expires, the information remains in the system, but any new information added is not shared.</p> <p>Any changes to the Privacy Policy and Acknowledgement of Receipt of Notice of HMIS Privacy Practices must be approved by the HMIS grantee.</p>

#### 7.2.4 Protected Personal Information (PPI)

<b>Policy:</b>	Information that uniquely identifies an individual is Protected Personal Information (PPI) and state and federal regulations restrict how such information may be released and disclosed. The Client Profile (Name, Date-of-birth, Social Security Number, Race and Ethnicity) are the key primary identifiers we collect.
<b>Procedure:</b>	All clients must be informed, via a posted <b>Privacy Statement</b> and/or the <b>Acknowledgement of Receipt of Notice of HMIS Privacy Practices and Release of Information</b> form that we do not release this or any other information to other users on the system or anyone else without their consent.

### 7.3 Data Quality

<b>Policy:</b>	The HUD HMIS Standards define specific data elements that must be collected and entered into HMIS. HUD defines two categories of data elements: <i>Universal</i> data elements - required to be collected from all homeless clients served by any agency, and <i>Program Specific</i> data elements - collected from all clients if agencies receive HUD
----------------	--

	grant funds (i.e. Continuum of Care, Emergency Solutions Grant, and HOPWA).
<b>Procedure:</b>	See the Appendix for the most recent HMIS Data Quality Plan.

## 7.4 Merging Duplicate Client Records

<b>Policy:</b>	In order to avoid duplicate client records, system users should always search for an existing client record before creating a new client. In the event that an end user finds duplicate records for a client, the end user should submit an email request or HMIS help desk ticket to their HMIS system administrator.
<b>Procedure:</b>	<p>System administrators should merge duplicate client records whenever a merge request is received. Requests should include all duplicate client ID numbers with an indication of which client ID number has correct demographic information that should be maintained.</p> <p>In merging the client records, system administrators should maintain the correct demographic information provided by the end user. The final destination Client ID number should be the record with the most recent service in HMIS, unless the most recent record contains inaccurate information (for example, a point-in-time count survey), in which case the system administrator should use their discretion.</p> <p>Locked records subject to unique security regulations (i.e. HIPPA, RHYMIS) should remain locked and cannot be merged. Older client records not subject these regulations that were locked before transitioning to global visibility should be opened and merged.</p>

## 7.5 Other Data

<b>Policy:</b>	A <b>CHO</b> may enter <b>additional</b> data on each client as it feels is useful.
<b>Procedure:</b>	<p>HMIS includes a large number of assessment screens designed to collect additional data. The System Administrator creates each agency's set of assessment screens at the direction of the agency. Some of the possible assessment screens include:</p> <ul style="list-style-type: none"> <li>• Children</li> <li>• Children Immunizations</li> <li>• Client Budget and Expenses</li> <li>• Education</li> <li>• Employment</li> <li>• Insurance</li> <li>• Legal</li> <li>• Medical</li> </ul>

	<ul style="list-style-type: none"> <li>• Mental Health</li> <li>• Personal Strengths</li> <li>• Psychosocial</li> <li>• Addiction</li> <li>• Family / Residence</li> <li>• PATH ( PATH grants ONLY)</li> </ul>
--	--

## 7.6 Data Integrity and Accuracy

<b>Policy:</b>	Users must make their best efforts to obtain accurate and complete information. The most important data elements to enter are the full name, date of birth and gender. Users may not intentionally enter invalid or incorrect data. Data may be entered, and corrected if necessary, within 72 hours of when the data is provided by the client. Disability information should NOT be collected or entered until after acceptance into programs.
<b>Procedure:</b>	<p>Data is reviewed periodically by Agency Administrators and the HMIS System Administrator for accuracy and completeness.</p> <p>To improve data quality, the HMIS System Administrator shall run data reports which show clients with missing <i>Universal Data</i> elements and clients with missing <i>Program Data</i> elements. These reports will generate emails to all users with data entered or updated within the last 30 days from when the report is run listing clients with missing data and the data items that are missing. Reports are to be run at least every two weeks.</p> <p>HUD CoC data quality benchmarks for null data are:</p> <ul style="list-style-type: none"> <li>• Gender – 0.3%</li> <li>• Ethnicity – 3.4%</li> <li>• Race 7.7%</li> <li>• Age 1.0%</li> <li>• Veterans Status – 7.5%</li> <li>• Disability Status – 22.0%</li> <li>• Living Arrangement Prior to Program Entry – 21.3%</li> <li>• Length of Stay - 28.9%</li> <li>• ZIP Code of last permanent Address – 27.1%</li> </ul>

### 7.6.1 Data Timeliness

The preferred method of data collection and entry is real-time with data being entered into HMIS as it is collected. When this is not possible or practical, data must be entered into HMIS within 72 hours of when the data is collected, but sooner if possible.

<b>Policy:</b>	Users must make their best efforts to enter data collected from client interviews within 72 hours.
<b>Procedure:</b>	A data timeliness reports showing number of clients with data entered more than a week after collection will be reviewed monthly, and agencies with a significant number of late entries will be notified.

## 8 Privacy and Security Plan

The privacy of client data is the utmost concern for all agencies and users of HMIS.

### 8.1 Desktop Security

<b>Policy:</b>	ServicePoint, the software used for the HMIS, is accessed via the Internet. A broadband Internet connection is necessary. To maintain security, computers used to access HMIS must be secured by firewall. Both a hardware firewall (router) and a software firewall is required, as well as anti-virus and anti-spyware applications.
<b>Procedure:</b>	<p>The following are standards to ensure desktop security:</p> <ul style="list-style-type: none"> <li>• A recent release of a browser that supports and is configured for 128-bit SSL encryption, such as Google Chrome, Internet Explorer latest version or Mozilla Firefox latest version.</li> <li>• All computers, including a single computer not on a network, must connect to the internet (usually via a cable or DSL modem) through a broadband router. A DIRECT CONNECT TO A CABLE MODEM that does NOT include a router IS NOT ALLOWED! Most cable modems supplied by cable companies DO NOT include a router/firewall and one must be placed between the modem and the computer. If the modem includes connections for more than one computer it includes a router and is ok, otherwise a router must be added.</li> <li>• If you have computers networked with wireless connections, it is recommended that you have WPA security (not WEP) and the network is password protected. MANY ROUTERS DEFAULT TO UNSECURED WIRELESS, so if your modem and/or router include wireless, you must check to ensure that you have not set-up an unsecured wireless network.</li> <li>• The computer used to access HMIS must be protected by a personal firewall as well as anti-virus and anti-spyware software. Anti-virus/anti-spyware software must include a subscription service to keep it up-to-date, and the subscription must be kept current.</li> <li>• If the computer used to access HMIS is on a network, ALL computers on the network must be protected as described above.</li> <li>• All desktops used for access to HMIS that are not in a locked room must use a screen saver set for 10 minutes or less and require a password to reactivate. The HMIS Systems Administrator can help set up desktop computers, if needed.</li> <li>• HMIS user passwords must <b>not</b> be written down and left near computers used to access HMIS. If they must be written down they should be carried in a wallet or purse, not left in or on your desk.</li> </ul>

