

## **Before Starting the CoC Application**

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

The Collaborative Applicant is responsible for reviewing the following:

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

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

### **Instructions:**

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

**1A-1. CoC Name and Number:** WV-503 - Charleston/Kanawha, Putnam, Boone, Clay Counties CoC

**1A-2. Collaborative Applicant Name:** Kanawha Valley Collective, Inc.

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Kanawha Valley Collective, Inc.

## 1B. Continuum of Care (CoC) Engagement

### Instructions:

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

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

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

Other:(limit 50 characters)		
Veterans Administration	Yes	Yes
Healthcare for the Homeless	Yes	Yes
Veterans Service Providers	Yes	Yes

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

All KVC meetings are open to the public who are welcome to attend and express their opinions. Monthly membership meetings have diverse stakeholders and speakers that allow for communication on ways to provide better services and to make informed decisions. The KVC ensures COC committees & the Board broadly reflect diversity and includes homeless providers, healthcare providers, meal providers, city officials and community members. KVC members also talk to others about homelessness when they attend other community meetings. Members are continuously inviting new participants to join the KVC. Agencies who have questions and issues on homelessness are referred to the KVC for information and guidance. Social media is a great tool used by the KVC Board in order to inform the public about homelessness as well as a way to generate opinions and conversation. The Charleston Homeless Task Force, which was formed two years ago, is led by the women of Charleston City Council, the local Continuum of Care and includes members representing service providers, churches, state and city government leaders. During the past year the Task Force held a Homeless Symposium to educate and explore the reality of homelessness and possible strategies to prevent and/or end homelessness. The symposium, which was free and open to the public, provided people an opportunity to submit questions to the panelists for discussion. The symposium was well attended and has prompted the need for further community discussions. The next symposium will be held in September and will include more in-depth discussions concentrating on specific homeless issues in different areas throughout the city. All of the opinions and ideas expressed at these symposiums are reviewed by the KVC, and further action is taken on those that are deemed appropriate and will benefit the homeless population.

**1B-2.Open Invitation for New Members. Applicants must describe:**

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

1. The KVC is constantly soliciting new members to join. Personal invitations are extended by members to other individuals/agencies as they interact with

them during meetings, work functions, and social venues. Meeting information is shared on social media as well as the community calendar of the local United Way. In addition to personal invitations, community outreach events are held several times per year that provide opportunities to engage new service providers to become part of the Continuum of Care. A Homeless Persons Memorial Day is held annually at the WV State Capitol which draws attention to homelessness and is a setting where the KVC can distribute informational materials as well as solicit new members. 2. Invitations are posted by local agencies, discussed with all community meetings, posted at member agencies and communicated at events such as symposiums, WV Housing Conference, PIT media articles and any other opportunity that arises. The recently formed Homeless Task Force has placed the issue of homelessness at the forefront in the Kanawha Valley area which has resulted in more and more people becoming aware of the homeless and many wanting to become involved with the KVC. The KVC also actively uses social media (Facebook, website, Twitter) to reach the community and to solicit new members. 3. New members are solicited at least monthly. 4. Homeless and/or formerly homeless individuals are encouraged to become involved in the KVC. A flyer has been developed by the KVC which lists all upcoming Board, Committee, and General Membership meetings. This flyer is placed in social service agencies as well as other areas that are frequently visited by the homeless/formerly homeless. The KVC itself has homeless and/or formerly homeless individuals on its board and several other agencies (Covenant House, YWCA of Charleston, and Pretera Center) that are active in the KVC have homeless/formerly homeless individuals on their Boards.

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

The KVC holds an open competition for new and renewal projects each year. The KVC uses social media, email lists/blasts, and meetings to notify the public that proposals are being sought. The letter of intent was released on July 2, 2018 and was distributed via the KVC Facebook page, Twitter, the KVC Website and existing KVC email Lists. The letter of intent also included links to the COC Competition Page on HUDExchange and a link to the NOFA application. The KVC reviews the initial letter of intents to determine if the proposed project meets the objectives of both the US Department of Housing and Urban Development and the KVC.

The COC Program competition is discussed year round at KVC Membership and Board of Director meetings, both of which are open to the public. It is also discussed at meetings which non-KVC members attend so organizations that have not previously applied for funding are made aware of the upcoming grant cycle.

To determine whether a project application is included in the Program Competition process, the KVC uses objective, performance-based scoring criteria and selection priorities that are approved by the KVC Board to determine the extent to which each project addresses HUD's policy priorities. The KVC reallocates funds to new projects whenever reallocation would

improve outcomes and reduce homelessness and consider how much each project spends to serve and house an individual or family as compared to other projects serving similar populations.

The KVC also reviews the unmet needs of the community which help to determine whether or not a project should be included and what the ranking should be.

The KVC is receptive to projects from agencies that have not previously submitted a project as long as the proposal meets a need of the homeless community and fits in with the HUD guidelines. The KVC believes the more involvement by agencies the better the homeless community will be served.

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

### Instructions:

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

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

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

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

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

() The City of Charleston is our local Consolidated Plan jurisdiction. The KVC's Project Resource Committee (formerly named the ESG Committee) includes representatives from all ESG funded agencies and some KVC board members as well as local government and law enforcement. The committee meets

monthly and regularly discusses ESG funding including planning and allocation. The Project Resource Committee prioritizes current needs & analyzes PIT, HIC, APR, CAPER & SPM data and collaborates to determine how funding will be utilized. The KVC collaborates with the state's ESG program by certifying applications submitted by KVC agencies designating that agencies are active in the KVC and giving specific highlights of their COC participation. Additionally, from the designation of this committee police participation has improved and the relationship has proved invaluable.

2) Numerous consultation meetings have taken place with the Homeless Management Information Systems (HMIS) specialist, and the Continuum of Care's Project Resource Committee. The HMIS specialist attends the Project Resource meetings and updates the committee on performance for evaluation purposes. The Project Resource Committee has set performance targets for ESG projects, and performance is monitored using APR, CAPER and SYS PM data. ESG program performance is reported to the City of Charleston for use in their Consolidated Plan, and is provided to the State of WV upon their request.

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

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

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

**(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and**

**(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.  
(limit 2,000 characters)**

1. The CoC has an emergency transfer plan policy & protocols that prioritize safety & insure that services are trauma informed & victim- centered. Access to service is not denied because applicant has been a victim of DV, dating violence, sexual assault, stalking, or human trafficking. Survivors have safe, confidential access to all KVC/victim services. Centralized Assessment Team (CAT) accesses & instantly refers those with indicators of DV to YWCA Resolve Family Abuse Program (RFAP). RFAP assists survivors with array of victim-specific services; shelter, safety planning, counseling, & legal services/court advocacy. RFAP staff is trained to address survivors' unique needs; confidentiality, proximity to abuser, & safety planning. All programs within KVC have access to RFAP for consultation to help adopt survivor-centered/trauma-



informed practices to maximize safety & confidentiality. After initial contact the household may prefer to use the RFAP services and RFAP will refer back to the CAT. KVC will provide each client the most barrier-free, rapid, & successful entry into housing as possible; ensuring that persons fleeing DV have access to housing/ services that prioritize safety & accommodate their unique situations. 2. Client choice is center of any referral/placement, with the client fully informed of all steps necessary to move from homelessness to permanent housing. Survivors have equal access & choice an array of services through the survivor-specific system or COC. Services are tailored to the acuity and need of each, utilizing a low barrier, housing first approach. Participation in services is encouraged by actively employing evidence-based practices for client engagement such as motivational interviewing. Clients will not be terminated from a program for lack of participation, lack of progress, or as condition to housing. Client-centered service and safety plans utilize client input to devise the most rational, individualized path to success.

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

WV Coalition Against Domestic Violence, YWCA Resolve Family Abuse Program, and Branches provide training on confidentiality and privacy rights of Domestic Violence survivors, included in the Violence Against Women Act and WV State law to CoC members, non-members, and Coordinated Entry System (CES) staff annually. As part of the trainings, an overview of safeguards that must be taken with any data associated with any individual or family who is known to be fleeing, attempting to flee, or suffering from any form of domestic violence are emphasized to make certain that data is handled in a sensitive and appropriate manner. Annual trainings and CoC meetings also provide the framework for discussion among victim and non-victim service providers involving best practices for serving victims of domestic abuse, trauma-informed care, cultural sensitivity, risk reduction, safety planning, and ongoing danger risk assessment. Training will be conducted in a uniformed manner to ensure consistency across the entire CoC service area. The dv shelter Branches held an LGBTQ training for all COC funded agencies. KVCCOC recognizes that victims of dating violence, domestic violence, sexual assault or stalking have unique and specific needs and must be treated with respect to their individual situations. Every service provider will provide the necessary safety and security protections for persons fleeing or attempting to flee domestic violence, family violence, stalking, dating violence, sexual assault, human trafficking, and/or other domestic violence situations. At minimum, individuals and/or families fleeing or attempting to flee will have safe and confidential access to the CES process and victim service providers, including immediate access to crisis services such as domestic violence hotlines and emergency shelter. To guarantee these practices, domestic violence training focused on safety and victim's rights will be offered annually for all providers involved in the CES.

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

**(limit 2,000 characters)**

Currently domestic violence survivors come into the Coordinated Entry System (CES) through a comparable system initiated by either of the twenty-four (24) hour domestic violence crisis hotlines; YWCA Resolve Family Abuse Program's Domestic Violence Crisis Hotline (local and toll-free) and the National Domestic Violence Crisis Hotline. The comparable Coordinated Entry System assesses danger and other specific areas of vulnerability for adults and families using the Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT). Assessments are then used to prioritize survivors with the highest acuity and in the greatest danger for the most appropriate housing service/s available. The Centralized Assessment Team (CAT) refers clients to RESOLVE who completes the appropriate data forms and then enters then into the applicable data base. Osnum allows victim-service providers to share non-personally identifying demographic information in the aggregate regarding services to clients in order to comply with Federal, State, tribal, or territorial laws, reporting, evaluation, or data collection requirements. Data is also collected through the HMIS database. Information provided within HMIS allows providers to also track self-reported past instances of domestic violence experienced by survivors who are/have utilized homeless services outside of survivor/victim-specific service providers within the Kanawha Valley Collective's geographic service region. Kanawha Valley Collective (KVC) also tracks aggregate data, comparable CoC data, Point-in-Time Count data, Housing Inventory Count data, state/nationwide statistics, West Virginia Coalition Against Domestic Violence (WVCADV) data, West Virginia Coalition to End Homelessness (WVCEH) data, National Census of Domestic Violence Services data, Community Needs Assessments, and best practices related to domestic violence, dating violence, sexual assault, bullying, stalking, and human trafficking.

