

Before Starting the CoC Application

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

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

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

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

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

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

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

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: City of Winston-Salem

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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

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

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

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
Other:(limit 50 characters)				
33.	Govt (VA, DSS, Public Health & Library); Private	Yes	Yes	Yes
34.	Non-Profit (Funders & Employment); Faith-Based	Yes	Yes	Yes

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

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

(limit 2,000 characters)

1) The WS/FC CoC has a transparent and open, standing, year-round invitation process, which is communicated to the public via its website with an online form to join and receive CoC emails, as well as through regular membership activities (i.e., public forums/meetings/calls, word of mouth, email, listserv, social media, etc.). In the past 12 months, the CoC took several strategic action steps to engage new members whose involvement is key to improving client outcomes and system performance. The Membership Committee, CoC leaders, CoC-funded organizations, and other homeless providers actively recruited new members through direct solicitations of individuals/organizations that are integral to providing services to the homeless. Lastly, the CoC conducted an annual publicly posted membership drive, which is promoted via TV, website, and social media.

2) To ensure effective communication with individuals with disabilities, the CoC used a variety of accessible formats, including PDFs posted on websites (both CoC and Collaborative Applicant), links to online forms, advertisements on TV or social media, and access to Translation & Interpretation Enterprise via

Catholic Charities.

3) Our CoC is proud to have the active engagement of persons with lived experience. The Homeless Caucus Chair and Vice Chair maintained active involvement in this past year’s virtual meetings of the CoC’s governing body, the Commission on Ending Homelessness, and the CoC’s Operating Cabinet. After the pandemic, they look forward to resuming the CoC’s Homeless Caucus, which meets in person monthly at the Forsyth County Public Library.

4) CoC leaders extend direct invitations each year to diversify its membership, and while the CoC already has the active engagement of organizations serving culturally specific communities experiencing homelessness (e.g., Black, Latinx, LGBTQ, and disabled), a representative from the Urban League joined the Operating Cabinet.

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

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

(limit 2,000 characters)

1) CoC websites communicate information about preventing and ending homeless in Forsyth County. Over the past 12+ months, our CoC solicited and considered opinions from a wider range of organizations and persons interested in preventing or ending homelessness. At the onset of the pandemic, our CoC implemented Daily Calls, which increased and diversified organizations contributing to our work. Visitors and members presented their issues, information, and resources at the virtual meetings, still taking place weekly. Another recent engagement strategy was forming “bottleneck task groups,” designed to solicit new input on barriers and develop action-oriented solutions and achieve better outcomes. Full membership meetings shifted to town-hall format (currently virtual), encouraging more ideas/opinions on a wider range of topics, and committees/task groups have diverse, active representation and advocacy for all homeless sub-populations.

2) CoC meetings follow a published agenda and always communicate information and educate membership on pertinent issues. Topics arise from either voiced membership interest/need or a community partner’s desire to share their work in a homeless-oriented forum. Our CoC’s 100+ member listserv promotes other community-based, information-sharing and information-seeking events. CoC leadership has increased healthcare and housing stakeholder engagement in recent months.

3) This past year our CoC made several improvements in its work after considering information gathered through the public Daily Calls, a COVID-19 response effort. One example was the refinement of local policy and protocol on

Encampment Response. The new plan clarifies CoC members' roles in ensuring access to services for people on the streets as well as defining best practices; it also states the primary response should be services led (as opposed to enforcement) and defines the conditions on which an encampment will be disbanded (i.e., significant risk to health or safety).

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

Describe in the field below how your CoC notified the public:	
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,000 characters)

1) The Collaborative Applicant (CA), City of Winston-Salem, coordinated our CoC's open solicitation and review process. Funding availability and project application details, which includes the method for submission, were advertised by newspaper, website, and email to CoC members and the public. The CA held two cycles for the local competition (released 6/7/21 and 8/27/21; opened 6/8/21 and 9/1/21 respectively). The CA conducted grant workshops (held 6/24/21 and 9/3/21) for interested parties that focused on helping new applicants and/or sub-recipients. The workshop is also advertised via email, website, and newspapers.

2) Our CoC promotes new membership, project applicants, and project ideas throughout the year, using meetings as a forum to promote funding. While not a UFA, our CA provides administrative & fiscal management as project applicant on behalf of sub-recipients; however, any organization can serve as a project applicant.

3) The CA publicly posted an RFP to clearly communicate the details of project submission. The CA conducted workshops to review the process and answer questions and published contact information for follow-up questions.

4) The CA communicated the project application review, selection, and ranking process through both meetings and web postings of documents that describe process, policy, scoring, and meeting minutes. Postings from prior years are available year-round on the CA's website. Renewal projects undergo a performance review; new projects are rated on capacity, strategic priority, project approach and design, and cost effectiveness. Both renewal and new project rating tools are publicly posted. All projects are ranked by an objective Rating Panel; then voted on by a Commission with strict conflict of interest rules.

5) To ensure effective communication with individuals with disabilities, our CoC

uses a variety of accessible formats, including PDFs posted on the CA's website, links to online forms, and an online application portal.

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

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

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

In the chart below:

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.	Partners in Behav. Health (LME/MCO); Medical Ctrs.	Yes
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1) The City of Winston-Salem is the ESG entitlement recipient, CoC Collaborative Applicant (CA), state ESG fiscal sponsor, and CoC Administrator under the CoC Governance Charter. City staff (ESG Program Recipient) and ESG Program Subrecipients serve on our CoC's Operating Cabinet and are engaged in ongoing consultation at CoC meetings, including COVID-19 Daily Calls, and other venues, which help inform the planning and allocating of ESG and ESG-CV funds. The City uses a single application for entitlement and state ESG funding. Our CoC's Rating Panel makes both CoC and ESG funding recommendations. Prior to approving funding recommendations, the CoC Board seeks comments from the Operating Cabinet on funding recommendations and strategies.

2) Our CoC's CA coordinated entitlement and State ESG and ESG-CV funding for our CoC, and is charged with monitoring and reporting on performance. Per the WS/FC CoC Governance Charter, our CoC's appointed Rating Panel approved performance measures, reviewed applications, and evaluated HMIS data on existing ESG programs as part of the evaluation and recommendation process. After the Rating Panel made state and entitlement ESG and ESG-CV funding recommendations, the CoC Operating Cabinet reviewed those recommendations and sent them to the governing CoC Board, the Commission on Ending Homelessness, for final approval and before the CA's board provides authority to submit ESG applications to HUD or the State.

3) Our CoC, via our CA, provided PIT and HIC data for our geographic area to the state ESG office and ConPlan jurisdiction.

4) Our CoC participated in ConPlan updates at the state level by soliciting CoC member input in an open meeting. Further, our CoC members provided individual input for North Carolina's ConPlan - Annual Action Plan review via online surveys, so that we communicated our local homelessness needs and contributed to the process of meeting affordable housing and community development needs in NC.

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

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

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

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

Describe in the field below:

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

(limit 2,000 characters)

1) Our CoC works collaborates with our youth (18-24 years) education providers (i.e., Goodwill Industries, FTCC, Salem College, WSSU, and WFU) to ensure youth are stably housed and supported while advancing their education, especially during the summer.

2) The CoC's Collaborative Applicant has a formal partnership in place with Goodwill Industries.

3) Our CoC has a long history of collaborating with our LEA, Winston-Salem Forsyth County Schools (WS/FCS), that serves pre-K through 12th grade. WS/FCS is our CoC's direct link to SERVE and the SEA (NCDPI). Since 1996, WS/FCS Project HOPE has ensured that all children and youth experiencing homelessness have access to the educated services to which they are entitled under the federal McKinney-Vento Act. The Project HOPE Homeless Liaison serves on our CoC Operating Cabinet and committees focused on homeless providers, so that all children and youth have transportation and access to schools and LEA services.

4) The LEA, WS/FCS, is a Charter Member of our CoC, signing and signifying its formal partnership, and an LEA under the NCDPI (SEA). Our CoC-funded

projects maintain MOUs with the City of Winston-Salem to assert their mutual collaboration and assurance that all children and youth served have access to the pre-K through 12th grade educational services.