### 8.2 Data Security

<b>Policy:</b>	There are a number of state and federal regulations covering the release of client identifiable data. The HUD HMIS Data and Technical Standards also specify minimum security requirements for the HMIS. Client identifiers include name, date-of-birth and social security number.
<b>Procedure:</b>	<ul style="list-style-type: none"> <li>• All users are issued a User ID and Password to access the system.</li> <li>• All users must sign confidentiality statements and attend training that includes information on data security.</li> </ul>

	<ul style="list-style-type: none"> <li>• Hard copies of data must be stored in a locked file cabinet.</li> <li>• Files must be disposed of appropriately in accordance with current industry standards after a minimum of 7 years.</li> <li>• When removing files from an individual computer the fields must be overwritten at least three times.</li> <li>• Computers must be set to lock after inactivity and must be protected with a screen saver.</li> <li>• Computers are not to be left alone with PPI data displayed</li> <li>• The HMIS software will lock users out after inactivity.</li> <li>• After 3 failed log-ins the User's password will be inactive.</li> <li>• All data transmitted electronically must be encrypted</li> <li>• Any data with PPI stored on a computer must be encrypted in accordance with the current industry standard.</li> </ul>
--	--

### 8.3 Client Data Sharing

<b>Policy:</b>	<p>HMIS has five types of data:</p> <ol style="list-style-type: none"> <li>1. Client Profile (as defined elsewhere in the document). If set to share in the Provider's Profile, does not require an ROI to be entered to be shared.</li> <li>2. Primary Assessment data. This data is the primary Assessment page used by the agency (provider) as well as the Household Data Sharing Assessment.</li> <li>3. Client Needs and Services provided.</li> <li>4. Goals and Case Notes</li> <li>5. Other Assessment data not included in 1.or 2. Above.</li> </ol> <p>We define three levels of data sharing:</p> <ol style="list-style-type: none"> <li>1. Not shared.</li> <li>2. Shared Globally (all other users on the HMIS).</li> <li>3. Selective sharing (specified provider list for each type of data defined above for each provider.</li> </ol> <p>Typical settings:</p> <ul style="list-style-type: none"> <li>• Client Profile data is shared Globally and does not require an ROI to be shared.</li> <li>• Primary Assessment, Household Data Sharing, and Needs/Services are shared Globally, but require an ROI with positive Permission and active date range to be entered before data is shared.</li> <li>• All other data is closed (not shared), but agencies may request any specific Assessment or group of data defined in HMIS to be shared, either Globally or to specific agencies.</li> </ul> <p>ALL providers for mental health services or agencies whose primary clients are youths, or agencies whose primary services are for HIV/AIDS or substance abuse, are set to only share Client Profile, and this may be set to not shared if requested. (Note: Client Profile data does NOT include any information about what agency entered the data.)</p>
----------------	---

<b>Procedure:</b>	<p>The majority of Provider Profiles in the HMIS are set to share Globally.</p> <p>Thus, all agencies must use the Privacy Policy and Acknowledgement of Receipt of Notice of HMIS Privacy Practices and Release of Information, which explicitly states the purposes for which the agency collects data and provides places for signatures and date. Two of the stated purposes for collection of data must be: continuity of care, and research.</p> <p><b>NOTE:</b> The Systems Administrator(s) has access to ALL client data. This access is primarily used to provide technical support to users. The Systems Administrator(s) has signed a BAA agreement prohibiting release of any data to any individual or organization.</p>
-------------------	--

#### 8.4 Sharing Client Profile (Name, Age, SSN, race and gender)

<b>Policy:</b>	Client Profile is shared by default. This data is shared if the client has signed a release form indicating that the client has agreed to share this data with all HMIS agencies or there is an implied consent.
<b>Procedure:</b>	Provide all clients with a copy of the Privacy Policy and have all clients sign the <i>Acknowledgement of Receipt of Notice of HMIS Privacy Practices and Release of Information form</i> . This should be the one provided by your HMIS System Administrator(s) or one that has been approved by the CoC. If the agency is using implied consent an agency staff member should sign the <i>Notice</i> indicating the client has been informed of the Privacy Policy and consents.

#### 8.5 Changing Client Demographic Information

<b>Policy:</b>	If an HMIS user observes incorrect demographic information in a client profile that he or she did not create, the user should send an encrypted help desk ticket or call their CoC system administrator to provide the correct information.
<b>Procedure:</b>	The HMIS administrator should correct the client demographic information after verifying that the user requesting the change has documentation of the correct information (i.e. driver's license or social security card).

#### 8.6 Sharing Assessments and Other Data

<b>Policy:</b>	Agencies share additional client data with other HMIS agencies for the purposes of facilitating a referral for services or housing, only if the client has signed a release (Acknowledgement of Receipt of Notice of HMIS Privacy Practices and Release of Information) and a release of information with permission to share has been entered by the <b>user in the system</b> . Clients may not be denied housing or services based on a failure to sign a ROI. Agencies may use an implied consent if desired, but agency staff should sign the <i>Notice</i> indicating the client has been informed and consents.
<b>Procedure:</b>	To Share Assessment Data:

	<p>1) Have the client sign the Acknowledgement of Receipt of Notice of (HMIS) Privacy Practices And Release of Information (included in the Appendix). This includes consent to enter data into the system and consent to share additional information. Two (2) signatures are required. The <i>Release</i> document may also be used for implied consent and only the agency staff needs to sign.</p> <p>2) There are certain agencies that do not share data globally. These include agencies whose primary function is to serve those with mental health conditions and HIV/AIDS.</p>
--	--

## 8.7 Aggregate Data Sharing and Release

### Reports:

<b>Policy:</b>	Reports generated by any <b>CHO</b> or the HMIS Systems Administrator may be made public and/or shared with other agencies and organizations PROVIDED the report contains NO CLIENT IDENTIFIERS. Client level data will be used by the HMIS Grantee/CoC for research and CoC planning purposes.
<b>Procedure:</b>	Any reports that include a client's name, date of birth and/or social security number MAY NOT BE shared outside of your agency with the exception of RFA as elsewhere noted in this document.

## 8.8 Data Extracts:

<b>Policy:</b>	<p>General extracts (Excel worksheets, CSV or any other format) of data in HMIS may not be shared with any other agency or organization if it contains any client identifiers (name, data-of-birth, and/or social security number).</p> <p>The exception to this policy is that extracted data with client identifiers may be shared with another organization for research purposes PROVIDED there is an agreement in place between the <b>CoC</b> and HMIS Lead Agency and the third party. The agreement must include a provision that restricts use of client identifiers to creating a unique id for the client record for the purpose of matching this client with clients with the same identifier from other data sources. However, the data with client identifiers cannot be reproduced in any form, and it must be deleted once its purpose of data matching is complete. The CoC and HMIS Lead Agency must review research findings and authorize release of findings based on HMIS data.</p>
<b>Procedure:</b>	To share data with a third party for the purpose of research and aggregate reports with data matched from other data sources, the <b>Participant</b> must have a signed Memorandum of Agreement (or contract) with the third party explicitly detailing the constraints of access to, reproduction of, and distribution of the data as outlined above. The MOA must be reviewed by the HMIS System Administrator prior to signing.