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

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

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

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

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

1) According to the 2016 National Census of Domestic Violence Services survey, 66% of unmet requests among domestic violence victims were for

housing services. Throughout the CoC's geographic area, approximately one-thousand and sixteen (1,016) or forty-three percent (43%) of domestic violence survivors are in need of some degree of housing services. Housing services desired in the region vary from housing search assistance, transitional housing, short- term financial assistance, to permanent housing, and long-term financial assistance. 2) The data used in these calculations is retrieved using a compilation of several data sources. Sources include information from the Homeless Management Information System and Osnium databases, client intake forms, client exit surveys, domestic violence emergency shelter night logs, and the Point-in-Time Count data. 3) Initial information is collected by each service provider at the establishment of services. Information is obtained through the use of the VI-SPDAT and client intake forms. This information is then entered into either the Homeless Management Information System or the Osnium databases depending upon the service provider. Service providers will input the collected data into the HMIS while domestic violence victim-specific service providers will enter data into a comparable database, Osnium. Client information is updated within the database to depict the spectrum of services received, referrals placed, successful completion of goals, and exit housing destination. Kanawha Valley Collective (KVC) also tracks aggregate data, comparable CoC data, Point- in-Time Count data, Housing Inventory Count data, state/ nationwide statistics, West Virginia Coalition Against Domestic Violence (WVCADV) data, West Virginia Coalition to End Homelessness (WVCEH) data, Community Needs Assessments, and best practices related to domestic violence, dating violence, sexual assault bullying, stalking, and human trafficking.

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

**(1) how many domestic violence survivors need housing or services in the CoC's geographic area;**

**(2) data source the CoC used for the calculations; and**

**(3) how the CoC collected the data.**

**(limit 2,000 characters)**

1) According to the 2016 National Census of Domestic Violence Services survey, 66% of unmet requests among domestic violence victims were for housing services. Throughout the CoC's geographic area, approximately 1,016 or 43% of domestic violence survivors are in need of some degree of housing services. This is based upon data from YWCA Resolve Program. Housing services desired in the region vary from housing search assistance, transitional housing, short- term financial assistance, to permanent housing, and long-term financial assistance. 2) The data used in these calculations is retrieved using a compilation of several data sources. Sources include information from the Homeless Management Information System and Osnium databases, client intake forms, client exit surveys, domestic violence emergency shelter night logs, and the Point-in-Time Count data. 3) Initial information is collected by each service provider at the establishment of services. Information is obtained through the use of the VI-SPDAT and client intake forms. This information is then entered into either the Homeless Management Information System or the Osnium databases depending upon the service provider. Service providers will input the collected data into the HMIS while domestic violence victim-specific service providers will enter data into a comparable database, Osnium. Client information is updated within the database to depict the spectrum of services received, referrals placed, successful completion of goals, and exit housing

destination. Kanawha Valley Collective (KVC) also tracks aggregate data, comparable CoC data, Point- in-Time Count data, Housing Inventory Count data, state/ nationwide statistics, West Virginia Coalition Against Domestic Violence (WVCADV) data, West Virginia Coalition to End Homelessness (WVCEH) data, Community Needs Assessments, and best practices related to domestic violence, dating violence, sexual assault bullying, stalking, and human trafficking.

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

**(1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;**

**(2) quantify the unmet need for housing and services for DV survivors;**

**(3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and**

**(4) describe how the CoC determined the unmet need for housing and services for DV survivors.**

**(limit 3,000 characters)**

1. According to the 2016 National Census of Domestic Violence Services survey, sixty-six percent (66%) of unmet requests among domestic violence victims were for housing services. 2. Throughout the CoC's geographic area, approximately one-thousand and sixteen (1,016) or forty-three percent (43%) of domestic violence survivors are in need of some degree of housing and services. Housing services desired in the region vary from housing search assistance, transitional housing, short- term financial assistance, to permanent housing, and long-term financial assistance. 3. The data used in these calculations is retrieved using a compilation of several data sources. Sources include information from the Homeless Management Information System and Osnium databases, client intake forms, client exit surveys, domestic violence emergency shelter night logs, and the Point-in-Time Count data. Initial information is collected by each service provider at the establishment of services. Information is obtained through the use of the VI-SPDAT and client intake forms. This information is then entered into either the Homeless Management Information System or the Osnium databases depending upon the service provider. Service providers will input the collected data into the HMIS while domestic violence victim-specific service providers will enter data into a comparable database, Osnium. Client information is updated within the database to depict the spectrum of services received, referrals placed, successful completion of goals, and exit housing destination. Kanawha Valley Collective (KVC) also tracks aggregate data, comparable CoC data, Point- in-Time Count data, Housing Inventory Count data, state/ nationwide statistics, West Virginia Coalition Against Domestic Violence (WVCADV) data, West Virginia Coalition to End Homelessness (WVCEH) data, Community Needs Assessments, and best practices related to domestic violence, dating violence, sexual assault bullying, stalking, and human trafficking. 4. The CoC was able to determine the unmet need for housing and services for domestic violence survivors by combining existing data, client surveys, and local community needs data. First, information calculating the difference between various housing exits from programs was acquired. At that time CoC-wide data was analyzed to account for domestic violence survivors who accessed services through nonspecific providers. Data was also retrieved from shelter surveys which specifically asked survivors receiving services what, if any, unmet needs arose

while residing in the shelter.

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

Permanent housing for domestic violence survivors is essential in restoring safety and stability in their lives. RFAP's Rapid Re-housing project will provide a significant addition to the spectrum of housing services available within the CoC's service region, specifically for survivors of domestic violence. The dynamics of domestic violence exerts substantial barriers over survivors. Often times, victims report obstacles such as lack of rental references, poor rental history (damages/noise violations), lack of or no credit, isolation from friends/family, and lack of financial resources such as bank accounts. Survivors have specialized needs in relation to safety and security which overarch the provision of services, because of this, RFAP advocates are skilled in motivational interviewing and trauma informed care. At present, KVC offers temporary, emergency shelter and transitional housing to domestic violence survivors. By expanding these services to incorporate a domestic violence rapid-rehousing program, a full array of housing supports and options will be available throughout KVC's service area to eligible participants. RFAP will collect potential applicant information from the CAT and/or the By Name List. Domestic violence applicants will be chosen based upon their acuity and need, first selecting those with the highest needs. Trained staff will aid the survivor with; locating safe, affordable housing, safety planning, acquiring and maintaining permanent housing. Financial assistance will be configured based upon the survivor's needs and may vary from short-term to long-term assistance. Case management will also be made available to rapid re-housing participants. Housing stabilization services include but are not limited to job search/retention, benefit enrollment, honest budgeting, and Social Security Supplemental Income application assistance. RFAP advocates always utilize a housing first, trauma-informed approach while working with survivors.

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

- (1) rate of housing placement of DV survivors;**
  - (2) rate of housing retention of DV survivors;**
  - (3) improvements in safety of DV survivors; and**
  - (4) how the project applicant addresses multiple barriers faced by DV survivors.**
- (limit 4,000 characters)**

1) At present, the rate of housing placement for survivors through Resolve is approximately 63%. This includes survivors who exit into either permanent housing (49%) or transitional (14%) living settings. 2) Out of the 63% of survivors who exit Resolve's shelter, 10% return to shelter within 6 months. These incidents are often the victim returning to and fleeing the abuser once again. 3) Lack of safe and affordable housing is often reported as one of the largest barriers survivors of domestic violence face when they choose to leave an abusive partner. Domestic violence is one of the leading causes of homelessness for women and their children. Resolve Family Abuse program

has worked diligently to meet the varying needs of those we serve. Often, those needs overlap with those facing homelessness in the general population but are unique because safety and confidentiality needs. Resolve is committed to prioritizing ongoing technical assistance for KVC member programs as well as the CAT team to ensure cross-system training for all providers on the mutually agreed-upon assessments specifically for survivors, attention to trauma informed approaches, informed consent, opt-out options, and safety planning for survivors who choose to use non victim-specific housing services. 4)

Although safe housing can give a survivor a pathway to freedom, there are several barriers that prevent victims from maintaining and/or obtaining safe and affordable housing. Many survivors have faced economic abuse and financial exploitation as a component of their abuse. This often times means that the survivor has not had access to the family finances including access to financial accounts, have been prohibited from working, and have had their credit scores destroyed by the abuser. Survivors also often face discrimination in accessing or maintaining housing due to poor rental histories caused by damages and other criminal actions of the abuser. Many housing and homelessness assistance programs have barriers that may inadvertently exclude domestic violence survivors. In addition, survivors are restricted in the locations and types of housing they can access because of the unique safety and confidentiality concerns they face. Lastly, survivors face the same economic barriers that so many others experiencing homelessness do-such as unemployment, lack of living-wage employment, lack of transportation and access to, and the lack of affordable decent child care. Resolve Family Abuse Program provides for the ever-changing needs of survivors through creativity and partnerships with other local housing and supportive service providers. The immediate safety needs of those fleeing domestic violence are met through safe emergency shelter, the location of which is kept confidential. Transitional housing is an important step for some survivors and is offered through the YWCA's McCormick Transitional Housing. For individuals and families with fewer barriers, Resolve has the ability to utilize unrestricted funds from fundraising to help keep survivors in their current housing or find them new safe housing. Resolve employs a dual Housing First/trauma informed approach which allows the safety needs of the survivor to be first addressed while also utilizing practices which alleviate multiple barriers to housing. All advocates, both shelter and court, receive education on client-centered advocacy and trauma-informed care as well as annual trainings to keep them abreast of emerging issues such as discriminatory nuisance ordinances and crime free ordinances and their effects on DV survivors. Advocates are also well versed on the Violence against Women Act (VAWA) housing provisions. Resolve offers financial education workshops to all program participants and has a robust partnership with Legal Aid of WV who is integral in assisting those survivors who may be facing eviction for circumstances outside of their control. The new services the Bonus Project will provide include

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

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;**

- (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and**  
**(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Boone County Housing Authority	1.00%	No	No
Charleston-Kanawha Housing Authority	1.00%	No	No
Huntington Housing Authority	39.00%	Yes-Both	Yes
South Charleston Housing Authority	1.00%	Yes-Both	No
St. Albans Housing Authority	47.00%	No	No

**If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.**

**1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)**

For those PHAs without a homeless admission preference in their written policies, the KVC contacts the PHA via a letter/email to explain the Homeless Admission Preference and asks for the opportunity to provide a presentation to their Board about this issue. If agreed upon, a presentation is made to the Board about the importance and significance of having a Homeless Admission Preference. The KVC presenter also answers any questions they may have on this as well as the homeless situation in the KVC. This presentation serves as an opportunity to explain the KVC's functions to those on the PHA Board who may not be aware of what the KVC does. This also serves as a way to generate new individuals to become involved in the KVC and other homeless initiatives. While CKHA, which is the largest PHA in the KVC Area, does not have a Homeless Preference, it is active in homeless programs as it has 62 units of HUD VASH and 32 S+C units which serve over 50 homeless households during the year.