5) Our CoC regularly collaborates with our school district (i.e., LEA), WS/FC Schools, on any homeless issue involving families with children. Project HOPE informs the CoC about trends and efforts within the schools, and coordinates with shelters serving families with children. Our local United Way works with WS/FCS to improve 3rd grade reading levels for a very high mobility school and uses private Emergency Assistance to assist families with housing to reduce the mobility rate.

6) The LEA, Winston-Salem/Forsyth County Schools, is a Charter Member for our CoC, signing and signifying its formal partnership.

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

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

(limit 2,000 characters)

In 2015, our CoC established a Policy on Education for Continuum of Care (CoC) and Emergency Solutions Grants (ESG) funded programs, which ensures all participants are informed of their eligibility for educational services via designated staff. The policy includes four specific procedures, which are described in the following. 1) Educational needs of children shall be considered when families with children are placed into emergency shelter, transitional housing and permanent housing programs. 2) CoC and ESG funded programs shall have policies and procedures that are consistent with, and which do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Homeless Assistance Act as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness. 3) In the case of programs that provide housing or services to families with children, CoC and ESG funded providers will designate a staff person to be responsible for ensuring that children being served in the program are enrolled in school and connected to appropriate services in the community, including early childhood programs such as Head Start, part C of the Individuals with Disabilities Education Act, and programs authorized under subtitle B of title VII of the HEARTH Act. 4) When families are placed in emergency shelter, transitional housing and permanent housing, CoC and ESG funded programs will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education. However, the decision to maintain a child's enrollment at their school of origin will consider any history of domestic violence or child abuse within the child's home environment.

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

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

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

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

Describe in the field below how your CoC coordinates to provide training for:

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

(limit 2,000 characters)

1) Our CoC coordinates annual training for project staff. Leadership and staff participate in workshops year-round, on addressing safety & planning protocols and DV best practices, as many state and local organizations, like our VSP and MCO, are focused on addressing DV needs and improving practice. In 2021, The Center for Trauma & Resilience (CTR) conducted a 10-week training for CoC leaders & case managers, prompting follow-up action steps to create a trauma-informed CoC that improves care and support for both participants and providers. Family Services regularly conducts comprehensive training on best practices in serving survivors of intimate partner violence for staff from all CoC-funded projects. Family Services staff attended conferences (e.g., NCCADV) and trainings on providing trauma informed and trauma responsive services.

2) To remain current in practice and appropriate in response, Coordinated Intake Center (CIC) staff receive annual DV training and participated in the CTR training. Our CIC has specific CE protocols to prioritize & protect individual safety. DV case managers participate in CE and counsel CIC staff weekly. During initial engagement, if there are concerns about safety, the client is referred to Bridges to Hope, our one-stop center for DV, with access to law

enforcement, protective orders, DV shelter, & other resources. Our CoC, through the proposed HIP expansion, is working with Bridges to Hope to refine assessments and provide housing services on site. This project has a DV-dedicated CE position that will do both the housing & safety assessment. If DV is identified at any time in a household and the victim and abuser do not want to separate, both individuals receive separate & confidential CM. If there is DV in a household with CIC-matched housing, the members can be housed separately. Also, a person in CIC-matched housing who is fleeing violence and leaves the unit can be re-prioritized for housing through CIC.

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

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

(limit 2,000 characters)

The WS/FC CoC uses data regularly to assess the scope of community needs, inform practices, monitor programs, examine performance, and develop future strategies. Our CoC-funded DV provider manages data via a comparable database, Osnium (using os-soft), the data collections system used by the NC Coalition Against Domestic Violence. Our non-CoC funded, and smaller, DV provider also uses Osnium, and is in the process of training new staff. With Osnium, our DV providers submit data for the PIT, HIC, CAPER, APR, performance measures, and other uses. While data from these databases is used to monitor general system performance, it is also used to assess the scope of needs, whether it be for specific target populations, like DV, or for other demographic groups (e.g., racial, ethnic, household composition, disabilities, etc.) in our community. The Winston-Salem Police Department also works with the CoC and its providers, reporting incident and criminal activity data relevant to homeless and DV issues. Data is presented regularly at CoC meetings, helping us to assess special needs, increase our capacity to serve, and inform our work to end homelessness among survivors of DV, dating violence, sexual assault, and stalking. The FY21 proposed DV Bonus project expands earlier work, in which we used de-identified aggregate data to demonstrate that many DV housing needs are not being met, and thus, we seek to seamlessly connect our community’s primary DV entry portal with our CoC’s coordinated entry and rapid rehousing. Our local HMIS Local System Administrator continues to provide support to our DV provider in understanding the data standards, performance measures, and issues related to data quality.

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

Describe in the field below how your CoC’s coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1.	prioritize safety;
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2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

1) Our Coordinated Intake Center (CIC) has CE protocols to prioritize and protect safety. At initial engagement, if there are concerns about intimate partner violence, the client is referred to Bridges to Hope Family Justice Center, providing confidential access to law enforcement, protective orders, shelter, etc. In our CE, if there is current DV in a household matched to housing of choice, then adult members work independently with their own case manager and can be housed separately. If a person is fleeing DV and leaves a CIC-matched unit, then they can be re-prioritized for housing. CIC and DV staff use trauma-informed, victim-centered approaches in safety planning.

2) Our CoC's VAWA standards include implementation of emergency transfer plans for covered housing providers. Protocols include advance notification of occupancy rights under VAWA for all persons; notification of landlord obligations; protections to all persons against denial of admission; termination of assistance or lease violation due to being a victim of intimate partner violence; and lease bifurcation to remove a household member engaged in related criminal activity, without penalizing a victim or survivor of such criminal activity who is also a tenant or lawful occupant by allowing them to stay in the unit. Case managers assigned to DV cases use trauma-informed, victim-centered approaches and uphold client choice in housing.

3) Our CE process upholds client confidentiality throughout. VSP staff are active in CE assessment, reinforcing safety policies and confidentiality practices, and often spotting signs of abuse or providing advice on eliciting more information if abuse is suspected. CIC works with VSPs to ensure all policies and practices have the highest standard of confidentiality. At every stage client choice and confidentiality are upheld, including the provision of separate case managers within a DV household. HIP Expansion (DV Bonus) allows for specialized CE staff at Bridges to Hope.

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

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Housing Authority of the City of Winston-Salem (NC012)	31%	Yes-Public Housing	No

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

Describe in the field below:

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

(limit 2,000 characters)

The Housing Authority of Winston-Salem (HAWS) is our only PHA in the CoC's geographic area. The Bethesda Center, a CoC-funded provider, partners with HAWS on a homeless admission preference project. Specifically, HAWS offers a homeless preference, with Bethesda Center providing 2-years of case management, for up to 10% of HAWS units within certain designated Public Housing communities.

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

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

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	No
	Other (limit 150 characters)	
5.		

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

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	No
--	----

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

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

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

(limit 2,000 characters)

- 1) Our Coordinated Intake Center collaborates with the Housing Authority of Winston-Salem and Bethesda Center to provide referrals to the units designated by HAWS for the homeless preference partnership with Bethesda Center. Bethesda Center informs CIC of both case management and housing availability, so that appropriate referrals can be made through our CE process.
- 2) HAWS established and formalized this preference program with Bethesda Center, a CoC-member organization, in its Homeless Preference document.

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes
---	-----

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

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

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

(limit 2,000 characters)

HAWS coordinated with the CoC to submit an application for mainstream vouchers awarded in early spring 2020. Some additional mainstream vouchers were awarded.

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

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	No
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1C-7e.1. Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
Housing Authority...