## 9 Technical Support and System Availability

<b>Policy:</b>	The System Administrator(s), Agency Administrators, or the designated technical assistance contact for the CoC shall provide technical support as needed.
<b>Procedure:</b>	<p>Users should call or send an email to the HMIS System Administrator or the designated technical assistance contact for the CoC.</p> <p>In addition, a ‘Toolbox Checklist’ of HMIS Requirements, Response (compliance), Assessment and Action Items is included in the Appendix. This document should be used by the CHO to ensure compliance with the Policies and Procedures. The CoC designated HMIS person may periodically review agency compliance with Policies and Procedures and assist, where practical, with technical support to help agencies comply.</p>



## **10 Appendices**

Included in the Appendix are copies of a number of forms used by each coalition. Those included in these Appendices are representative examples of those forms which may be different for each coalition. Electronic copies of the latest version of your coalitions current forms are available online – contact your HMIS System Administrator for access and be sure that you are using the most recent forms, as these may change from time to time.

**Appendix A: Definition of Terms**

**Appendix B: Confidentiality Guidelines**

**Appendix C: Request for User Account**

**Appendix D: Acknowledgement of Receipt of Notice of (HMIS) Privacy Practices And Release of Information**

**Appendix E: Privacy Policy**

**Appendix F: Privacy Statement**

**Appendix G: HMIS Code of Ethics**

**Appendix H: Complete HMIS Intake Form**

**Appendix I: Universal Intake Form**

**Appendix J: Data Quality Plan**

**Appendix K: Agency/Site Data Standards Compliance Checklist**

**Please contact your HMIS System Administrator for electronic versions of these documents.**

### Definition of terms

**Business Associates Agreement (BAA)** – An agreement signed between the authorized entity providing oversight for the HMIS and the individual that manages data for multiple agencies participating in the HMIS, if applicable.

**Client Profile** – Primary client identifiers in the HMIS: name, date-of-birth, social security number, race and gender.

**Continuum of Care (CoC)** – The primary decision making entity defined in the funding application to HUD as the official body representing a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency.

**CoC Program** – A program identified by the CoC as part of its service system, whose primary purpose is to meet the specific needs of people who are experiencing a housing crisis. Continuum of Care Programs may include:

**Homeless Assistance Program** – A program whose primary purpose is to meet the specific needs of people who are literally homeless. These programs include outreach, emergency shelter, transitional housing, rapid re-housing, permanent housing and permanent supportive housing; and

**Homelessness Prevention Program** – A program whose primary purpose is to meet the specific needs of people who are at risk of homelessness. These programs include those funded by HPRP and other homelessness prevention programs identified by the CoC as part of its service system.

**Contributory HMIS Organization (CHO)** – An organization that operates a contributory homeless assistance program or homelessness prevention program or contributory non-homeless assistance program. Programs can be part of a CHO or an organization can operate programs independent of a CHO. These programs can include a CoC Program, Contributory CoC Program, and/or a Contributory Non-CoC Program

**Contributory CoC Program** – A homeless assistance program or homelessness prevention program that contributes Protected Personal Information (PPI) or other client level data to an HMIS.

**Contributory Non-CoC Program** – A program that is neither a homeless assistance program nor a homelessness prevention program that contributes PPI or other client-level data to an HMIS.

**End User (Users)** – An employee, volunteer, affiliate, associate, and any other individual acting on behalf of the CHO or HMIS Lead agency who uses or enters data into the HMIS or another administrative database from which data are periodically uploaded to the HMIS; anyone with a valid user ID and password to HMIS.

**Grantee** – This is an agency receiving funds from the federal government (in this case the Department of Housing and Urban Development [HUD]). In some cases, the grantee is also the project sponsor, and the fiscal agency for the grant.

**Homeless Management Information System (HMIS)** - The information system designated by a CoC to process Protected Personal Information (PPI) and other data in order to create an unduplicated accounting of homelessness within the CoC. HMIS may provide other functions beyond unduplicated accounting. The HMIS database includes information on client records, services needed and provided, shelter bed stays, case notes, and case plans.

**Department of Housing and Urban Development (HUD)** - The Department of Housing and Urban Development is a part of the U.S. federal government that is responsible for policies that relate to providing housing.

**HMIS CoC Administrator** – Each CoC may have an HMIS Administrator who may add and remove users and providers to the HMIS and has less authority than the HMIS System Administrators in that they are not authorized to perform functions or make changes to the HMIS that would affect users in other CoC's, nor can they share data with outside entities.

**HMIS Lead Agency** – An organization designated by a CoC to operate the CoC's HMIS on its behalf. In the case of the CAS an organization in partnership with the CoC with a written agreement.<sup>1</sup>

**HMIS Lead Systems Administrator** – Has complete control and access to all functions of the HMIS. All changes to the system that affect all users on the system are coordinated and agreed upon by the HMIS Steering Committee and made by the HMIS Lead System Administrator.

**HUD HMIS Data and Technical Standards** – The federal notice with guidelines governing an HMIS. All CHO's using an HMIS must comply with these standards. *HMIS Data Standards, Version 2.1, August, 2014; US Department of Housing and Urban Development, Office of Community Planning and Development;*

**Participant** – A South Carolina coalition or 2-1-1 call center that has signed the HMIS Sharing Agreement. .

**Privacy Policy and Acknowledgement of Receipt of Notice of (HMIS) Privacy Practices And Release of Information** – A document detailing the HMIS Privacy Policy similar to standard HIPAA consent forms. The document addresses the client's confidentiality rights; information rights; information security; benefits of agency information sharing; risk in sharing information and questions; and risk you should consider. The standard Acknowledgement of Receipt of Notice of (HMIS) Privacy Practices form includes a place to sign indicating the client has been informed of the agency's policy and a place to sign the consent to release information with All agencies participating in the HMIS.

**MOA**– A Memorandum of Agreement (MOA) must be executed between the grantee and all participating agencies. The documents must be signed by the Executive Director of the CHO.

**Protected Personal Information (PPI)** – Any information maintained by or for an organization about a client or homeless individual that: (1) Identifies, either directly or indirectly, a specific individual; (2) can be manipulated by a reasonable foreseeable method to identify a specific individual; or (3) can be linked with other available data to identify a specific individual. The HUD HMIS Standards lists: Name, SSN, Date of Birth (DOB), Zip Code of last permanent address, program entry and exit dates, and any unique internal identification number generated from any of these items as PPI. PPI must have special protections to ensure that casual observers do not have access to this data.

**Privacy Statement** – A notice that must be placed at the point of intake and posted on the CHO's website. When posted, consent of the individual may be inferred from the circumstances of the collection of data. Thus, client information can be entered but not shared without the signed consent forms.

**Privacy Training Questionnaire** – A questionnaire developed to ensure users are aware of and comply with the privacy standards of the HMIS. All users must complete privacy training and the questionnaire prior to accessing the system.

**ServicePoint** – The HMIS application used by HMIS. It is licensed from Bowman Internet Services, LLC (BIS). ServicePoint meets HIPAA security requirements.

**South Carolina 211 Homeless Management Information System Code of Ethics** – A set of guiding principles for agencies and users of the HMIS.

## CONFIDENTIALITY GUIDELINES

The CHO agrees to abide by all present and future federal and state laws and regulations relating to the collection, storage, retrieval, and dissemination of client information for South Carolina 211 Homeless Management Information System Assessment. The CHO will only release general client information (NOT including alcohol or drug abuse, HIV/AIDS, or mental health) with implied consent where client has been informed of the SC 211 Homeless Management Information System Privacy Policy and has been offered a copy. CHO will only release client confidential information that includes alcohol or drug abuse, HIV/AIDS or mental health issues with **written** consent of the client. Federal laws include, but are not limited to, the federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2., regarding the disclosure of alcohol and/or drug abuse record: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), when applicable.