KVC members are also in contact with a landlord of an apartment building in Boone County. Conversations are being held regarding the landlord having a homeless preference for the facility. If this is able to occur, this will be the first housing facility in Boone County to have such a designation.

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

Yes

**Move On strategy description.**

**(limit 2,000 characters)**

TRACI/CARMEN

**1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)**

KVC has a nondiscrimination policy & all members are expected to uphold this policy. Covenant House, a COC member, has administered the HOPWA grant since its beginning. This grant serves the entire COC with a primary focus on stable housing. This grant, along with a smoking cessation grant directed toward the LGBT community, has allowed Covenant House to become a steady advocate for this community. There is a strong presence at annual Pride events & multiple agencies fly the rainbow flag throughout the year to assure the LGBT community that safe havens exist. They have created a website to serve the entire state's LGBT population with information on culturally sensitive physicians. The site is: [www.drainbow.org](http://www.drainbow.org) and contains many resources for LGBT West Virginians. Cultural competency training is held for all member agencies. These events have led to a better understanding of the unique needs of the LGBT community for housing & non-discrimination. The COC also has a member advocate for the LGBT community when there is a claim of discrimination by walking them thru the grievance process.

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

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

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

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders:	<input checked="" type="checkbox"/>



Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input checked="" type="checkbox"/>
Other:(limit 50 characters)	
Adopted Homeless Encampment Ordinance	<input checked="" type="checkbox"/>
Homeless Task Force	<input checked="" type="checkbox"/>
Local Law Enforceemnt involved with PIT	<input checked="" type="checkbox"/>

**When "No Strategies have been implemented" is selected no other checkbox should be selected.**

**1C-8. Centralized or Coordinated Assessment System. Applicants must:**

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

1. The project provides a single point of access and appropriate assessment, including a standardized process, for those seeking homeless services. KVC's centralized assessment system (CAS) covers all the COC area, is easily accessed by those seeking housing/services, well advertised and includes a comprehensive, standardized assessment tool. Centralized entry is known to homeless service providers throughout the KVC area who make referrals to CAS office.

2. The strategy to reach those with the highest barriers to access assistance begins with outreach and seeking the homeless. Anyone reluctant to go to the CAS location, which is handicapped accessible, is assessed thru street outreach. Brochures are distributed to various agencies that work with the homeless as well as posted on KVC and other agency websites, social media, and physical locations of providers. Coordinated assessment outreach is designed to ensure this process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Outreach and marketing materials convey this message.

3. When a participant comes to the centralized entry location they are diverted if possible. If not, they are given a VI-SPDAT to assess their level of need after which referrals are made to appropriate case manager/agency to provide housing, services or both. HMIS Specialist creates a weekly report based on need/vulnerability of the clients and provides referrals. CAS Team members attend weekly By-Name List meeting to stay up to date on participants' progress and with housing opportunities/services. CAS is intended to increase and streamline access to housing and services for the homeless, match appropriate

levels based on need, and prioritize persons with severe service needs for the most intensive interventions.

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

### Instructions:

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

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

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

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

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

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

### Instructions

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

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

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

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

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

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

**(limit 2,000 characters)**

1. The Rating and Ranking Committee considered an individual's chronicity, veteran status, unaccompanied youth status, parenting youth status, if the individual was fleeing domestic violence, if they had a history of domestic violence and if they had two or more conditions at program entry. The KVC believes these populations all have special needs, and the presence of two or more of these issues exponentially increases the individuals likelihood of remaining homelessness or returning to homelessness without supports.
2. The Rating and Ranking Committee had scoring criteria linked to the number of individuals and families and program served that were chronic, were veterans, were unaccompanied youth, were parenting youth, were fleeing domestic violence, had experienced domestic violence, and had two or more conditions at program entry. There were also scores related to the number of individuals accepted into the program that had scored 12 or more on the VI-SPDAT.

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

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

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

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

Reallocation: No

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

Part of the work of the Prioritization Committee is to review the performance of COC funded projects to determine if any funds should be reallocated to new high performing projects. This analysis includes reviewing the amount of expenditures, vacancy rates, and the length of time a person remains in one of their housing units. If it is determined that a project is not doing well in any, or all, of these categories, funds may be removed and reallocated. However, before any of this occurs, KVC staff performs routine monitoring of all the projects to determine how well they are doing in these areas. The KVC also reviews the APR for additional information. If a project is not doing well, the KVC provides technical assistance in whatever areas may be needed to improve performance and outcomes. The staff of a project is aware of these issues and the possibility that funds may be removed due to poor performance.

During the Prioritization Review, KVC is able to provide this information to the Committee to assist them in their decision making.

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

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

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

### Intructions:

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

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

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

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

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

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

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

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

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	259	17	141	58.26%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	55	0	31	56.36%
Rapid Re-Housing (RRH) beds	19	0	19	100.00%
Permanent Supportive Housing (PSH) beds	165	3	162	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

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

The KVC percentage of beds in HMIS has remained fairly consistent over the past two years with no issues being with RRH or PSH beds. The main issue relates to those beds considered as ES or TH. With regards to ES, there are facilities within the KVC service area which are faith based facilities which do not receive any federal funds. As a result, they do not wish to enter their data into HMIS, and at this time, they do not see the benefits of HMIS. Numerous meetings have been held between the KVC and representatives of these facilities with the KVC explaining the benefits of HMIS and what HMIS can do for their agency. However, thus far, these attempts have been fruitless as these organizations will not come on-board. The KVC HMIS staff and Board will continue to reach out to these providers to further explain the benefits of being an HMIS contributing organization to not only their agency but to their community as a whole and the individual clients they serve. With regards to TH there are also faith based organizations as well as HUD VASH units which are not currently utilizing HMIS. The KVC will continue to engage with these TH agencies in hopes of getting them on-board.

The KVC has begun meeting with social service agencies in the area who also have beds but do not use Service Point – the HMIS Software. Most of these agencies provide food and utility assistance. It is hoped these agencies will see the benefits of the HMIS System, come on-board, and begin to enter their bed and other data into HMIS. Either way, the KVC will continue its efforts to reach 85 percent bed coverage in each category over the next 12 months. Meetings and demonstrations on the HMIS System will continue with these agencies.

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

**2A-7. CoC Data Submission in HDX. 04/29/2018  
Applicants must enter the date the CoC  
submitted the 2018 Housing Inventory Count  
(HIC) data into the Homelessness Data**



**Exchange (HDX).**  
**(mm/dd/yyyy)**

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

### Instructions:

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

**2B-1. PIT Count Date. Applicants must enter 01/25/2018**  
**the date the CoC conducted its 2018 PIT**  
**count (mm/dd/yyyy).**

**2B-2. HDX Submission Date. Applicants 04/29/2018**  
**must enter the date the CoC submitted its PIT**  
**count data in HDX (mm/dd/yyyy).**

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

### Instructions:

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

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

There were no changes made between 2017 to 2018.

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

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

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

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

Prior to conducting the PIT, KVC members met with a variety of stakeholders to determine potential locations of homeless youth. These stakeholders were agencies that serve homeless youth and included Covenant House, Prestera, Roark-Sullivan, and YWCA. These agencies worked with not only the KVC but with Daymark which is the only under 18 youth provider in the KVC area. Forms were created and reviewed in order to facilitate a more accurate youth count. During the PIT Count, a conscious effort was made to locate and identify the 18 – 24 youth number from older adults. All homeless youth providers were involved in the planning, training, and conducting of the count. The Local Law Enforcement Departments also participated in the count and were a great resource in locating the homeless youth as they are aware of the locations where homeless individuals congregate. However, even with all these efforts, the numbers showed there is not a significant number of homeless youth in the KVC area. The 2018 homeless count showed only 20 homeless youth – 10 of which were under the age of 18 and 10 which were between the ages of 18 – 24. This number is a decrease of almost 30 percent from the 2017 count of 28 youth and a 20 percent decrease from the 2016 count of 25 youth. The number of unsheltered youth decreased by 75 percent as there was only one unaccompanied homeless unsheltered youth in 2018 compared to four in 2017. Conversations were held with homeless youth who provided information as to the possibility as to where unsheltered homeless youth may be staying. PIT representatives visited these sites to determine if there was any homeless youth.

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

**(3) Veterans experiencing homelessness.  
(limit 2,000 characters)**

Prior to the count, the COC solicited information from outreach workers, VA staff, service providers, law enforcement officers, and current and formerly homeless individuals to locate individuals and families experiencing chronic homeless and veterans experiencing homelessness. Emphasis was placed in the PIT training on the importance of determining if a family/individual was chronic homeless and if a homeless individual was a veteran. Although the PIT is a one night count, PIT count participants went out the morning prior to the count to familiarize themselves with their areas and to let those experiencing homelessness know that we were out and the PIT count was occurring. Roark Sullivan, through its Veterans Programs, verified each veteran to determine if they were homeless or chronic homeless. Each agency director was required to sign off on the accuracy of PIT counts and each client found on PIT count had chronic status verified including both homeless episodes and disability.