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

Name of PHA: Housing Authority of the City of Winston-Salem
(NC012)

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

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

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	9
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	9
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

(limit 2,000 characters)

On behalf of the CoC, the City of Winston-Salem, as Collaborative Applicant, works with partner projects to ensure they are committed to using a Housing First approach by reviewing each agency's policies and procedures and shelter rules to ensure they have a housing first and low barrier approach. The shelter

rules should not exclude participants by having requirements such as income, prescription compliance, and/or physical conditions. The City of Winston-Salem, as Collaborative Applicant, also reviews intake processes and procedures to confirm that the CoC's eligibility for services and prioritization rules are being followed and service participation or preconditions are not being required as a means for assistance. The CoC is dedicated to providing a housing first and low barrier process to receive services, and partner organizations are trained daily on the rules and implementation of Housing First approaches in their organization. The City of Winston-Salem follows an annual monitoring protocol for all funded projects, which includes the aforementioned Housing First approaches.

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

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

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

(limit 2,000 characters)

1) Atrium Health’s Empowerment Project (EP) is our primary street outreach provider, with offices at Samaritan Ministries’ emergency shelter. Using a person-centered approach and motivational interviewing, EP staff identify and engage unsheltered homeless. City With Dwellings (CWD), a grassroots non-profit that began as an ecumenical collaborative, provides street outreach. CWD also operates a downtown, drop-in center for support and hospitality. Our Coordinated Intake Center is a conduit for homeless service providers, faith outreach providers, and emergency providers (EMS & WSPD), with its Dir. of Outreach Services holding weekly meetings. EP and CWD communicate directly with the WSPD downtown bike patrol to enhance outreach efforts.

2) Street outreach covers 100% of the NC-500 geography.

3) EP and CWD conduct street outreach daily. CWD opens the drop-in day center twice weekly.

4) To reach those least likely to request assistance, EP relies on its highly-trained, multi-disciplinary, skilled outreach staff, who focus on building a relationship - requiring ongoing contacts and effort to make the person safe where he/she is. CWD uses a similar person-based approach, capitalizing on its

drop-in center as a place to build transformative relationships. Working together, EP and CWD are building strong bonds with unsheltered persons and successfully bringing them to coordinated entry. The CoC tailors its outreach by maintaining these relationships, as well as mapping locations covered by specific providers. During the pandemic our unsheltered count dramatically increased, and our CoC strengthened coordination of street outreach teams. Now, street outreach reports an unduplicated, unsheltered count to the CoC weekly, and manages their own By-Name List, focusing services on persons with longest time unsheltered. Our CoC also strengthened its relationship with NCDOT to identify encampments located in highway Right of Ways and to partner with them to find safer alternatives.

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

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

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	
	Adopted a policy that de-emphasizes law enforcement engagement with unsheltered homeless; worked with Dept. of Transportation to prioritize utilize homeless service providers to move encampments as opposed to calling law enforcement	Yes

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

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”	81	184

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

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

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?

1. Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2. Private Insurers	Yes	Yes
3. Nonprofit, Philanthropic	Yes	Yes
4. Other (limit 150 characters)		
United Health Center/Downtown Health Plaza/Community Care Clinic	Yes	Yes

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

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

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

(limit 2,000 characters)

1) Our CoC systematically provides up to date information on mainstream resources available for NC-500 program participants through both scheduled presentations or new business updates in meetings and informational resources distributed via email to CoC members. CoC-engaged representatives from mainstream organizations like DSS, Dept. of Public Health, and VA ensure timely communication on available resources, keeping our CoC-funded providers current on mainstream benefits.

2) Our CoC informs program staff through weekly in-house meetings; monthly Operating Cabinet or committee meetings, which include all CoC-funded providers and mainstream representatives; annual CoC trainings; and collaborations with NC Community Action Agency via CoC-member Experiment in Self-Reliance.

3) Our CoC has several healthcare collaborations to assist participants with enrolling in health insurance. Atrium Health helps participants apply for Medicaid. Street outreach staff assist participants with enrolling in health insurance. Legal Aid of NC assists with health insurance enrollment. The Dept. of Public Health Stepping Up program and others help participants with completing Medicaid applications and connecting to Healthcare Access, which helps participants navigate ACA plans. Our CoC Bonus project creates a new partnership with United Health Centers.

4) CoC case managers and DSS Stepping Up staff link participants to community resources to access benefits. They have participants complete both Medicaid & food stamps applications together. They inform participants that Medicaid includes transportation, help them navigate the system, and encourage them to utilize the benefit to get to any Medicaid appointment. Stepping Up helps participants complete TransAid applications which require doctor's signature. SOAR is used to obtain disability income. Our CoC identifies high utilizers of Medicaid services and is advocating for the healthcare system

to screen for housing barriers.

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

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

(limit 2,000 characters)

1) Our CoC covers 100 percent of CoC's geographic area. Access points are the shelters, street outreach programs, and Bridges to Hope Family Justice Center, which all serve the county and feed into our centrally-located CIC. In addition, the NC211 information & referral service provides county-wide access outside of normal business hours.

2) Our Coordinated Intake Center (CIC) employs two staff, whose specific job is to reach people who are not part of the homeless system (i.e., not in HMIS, not being served by any other homeless provider) to make sure they get assessed. They also conduct screenings in coordination with the hospital. In addition, our Street Outreach teams, through their relationship building, successfully bring people to CIC.

3) The CIC maintains a comprehensive By-Name List (BNL) of persons in need of supportive services and/or housing to end their homelessness, and the BNL is ordered by the client/household’s score on the VI-SPDAT and length of time homeless (LOTH).

4) CIC tracks how often they are contacted outreach workers in an effort to orient them to a housing solution. Each week CIC staff perform full assessments based on available resources and LOTH. Cases are then referred to available housing resources and services which will help the client/household achieve housing stability goals. A multi-agency Assessment Team meets every other week to review the status of referrals, matched & unmatched clients on the BNL, the list of chronically homeless persons, and any appeals or hard cases. For CQI, the Assessment Team also reserves time for discussion of process improvements.

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

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

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

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

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

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

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

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

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

(limit 2,000 characters)

Our CoC is involved in several efforts to improve racial equity in the provision and outcomes of assistance. Much of our early efforts specifically focused on us making sure our members, both individuals and organizations, reflected the diversity of our community and recognized the need to focus on racial equity in our system. Our HMIS Local System Administrator presents data and reports monthly to CoC members. In these presentations she examines every metric with a racial equity lens and encourages providers to reflect on provision of services and outcomes. These presentations form the basis of our system improvement focus. In addition, NC HMIS, our CoC's HMIS implementation, spent time examining racial equity and needs within each CoC. The City of Winston-Salem, our Collaborative Applicant, paid for staff to attend the National Alliance to End Homelessness conference in September that provided training in providing on racial equity in the homeless field, discussed strategies to address the unsheltered homeless, and covered topics related to reconfiguring the coordinated assessment system and alternatives to the VI-SPDAT for assessment. Many CoC leaders and staff participated in Community Solutions' Built for Zero Fall 2020 Learning Session, with various topics focusing on racial equity. As an outgrowth of that participation, our CoC initiated a Racial Equity Learning Group to explore our system's inequities and chart a path for improving racial equity in the provision and outcomes of assistance in our community. Over the coming months, the Racial Equity Learning Group intends to review all homeless system components with a racial equity lens and identify actionable steps to address identified disparities within the control of the CoC. Where issues are identified at the intersection of the CoC and other mainstream systems, we will work with our partners from those systems to develop strategies to address those disparities.

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

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

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

5.	Included in the development or revision of your CoC's local competition rating factors.	0		0
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1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

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

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	No
6.	Other:(limit 500 characters)	
	The CoC encourages and engages persons with lived experience to support PIT counts and other outreach activities.	Yes

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

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

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

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
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NOFO Section VII.B.1.q.	
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Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
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1.	unsheltered situations;
2.	congregate emergency shelters; and
3.	transitional housing.

(limit 2,000 characters)

Beginning in March 2020, the WS/FC CoC implemented a coordinated COVID-19 response that included safety protocols and best practices for protecting the health of individuals and families experiencing homelessness in unsheltered, emergency shelter, or transitional housing situations. Our CoC has worked closely on all three fronts with our liaison from the Department of Public Health (DPH) on safety protocols.