1. The CHO will only collect Protected Personal Information that is relevant to the HMIS and to their program operation and to comply with the regulations governing the HMIS.
2. The CHO will provide a verbal explanation of the HMIS to clients and arrange, when possible, for a qualified interpreter, and/or make responsible accommodations for persons with disabilities to include sign language, Braille, audio or larger type. **Note: This obligation does not apply to CHO's who do not receive federal financial assistance and who are also exempt from the requirements of Title III of the Americans with Disabilities Act because they qualify as "religious entities" under that Act.**
3. The CHO will make a copy of the SC 211 Homeless Management Information System Privacy Statement, available to any client requesting a copy.
4. The CHO agrees to limit access to information furnished by the HMIS to its own employees specifically for the purpose of inputting or verifying client data and/or entering into the system records of services provided.
5. The CHO agrees to use due diligence and care in assigning staff to use HMIS. All such employees will be required to sign a statement of confidentiality, which includes a pledge of compliance (**Attachment B**). Each statement of confidentiality will be forwarded to and maintained by the System Administrator. The UserID of the person who is entering information is a part of the computer record. The CHO will verify that the person is authorized to enter data into the system.
6. The CHO shall be responsible for the maintenance, accuracy, and security of all of its homeless assistance records and terminal sites and for the training of agency personnel regarding confidentiality.
7. The CHO Executive Director must accept responsibility for the validity of all records entered by their agency. The Executive Director may designate an immediate subordinate staff member with supervisory responsibilities for verifying the accuracy of information.

**REQUEST FOR HMIS (ServicePoint) USER ACCOUNT**

SC 211 Homeless Management Information System

Account Type (check one):

*(To be determined by the System Admin.)*☐ **Case Manager**☐ **Volunteer**☐ **Agency Administrator**

This request/certification must be completed by all users and existing users on an annual basis. If you have any questions, please contact the HMIS Systems Administrator:

Kyle Jenkins, HMIS System Administrator

Email: [kjenkins@echomeless.org](mailto:kjenkins@echomeless.org)

Office: (843) 213-1798

Cell: (803) 847-6376

**Agency Administrator** users have full access to all aspects of ServicePoint for their agency, and in addition, can update their agency profile, change user access rights and use passwords, and delete client records.

**Case Manager** users have full access to all aspects of ServicePoint for their agency, but have no administrative rights.

**Volunteer** users can enter data, assign beds, and refer clients, but can only view name, date-of-birth, and SSN of client data for their agency.

**Please complete the following:**

Agency Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Email Address: \_\_\_\_\_

Employee Contact Number: \_\_\_\_\_

**USERS RESPONSIBILITIES/PROCEDURES**

- Except in job-sharing situations, each user requires a unique username and private password. Use of another user's username and/or password or account is grounds for immediate termination of participation in the HMIS (removal of all access for all users).
- A User ID will be assigned and emailed to the user. Upon receipt the user should call the HMIS System Administrator for their temporary password.
- All End Users must obtain and review a copy of the HMIS Policies and Procedure to include Privacy Statement, Security, and Data Quality sections.
- After reviewing the Confidentiality Guidelines (**Attachment A**) please sign the Confidentiality and Responsibility Certification (**next page**).

**HMIS USER  
CONFIDENTIALITY AND RESPONSIBILITY CERTIFICATION**

I have read the Confidentiality Guidelines and I agree to maintain strict confidentiality of information obtained through the SC-211 Homeless Management Information System (HMIS). This information will be used only for legitimate client service and administration of the above named agency. Any breach of confidentiality will result in immediate termination of participation in the HMIS.

**Initial each item**

- \_\_\_\_\_ I understand that my username and password are for my use only (or HMIS Administrator approved job-sharing counterpart).
- \_\_\_\_\_ I understand that I must take all reasonable means to keep my password physically secure. Specifically, passwords are not to be left on or near the computer or my desk.
- \_\_\_\_\_ I understand that the only individuals who can view data within the HMIS are authorized users and the clients to whom the information pertains.
- \_\_\_\_\_ I understand that I may only view, obtain, disclose, or use the database information that is relevant and necessary in performing my job.
- \_\_\_\_\_ I understand that these rules apply to all users of HMIS whatever their role or position.
- \_\_\_\_\_ I understand that hard copies of HMIS data must be kept in a secure file.
- \_\_\_\_\_ I understand that once hard copies of HMIS data are no longer needed, they must be properly destroyed to maintain confidentiality.
- \_\_\_\_\_ I understand that if I notice or suspect a security breach I must immediately notify the System Administrator (see below).
- \_\_\_\_\_ I understand that I may not intentionally enter incorrect data.
- \_\_\_\_\_ I will notify the appropriate parties within 24 hours of termination of employment.
- \_\_\_\_\_ I have completed the HMIS Privacy Questionnaire.
- \_\_\_\_\_ I have read and understand the HMIS Confidentiality Guidelines.
- \_\_\_\_\_ I have read and understood the HMIS Privacy Policy.
- \_\_\_\_\_ I have read and understood the HMIS Code of Ethics.

I understand and agree to the above statements.

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
System Administrator Signature

Latest Update: 01/21/2016

SOUTH CAROLINA 211 HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)  
RELEASE OF INFORMATION FORM

I am signing this consent for release of information contained in South Carolina 211 Homeless Management Information System (HMIS) based on the following representations:

\_\_\_\_\_ is a Partner Agency in SC 211 Homeless Management Information System (HMIS).

The HMIS is a shared homeless and housing database system administered throughout South Carolina. The HMIS allows authorized staff at Partner Agencies to share client information and to follow trends and service patterns over time. South Carolina uses the VI-SPDAT (Otherwise known as the Vulnerability Index) and HMIS to collect information about your individual circumstances in order to help refer you to appropriate housing and services.

The HMIS operates over the Internet and uses many security protections to ensure confidentiality. The information collected is kept on secure, dedicated servers and may remain in the database past the expiration of the consent or after consent is withdrawn.

- Your HMIS information WILL NOT be shared with any agency not participating in HMIS (unless required to do so by law). A list of current Partner Agencies can be provided upon request.
- Basic relevant information to be shared by Partner Agencies upon your consent includes the information collected, but is not limited to: name, age, gender, housing and homelessness history, medical or mental health diagnosis and history, intake/discharge dates, employment status, income, contact information and additional information used strictly to refer you to appropriate housing and/or services.
- Giving consent for your name and other identifying information to be entered into HMIS and/or shared among partner agencies is voluntary. Refusing to give consent WILL NOT deny your assistance, however, it may affect the agency's ability to provide the most effective assistance in helping you to obtain housing as quickly as possible.
- Authorization of information on times you may have been homeless before, collected from HMIS or the VI-SPDAT, may be shared with partner agencies, including the name of participating agencies providing services to you and information of all dependents (children under age 18), if applicable.
- You may revoke this consent and authorization at any time by written request before the expiration date by contacting (Person at Name of Agency) at telephone number (\_\_\_\_).
- You have a right to a copy of this authorization once you have signed it by contacting (Person at Name of Agency) at telephone number (\_\_\_\_).

\_\_\_\_\_  
Initials I give consent for my name, protected health information, personally identifiable information, and other collected information to be entered into the HMIS database and to have my information SHARED among Partner Agencies.