As the KVC's numbers indicate, the area does not have a large number of homeless households with children. In 2018 this number was 15 which was the lowest in the last two years as there were 19 homeless households in 2016 and 16 in 2017. During the last three years, there were zero unsheltered homeless households with children. Part of the reason for this low number of sheltered and unsheltered homeless households can be attributed to the efforts put forth by the KVC Homeless Agencies. When there is a household with children everyone works together quickly to find shelter and to address whatever other needs the family may have. While they work diligently to find services and housing for all homeless individuals and families, they work more rapidly when children are involved.

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

### Instructions

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

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

Number of First Time Homeless as Reported in HDX.	817
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#### 3A-1a. Applicants must:

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

1. In 2017, the KVC completed a survey with participants that showed that the main reasons for first time homelessness were mental health, substance misuse issues and the disruption of a support system. This aligned with HMIS data regarding MH/SA, and in addition allowed KVC to capture the issues with a support system which is not always captured in HMIS. During the past year, KVC experienced a substantial reduction in the number of first-time homeless as the number decreased by almost 14 percent (13.7%) from 947 persons to 817 for a decrease of 130 persons.

2. The major reasons for this reduction can be attributed to the KVC's Centralized Assessment Team (CAT) which has placed diversion as its top priority when meeting with possible homeless individuals. Through diversion CAT members determine if an individual is truly homeless, has no other place to go, and would benefit to be in a homeless facility. Some individuals and families are more "at risk of becoming homeless" due to payments owed on utility bills, rent, etc. In these cases the CAT works to help find resources to address this issue so the individual can remain housed. Diversion also helps to determine if there are other locations such as a relative or friend's house where they can stay. When prevention funds are available, these are also used to respond to service issues. The City of Charleston funds a Family Reunification Program to assist individuals with transportation to be reunited with family as a diversion to homelessness. This is a very strict program, and multiple checks are made to ensure the individual / family is going to a safe home.

3. The City of Charleston sponsors the CAT Grant and is responsible for overseeing this project and strategy.

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

1. The average length of time a client remained homeless in the KVC System was 74 bed nights which was a reduction of 14 bed nights -or 15.9 percent - from the previous year of 88 bed nights.
2. The Centralized Assessment Team (CAT) has developed a prioritized By Name List which lists the clients by vulnerability, need, and if it is a family as opposed to just a date they became homeless. The intake paperwork has been reworked with regards to policies and procedures as to how prioritization should work. The KVC is adhering to CPD 16-11 - Orders of Priority - regarding the order in which eligible households should be served in all COC Program-funded PSH. The goal of this process is to ensure that those persons with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens and with the most severe service needs are given first priority. The process also establishes a recommended order of priority for PSH that is not dedicated or prioritized for chronic homelessness in order to ensure that those persons who do not yet meet the definition of chronic homelessness but have the longest histories of homelessness and the most severe service needs, and are therefore the most at risk of becoming chronically homeless, are prioritized.
3. HMIS is used to identify individuals with the longest length of time homeless, as this is generated through the KVC's By Name List. This list not only shows length of time homeless, but also identified those experiencing chronic homelessness.
4. While KVC is the agency responsible for overseeing this strategy, it is led by the HMIS Specialist.

**3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:**  
**(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and**  
**(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.**

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	75%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	95%

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

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

**(limit 2,000 characters)**

1. KVC has seen an increase in permanent housing placement and retention as the number rose from 90% in 2016 to 95% this year which is a 5 percent increase. This is due in part to KVC's focus on a true Housing First philosophy which is absent any preconditions and barriers and strives to house the homeless within 30-45 days of first engagement.

2. There is a commitment to refer those with a history of homelessness and hospitalization to aftercare, community engagement, and partial hospitalization programs such as the Aftercare, CES, VISTA, ACT, etc. Cooperative Agreement to Benefit Homeless Individuals (CABHI) is now available to help place harder to house clients. These programs are operated by the following KVC agencies: Roark-Sullivan Lifeway Center, YWCA of Charleston, Prestera, VA Outreach HUD VASH, Coalfield CAP, and Covenant House. The agencies' weekly By Name List meeting, which is continuing to meet, discusses clients, how to move them into housing quicker, and services they need. This has been beneficial with increasing this placement. These individuals serve as "Navigators" for this population. While the KVC is the agency responsible for overseeing this strategy, the work is done by each of the KVC member agencies.

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

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	7%

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

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

**(limit 2,000 characters)**

The KVC is able to track its recidivism through its HMIS as well as the coming together of COC Case Managers during their By Name List meetings which identify and discuss recidivists. In order to reduce returns to homelessness there will be an increased emphasis among all COC providers on wrapping supportive services and case management around individuals in the community when housed through a clearly defined process of referrals to the appropriate programs. Weekly monitoring of all COC programs will be conducted to ensure



the needs of those vulnerable to recidivism are being met and that they are being provided the vital support needed to remain stable and retain their housing. If a person returns to homelessness, they must go back thru the CAT process where they will be referred to shelters and programs which meet their needs from diversion to wrap around case management services. The KVC does not have a designated supportive services team but has a group comprised of Housing First, Shelter+Care, CABHI which help these individuals. While the KVC is the agency responsible for the oversight of this strategy, the work is done by the weekly By Name List Committee.

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

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

The KVC has continued and expanded several strategies which have proven to be effective. These include: providing clients with documents needed for employment (identification card and birth certificate), send to Job Readiness Center which helps clients to obtain GED-TASC and assist with resume writing, allow the homeless to use their address on job applications, SOAR Team members assist by walking people through the process of signing up for Social Security, and Case Managers are known to walk with them through the entire process, if this is needed. KVC agencies provide clients with a list of agencies that will hire registered sex offenders and those with a criminal record. The KVC agencies also provide a list of WorkForce WV jobs as well as having this list posted at many of the agencies. In addition to providing transportation and bus passes to the job interview and to the work site, these agencies also have, if needed, clothes and tools to assist with their new jobs. The KVC is responsible for this strategy as it is a collaborative among all HUD funded homeless agencies and agencies that have case managers who provide these services.

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

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

### Instructions

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

**3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:**

- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and  
(2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

Total number of beds dedicated as DedicatedPLUS	
Total number of beds dedicated to individuals and families experiencing chronic homelessness	
Total	0

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

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

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

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

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

KVC designed and implemented a Centralized Assessment Team (CAT) to administer the F-VI-SPDAT in order to prioritize and house homeless families as quickly and safely as possible while referring clients to appropriate programs. The process evolved from completing the F-VI-SPDAT to those in HMIS from 2 to 7 days to same day as entry. KVC's strategy to long-term housing is to quickly match each person with every community resource. Shelters strive to place families within 30 days into stable permanent housing. RRH uses the HF philosophy as its model. Many agency personnel - CES, VISTA, CAHBI, VISTA, Aftercare, etc. - will go to visit these individuals for as long as it takes to ensure they maintain their housing once assistance ends. In addition to providing constant engagement, these individuals will serve as an advocate between the landlord and tenant and help to work out any difficulties that may arise. Agencies receiving ESG/HUD funding actively participate in the COC's strategic planning efforts and have the primary responsibility for oversight of its specific homeless program. The Project Resource Committee is responsible for oversight of RRH.

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

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

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

Human trafficking and other forms of exploitation	Yes
LGBT youth homelessness	Yes
Exits from foster care into homelessness	Yes

Family reunification and community engagement	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

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

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

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

While the KVC has several agencies which provide services to youth - Roark Sullivan Lifeway Center, YWCA Sojourners and Covenant House - Daymark is the lead agency with regards to housing and services for youth experiencing homelessness. Daymark's mission is to meet the individual needs of youth living in crisis through safe shelter, guidance, and education. Through the activities and interventions of Daymark's programs, youth will realize improvements in stable housing, education/employment, permanent connections, and social and emotional well-being, thereby avoiding chronic adult homelessness within the KVC area. The need is there as in the last year, Daymark provided over 10,000 meals to youth aged 10 - 24. An additional 2 beds were added to the Patchwork facility which resulted in their numbers of annual bed nights increasing from 42 to 70. The number of calls received by the Agency from youth seeking services and assistance increased from 138 to 256 in one year. Part of this increase can be attributed to the horrendous drug issue in WV which has resulted in youth seeking shelter away from their families.

KVC Member Agencies - Daymark, Roark-Sullivan Lifeway Center, YWCA Sojourners, and Covenant House continue to partner and to seek funding from a local foundation to enhance services and provide additional funding specific for youth homelessness. Funding has also been applied to from other foundations such as the United Way. Daymark also sponsors fundraisers such as the Spring Gala. In previous years, Daymark had been the recipient of the

Federal Runaway Homeless Youth Grant. However, this past year Daymark and four other homeless youth providers in West Virginia did not receive funding despite the fact that West Virginia has one of the highest rates of youth homelessness in the country. Several KVC member agencies, including Daymark, participate in the Neighborhood Investment Program (NIP) in West Virginia. With this Program, nonprofits across the State benefit as it allows for tax deductions when an individual makes a donation to a nonprofit that has NIP credits.

Understanding that youth are often less prepared for housing than their adult counterparts, providers work to refer youth to appropriate support / wrap-around services including ACT, Community Engagement, CABHI, and state funded Aftercare services. The Executive Director and the staff from Prestera (local behavioral health center) have participated in the statewide initiative to create evidence based housing and services for youth called "It's My Move", a resource for at risk/homeless youth.

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

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

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

**(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.  
(limit 3,000 characters)**

The goal of the youth homeless providers is to not only provide the homeless youth shelter but also to teach them skills so they will not end up as homeless adults. Daymark believes it is important for homeless youth to have age appropriate skills, education, job placement, and proper medical care. It is important that the youth receive these items in order to enable them to succeed in life. To ensure they succeed, Daymark offers tutors and study hour help to the youth. If a youth is to work a part-time job, they must maintain a certain GPA. In addition, a life skills group is held weekly to discuss issues such as drug prevention, nutrition, job skills, and job training. There is also a Task Lab to work with those youth who have dropped out of school or are not able to do well in school. This Task Lab works on areas such as reading, math education, how to ride a bus, how to get to Wal-Mart, etc. All of these activities work to the KVC's strategy of preparing the homeless youth for adulthood and success whether it be higher education or job skills which will enable them to find a job to become self-sufficient.