1) For those living in unsheltered situations, street outreach teams delivered CDC information, supplied masks and hand sanitizer, offered and/or established handwashing stations to all known encampments, worked with law enforcement to not disturb encampments that did not pose a health risk, operated a van with a mobile shower, and established a daytime PPE distribution and information tent.

2) With guidance from our DPH liaison, emergency shelters (ES) determined the best configuration and/or maximum capacity for safe operation to mitigate viral spread. ES increased sanitizing/cleaning protocols, provided masks, required mask wearing, implemented hand sanitizing and hand washing stations, did not allow persons to congregate in groups, conducted temperature checks, and sent persons with symptoms to hospitals for testing. Our CoC conducted intense diversion work, transitioning people from ES to living with friends/family. Our CoC also developed an Outbreak Protocol for ES to follow as needed, which included sending persons to Isolation Hotel if exposed, testing positive, or awaiting results and utilizing DPH for assistance with contact tracing.

3) Transitional housing (TH) providers also adjusted bed capacity/configuration, increased sanitizing/cleaning protocols, provided masks, required mask wearing, implemented hand sanitizing and hand washing stations, did not allow persons to congregate in groups, conducted temperature checks, and sent persons with symptoms to hospitals for testing. TH also followed our CoC's Outbreak Protocol.

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

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

(limit 2,000 characters)

As a result of COVID-19 collaborations, the WS/FC CoC established Public Health Emergency Task Group, which at the pandemic's onset scheduled a Daily Call at 2PM to facilitate communication and the response of our homeless service system. The Public Health Emergency Task Group's 2PM call is now weekly, and they plan to remain active beyond the current pandemic to improve our community's readiness in the future. Key leaders involved in this group include the Director of Social Services, a Department of Public Health (DPH) liaison, hospital representatives, Street Outreach staff, Executive Directors representing ES and TH, and CoC Leadership. The DPH liaison's role is critical to providing timely information and guidance to protect the health of both our homeless participants and staff serving them. The Task Group is currently working on policies for emergency shelters, with a specific emphasis for policies that address infectious disease.

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

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

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

(limit 2,000 characters)

At the onset of COVID-19, our CoC established Daily Calls (at 2PM) to allow for constant and current communication on all issues and resources. All recipients of ESG, ESG-CV, and CoC funding participated in those calls, as well as the greater community who serve homeless participants. Through these Daily Calls, our CoC identified priorities related to ESG-CV funds. The Collaborative Applicant coordinated the applications for ESG-CV funding, and the Rating Panel made the final recommendations. As a result:

1) Our CoC created isolation rooms in motels for the medically vulnerable and for those exposed to COVID-19. This was to prevent the spread among the homeless population. Our CoC also awarded funds to a local shelter, which enabled them to create isolation rooms on site, giving those experiencing homeless personal privacy and protection. These rooms are dedicated to those who have high barriers and/or compromised health.

2) Our CoC allocated ESG-CV funds to expand our current Rapid Rehousing program. By expanding the Rapid Rehousing program, our CoC will be able to provide assistance to households that are lower on the By-Name List. CoC funds were also provided to create a homeless prevention program that assists with keep households from entering the homeless system by providing diversion funds to keep them safely housed.

3) Our CoC did not allocate ESG-CV money to eviction prevention, as our City and County was awarded sufficient eviction prevention funds through the Treasury Department. Our CoC worked hand in hand with local government to provide eviction prevention funds and assistance to households who became homeless during the COVID-19 pandemic.

4) ESG-CV funds were used to provide masks and other PPE to shelter residents and staff. The shelter locations were also renovated to meet COVID-19 distance guidelines.

5) Some shelters purchased furniture that can be sanitized and upgraded their HVAC systems to heighten their sanitary practices.

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

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

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

(limit 2,000 characters)

1) To decrease the spread of COVID-19, our CoC coordinated with mainstream health, which included both the Department of Public Health, clinics serving our shelter participants (e.g., United Health Centers), and our private hospitals (i.e., Novant Health and Atrium Health Wake Forest Baptist). Daily screening for COVID symptoms was established for all guests, staff, and volunteers. Testing protocols were established at the onset, and the CoC operated an isolation shelter immediately. When vaccines were ready for distribution, these strengthened local relationships expedited mainstream health’s ability to come on site for education and vaccine clinics. One positive long-term outcome of this public-private coordination and effort to decrease community spread was the development of a Communication Protocol between hospitals and the Coordinated Intake Center (SSO-CE) to improve discharge planning.

2) During the COVID-19 Daily Calls, shelters and street outreach teams discussed and confirmed the implementation of their safety measures (e.g., social distancing, hand washing/sanitizing, masks, etc.). CoC Leaders

supported the continuous distribution of PPE and sanitation products. In the event of an exposure or multiple positive results, the Department of Public Health did on-site monitoring to ensure effective implementation of safety measures and sanitation.

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

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

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

(limit 2,000 characters)

1) At the onset of the pandemic, our CoC established Daily Calls (at 2PM) for the homeless service providers. Information was communicated regularly, so providers were constantly up to date on the situation and response. The minutes of the Daily Call have same-day distribution, allowing for our mainstream health providers and anyone else who may have occasional conflicts stay informed. CoC-member organizations regularly communicate with their staff, homeless guests, and volunteers about all safety measures that are in place.

2) All changes in local restrictions were communicated on the Daily Call. While it is now a weekly call, this is our CoC's primary way to communicate with homeless service providers.

3) During the Daily Calls, our CoC Leadership and Department of Public Health liaison kept homeless service providers informed about vaccine implementation. Vaccine implementation began in February 2021, with the medically fragile, elderly persons, and frontline providers. By March 2021, our homeless community was eligible for vaccination. Shelters held multiple vaccine clinics on-site, and also held vaccine clinics for clients at the Soup Kitchen. Each shelter continues to advocate for vaccinations and monitor the rates

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

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

(limit 2,000 characters)

To identify eligible individuals and families experiencing homelessness for COVID-19 vaccination, our CoC followed and promoted eligibility protocols issued by the State of NC. Our CoC also advocated at the state-level to provide the homeless community with early access. Our CoC has been very proactive with COVID-19 Vaccination efforts. Homeless persons in the elderly or health compromised categories were encouraged to get vaccinated when the vaccines

first became available. Multiple vaccine clinics have been established at multiple locations throughout the community where homeless persons frequent, including shelters and the Soup Kitchen. Homeless provider staff were encouraged and included in vaccine promotion efforts. The CoC used its Daily Call to brainstorm strategies for promoting and informing the homeless community about the benefits of vaccination. Shelter Executive Directors keep estimates on vaccination rates among staff and participants.

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

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

(limit 2,000 characters)

Bridges to Hope Family Justice Center, opened late summer 2020, multi-service center located on the campus of DSS. DV victims are connected to supportive housing through coordinated assessment as quickly as they are identified to ensure they have resources to find safety and follow housing plan. This Center is helping to serve all persons affected by intimate partner violence, and is providing one-stop access to critical services. 211 has seen a 3-fold increase in DV calls statewide. The Winston-Salem Police Department has also seen a significant increase in DV calls. Our CoC anticipates significant rises in housing and service needs over the next 12-18 months, an aftershock of the COVID-19 pandemic. Our CoC is responding to this expected increase by submitting a DV Bonus project request, so that our primary DV provider can work seamlessly with CE through the Bridges to Hope Family Justice Center. Additionally, with the significant challenges of finding safe, affordable housing in our CoC (i.e., housing at or below FMR), Housing Navigation services and affordable housing efforts are critically needed and currently extremely time intensive, which is why the DV Bonus expansion effort is necessary if we are going to rapidly and safely rehouse homeless DV survivors.