\_\_\_\_\_  
Initials I agree to be interviewed and allow the information collected by the VI-SPDAT to be disclosed and received by the organizations that participate in HMIS

\_\_\_\_\_  
Initials I give my consent to contact me, or my case manager, navigator or other contact person, about my survey information, housing referrals or services referrals.



\_\_\_\_\_  
Initials I specifically give consent for the following information to be disclosed: whether I currently have or have had HIV/AIDS, mental health conditions or treatment, physical health conditions or treatment, and/or substance use or treatment. I understand that the purpose for the disclosure of this information is to help refer me to appropriate housing and services.

\_\_\_\_\_  
Initials I give my consent to be photographed and that my photograph may be shared with partner agencies for the purposes of identification. My photograph may not be used in any media or promotional materials unless agreed to by me in a separate consent.

By signing or placing my mark below, I acknowledge that I have read, or have had read to me, all of the information above and that I have chosen to sign this form voluntarily. I also understand that participating in HMIS does not guarantee that I will be called for housing or that I will receive housing. I also understand that this consent is valid for one year from the effective date of my signature below and that I may cancel it at any time by written request. I also hereby agree that the information released will be used only for the purposes provided and will not be released to any other individual, agency, or organization.

\*\*\*\_\_\_\_\_  
I do NOT authorize this agency to share my information with other agencies utilizing HMIS.  
(Your information may still be shared with funders for reporting purposes)\*\*\*

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Agency  
Representative

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

# SC-211 Homeless Management Information System

## HMIS Privacy Policy

This Privacy Policy guides the operation of HMIS and all of its users. All users should be familiar with this policy and must be provided a copy prior to receiving a user ID and access to HMIS. The Privacy Statement (APPENDIX E) is to be posted at intake/assessment station where clients can see it, must be described to each new client, and a copy must be offered to each new client.

The HMIS was developed to meet a data collection requirement made by the United States Congress to the Department of Housing and Urban Development (HUD). Congress passed this requirement to obtain a more accurate count of individuals who are homeless and to identify the need for and use of different services by those individuals and families. To provide documentation toward improving homelessness, Congress implemented the collection of statistical information on clients who access services documenting that information in a central data collection system.

Partner agencies in the state of South Carolina also use the HMIS to keep computerized case records. With the client's permission, most agencies share information with other agencies on the HMIS. The information that you agree to allow HMIS to collect and share includes demographic and assessment information and services provided. Sharing information with the HMIS and other agencies helps to better understand the number of individuals who need services from more than one agency. This assists us in meeting your needs and the needs of others in the community by allowing HMIS and its partner agencies to develop new and/or more efficient programs. Sharing information through HMIS also helps making referrals easier, often with less paperwork for you.

Maintaining the privacy and safety of those using the services of HMIS and its partner agencies is very important. Information gathered about you is personal and private. **We collect information only when appropriate to provide services, to manage our organization, for research, or as required by law.** Your record will be shared only if you give your permission. Depending on your individual situation, there may be benefits and/or risks which you should consider carefully before you decide whether or not to consent to release of any identifying information to another agency. You cannot and will not be denied services that you would otherwise qualify for if you choose not to share information.

Please note, even if you do not want your information shared with other agencies or your actual name entered into the system, we must still report some information to the central data collection system. This system contains provisions to protect your name and privacy.

### CONFIDENTIALITY RIGHTS

**The partner agency** has a confidentiality policy that has been approved by its Board of Director. The policy follows all HUD and HIPAA confidentiality regulations that are applicable to the agency, including those covering programs that receive HUD funding for homeless services (HMIS Data Standards (August, 2014)). The HIPAA privacy and security rules govern confidential health information, such as the diagnosis or treatment of a mental health disorder, a drug or alcohol disorder and AIDS/HIV condition or domestic violence situation. Even if you choose to allow us to share information with other agencies, records about substance abuse, physical and mental health, HIV and domestic violence will **not** be shared without your specific written release of information.

This agency is restricted to using or disclosing personal information from the HMIS only in the following circumstances:

- To provide or coordinate services to an individual
- For functions related to payment or reimbursement for services
- To carry out administrative functions including, but not limited to, legal, audit, personnel, planning, oversight and management functions.

- Contractual research where privacy conditions are met and prior written approval has been obtained from the HMIS Grantee and CoC. Research findings must be reviewed by the HMIS Grantee and CoC and written approval granted prior to release of findings.
- Where a disclosure is required by law and disclosure complies with and is limited to the requirements of the law. Instances in which this might occur are during a medical emergency, to report a crime against Agency staff, or to avert a serious threat to health or safety

## INFORMATION RIGHTS

As a client receiving services at this agency, you have the following rights:

- Access to your record. You have the right to review your HMIS record. At your request, we will assist you in viewing the record within 7 working days.  
An agency may deny you the right to inspect or copy your personal information for the following reasons: (1) information is compiled in reasonable anticipation of litigation or comparable proceedings; (2) information about an individual other than the agency staff would be disclosed; (3) information was obtained under a promise of confidentiality other than a promise from this provider and disclosure would reveal the source of the information; or (4) disclosure of information would be reasonably likely to endanger the life or physical safety of an individual.
- Corrections to your record. You have the right to request to have your record corrected so that information is current and accurate to ensure accuracy. You have 45 days from the date the information is entered to request a correction.
- Refusal. You have the right to refuse consent to share your information with other agencies. You cannot be denied services that you would otherwise qualify for if you refuse to share information. Please note, that if you refuse this permission, information will still be entered into the system for statistical purposes.
- End of Consent and Withdrawal of the Release of Information. You have the right to change your mind about consent or release of information that you have already granted. You have 45 days from the date you signed the consent or release to revoke it.
- Harassment. The agency reserves the right to reject repeated or harassing requests for access or correction. However, if the agency denies your request for access or correction, you will be provided written documentation regarding your request and the reason for denial. A copy of that documentation will also be included in your client record.
- Grievance. You have the right to be heard if you feel that your confidentiality rights have been violated, if you have been denied access to your personal records, or you have been harmed or put at personal risk. Send a written statement to the local Continuum of Care lead agency within 7 business days of an incident.
- Note: HMIS is not used to share any personally identifiable information collected with law enforcement agencies, except by court order or subpoena.

## INFORMATION SECURITY

Protecting the safety and privacy of individuals receiving services and the confidentiality of their records is of paramount importance to us. Through training, policies and procedures, and software we have taken many steps to ensure your information is kept secure.

- The computer program we use has the highest degree of security protection available.
- Only trained and authorized individuals will enter or view your personal information.
- Your name and other identifying information will not be contained in local reports.
- Employees receive training in privacy protection and agree to follow strict confidentiality guidelines.
- The server/database/software allows only authorized individuals access to the information.

- The server/database will communicate using 128-bit encryption – an Internet technology intended to keep information private while transporting data. Furthermore, identifying data stored on the server is also encrypted or coded.
- The System Administrator(s) supports the daily operation of the database. Administration of the database is governed by agreements that limit the use of personal information to providing administrative support and generating reports.

## BENEFITS OF AGENCY INFORMATION SHARING

Information you provide us is important to the ability of all agencies to continue to provide the services that you and others in our community are requesting.