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

**(1) youth education providers;**

**(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);**

**(3) school districts; and**

**(4) the formal partnerships with (1) through (3) above.**

**(limit 2,000 characters)**

Collaboration among educational services continues to occur between the COC programs and meetings with State Education Agency (SEA) and the Local Education Agency (LEA). During the past 12 months, meetings with SEA staff occurred on an annual basis and meetings with LEA staff occurred at least monthly. The Kanawha County Schools Homeless Facilitator is a member of the Kanawha Valley Collective (KVC) and attends membership meetings and keeps agencies abreast of any changes as it relates to parents of homeless children and youth. Each program that houses children has designated qualified staff to assess each child's mental, emotional, physical, and education needs. Staff and the facilitator work closely to identify and address barriers that may prevent a child from returning to their school of origin. The facilitator works with the KVC agencies to ensure transportation is provided if the parent(s) desire the child to return to their original school of origin. If no changes are requested, they are immediately enrolled in a school within their new district. Additionally, KVC members attend conferences and other trainings with child services providers on issues surrounding child welfare, human trafficking, opioid and drug addiction, foster care, and school based interventions for at risk children. We have a great rapport with the schools our children attend to further ensure that each child reaches his or her fullest potential.

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

The policies and procedures adopted and followed by the KVC-COC are in accordance with LEA - Kanawha County Schools' guidelines which define the purpose of the McKinney-Vento Act, goals, provisions, and the eligibility of education services to individuals and families who become homeless. The staff at each site works closely with their Homeless Facilitator to ensure that each parent residing in a homeless facility is fully aware of the educational services for which their child is eligible. The goal is to immediately enroll homeless children who are not in school, provide school choice, encourage parent involvement in enrollment decisions, ensure services are to be provided in a way that does not isolate or stigmatize, promote success and completion of school or GED for homeless children, and support collaboration between districts and social service agencies serving homeless students. Information regarding the eligibility for education services for parents of homeless children and youth is communicated by the children's staff during initial intake, weekly program orientation, bi-weekly house meetings, and through weekly meetings with their case manager.

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

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	Yes
Head Start	Yes	No
Early Head Start	No	No

Child Care and Development Fund	No	No
Federal Home Visiting Program	No	Yes
Healthy Start	No	No
Public Pre-K	No	Yes
Birth to 3 years	No	Yes
Tribal Home Visiting Program	No	No
Other: (limit 50 characters)		
Right From The Start	No	Yes
Bureau for Children and Families	Yes	No

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

A KVCCOC member provides a daytime Veterans' Drop-In Center offering homeless veterans access to mail service, laundry, shower/bathroom facilities, referrals to SSVF services, as well as on-site VA professionals that provide employment assistance as well as HUD/VASH. It is here case management staff offer assessment, counseling, and begin work toward permanent housing. This same KVCCOC member provides a VA funded Grant Per Diem Program offering transitional housing for veterans while they engage other services with the intent of securing permanent, or permanent supportive, housing. These programs are well known throughout the community and many referrals come from community partners, as well as through the Centralized Assessment Team of the COC. SSVF staff offer outreach in places where homeless individuals regularly seek services, including meal locations and shelters, and in their outreach offer information and referral to veterans to the programs supported through the COC. Through this a seamless system of services and assistance is provided using VA Administrative Staff, referrals from the Giltinam Center Men's Emergency Shelter, VA Treatment Team, and the By Name List Meetings. A KVC COC member also participates in Coordinated Entry calls for the Beckley, WV VAMC which serves one of the Counties located in the KVC area.

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

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

**3B-3.4. Does the CoC have sufficient** Yes

**resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?**

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

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

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

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

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



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

### Instructions:

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

#### 4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:

- (1) assists persons experiencing homelessness with enrolling in health insurance; and
- (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

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

#### 4A-1a. Mainstream Benefits. Applicants must:

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

Mainstream employment organizations & mainstream benefit organizations are valuable resources to KVC organizations and clients. All KVC projects are regularly connecting participants with benefits through mainstream employment organizations and mainstream resource programs such as SSI, TANF, WorkForce WV, Goodwill Industries, etc. In addition, WV inROADS is a website which allows for an individual to apply for all eligible DHHR assistance on one website as opposed to having to visit several. The website also allows a person to enter information and then to perform an online eligibility check for available services. KVC staff assist clients by providing them with initial referral information and follow-up with case management and transportation for needed appointments. Staff receive program updates through Agency Spotlights at

monthly membership meetings and at weekly case management meetings. WV 211 Program provides information and support to individuals across the State with regards to financial, domestic, health-related, services, or disaster-related. The KVC Member - the United Way of Central WV - is the local 211 Center and provider of this information. Community Solutions committee hosts educational presentations or panel discussions of mainstream benefit representatives. Changes to regulations are brought before the KVC membership who decides how these changes will be addressed, how members will be notified, and how the adequate education will be provided. The KVC Membership Committee oversees this strategy.

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

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

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	0%

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

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

1)Street Outreach (SO) operates out of our Peer Center, but spends most of their time in the field, going to the riverbanks, checking encampments, visiting abandoned houses, and responding to calls. SO responds to outreach requests from the public, local police and emergency responders, and requests directly from unsheltered individuals. Unsheltered individuals often contact providers directly by phone or email. SO providers use the housing first philosophy and can house individuals directly from unsheltered situations. The KVC's SO also provides transportation & bus tickets to services and purchases birth certificates & ID cards. SO provides crisis intervention and access to treatment. The SO provider has a contract with a local University to provide translation services to any CoC client in need. Street Outreach is operated by Prestera in partnership with the City of Charleston 2) SO covers 100% of the CoC geographic area, is provided 7 days per week, and is available during nontraditional hours as

needed. 3) Every inhabited area of the CoC is contacted at least once per calendar month, with more populated areas, and places where those who are unsheltered are known to reside visited more frequently. 4) Individuals with a serious mental illness and/or substance use disorder are least likely to request assistance. Three barriers identified by the CoC for those who are unsheltered are reluctance to go to shelter, lack of transportation and lack of ID. Because the KVC's SO operates using the housing first concept, all of our outreach is person-centered making it easier to tailor efforts to individuals least likely to seek assistance. By using elements of trauma informed care and cultural competency, outreach workers attempt to meet every individual where they are regardless of barriers or resistance. SO is able to perform the centralized assessment (VI-SPDAT) on individuals & families reluctant to enter the Centralized Assessment system through the day shelter.

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

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

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

**(limit 2,000 characters)**

Agencies who are members of the KVC have policies which address Fair Housing issues to ensure there is no discrimination to eligible persons in their programs. Clients receive Fair Housing info at housing entry, and documentation is kept in client files. These agencies not only market their housing & services to homeless persons but also through public presentations, resource fairs, homeless task force forums, and outreach events which enables them to reach a large segment of the population. Agencies have standard non-discrimination statement on all printed materials, and grievance procedures are in place if an individual believes they have been discriminated against. Information is also placed in areas frequented by homeless such as bus stations and soup kitchens. Outreach workers, police and emergency crisis teams have COC information to distribute to anyone they encounter, including those least likely to seek services. Agencies have a contract with a local University to provide translators when needed. In addition, agencies have language translation apps on their cell phones which can be used.

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

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	27	26	-1

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

**construction?**

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

## 4B. Attachments

### Instructions:

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

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	Homeless Preference	09/16/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	Centralized Asses...	09/16/2018
1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	Rating Ranking Tool	09/16/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes		
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	Public Posting Ra...	09/16/2018
1E-4. CoC's Reallocation Process	Yes	Reallocation - LOI	09/16/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Notification - Ra...	09/16/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	Reduction Letters	09/16/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Letter of Intent	09/16/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes		
2A-2. HMIS–Policies and Procedures Manual	Yes		
3A-6. HDX–2018 Competition Report	Yes	HDX Competition R...	09/16/2018
3B-2. Order of Priority–Written Standards	No	ORDER OF pRIORITY	09/16/2018

3B-5. Racial Disparities Summary	No	Racial Disparity	09/16/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

## **Attachment Details**

**Document Description:** Homeless Preference

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Centralized Assessment - VO-SPDAT

## **Attachment Details**

**Document Description:** Rating Ranking Tool

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Public Posting Rating Criteria

## **Attachment Details**

**Document Description:** Reallocation - LOI

## **Attachment Details**

**Document Description:** Notification - Ranking Signature Sheet

## **Attachment Details**

**Document Description:** Reduction Letters

## **Attachment Details**

**Document Description:** Letter of Intent

## **Attachment Details**

**Document Description:**

## **Attachment Details**



**Document Description:**

## **Attachment Details**

**Document Description:** HDX Competition Report

## **Attachment Details**

**Document Description:** ORDER OF pRIORITY

## **Attachment Details**

**Document Description:** Racial Disparity

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## Submission Summary

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

Page	Last Updated
1A. Identification	09/11/2018
1B. Engagement	09/16/2018
1C. Coordination	09/16/2018
1D. Discharge Planning	09/11/2018
1E. Project Review	09/13/2018
2A. HMIS Implementation	09/13/2018
2B. PIT Count	09/11/2018
2C. Sheltered Data - Methods	09/13/2018
3A. System Performance	09/13/2018
3B. Performance and Strategic Planning	Please Complete
4A. Mainstream Benefits and Additional Policies	Please Complete
4B. Attachments	Please Complete

FY2018 CoC Application	Page 51	09/16/2018
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**Submission Summary**

No Input Required

## Homeless Preference Documents

South Charleston Housing Authority  
Excerpt showing Homeless Preference

# South Charleston Housing Authority

Is dilapidated, and does not provide safe, adequate shelter; has one or more critical defects or a combination of defects requiring considerable repair; endangers the health, safety, and well-being of family.

Does not have operable indoor plumbing.

Does not have usable flush toilet in the unit for the exclusive use of the family.

Does not have usable bathtub or shower in unit for exclusive family use.

Does not have adequate, safe electrical service.

Does not have an adequate, safe source of heat.