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

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

(limit 2,000 characters)

In May 2020, adjustments were made to our Coordinated Entry (CE) policy and procedures to prioritize housing program openings to those considered 'Medically Fragile' and high risk to COVID-19. CE staff were tasked with creating a scoring tool in consultation with the local Department of Public Health department and CDC guidelines to identify and prioritize households based on

COVID-19 risk factors. Our CoC opened a temporary shelter for our medically fragile population. CE staff assisted in referring households from this shelter to program openings and facilitating weekly case conferencing to accelerate the housing process. CE staff assisted in the opening and monitoring of an isolation shelter for covid positive individuals, they used their phone line as a 24-hour hotline for medical institutions to call when discharging homeless clients, to prevent covid positive individuals from being unknowingly admitted to our shelters. During the pandemic, our street population increased dramatically. CE staff helped street outreach create an unduplicated list to track our unsheltered population and continue to facilitate weekly meetings to update this list, to ensure we have an accurate count.

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

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

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

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

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	08/27/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	08/27/2021

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

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

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	No
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

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

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

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

(limit 2,000 characters)

1) Our CoC's Renewal Project Performance scorecard considers the specific needs and vulnerabilities of chronically homeless, families with children or youth, victims of intimate partner violence, and Veterans when ranking and selecting projects. Our CoC's Rating Panel makes sure the final Project Priority Listing always includes an array of projects that serves all sub-populations within our community and that addresses their unique needs and vulnerabilities.

2) Our CoC's Rating Panel is very objective in its annual process, making sure not to eliminate projects that provide housing and services to the hardest to serve populations. CoC Bonus funds were used to create a new project design for the hardest to serve population, which will replace a renewal that was under performing due to project design (i.e., lack of staff and services). Our CoC's Rating Panel always considers the challenges projects encounter when providing housing and services to the hardest to serve populations, and they recognize this often results in lower performance but addresses critical needs in our geographic area. These considerations are evident in the review and final ranking each year.

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1) Our CoC's Rating Panel includes people of different races, and reflects that of our local homeless population. This diverse group of individuals uses care in their determination of rating factors and their review of project applications.

2) Our CoC's Rating Panel includes people of different races, and reflects that of our local homeless population. This diverse group of individuals uses care in their review, selection, and ranking of project applications. The Rating Panel is well informed

3) Our CoC's HMIS Local System Administrator provides program data to the Rating Panel and CoC about program participant demographics and overall homeless population demographics. While our homeless population

demographics do not mirror overall community demographics, our programs' participants mirror the homeless population demographics.

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

Describe in the field below:

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

(limit 2,000 characters)

1) Our CoC's written, web-posted Reallocation Process aligns with HUD guidance – stating in the local project solicitation (i.e., RFP) that new projects may only be funded through reallocation of funds from existing projects or through the bonus process, while noting that HUD limits the type of projects for which reallocated or bonus funds may be used, and that expansion may be funded through reallocation. Our CoC's Rating Panel reviews renewal projects based on performance metrics, and outcomes reveal projects that are low performing, less needed, or financially inefficient, and then the Rating Panel develops reallocation and ranking recommendations after consideration and discussion of both the new and renewal projects. Recommendations to reallocate funds consider both HUD's policy priorities & strategic objectives and the CoC's needs & priorities.

2) Our CoC's Rating Panel identified two projects that were low performing and/or less needed during the local competition this year.

3) Our CoC reallocated through elimination two projects that were low performing and/or less needed during the local competition this year. Our CoC also made two minor reductions in renewal projects for reallocation to new projects. All of the reallocations were made to accommodate funding new projects whose purposes are designed to meet system-wide needs, improve client outcomes, and improve system performance.

4) NA

5) The Reallocation Process is communicated to project applicant via web postings, grant workshops, and meetings. After the Rating Panel makes its reallocation decisions, the CoC membership is made fully aware of the performance results, scoring, local needs, and considerations that guided the Rating Panel to its final recommendation.

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	10/25/2021

1E-5a.	Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/25/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/09/2021
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2A. Homeless Management Information System (HMIS) Implementation

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

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

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

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

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

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/13/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

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

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

(limit 2,000 characters)

1) Our CoC's Local System Administrator (LSA), who works for the Local HMIS Lead, reviews the reports that Family Service, Inc., the CoC's main DV housing and service provider, is required to submit due to their funding sources. They have been able to submit all reports in recent years with minimal issue or technical support.

Our CoC has another very small DV provider, Next Step Ministry, which doesn't receive any federal or state funding that requires they use an HMIS comparable database. Our CoC's LSA is available and willing support their participation in an HMIS comparable database if the need or interest presents.

2) Family Services, Inc., our CoC's main DV provider, provides de-identified aggregated system performance measure data to the CoC annually for the renewal project performance review process. Our CoC's LSA is also coordinating with Family Services, Inc. to assist them in their submission of de-identified aggregated system performance measures data for their projects in the comparable database for the recent HUD Fiscal Year End (9/30/2021), so the CoC and HMIS Lead has system-wide data in its annual performance monitoring.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	369	28	281	82.40%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	57	0	33	57.89%
4. Rapid Re-Housing (RRH) beds	184	61	123	100.00%
5. Permanent Supportive Housing	331	0	184	55.59%
6. Other Permanent Housing (OPH)	0	0	0	

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

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

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

(limit 2,000 characters)

1) For ES and TH, the CoC will be above 84.99 percent in 2022. The Winston-Salem Rescue Mission (WSRM) does not serve homeless individuals by HUD's definition. Thus, in following with HUD guidelines, the WSRM's ES and TH beds will not be counted in the upcoming HIC. With regards to PSH bed coverage,

our CoC has actively supported our NCHMIS Implementation Lead, MCAH, in its efforts to work with HUD, the VA, and WellSky on identifying a solution for VASH PSH beds/participants data import into HMIS, but the databases/fields of information are making import challenging. Our CoC will continue to advocate for progress and a solution. In addition, our CoC will work with local VA and PHA staff to develop a local solution to entering participant data into the HMIS separate from an import.

2) For the ES and TH bed coverage, the CoC's HMIS LSA has been notified to remove the WSRM from the 2022 Housing Inventory Chart in HDX. Upon community review of the HIC, the CoC will ensure that WSRM ES and TH beds are not listed, since their clients do not meet the HUD homeless definition. 2022 ES and TH HMIS bed coverage will be at 100%. With regards to PSH bed coverage, our CoC will continue to support the NCHMIS Implementation Lead, MCAH, in its efforts to work with HUD, the VA, and WellSky on identifying a solution for VASH data import into HMIS. Since, VASH data importing has not been feasible to date, our CoC's HMIS LSA will meet with the Senior Director of Housing Strategies for United Way of Forsyth County to make an action plan for collecting and entering VASH client data and see who is appropriate to complete this task with consideration of licensing and training. They will also include VA and Housing Authority of Winston-Salem representatives in their implementation plan, so that ROIs are in place and data can be collected and entered for all new VASH households. The VA will be instrumental in assisting our CoC with obtaining ROIs data for entry on existing VASH households.

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

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	85.39%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

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

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

(limit 2,000 characters)

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

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

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

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

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

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

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

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

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

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

(limit 2,000 characters)

The 2021 PIT Count (n=323) in HDX revealed a 27.7% decrease in sheltered individuals as compared to 2020 (n=447) and a 24.9% decrease in sheltered individuals and families as compared to 2019 (n=430).

With regards to first-time homeless as reported in HDX Metric 5.1, our CoC saw a 7.4% decrease in the rate of first-time homelessness from FY19 to FY20. Metric 5.2 also improved with a 7.1% decrease from FY20 to FY21. Preliminary SPM data shows similar reductions from FY20 to FY21.

1) Our CoC identified first-time risk factors by analyzing HMIS data and using the results of coordinated, in-depth screening (VI-SPDAT) and Case Manager input. Vulnerabilities are low/no income, substance abuse, health/behavioral issues, criminal records, chronic homelessness, DV, human trafficking, LGBT status, high use of crisis/prevention or hospitals/jail, likelihood for eviction, involvement with WS/FC Schools (LEA) Project HOPE homeless outreach, and/or living unsheltered, doubled up or in motels/hotels.