Allowing us to share your real information results in a more accurate count of individuals and services used and helps us to:

- Better demonstrate the need for services and the specific types of assistance needed in our area
- Obtain more funds and other resources to provide services
- Plan and deliver quality services to you and your family
- Assist the agency to improve its work with families and individuals who are homeless
- Keep required statistics for state and federal funders

You may choose to share additional information with other agencies in order to:

- Promote coordination of services so your needs are better met.
- Make referrals easier by reducing paperwork.
- Avoid having to repeat information to get assistance from other agencies using the CAS.

## RISKS IN SHARING INFORMATION

While this system is secure and promotes better service delivery to the homeless or those at-risk of becoming homeless, there are risks that may lead clients to choose to do the following:

- Allow only your name, age, date of birth, social security and services to be shared with other agencies. All other information kept confidential.
- Allow some statistical or demographic information to be shared to include assessment information.
- Allow demographic information and services, but not assessment information to include mental health, drug/alcohol use/history and domestic violence information.
- Close all information and only the System Administrator(s) can see the information.

## QUESTIONS AND RISKS YOU SHOULD CONSIDER

- Could there be physical harm or other negative consequences to you or members of your family if someone knew that they could find you from the information shared with other participating agencies?
- Could there be physical harm or other negative consequences to you or members of your family if someone found out you were provided with help, especially if you or your child has experienced domestic violence, sexual assault, stalking or child abuse?

*Privacy Notice Amendments: The policies covered under this Privacy Notice may be amended over time and those amendments may affect information obtained by the agency before the date of the change. All amendments to the Privacy Notice must be consistent with the requirements of the Federal Standards that protect privacy of consumers and guide the implementation and operation.*

## Privacy Statement

**Please read the following statements (or ask to have someone it read to you), and make sure you have had an opportunity to have your questions answered.**

\_\_\_\_\_ is a participant in the South Carolina 211 Homeless Management Information System which is used by provider agencies to record information about clients they serve. This information helps the agencies to plan for and provide services to clients. It also allows for the sharing of information among agencies to improve coordination and delivery of services to you. We wish to notify you of the following information regarding data collection and storage in a client information system.

We collect personal information directly from you to coordinate services and continuity of care. We may be required to collect some personal information by law or by organizations that provide funds to operate this program. Other personal information we collect is important to operate our programs, to improve services to you, and to better understand the needs of persons experiencing homelessness. We only collect information considered to be appropriate.

Only summary information **without** your name or other personal identifiers will be reported to offices and organizations that plan and fund homeless services. We do not share any personally identifiable information collected with law enforcement agencies or any other organizations outside of HMIS without your written consent, except as provided herein or by court order or subpoena. **You cannot be denied housing or services for failure to provide written consent to share your information.**

Any information about the **diagnosis or treatment of a mental health, drug or alcohol disorder, HIV/AIDS, or domestic violence, or any medical information will not be disclosed without your written, informed consent.**

Besides coordinating services and continuity of care, information collected about you may be used and disclosed to:

- Improve the quality and care of services provided.
- Administer programs.
- Comply with legal requirements.
- Protect victims of abuse and neglect.
- Participate in research.
- Avert serious threat to health/safety.

We will take reasonable precautions to protect personal information in the system from unauthorized modification, use, and disclosure.

# SC-211 Homeless Management Information System

## Code of Ethics

As a participating member/CHO of the SC-211 Homeless Management Information System (HMIS) I will:

Agree to abide by all policies and procedures of the HMIS.

Agree to abide by all present and future federal and state laws and regulations relating to the collection, storage, retrieval and dissemination of client information for the HMIS.

Agree to only collect Protected Personal Information that is relevant to the HMIS and to comply with the policies and procedures governing the Homeless Management Information System (HMIS).

Agree to limit access to information furnished by the HMIS to its own employees specifically for the purpose of inputting or verifying client data and/or entering into the system records of services provided.

Agree to be responsible for the maintenance, accuracy, validity and security of all of the homeless assistance records and terminal sites utilized for the purpose of inputting and/or updating information into the HMIS.

Agree to immediately notify the HMIS System Administrator of any suspected security breach.

Agree to make a copy of the HMIS Privacy Statement, available to any client requesting a copy.

Agree to complete and provide updates of all required documents for system use.

Agree to ensure information entered is valid to the best of my knowledge.

Agree to declare conflicts of interest in relation to the HMIS and take appropriate action.

Agree not discuss information entered into the HMIS in none business settings outside of the agency.

*HMIS grantees reserve the right to immediately suspend HMIS usage and agreements when any terms of this Code of Ethics are violated or are suspected to be violated. Upon receipt of satisfactory assurances that such violations did not occur or that such violations have been fully corrected or eliminated, HMIS grantees in their discretion may resume usage and agreements*

**HIMS DATA QUALITY PLAN****HMIS Quality Assurance (QA) Plan Overview**

The following are policies and procedures the CoC will implement to ensure the data integrity of agencies/programs.

**Policy:** CHO will provide the following levels of data accuracy, completeness and timeliness:

- All names will be accurate
- Blanks or 'unknown' entries in required data fields will not exceed 5% per month
- All users should AIM to have 0 % of null data
- All services provided will be compatible with the services actually provided by the program
- In all reports of shelter provided for a client, the client must be eligible to receive shelter services from the listed provider

**Procedure:** The HMIS System Administrator(s) will perform regular data integrity checks on the HMIS system. Any patterns of error at a CHO will be reported to the Agency Administrator. When patterns of error have been discovered, users will be required to correct data entry and will be monitored for compliance.

- 1.) The HMIS System Administrator(s) shall generate data reports showing clients with missing *Universal Data* elements and clients with missing *Program Data* elements.
- 2.) The HMIS System Administrator(s) will generate Data Completeness reports, and submit to Agency Administrator with findings and timelines for correction.
- 3.) The HMIS System Administrator(s) reports (i.e. Missing Universal and Program Data elements) will generate emails to all users with data entered or updated within the last 30 days from when the report is run, with a list of clients with missing data and the elements that are absent.
- 4.) The HMIS System Administrator(s) can also generate custom report for funded programs filtered on required fields for program types.
- 5.) The HMIS System Administrator(s) can rerun reports for errant agencies/programs and follow up with Agency Administrator, if necessary
- 6.) The data is to be corrected within 14 calendar days and reviewed to make sure corrections are made appropriately.
- 7.) The Users can monitor their own data by running Entry/Exit Reports, APR Reports, Clients Served Reports or Daily Bed Reports to ensure, that they do not have any "null" or missing data in both the *Universal* and *Program* elements.

## HMIS Quality Assurance Plan Details

**Purpose:** *Establish minimum client tracking & QA standards for connecting agencies to collect and maintain records for every client receiving services and assure the accuracy and completeness of such records in the HMIS.*

### A. CHO Responsibilities:

The CHO agree to:

1. Assure the accuracy of information entered into the system. Any updates in information, error or inaccuracy that comes to the attention of the CHO will be corrected by such agency.
2. Perform routine Quality Assurance (QA) procedures to monitor data quality and promptly correct inaccuracies.
3. Run data quality reports frequently.