Should, but does not, have a kitchen. Single Room Occupancy (SRO) Housing is not substandard solely because it does not contain sanitary and/or food preparation facilities in the unit.

Has been declared unfit for habitation by a government agency.

Is overcrowded according to HQS.

Applicants living in Public Housing [or publicly assisted housing] shall not be denied this preference if unit meets the criteria for the substandard preference.

An applicant who is a "Homeless Family" is considered to be living in substandard housing. "Homeless Families":

Lack a fixed, regular and adequate nighttime residence; AND

Have a primary nighttime residence that is a supervised public or private shelter providing temporary accommodations (including welfare hotels, congregate shelters and transitional housing), or an institution providing temporary residence for individuals intended to be institutionalized, or a public or private place not ordinarily used as a sleeping accommodation for human beings.

Homeless families may maintain their place on the waiting list while completing a transitional housing program.

Families who are residing with friends or relatives on a temporary basis will be included in the substandard definition.

Persons who reside as part of a family unit shall not be considered a separate household.

Families living in overcrowded conditions will be included in the substandard

Huntington Housing Authority  
Policy Excerpts Showing Homeless Preference



## **Regular HCV Funding**

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

### **4-III.C. SELECTION METHOD**

Huntington West Virginia Housing Authority must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the Huntington West Virginia Housing Authority will use [982.202(d)].

#### **Local Preferences [24 CFR 982.207; HCV p. 4-16]**

Huntington West Virginia Housing Authority is permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the Huntington West Virginia Housing Authority to establish other local preferences, at its discretion. Any local preferences established must be consistent with the Huntington West Virginia Housing Authority plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

#### **Huntington West Virginia Housing Authority Policy**

The Huntington West Virginia Housing Authority uses Date and Time of the receipt of the completed application in determining the order of the following local preferences:

- Involuntary Displacement (e.g., Disaster, Government Action, Action of Housing Owner, Inaccessibility, and Property Disposition);

- Working families and those unable to work because of a disability;

- Those currently enrolled in education, training, or upward mobility programs (this includes families who are graduates of or participants in educational and training programs designed to prepare the individual for the job market); and

- Those who are, Homeless, Victims of Domestic Violence, living in Substandard Housing, and currently paying more than 50% of their income for rent and utilities ("Rent Burden").

All local preferences are defined in Chapter 4 of the Huntington West Virginia Housing Authority's Admission and Continued Occupancy Policy.

**The HHA uses the following Local Preferences:**

**Date and time of receipt of a completed application,**

**(1) Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition.)**

**(2) Working families and those unable to work because of disability**

**(2) Those enrolled currently in educational, training, or upward mobility programs**

**(3) Victims of Domestic Violence**

**(3) Substandard Housing**

**(3) Homelessness, High Rent burden**

**Working preference (24 CFR 960.206(b)(2)): for families where the head, spouse or sole member is employed and has been employed for 3 months. This preference is automatically extended to elderly families or families whose head or spouse meets the HUD/Social Security definition of disability.**

**This includes families who are graduates of or participants in educational and training programs designed to prepare the individual for the job market.**

## **Treatment of Single Applicants**

*[INSTRUCTION: The QHWRA eliminated the requirement to use the statutory "singles preference." PHAs may, however, elect to use a singles preference as a local preference, as referenced in 24 CFR 960.206(b)(5).]*

**All families with children, elderly families and disabled families will have an admission preference over "Other Singles".**

**The HHA uses the following local preferences that are further described in this section.**

**Involuntarily displaced.**

**Currently living in substandard housing (including homeless families).**

**Currently paying more than 50% of their income for rent and utilities ("Rent Burden").**

**Descriptions of these Preferences and "definitional options" (or sub-categories) follow.**

**Goals and Objectives.** Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

**HUD Strategic Goal Six: Ensure Equal Opportunity in Housing for all Americans:**

- Monitor intake process to ensure equal opportunity for all applicants
- Maintain Section 504 Program compliance at 7% for all units and maintain compliance as shown on annual reviews
- Continue to provide reasonable accommodations to address specific disability needs as requested
- Increase awareness and understanding of affirmatively furthering fair housing: Co-sponsor education and training workshops seminars on fair housing
- Provide preference for residents being displaced by demolition of Northcott Court.
- Continue to provide local preferences as outlined in ACOP.

**PHA Goal Seven and Objectives: Provide competent, efficient staff and a well-run organization to implement programs:**

- Amend agency Personnel Policy as needed, continue the development of a written Senior Staff progression plan and provide counseling and training with staff annual reviews based on performance based objectives
- Recruit and employ Section 3 residents
- Research, analyze and continue to use cost-cutting methods without compromising integrity of programs
- Research, analyze and use income-producing methods
- Continue oversight/administration of the non-profit organization, the Housing Development Corporation

**PHA Goal Eight and Objectives: Provide policies, procedures and services in support of the Violence Against Women Act (VAWA), originally enacted in 1994 and amended by President Bush on January 5, 2006:**

- Continue to provide preferences for victims of domestic violence
- Provide referral services for victims of domestic violence
- Provide case management support for victims of domestic violence
- Provide lease amendments in support of the Act provisions

**PHA Five-Year and Annual Plans:**

The Housing Authority officials met with residents at all resident developments during September 2014 to review the needs of residents and discuss what may be included in the Plans. The drafted PHA Plans were later forwarded to Public Housing resident sites, resident council, Mayor and City Development officials for comments during a 45-day review period. A public meeting was held on April 13, 2015. There were no comments from the RAB regarding plan. The final plan was presented to the Housing Authority board of commissioners for final approval on April 14, 2015 and forwarded to HUD on or before April 17, 2015.

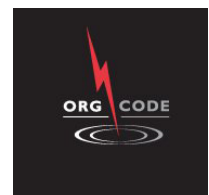
**Vulnerability Index -  
Service Prioritization Decision Assistance Tool  
(VI-SPDAT)**

**Prescreen Triage Tool for Single Adults**

**AMERICAN VERSION 2.0**

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1 (800) 355-0420 [info@orgcode.com](mailto:info@orgcode.com) [www.orgcode.com](http://www.orgcode.com)

**COMMUNITY  
SOLUTIONS**



## Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

### VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

#### **Current versions available:**

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

[www.orgcode.com/products/vi-spdatt/](http://www.orgcode.com/products/vi-spdatt/)

### SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

#### **Current versions available:**

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

[www.orgcode.com/products/spdat/](http://www.orgcode.com/products/spdat/)

## SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

### ***Current SPDAT training available:***

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

### ***Other related training available:***

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

## Administration

<b>Interviewer's Name</b> _____	<b>Agency</b> _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
<b>Survey Date</b> DD/MM/YYYY ____/____/____	<b>Survey Time</b> ____ : ____ AM/PM	<b>Survey Location</b> _____

## Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

## Basic Information

<b>First Name</b> _____	<b>Nickname</b> _____	<b>Last Name</b> _____
<b>In what language do you feel best able to express yourself?</b> _____		
<b>Date of Birth</b> DD/MM/YYYY ____/____/____	<b>Age</b> _____	<b>Social Security Number</b> _____
		<b>Consent to participate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

**SCORE:**



## A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- ☐ Shelters  
☐ Transitional Housing  
☐ Safe Haven  
☐ **Outdoors**  
☐ **Other (specify):** \_\_\_\_\_

☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

**SCORE:**

2. How long has it been since you lived in permanent stable housing? \_\_\_\_\_

☐ Refused

3. In the last three years, how many times have you been homeless? \_\_\_\_\_

☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

**SCORE:**

## B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? \_\_\_\_\_

☐ Refused

b) Taken an ambulance to the hospital? \_\_\_\_\_

☐ Refused

c) Been hospitalized as an inpatient? \_\_\_\_\_

☐ Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? \_\_\_\_\_

☐ Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? \_\_\_\_\_

☐ Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? \_\_\_\_\_

☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**

**SCORE:**

5. Have you been attacked or beaten up since you've become homeless? ☐ Y ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**

**SCORE:**

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES**.

SCORE:

8. Does anybody force or trick you to do things that you do not want to do? ☐ Y ☐ N ☐ Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**.

SCORE:

## C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐ Y ☐ N ☐ Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.

SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ N ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.

SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

## D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ Y ☐ N ☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐ Y ☐ N ☐ Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Y ☐ N ☐ Refused
19. When you are sick or not feeling well, do you avoid getting help? ☐ Y ☐ N ☐ Refused
20. **FOR FEMALE RESPONDENTS ONLY:** Are you currently pregnant? ☐ Y ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? ☐ Y ☐ N ☐ Refused
- b) A past head injury? ☐ Y ☐ N ☐ Refused
- c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

IF THE RESPONDENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ Y ☐ N ☐ Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:

27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ☐ Y ☐ N ☐ Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:

## Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	<b>Score: Recommendation:</b> 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
<b>GRAND TOTAL:</b>	/17	

## Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

## Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

### The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

### Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

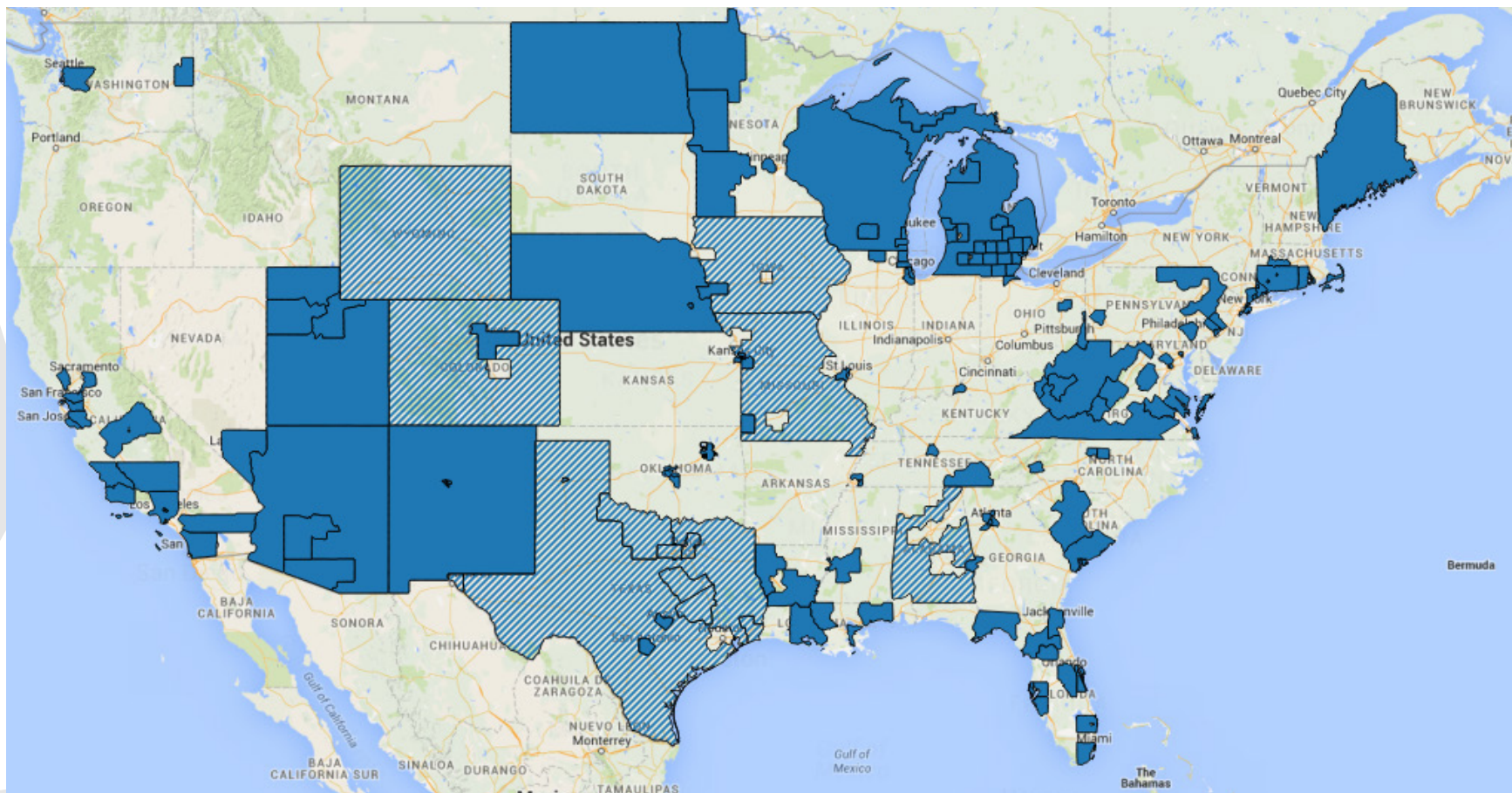
You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).



## Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

**Alabama**

- Parts of Alabama Balance of State

**Arizona**

- Statewide

**California**

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

**Colorado**

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

**Connecticut**

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

**District of Columbia**

- District of Columbia

**Florida**

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

**Georgia**

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

**Hawaii**

- Honolulu

**Illinois**

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

**Iowa**

- Parts of Iowa Balance of State

**Kansas**

- Kansas City/Wyandotte County

**Kentucky**

- Louisville/Jefferson County

**Louisiana**

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

**Massachusetts**

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

**Maryland**

- Baltimore City
- Montgomery County

**Maine**

- Statewide

**Michigan**

- Statewide

**Minnesota**

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

**Missouri**

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

**Mississippi**

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

**North Carolina**

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

**North Dakota**

- Statewide

**Nebraska**

- Statewide

**New Mexico**

- Statewide

**Nevada**

- Las Vegas/Clark County

**New York**

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

**Ohio**

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

**Oklahoma**

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

**Pennsylvania**

- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

**Rhode Island**

- Statewide

**South Carolina**

- Charleston/Low Country
- Columbia/Midlands

**Tennessee**

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

**Texas**

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

**Utah**

- Statewide

**Virginia**

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

**Washington**

- Seattle/King County
- Spokane City & County

**Wisconsin**

- Statewide

**West Virginia**

- Statewide

**Wyoming**

- Wyoming Statewide is in the process of implementing

July 2, 2018

To Whom It May Concern:

The Kanawha Valley Collective (KVC) Continuum of Care (CoC) has been notified that funding is available through HUD for the FY 2017 CoC Program Competition. The amount of funding expected to be available is approximately \$1,180,000 which is the minimum required to renew existing projects or to **establish new projects through current funding reallocation**. In addition, there is approximate bonus funds of \$83,501 available which may go towards a new project which focuses on permanent housing. Funds from project reallocation may also be available. This year there is a new bonus – Domestic Violence – which will provide housing and services to survivors of domestic violence, dating violence, and stalking. The amount of funding for the Domestic Violence Bonus is approximately \$110,000.

**The KVCCOC is seeking Letters of Intent for this funding by July 10<sup>th</sup> at 3 pm and PROJECT APPLICATIONS for ALL PROJECTS must be submitted by August 17<sup>th</sup> at 3 pm.**

Funds available for this award have been allocated to a variety of projects, and those projects currently receiving funds are required to request renewals through this process.

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**Renewal projects** can include:

- Permanent Housing (including rapid re-housing and permanent supportive housing)
- Transitional Housing
- Supportive Services Only
- Homeless Management Information System (HMIS)

With regards to renewal projects HUD will allow the following:

- Project applicants can transition an existing renewable component to another component –ie. TH to PH-RRH. To take advantage of this, the project applicant must use the reallocation process to relocate the existing eligible renewal component to one of the eligible new project components: PH-PSH, PHRRH, Joint TH and PH-RRH, dedicated HMIS, or SSO-CE. The term of the new grant must be for 1 year.
- Eligible renewal project applications will have the ability to consolidate up to four renewal projects into one application during the application process. Prior to beginning the consolidation process, the applicant should contact their local HUD office to determine each project is eligible for consolidation. HUD will not permit a TH Project to be consolidated with any other project.
- HUD will allow projects to combine bonus and **reallocation** available funding in a single project if both new bonus and new reallocation projects have the same eligible components – ie, PS-PSH; PH-RRH; TH/PH-RRH, HMIS, SSO-CE.
- **COCs can shift funds in whole or in part from existing renewal projects to create one or more new projects without decreasing the COCs ARD. The new project must meet project eligibility and project quality thresholds established by HUD.**
- The Prioritization Committee of the KVC encourages projects to reallocate funds for use for new PSH projects. Voluntary reallocations will be discussed, and the Committee retains the right to reallocate project funds from poor performing projects.



**Reallocation Projects** (funding removed from current projects to fund one of the following) or **Permanent Housing Bonus Projects** can include the following:

■ CoCs may create new permanent supportive housing projects that meet the requirements of DedicatedPLUS or new permanent supportive housing projects where 100 percent of the beds are dedicated to chronic homelessness. DedicatedPLUS project is a permanent supportive housing project where 100 percent of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at intake are:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
  - (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
  - (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
  - (4) residing in transitional housing funded by a Joint TH and PH-RRH component project and who were experiencing chronic homelessness prior to entering the project;
  - (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
  - (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.
- CoCs may create new Rapid ReHousing (RRH) that will serve homeless individuals and families, including unaccompanied youth, who meet the following criteria:

- (1) residing in a place not meant for human habitation;
- (2) residing in an emergency shelter;
- (3) persons meeting the criteria of paragraph (4) of the definition of homeless, including persons fleeing or attempting to flee domestic violence situations;
- (4) residing in a transitional housing project that was eliminated in the FY 2017 CoC Program Competition;
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All project applicants seeking funding under this NOFA must have a DUNS number and include the number in their letter of intent. All project applicants seeking this funding must also have an active SAM (System for Award Management) registration. (SAM replaces the Central Contractor Registration (CCR). Go to [www.SAM.gov](http://www.SAM.gov) for more information.

To learn more about the process and to gain a better understanding of the allowable programs, you may access the Notice of Funding Availability for the Continuum of Care Program Competition at the HUD Homelessness Resource Exchange at <http://hudhre.info/> or <https://www.hudexchange.info/programs/e-snaps/fy-2018-coc-program-nofa-coc-program-competition/#nofa-and-notices>.

The KVCCOC has established a Prioritization and Evaluation Committee that will review the letters of intent, and notify the applicant as to whether the project:

- Meets the priorities of the KVCCOC Strategic Plan and
- Meets the requirements of HUD for funding.

Upon notification from the Prioritization and Evaluation Committee that a project meets the above criteria, a project applicant must then complete its application and submit its application by the deadline. The committee will review and rank the applications for submission as part of the KVC Continuum of Care Application.

Applicants who are not chosen for submission will be notified by September 3<sup>rd</sup> at 5:00 p.m.

Letters of Intent should be prepared on agency letterhead, sent to:  
[kanawhavalleycollective@yahoo.com](mailto:kanawhavalleycollective@yahoo.com) and must include the following:

- 1) The program for which you are applying; (permanent housing, transitional housing, supportive services only, HMIS;
- 2) The amount of funds requested;
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- 4) Any special target populations for which you are serving, (individuals, families, chronic homeless, veterans)
- 5) Whether the project is new or a renewal;
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Assistance with information on where to access technical assistance on HUD's website can be found at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>. Further, a copy of the CoC Consolidated Application is available upon request by contacting the KVCCOC.

Submission of a Letters of Intent also implies consent to the following:

- 1) All clients served by the project must meet the homeless criteria as established by HUD.
- 2) Recipient will enter client data into the KVCCOC HMIS system
- 3) Recipient will spend funding (should it be received) in a timely fashion, drawing project funds on a quarterly basis at the minimum.
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- 5) Proposed project's assistance will include assisting program participants to achieve and maintain independent living and establishing a record of success (including but not limited to maintaining permanent housing for more than 6-months, increase of income through employment and connection with mainstream resources etc.)
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- 7) Recipient will provide a signed Certification of Consistency with the Consolidated Plan (Form HUD-2991) (if the applicant is not a state or unit of local government) that the application for funding is consistent with the jurisdiction's HUD-approved consolidated plan.
- 8) Recipient will participate in the annual point-in-time count, conducted during the last week in January. Recipients are expected to participate in both the sheltered and unsheltered counts.
- 9) Successful letters of intent for any new projects will also include agreement to provide a completed Project Application in accordance with the requirements outlined by HUD.

The KVCCOC appreciates your assistance in this process and the work your agency does to help the homeless in our area. If you have any questions on any of this, please let me know.