2) Our Coordinated Intake Center (CIC) works with shelters/crisis assistance agencies to implement a diversion protocol at initial contact and partners with mainstream/prevention agencies to reduce first-time homelessness for individuals and families with children. In 2020, our CIC Team added Diversion & Prevention (D&P) Specialists to increase use of our proven D&P protocols. More focused efforts to prevent first-time homeless among families with children include collaboration between CIC, shelters, and Project HOPE. These heightened D&P activities are revealing positive results. Per our DV Bridges to Hope Family Justice Center, many DV survivors are at risk of first-time

homelessness. Thus, Family Services, our VSP, is proposing an expansion project to increase outreach by adding CE diversion/prevention/housing specialists at Bridges to Hope.

3) Senior Director for Housing Strategies, United Way of FC, in coordination with the Dir. of CIC, is responsible for overseeing this strategy.

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

Describe in the field below:

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

(limit 2,000 characters)

As reported in HDX, our CoC’s LOTH numbers are stable, with a 2.8% reduction in average LOTH for persons in ES (Metric 1.1) from FY19 to FY20; when TH is included, there was a slight increase (10.1% or 8 days) in LOTH.

1) Our CoC uses Built for Zero planning, constant contact by street outreach workers, and careful monitoring of participants’ length of stay to speed movement through coordinated intake to PH (i.e., reduce both time between program match/intake and housing and LOTH). Our CoC’s strategy also includes having our housing navigators to identify available units for PH clients to rent and a new partnership with one large property owner to incentivize rapidly rehabbing prior uninhabitable units to bring them back online to increase the housing options for people exiting homelessness. Using daily COVID calls and task groups, case managers and other service providers are identifying and overcoming barriers that delay housing. Our Coordinated Intake Center (CIC) established case conferencing calls with Case Managers to monitor and encourage quick housing placements for those residing in the medically fragile shelter that was established during the pandemic. This strategy has since been adapted for all RRH clients. Placement success is due to CoC planning and partnership with our PHA, which is moving on stable PSH participants to create new PSH openings and shorten LOTH. HMIS data is used to monitor LOTH and inform our work.

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

3) Dir. of CIC, United Way of FC, maintains the By-Name List, and the Senior Dir. for Housing Strategies, United Way of FC, is the position/organization responsible for overseeing the strategy to reduce LOTH.

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

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

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

(limit 2,000 characters)

1) From 2019 to 2020, our CoC's exits to PH destinations declined by 3% as reported in HDX SPM. For ES, SH, TH, and RRH, our CoC has several strategies to increase the PH exit rate. CE works with our PHA and RRH providers to quickly move people to PH after assessment & referral. Recognizing the challenge of PH exits for participants with low to mid-range vulnerabilities, our CoC hired new Diversion & Prevention Specialists to increase the rate of positive housing outcomes. Housing Navigators work to increase supply of units available and maintain an online searchable housing location tool. Other strategies are more targeted, like increasing PH destination rates for specific sub-populations, including landlord assurances in RRH work, and building relationships with mainstream service providers to ensure participants have necessary supports. HMIS data helps identify LOS patterns and informs matching criteria (i.e., to case managers or housing search & placement assistance) to ensure that long-term stayers have appropriate housing resources, with specific focus on those at the 30-day mark.

2) From 2019 to 2020, our CoC's PSH retention and exit to PH destinations rate improved to 99%, a 3% gain, as reported in HDX SPM. For both individuals and persons in families residing in PSH programs, our CoC has very high performance with PH stability. Expanding case management services and right-sizing other supports is a key strategy to support housing placements. The primary strategy for increasing the rate of housing stability in PSH is client-centered case management, where case managers provide the appropriate & necessary supports to ensure retention or successful exit for each individual or family. Our CoC continuously fine tunes our PSH to shorten time to housing and maintain a high housing stability rate. Thus, the new Forsyth PSH Collab. expansion seeks additional resources to address the increasing challenge of finding affordable housing and serving very high-need participants.

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

Describe in the field below:

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

(limit 2,000 characters)

1) From 2019 to 2020, the <6mos. return rate improved or decreased by 3% (FY19: 12%; FY20: 9%). From 2019 to 2020, the 6-12mos. return rate improved or decreased by 1% (FY19: 8%; FY20: 7%). Our CoC's Community Intake Center (CIC) uses a By-Name List to identify/track recidivism as part of

coordinated entry, and the CoC/Collaborative Applicant (CA) monitors individual returns to homelessness from PH projects with HMIS recidivism reports. Having multiple non-PH exits has been identified as a common factor among those who return to homelessness, which reveals that the exit was not actually to a permanent situation. Our CoC's coordinated intake and assessment process uses a standardized assessment tool to identify factors for persons to consider addressing in their housing stability plan. During the pandemic, our CoC observed that isolation was a leading factor in creating returns to homelessness. The need for ongoing and continued peer support is critical to maintaining their housing stability, and our CoC is pursuing other strategies to create community once persons exit to PH.

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

3) Senior Director for Housing Strategies, United Way of FC, is the position/organization responsible for overseeing the strategy.

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

Describe in the field below:	
1.	your CoC's strategy to increase employment income;
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

(limit 2,000 characters)

Our CoC was not able to demonstrate increases in employment cash income for adults (both leavers and stayers) from FY2019 to FY2020, which is why we are submitting an expansion project specifically dedicated to improving these outcomes for work-ready participants in our Forsyth Rapid Rehousing Collaborative.

1) For employment income, Goodwill Industries (MOU in place) & NCWorks Career Ctr. provide their resources and more training for Case Managers in better connecting participants to job training & employment. Our Goodwill Industries has a formerly homeless Board member to better inform their work. Specific best practices to increase employment income include: working closely with organizations such as Goodwill Industries & NCWorks Career Center to provide employment services; referring all individuals who need/want to increase their employment income to Goodwill and/or NCWorks; career

coaching on job progression; skills training, when appropriate, to increase employability skills whether to get a job or advance in the one held; and training on job retention & advancement strategies. A new privately-funded employment project gives RRH participants financial support for needs (i.e., child care or transportation) that help them obtain a living wage position.

2) Participants access work supports (e.g., food stamps, subsidized childcare, housing) to free up cash; this is accomplished through vocational coaching sessions. In addition to discussing supports that may be available, the true value of various jobs is discussed. Participants learn to analyze the true cost of a job - e.g., A job may pay \$.50 to \$1.00 more per hour, but be a further driving distance, less hours, and less benefits. If the difference in pay can't more than cover the extra costs, then the job making less per hour may be a better alternative.

3) CoC Program Manager, City of Winston-Salem, in coordination with Director of Mission Performance Management, Goodwill Industries of NWNC, Inc.

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1) Our CoC has an MOU in place between the United Way (CoC), NCWorks (Workforce Dev. Bd.), and Goodwill (Local Educ./Training). To increase access to employment, our CoC holds job/hire fairs in partnership with companies that are hiring; develops relationships with employers to ensure meeting their hiring needs; provides pre-employment services to employers such as resume screening, testing, etc.; uses mobile tools like Goodwill on the Go, which provides virtual information on local training/job fairs. Built into the work that both Goodwill & NCWorks Career Center provide, is employer engagement, by building partnerships with area employers around training and employment needs, ensuring participation by employers in GW's Business Advisory Councils, partnering with staffing agencies, holding job/hire fairs for employers and staffing agencies, & providing screening services for employers.

2) Goodwill & NCWorks partner with FTCC and area employers to provide skills training to prepare individuals for living wage employment. NCWorks provides on-the-job training and internships with local employers. Our CoC collaborates with the Homeless Veterans Reintegration Program (HVRP), funded by DOL, ensuring that Veterans have ready access to supports for training and employment. Our CoC Case Managers report several PSH success stories, with participants overcoming their addictions, finding their passions (e.g., serving others with lived experience, landscaping, culinary work, etc.), furthering their education, and engaging in meaningful work. Notable stories include: a) Housing First participant receiving his MSW and now working in an emergency

shelter; & b) Second Harvest's Providence Culinary Training program providing pathways to family-sustaining careers in the food service and hospitality industries. Through our network of employee partners, Goodwill, NCWorks Career Center, CoC Case Managers, and HVRP staff provide participants access to beneficial employment opportunities.