### B. Confidentiality Responsibilities:

1. The CHO agrees to abide by all present and future federal and state laws.
2. The CHO Agency Administrators must accept responsibility for the validity of all records entered by his/her agency. The Executive Director may designate an immediate subordinate staff member with supervisory responsibilities for verifying the accuracy of information. The CHO will provide the HMIS System Administrator with the name(s) and title(s) of the staff member(s) authorized to supervise data entry personnel.
3. As a partner in the SC211, each agency agrees to share data with other organizations, including organizations outside of HMIS users, provided no client identifiers are shared.
4. To facilitate an unduplicated count of persons accessing services through the community's homeless services network the CoC recommends that agencies enter all clients served into the database and encourage clients to sign a Consent and Release of Information form<sup>2</sup> to facilitate the sharing of the name, date of birth, partial social security number, and services received. The only expectation would be if entering the client will cause danger to the client or a family member.
5. In adherence to the regulations governing the HMIS, a Privacy Notice is posted at: [www.schomeless.org](http://www.schomeless.org) and should also be posted on-site at each agency. However, the posting of this notice only implies the consent of the individual for data collection and is inferred from the circumstances of the collection. This means that the client's information can be entered, but not shared.

### C. Data Tracking of Client Services:

1. The agency implements a written plan for delivery of services and tracking of clients that includes the process for determining and recording outcome/exits.
2. The agency implements a written intake and client record keeping procedures and files that include:
  - ✓ Intake interview

---

<sup>2</sup> See Appendix of the HMIS Policies and Procedures



- ✓ Record of services provided.
- 3. Shelter and supportive housing programs maintain an up-to-date residence list that includes, at least, the name of each person residing in the program.
- 4. To meet HUD requirements, the mandatory data that **MUST** be captured and entered for ALL clients that are identified as homeless and seen by an agency are:

**Note: Use the key to determine when information is collected (the corresponding number(s) are listed to the left of the standard):**

- (1) This information collected at Every program entry on All clients.
- (2) This information is collected During client assessment and Near program entry.
- (3) This information is collected at least Once Annually during program enrollment (only if the period between the program entry and exit exceeds one year).
- (4) This information is collected at least Once every 3 months (only if the period between the program entry/exit exceeds 3 months).
- (5) This information is collected at Every program Exit.
- (6) Every Contact.
- (7) Every instance of Financial Assistance.
- (8) When services provided<sup>3</sup>.

- Name **(1)**
- Social Security Number (last 6 digits of SSN are acceptable) **(1)**
- Date of Birth (and date of birth data quality) **(1)**
- Race **(1)**
- Ethnicity (Hispanic/Latino) **(1)**
- Gender **(1)**
- Housing Status **(1)(5)**
- Disabling Condition (Yes/No) **(1) (2)**
- Program Entry Date **(1)**
- Program Exit Date **(5)**
- Personal Identification Number (generated by ServicePoint when user creates a client) **(1)**
- Household identification number of household (generated by ServicePoint when user creates a household) **(1)**

**On Program Entry Only Adults**

- Veterans Status (yes/no) (All Adults)

**On Program Entry Only Adults and Unaccompanied Youth**

- Residence Prior to Program Entry (type and length of stay)
- Zip code of last permanent address (and zip data quality)

- 5. **Participating Agencies** that have HUD grants (HPRP, SHP, Shelter Plus Care, Section 8, SRO, or HOPWA) must also complete the *Program Data Elements*. The *required Program Data Elements* are the *Universal Data Elements*, plus:
  - Income and source (COC/HUD Competitive Programs, HPRP Programs, HOPWA Homeless Programs) **(1)(2) (3)**

---

<sup>3</sup> HMIS Data Standards, March 2010

- Non-cash benefits (COC/HUD Competitive Programs, HPRP Programs, HOPWA Homeless Programs) **(1)(2)(3)**
- Physical Disability details (type or types and start/end dates) (COC/HUD Competitive Programs, HOPWA Homeless Programs)**(1) (2)(3)**
- Developmental Disability (COC/HUD Competitive Programs, HOPWA Homeless Programs) **(1)(2) (3)**
- Chronic Health Condition (COC/HUD Competitive Programs, HOPWA Homeless Programs) **(1)(2) (3)**
- HIV/AIDS (COC/HUD Competitive Programs, HOPWA Homeless Programs) **(1)(2)(3)**
- Mental Health (COC/HUD Competitive Programs, HOPWA Homeless Programs)**(1)(2)(3)**
- Substance Abuse (COC/HUD Competitive Programs, HOPWA Homeless Programs)**(1)(2)(3)**
- Victim of domestic violence (COC/HUD Competitive Programs, HOPWA Homeless Programs) **(Adults and Unaccompanied Youth)**
- Destination (COC/HUD Competitive Programs, HPRP Programs, HOPWA Homeless Programs)**(5)**
- Date of Contact (COC/HUD Street Outreach)**(6)**
- Date of Engagement (COC/HUD Street Outreach Programs)**(2)**
- Financial Assistance provided (HPRP Programs)**(3)**
- Housing Relocation and Stabilization Services provided (HPRP Programs)**(3)(5)**

Additional Program Specific Data Elements: Optional Data Elements (For all CoC Programs)

- Employment (All Clients, All Adults and unaccompanied youth) **(1) (3)**
  - Education (All Clients, All Adults and unaccompanied youth) **(1) (3)**
  - General Health (All Clients, All Adults and unaccompanied youth) **(1) (3)**
  - Pregnancy Status (All Females of child-bearing age) **(1)**
  - Veteran's Information (only All Veterans)**(1)**
  - Children's Education (only All Children)**(1)**
  - Reason for Leaving **(5)**
  - Services Provided **(8)**
6. In addition to the data items defined in HUD's HMIS Standards, HUD requires all coalitions to create and file a *Comprehensive Housing Affordability Strategy/Consolidated Plan*. Thus, the following data elements are required to support this effort.
- Extent of Homelessness
  - Date of Present Homelessness (this episode)
  - Homelessness Primary Reason
  - Homelessness Secondary Reason
  - Actual or Pending Eviction (and date if true)
7. The MACH CoC requires agencies to collect all universal and program data elements and services that are appropriate and relevant for Continuum of Care reporting in addition to data on:
- City and State of Birth

- Marital Status

#### **D. Reporting Submission Deadlines:**

1. Emergency Shelters only: Clients who stayed in shelter must be entered into HMIS by 5:00 p.m. the next day.
2. Other shelters and supportive service agencies: Clients must be entered into HMIS within 3 business days of first being served by the program.
3. Services, updates and corrections for all clients served during a calendar month must be entered into HMIS by the fifth working day of the following month.

(e.g. Data for the month of April must be entered into HMIS by the fifth working day of May).

#### **E. Data Accuracy:** *Data collecting is essential to the administration of local assistance programs.*

1. All clients have unique ID numbers (system-generated ID<sup>4</sup>).
2. Missing/unknown data in HMIS is **less than 3% per month in required variable fields**.  

For example, if the data for the variable veteran is unknown for less than 3% of clients during the month, the data is accurate. If unknown is greater than or equal to 3%, the data is inaccurate. The **only** data variable exception to accuracy, with respect to 'Unknown' is the variable Destination. Except in the case of emergency shelters
3. No data incompatible with program in HMIS.  

For example, a family cannot be entered at a single men's shelter or a women's shelter.
4. Data in HMIS must accurately reflect client data recorded in the agency's client file and known information about the client and services provided to the client. For example, 'Exit Date' on the Worksheet should be the date the client physically exited the shelter.