Sincerely,

**Kanawha Valley Collective**  
**2018 NOFA Rating and Ranking**

No Consolidation

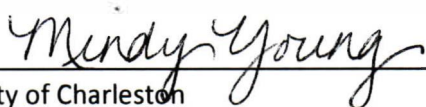
1. Empowerment
2. Shanklin
3. HMIS
4. Housing First 1
5. Shelter + Care #2
6. Shelter + Care #1
7. Centralized Assessment
8. Twin Cities
9. Housing First 4
10. Rapid Rehousing
11. Housing First 3
12. Housing First 5
13. DV Bonus
14. HMIS Reallocation
15. HMIS Expansion

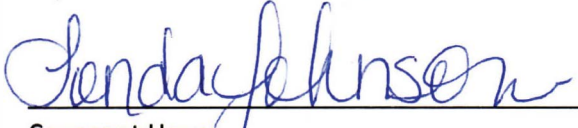
Consolidation

- C1. Shanklin / Empowerment
3. HMIS
- C5. Shelter + Care #1 & #1
7. Centralized Assessment
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10. Rapid Rehousing
- C11. Housing First 1, 3, 4, 5
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By signing below I signify that I received these rankings as announced on August 29, 2018

  
Charleston Kanawha Housing Authority

  
City of Charleston

  
Covenant House

  
Kanawha Valley Collective

  
Roark Sullivan Lifeway Center

  
YWCA

**Kanawha Valley Collective**  
**600 Shrewsbury Street**  
**Charleston WV 25301**

August 30, 2018

John Thompson  
1015 Smith Street  
Charleston, WV 25301

Dear Mr. Thompson,

Your Renewal Project Application has been reviewed by the Kanawha Valley Collective's Ranking and Rating Committee for the FY2018 HUD CoC Competition. The Ranking Committee scored each project applicant on based on HUD criteria outlined in the FY2018 HUD NOFA. The committee followed the NOFA guidelines to use the resources available to the CoC in the best way possible to end homelessness.

This can be a painful exercise, and one which CoCs across the country are in the process of undertaking. When the NOFA was released, the KVC understood that we were facing having 6% of our Annual Renewal Demand in Tier 2 of the funding structure.

Due to multiple grant issues for the recently completed FY2016 grant, as well as issues during the FY2015 grant year, the committee has chosen to reduce your project by \$14,000. The Ranking and Rating Committee is committed to working over the next year on ways to improve all projects based on each projects need. We look forward to working with the Roark Sullivan Lifeway Center on the Twin Cities Center grant as well as other grant opportunities in the future.

Please let me know if you have any questions,

Sincerely,



Traci Strickland  
Executive Director  
Kanawha Valley Collective

*Everyone in our community has a safe, stable place to call home.*

July 2, 2018

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Sincerely,

## 2018 HDX Competition Report

### PIT Count Data for WV-503 - Charleston/Kanawha, Putnam, Boone, Clay Counties CoC

#### Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	320	319	317
Emergency Shelter Total	229	219	206
Safe Haven Total	0	0	0
Transitional Housing Total	59	51	54
Total Sheltered Count	288	270	260
Total Unsheltered Count	32	49	57

#### Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	40	65	31
Sheltered Count of Chronically Homeless Persons	29	51	17
Unsheltered Count of Chronically Homeless Persons	11	14	14

## 2018 HDX Competition Report

### PIT Count Data for WV-503 - Charleston/Kanawha, Putnam, Boone, Clay Counties CoC

#### Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	19	16	15
Sheltered Count of Homeless Households with Children	19	16	15
Unsheltered Count of Homeless Households with Children	0	0	0

#### Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	33	24	34	16
Sheltered Count of Homeless Veterans	33	19	31	11
Unsheltered Count of Homeless Veterans	0	5	3	5

## 2018 HDX Competition Report

### HIC Data for WV-503 - Charleston/Kanawha, Putnam, Boone, Clay Counties CoC

#### HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	255	17	141	59.24%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	55	0	31	56.36%
Rapid Re-Housing (RRH) Beds	19	0	19	100.00%
Permanent Supportive Housing (PSH) Beds	165	3	162	100.00%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	494	20	353	74.47%

## 2018 HDX Competition Report

### HIC Data for WV-503 - Charleston/Kanawha, Putnam, Boone, Clay Counties CoC

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

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	74	83	98

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

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	4	2	5

#### Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	27	26	19

## 2018 HDX Competition Report

### FY2017 - Performance Measurement Module (Sys PM)

#### Summary Report for WV-503 - Charleston/Kanawha, Putnam, Boone, Clay Counties CoC

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

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

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	1001	887	60	65	5	32	35	3
1.2 Persons in ES, SH, and TH	1155	931	88	74	-14	41	42	1

b. This measure is based on data element 3.17.

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

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

## 2018 HDX Competition Report

### FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	1005	892	120	155	35	50	70	20
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	1159	938	147	171	24	62	78	16

## 2018 HDX Competition Report

### FY2017 - Performance Measurement Module (Sys PM)

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

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

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	14	0	0%	4	29%	1	7%	5	36%
Exit was from ES	745	143	19%	44	6%	46	6%	233	31%
Exit was from TH	27	0	0%	2	7%	3	11%	5	19%
Exit was from SH	0	0		0		0		0	
Exit was from PH	28	1	4%	6	21%	2	7%	9	32%
TOTAL Returns to Homelessness	814	144	18%	56	7%	52	6%	252	31%

#### Measure 3: Number of Homeless Persons

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



## 2018 HDX Competition Report

### FY2017 - Performance Measurement Module (Sys PM)

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

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	320	319	-1
Emergency Shelter Total	229	219	-10
Safe Haven Total	0	0	0
Transitional Housing Total	59	51	-8
Total Sheltered Count	288	270	-18
Unsheltered Count	32	49	17

#### Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	1162	938	-224
Emergency Shelter Total	1004	892	-112
Safe Haven Total	0	0	0
Transitional Housing Total	187	59	-128

## 2018 HDX Competition Report

### FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	68	86	18
Number of adults with increased earned income	1	4	3
Percentage of adults who increased earned income	1%	5%	4%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	68	86	18
Number of adults with increased non-employment cash income	8	27	19
Percentage of adults who increased non-employment cash income	12%	31%	19%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	68	86	18
Number of adults with increased total income	8	28	20
Percentage of adults who increased total income	12%	33%	21%

## 2018 HDX Competition Report

### FY2017 - Performance Measurement Module (Sys PM)

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	74	48	-26
Number of adults who exited with increased earned income	10	14	4
Percentage of adults who increased earned income	14%	29%	15%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	74	48	-26
Number of adults who exited with increased non-employment cash income	13	12	-1
Percentage of adults who increased non-employment cash income	18%	25%	7%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	74	48	-26
Number of adults who exited with increased total income	23	24	1
Percentage of adults who increased total income	31%	50%	19%

## 2018 HDX Competition Report

### FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	947	817	-130
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	189	163	-26
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	758	654	-104

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1027	829	-198
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	217	171	-46
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	810	658	-152

## 2018 HDX Competition Report

### FY2017 - Performance Measurement Module (Sys PM)

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

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	60	30	-30
Of persons above, those who exited to temporary & some institutional destinations	6	1	-5
Of the persons above, those who exited to permanent housing destinations	48	22	-26
% Successful exits	90%	77%	-13%

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

## 2018 HDX Competition Report

### FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	943	801	-142
Of the persons above, those who exited to permanent housing destinations	630	603	-27
% Successful exits	67%	75%	8%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	140	132	-8
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	135	126	-9
% Successful exits/retention	96%	95%	-1%

## 2018 HDX Competition Report

### **FY2017 - SysPM Data Quality**

#### **WV-503 - Charleston/Kanawha, Putnam, Boone, Clay Counties CoC**

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

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

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

## 2018 HDX Competition Report

### FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	285	271	272	264	128	143	94	66	178	164	150	162	2	1	27	26				
2. Number of HMIS Beds	150	140	141	140	102	102	64	36	95	160	150	158	2	1	27	26				
3. HMIS Participation Rate from HIC ( % )	52.63	51.66	51.84	53.03	79.69	71.33	68.09	54.55	53.37	97.56	100.00	97.53	100.00	100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	922	966	929	889	198	201	187	57	148	144	145	150	127	158	131	99	3	0	4	3
5. Total Leavers (HMIS)	798	841	804	771	111	121	126	35	38	38	30	38	86	148	105	59	3	0	1	0
6. Destination of Don't Know, Refused, or Missing (HMIS)	2	6	51	8	8	9	10	2	0	1	1	3	2	3	2	3	0	0	0	0
7. Destination Error Rate (%)	0.25	0.71	6.34	1.04	7.21	7.44	7.94	5.71	0.00	2.63	3.33	7.89	2.33	2.03	1.90	5.08	0.00		0.00	



## 2018 HDX Competition Report

### Submission and Count Dates for WV-503 - Charleston/Kanawha, Putnam, Boone, Clay Counties CoC

#### Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/31/2018	

#### Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/29/2018	Yes
2018 HIC Count Submittal Date	4/29/2018	Yes
2017 System PM Submittal Date	5/31/2018	Yes

## KVC CoC Racial Disparity Data

<i><b>RACE</b></i>	<i><b>Total Numbers</b></i>	<i><b>Total Percentages</b></i>	<i><b>System- wide Total Served</b></i>	<i><b>System- wide % Served</b></i>	<i><b>System- wide Exits to PH</b></i>	<i><b>% of System- wide Exits to PH</b></i>
Total Population	271,198		2153		571	
White	247,842	91.3%	1481	68.7%	365	24.6%
Black or African American	14,728	5.4%	515	23.9%	172	33.3%
American Indian or Alaska Native	549	0.2%	3	0.1%	1	33.33%
Asian	2,500	.9%	4	0.1%	1	25%
Multiple Races	5,246	1.9%	118	5.4%	32	27%
Hispanic or Latino	2,802	1%	32	.9%	11	34.3%

Total Population with Race Breakdown for Kanawha County, West Virginia 2017  
 Census estimates from <https://www.census.gov/quickfacts/fact/table> .

Systemwide Total Served and Total Exits to Permanent Housing  
 HMIS-generated KVC-CoC Sys PM Report and APR Data from 2017-18