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

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

(limit 2,000 characters)

1) Our CoC was not able to demonstrate increases in non-employment cash income for adults (both leavers and stayers) from FY2019 to FY2020. Our CoC is working with DSS to better connect participants to non-employment cash benefits. Additionally, our CoC's HMIS Local System Administrator is working with Case Managers to ensure that participant data is both complete and accurate, and that participants receive an annual assessment to ensure that income reporting is up to date. HMIS Users have an upcoming training scheduled on this topic being delivered by our NCHMIS Implementation Lead.

2) Utilizing SOAR has always been one of our CoC's main strategies for increasing access to non-employment cash sources. As part of the new Pathways to Healthy Housing project, our CoC will have access to a new SOAR worker to serve participants and increase their access to disability income. Our CoC is also looking for ways to increase capacity in this area.

3) The Director of Forsyth Rapid Re-Housing Collaborative, Housing Matters, United Way of Forsyth County, is responsible for the CoC's strategy to increase non-employment cash income.

3A. Coordination with Housing and Healthcare Bonus Points

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

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

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
---	----

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

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

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

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

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

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

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
Pathways to Healt...	PSH	11	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Pathways to Healthy Housing

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 11

4. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

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

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

(limit 2,000 characters)

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

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

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

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

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

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

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

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

(limit 2,000 characters)

4A. DV Bonus Application

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

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

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

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
--	-----

4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

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

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

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

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

1.	Enter the number of survivors that need housing or services:	1,495
2.	Enter the number of survivors your CoC is currently serving:	45
3.	Unmet Need:	1,450

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

Describe in the field below:

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

(limit 2,000 characters)

1) Our CoC used NC Council for Women DV Statistical Report data for July 1, 2020 – June 30, 2021, reported by our two DV providers. In the 20-21 NC Council for Women statistical report, Family Services served 1,358 unduplicated DV clients, and Next Step Ministries served 137 unduplicated DV clients. In addition, the Winston-Salem Police Department reported a total of 5,529 DV-related incidents from July 1, 2020 to June 30, 2021. This demonstrates a 2.6% overall increase as compared to the prior year. Family Services Crisis Line received a total of 910 DV-related calls in FY2021. Of these calls, 200 reported issues with homelessness (22%). The two DV shelters in Forsyth County served 258 DV victims in FY 21 (Family Services shelter served 197 individuals in FY2021 and Next Step Ministries Shelter served 61). In NC, 211 calls have almost quadrupled from 2020 to 2021.

2) The above data was collected from Family Services comparable database, Osnum, and Next Step Ministries database. Law Enforcement numbers are based upon latest available data from the Winston-Salem Police Department.

3) CoC participating agencies and DV clients served face significant barriers to successful housing placement. Affordable, safe housing is sometimes difficult to find in our community, and current FMRs are too low for affordable, safe housing. Many DV clients are rejected by landlords or housing complexes for multiple factors such as: previous felony conviction, bad credit (often related to economic abuse related to the VD abuse), or past evictions (also related to the previous DV). CoC partner agencies continue to work with DV clients and with landlords to create solutions and overcome barriers.

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

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

Applicant Name
City of Winston-S...

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

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

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

1.	Applicant Name	City of Winston-Salem
2.	Rate of Housing Placement of DV Survivors–Percentage	55.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	80.00%

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

Describe in the field below:

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

(limit 1,000 characters)

1) Family Services provided the statistical data from the HUD CAPER report for July 1, 2020, to June 30, 2021. During this time period, Family Services provided service to 93 households. Of those, 51 households moved into housing (55%). During the same time period, 80% of the individuals in all of the households served who exited the program transitioned into a positive housing destination (96 of the 120).

2) The above data was collected from Family Services comparable database, Osnum.

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

Describe in the field below how the project applicant:

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

(limit 2,000 characters)

1) Family Services offered all guests that entered the Domestic Violence shelter the option to complete a VI-SPDAT and be referred to Coordinated Entry for housing assessment. Victim Advocate Case Managers provided information and housing options. Guests met with a Victim Advocate Case Manager within first 24-48 hours in the DV shelter where housing options and services available were discussed and offered. During the time clients were enrolled in Rapid Rehousing, case managers were available to meet with guests by phone, in person, or in the community to complete case management tasks. Housing lists were sent regularly, and any housing leads were communicated. Victim Advocate Case Managers assisted with coordination for transportation needs including providing bus passes so clients could view housing options. Funds were utilized to offer double deposits, security deposits and utility deposits to assist clients to be approved and moved in as quickly as possible.

2) Our CoC's Coordinated Intake Center (CIC) maintained a prioritization list for DV survivors. When survivors were referred from DV shelter, they have been prioritized to complete their housing assessment through coordinated entry.

3) Clients were connected to various resources in the community as needed. This was done by phone, email, or in-person, depending on client needs and preference. Community resources shared included but was not limited to: housing lists, landlords, counseling, financial assistance, job searching, childcare options, and resources to meet medical needs.

4) Victim Advocate Case Managers complete monthly housing stabilization plans with clients where conversation is focused on sustaining housing after subsidy ends. Client and staff develop goals to help each client work towards stabilization. Items such as budgeting, regular employment, childcare, etc. are discussed. Victim Advocate Case Managers make referrals as needed.

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

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

(limit 5,000 characters)

1) All Family Services shelter, housing, and advocacy staff complete an initial 20 hours of victim services training before working directly with Domestic Violence clients. Many staff are also trained in address confidentiality programs and many are able to give and score the danger assessment. All staff have

access to and are able to complete safety plans with clients. All staff will be required to complete an annual training on de-escalation strategies.

2) In the Family Services Domestic Violence Shelter, staff utilize a conference room to complete intakes. The door is closed, and a sound machine exists as well to ensure privacy for guests and staff with new guests. Intakes for RRH in shelter are also completed privately either in the conference room or a staff office space. Each staff has their own office to ensure privacy and confidentiality during phone calls and appointments.

3) The Family Services Domestic Violence shelter and housing program does not provide services to couples.

4) Staff utilize trauma informed, client centered principles. Part of this process is to allow the client to be in charge of their own lives and decision making including where they would like to live as it relates to their safety, accessibility, and desire to receive rental assistance within a program. Clients are always encouraged to view properties and research areas prior to making their final decision about application, move in and lease signing.

5) There is maintenance staff on-site at the Family Services DV shelter every workday for approximately 3 hours to address any maintenance needs. The building is locked, secured, and in a confidential location to ensure safety. The Family Services Shelter functions as an emergency, temporary housing place for those fleeing domestic violence or sexual assault.

6) The location of the shelter is confidential. Victims newly accepted to become guests at the shelter are escorted by law enforcement.

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

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

(limit 2,000 characters)

When clients enter the Family Services DV shelter, they are provided immediate refuge from an unsafe situation. The location is confidential, and the building is secured. There is a staff person on-site 24/7. All guests have the ability to complete a safety plan and are offered safety planning services. Additionally, all clients are provided information describing the services available (including but not limited to counseling, support group, and advocacy). Family Services coordinates and often refers individuals to obtain a protective order if needed or desired at Bridges to Hope Family Justice Center. We utilize survey data to track client’s perception of their ability to plan for their safety and their feelings of safety. This information is asked on a weekly basis for those staying in shelter and a monthly basis to those served in Rapid Rehousing.

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

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

(limit 5,000 characters)

Family Services employs trauma-informed and victim-centered approaches with Domestic Violence clients. In the following response, we provide examples and processes to demonstrate these approaches.

1) An individual in RRH was approved for an apartment; however, she declined the initial option, preferring to stay in another location that she felt was less associated with her abuser and his frequent presence or connections. Family Services staff continued to work with this client to complete application for new desired apartment. Though the client’s choice delayed the placement, respecting her preference was an important part of providing trauma-informed, victim-centered service.