---

<sup>4</sup> If the client elects to remain anonymous, the data entry staff person must record the system-generated ID number on the paper client file and enter subsequent data in the appropriate system record so that all services are attached to the correct record in the HMIS

**F. Data Quality Assurance**

1. CHOs have minimum data quality assurance policies and procedures to assure quality data collection, entry, and reporting.

2. Agency Site Administrators should assure the following:

<b>Task</b>	<b>If annual number of households served &lt; 200</b>	<b>If annual number of households served &gt; 200</b>
1. Run report for each program. Review number of open cases – verify that equals number of actually open cases. ✓ Exit cases that should be closed. ✓ Enter cases that should be open	Monthly	Weekly
2. Review report for each program – verify that missing data for required data does not exceed 3%. ✓ Correct missing data to be < 3%	Monthly	Weekly
3. If shelter, check Bed List to verify the number of open cases on Daily Bed report equals number of households on Bed List.	Monthly	Weekly
4. Issue QA report to program direct on status of QA check.	Monthly	Weekly

3. HMIS System Administrator(s) should assure the following:

1. Universal Missing Data Reports showing client IDs and missing elements	Monthly	Monthly
2. Program Missing Data Reports, showing client IDs and missing elements	Monthly	Monthly
3. The NOFA Data Completeness Report	Quarterly	Quarterly
4. Missing Household and Data Completeness Report	Monthly	Monthly

References: SC-211 Policies and Procedures, HMIS System Administrator Self-Assessment Tool, Sample Data Quality Plan Community Shelter Board, Columbus, Ohio, ECHO CAS Demographic Report, ECHO Data Completeness Report, ECHO NOFA Data Completeness Report, ECHO HMIS Service Agreement, and HUD's HMIS Data Standards, October 2015.

Requirement	Notice Ref #	Description	Response	Assessment	
<b>Policies &amp; Procedures</b>		Does the agency have a copy of the latest Policies & Procedures manual, with all amendments?	Yes	Agency has hard copy readily available to users.	
			No	Hard copy is not available.	
<b>Data Collection</b>	2	Does the agency have a data collection form and/or protocol that captures universal and program specific (where applicable) data elements?	Yes	Data collection form or protocol <input type="checkbox"/> Yes <input type="checkbox"/> No Agency is capturing universal data on all clients <input type="checkbox"/> Yes <input type="checkbox"/> No Agency is capturing program level data as required <input type="checkbox"/> Yes <input type="checkbox"/> No Users have been trained on revised protocol <input type="checkbox"/> Yes <input type="checkbox"/> No Agency monitorRFA data quality <input type="checkbox"/> Yes <input type="checkbox"/> No Special population considerations: _____ _____ _____ _____	
			No	No updated data collection protocol.	
<b>Privacy: Posted Notice</b>	4.2.1	Does the agency have the Privacy Notice posted at each intake desk?	Yes	Location(s): _____ Includes purpose for data collection <input type="checkbox"/> Yes <input type="checkbox"/> No Copy available: <input type="checkbox"/> Yes <input type="checkbox"/> No	
			No	No posted sign at intake desk	
<b>Privacy: Privacy Policy</b>	4.2.3 4.2.4	Does the agency have a privacy policy?	Yes	Last date amended: ____/____/_____ Specifies purpose for collection of PPI <input type="checkbox"/> Yes <input type="checkbox"/> No Defines uses and disclosures <input type="checkbox"/> Yes <input type="checkbox"/> No Includes: <ul style="list-style-type: none"> <li>Statement that the policy is subject to amendment <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Client right to copy/inspect/correct <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Client complaint procedure <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> Reasonable accommodations: <ul style="list-style-type: none"> <li>Available in multiple languages <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Available in Braille or audio <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Available in large print <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> Signed receipt of compliance for staff <input type="checkbox"/> Yes <input type="checkbox"/> No Posted at: www._____ Copy available: <input type="checkbox"/> Yes <input type="checkbox"/> No	
			No	No privacy notice available	
<b>User Authentication</b>	4.3.1.	Does the agency abide by the HMIS policies for unique user names and password?	Yes	Agency abides by HMIS policy <input type="checkbox"/> Yes <input type="checkbox"/> No Users know not to share username and passwords <input type="checkbox"/> Yes <input type="checkbox"/> No Users are aware not to keep username and password in public location (i.e. no sticky notes on monitorRFA) <input type="checkbox"/> Yes <input type="checkbox"/> No	
			No	Agency does not abide by HMIS user authentication policy	

Requirement	Notice Ref #	Description	Response	Assessment	
Hard Copy Data	4.3.2	Does agency have procedures in place to protect hard copy PPI information generated from or for the HMIS?	Yes	Has procedure that includes: 1) security of hard copy files <ul style="list-style-type: none"> <li>Locked drawer/file cabinet <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Locked office <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> 2) procedure for client data generated from HMIS <ul style="list-style-type: none"> <li>Printed screen shots <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>HMIS client reports <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Downloaded data (ie. to excel) <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> Copy of policy/procedure available <input type="checkbox"/> Yes <input type="checkbox"/> No Agency staff have received training on hard copy data protections <input type="checkbox"/> Yes <input type="checkbox"/> No	
			No	No procedure available	
PPI Storage	4.2.2	Does the agency dispose of or remove identifiers from a client record after a specified period of time? (Minimum standard: 7 years after PPI was last changed if record is not in current use.)	Yes	Has procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe procedure:   	
			No	Does not have procedure.	
Virus Protection	4.3.1.	Do all computers have virus protection with automatic update?	Yes	Spot check several computers: Virus software and version: _____ Auto-update turned on: _____ Date last updated: __/__/____ Person responsible for monitoring/updating: _____	
			No	No Virus protection installed.	
Firewall	4.3.1.	Does the agency have a firewall on the PC, network and/or workstation(s) to protect the HMIS systems from outside intrusion?	Yes	Single computer agencies: Individual workstation <input type="checkbox"/> Yes <input type="checkbox"/> No Version: _____  Networked (multiple computer agencies): Network firewall <input type="checkbox"/> Yes <input type="checkbox"/> No Version: _____	
			No	Individual workstation or network firewall not active.	
Workstation Authentication (PKI)	4.3.1.	Does the HMIS utilize certificates, filter by IP, or another PKI model to control access to designated workstations?	Yes	PKI Utilized: <input type="checkbox"/> Yes <input type="checkbox"/> No Model (describe): _____   	
			No	PKI not active	

Requirement	Notice Ref #	Description	Response	Assessment	
Physical Access	4.3.1.	Are all HMIS workstations in secure locations or are they manned at all times if they are in publicly accessible locations?	Yes	All workstations are in secure locations (i.e. locked offices) <input type="checkbox"/> Yes <input type="checkbox"/> No All workstations are manned at all times <input type="checkbox"/> Yes <input type="checkbox"/> No All workstations have password protected workstations with password protected screen saver set at 10 min or less <input type="checkbox"/> Yes <input type="checkbox"/> No	
			No	Not all workstations are manned at all times or in secure locations.	
Data Disposal	4.3.1.	Does the agency have policies and procedures to dispose of hard copy PPI or electronic media?	Yes	The agency shreds all hardcopy PPI before disposal <input type="checkbox"/> Yes <input type="checkbox"/> No The agency reformats before disposal: <ul style="list-style-type: none"> <li>• Disks <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• CD's <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Computer hard-drives <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Other media (tapes, jump drives, etc) <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	
			No	The agency does not have policies and procedures for data disposal.	