2) All staff are expected to engage with guests with mutual respect and equity. Punitive measures are not utilized, and rules are very minimal. Rules only exist to address safety measures. For example, Family Services request that guests in shelter do not eat or drink in their rooms to maintain sanitation and maintenance of the building. However, often guests do eat/drink in their room. We kindly request they clean up and offer reminders of expectations. We do not exit clients if they eat or drink in their rooms.

Family Services asks all guests to participate in maintaining the cleanliness and sanitation of communal living spaces. We ask everyone to volunteer and do a small part in cleaning. We offer gift cards as incentives for those that go above and beyond. We often have guests who do not participate or clean. They are not exited from the program. Again, we have kind conversations and encourage guests in these situations, use motivational interviewing or try to find ways to engage individuals in a positive way.

3) All clients are offered the option to participate in a domestic violence orientation prior to their participation in shelter support group. Additionally, all clients have the option to participate in an on-going on-line support group held by Family Services advocates. Clients often talk in their case management meetings about patterns of DV, healthy relationships, etc. Clients are also encouraged to meet with a Family Services counselor to discuss trauma and emotional impacts of what they have experienced. These services are free and

voluntary. Participating in available services is not required to remain in the program. Clients are able to engage with any staff for supportive counseling as needed or desired.

Family Services staff find activities or strategies to offer clients options and different ways of understanding or addressing their trauma. For example, Family Services staff bring an emotional therapy dog to shelter on a regular basis. Additionally, we have an on-site therapist 2x/week who is able to provide individual and/or group activities. Currently, she is offering a weekly creative art group option.

4) Initial housing assessments within the VI-SPDAT ask about strengths and abilities. Initial housing stabilization plans in RRH have an area where strengths are discussed and identified. Staff and program structure focus on positive reinforcement, encouragement and empowerment, all of which come from a strengths-based perspective. Each week, shelter guests are asked to complete a weekly goal sheet where they can reflect and share what they've focused on or accomplished throughout the week. They can complete a survey to assess their feelings about their experience in shelter. RRH guests complete monthly stabilization plans with their case managers where they have the opportunity to reflect on goals as well.

5) The Family Services shelter and housing services are available to women, men, transgender residents and their children of all races, ethnicities and abilities. The first floor of the Family Services shelter is handicapped accessible. This includes multiple guest rooms, bathrooms and kitchen, the conference room, and staff offices. Family Services staff reflect the ethnic and racial diversity of our clients. Bi-lingual staff is present onsite.

6) Communal living naturally offers the opportunity for peer to peer support and relationship building. Family Services staff hold weekly house meetings for shelter guests to receive information and to communicate concerns or needs. Additionally, weekly support group is available at shelter or by zoom for anyone in shelter or RRH. This offers the ability to connect with other Domestic Violence survivors.

7) Family Services partners with other programs and agencies to provide childcare and make referrals as needed or desired (The Child Development Division of Family Services /Head Start, Smart Start, Parenting PATH). We have babysitting agreements available if shelter guests would like to allow other guests to assist with childcare. We also have volunteers and interns available on an as needed basis to assist with childcare needs.

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

Describe in the field below:

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

(limit 5,000 characters)

1) Family Services partners with many other community agencies to ensure that Domestic Violence clients are offered a variety of services as needed. These collaborative relationships allow our Domestic Violence housing clients to access services focused on education, employment, transportation, health care, and the legal system. Collaborative partner agencies include, for example: Goodwill, Financial Pathways, the Prosperity Center, Forsyth County Department of Social Services, the Bridges to Hope Family Justice Center of Forsyth County and the Family Services advocacy offered through that location, Head Start - free child development & childcare (also a division of Family Services), and Forsyth Technical Community College.

2) Some examples of service connections and navigation include:

- Other divisions of Family Services including Advocacy through the Bridges to Hope Family Justice Center and Head Start through the Family Services Child Development Division. These services allow domestic violence survivors to 1) file for protective orders and access legal assistance and 2) access the federally funded Head Start childcare slots specifically held open for homeless children.
- Goodwill – Clients are connected to job training services.
- Financial Pathways – Clients are connected to workshops and individual counseling on budgeting and money management.
- Forsyth Technical Community College – Clients are connected to a variety of technical and academic programs offered through the community college. Staff have assisted clients with completing financial aid paperwork.
- Department of Social Services – clients are connected to income eligibility services to be screened for various financial assistance resources such as emergency assistance, food stamps or Health Choice health coverage for children, for example.
- Parenting PATH – clients with children are referred into a variety of Parenting PATH programs to assist with various parenting issues.

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

Provide examples in the field below of how the new project will:

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

(limit 5,000 characters)

Staff will employ trauma-informed and victim-centered approaches with Domestic Violence clients. Family Services will implement the new DV

expansion project through the following approaches.

1) Family Services will add a Housing screener position to the advocacy team stationed at the Bridges to Hope Family Justice Center of Forsyth County. Bridges to Hope serves over 1,000 survivors per year. This new position will screen many DV survivors for housing needs and offer to engage them with the Coordinated Intake Center.

Family Services staff will provide DV survivor clients with choices and respect their preferences concerning housing placements. This will include, for example, respecting client choices about geographic location, perceived safety and accessibility of housing options.

2) All staff will engage with guests with mutual respect and equity. Punitive measures will not be utilized, and rules will be very minimal. Rules will only exist to address safety measures. For example, Family Services will request that guests in shelter do not eat or drink in their rooms to maintain sanitation and maintenance of the building. However, often guests do eat/drink in their room. We kindly request they clean up and offer reminders of expectations. We will not exit clients if they eat or drink in their rooms.

Family Services will ask all guests to participate in maintaining the cleanliness and sanitation of communal living spaces. We will ask everyone to volunteer and do a small part in cleaning. We will offer gift cards as incentives for those that go above and beyond. If guests do not participate or clean, they will not be exited from the program. Staff will have kind conversations and encourage guests in these situations and use motivational interviewing or try to find ways to engage individuals in a positive way.

3) All housing clients will have the option to participate in an on-line support group facilitated by Family Services advocates. Clients may discuss patterns of DV, healthy relationships and more in their meetings with Domestic Violence Case Managers. Clients will be encouraged to meet with a Family Services counselor to discuss trauma and emotional impacts of what they have experienced. These services will be offered to clients at no cost and are voluntary. Participating in available services will not be required to remain in the program. Clients will be able to engage with any staff for supportive counseling as needed or desired.

Family Services staff will find activities or strategies to offer clients options and different ways of understanding or addressing their trauma. For example, Family Services staff will bring an emotional therapy dog to shelter on a regular basis.

4) Initial housing assessments within the VI-SPDAT ask about strengths and abilities. Initial housing stabilization plans in RRH have an area where strengths are discussed and identified. Staff and program structure focus on positive reinforcement, encouragement and empowerment, all of which come from a strengths-based perspective. Each week, shelter guests will be asked to complete a weekly goal sheet where they can reflect and share what they've focused on or accomplished throughout the week. They will be offered a survey to assess their feelings about their experience in shelter. RRH guests will complete monthly stabilization plans with their case managers where they have the opportunity to reflect on goals as well.

5) The new DV project of the Family Services shelter and housing services will be available to women, men, transgender residents and their children of all races, ethnicities and abilities. The first floor of the Family Services shelter is handicapped accessible. This includes multiple guest rooms, bathrooms and kitchen, the conference room, and staff offices. Family Services staff reflect the ethnic and racial diversity of our clients. Bi-lingual staff is present onsite.

6) Communal living naturally offers the opportunity for peer to peer support and relationship building. Family Services staff will hold weekly house meetings for shelter guests to receive information and to communicate concerns or needs. Additionally, weekly support group will be available at shelter or by zoom for anyone in shelter or RRH. This will offer the ability to connect with other Domestic Violence survivors.

7) Family Services will partner with other programs and agencies to provide childcare and make referrals as needed or desired (The Child Development Division of Family Services / Head Start, Smart Start, Parenting PATH). We have babysitting agreements available if shelter guests would like to allow other guests to assist with childcare. We also have volunteers and interns available on an as needed basis to assist with childcare needs.