Before Starting the CoC Application

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

The Collaborative Applicant is responsible for reviewing the following:

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

1A. Continuum of Care (CoC) Identification

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition
Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
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https://www.hudexchange.info/program-support/my-question/

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competition/#nofa-and-notices

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

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1B-1. CoC Meeting Participants.

 For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:
 1. participated in CoC meetings;
 2. voted, including selecting CoC Board members; and
 3. participated in the CoC's coordinated entry system.

Organization/Person	Participates in CoC Meetings	Votes, including selecting CoC Board Members	Participates in Coordinated Entry System
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	No	No	No
Hospital(s)	Yes	Yes	Yes
EMS/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Disability Service Organizations	Yes	Yes	Yes
Disability Advocates	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes

Youth Advocates	Yes	Yes	Yes
School Administrators/Homeless Liaisons	No	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Domestic Violence Advocates	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
LGBT Service Organizations	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Mental Illness Advocates	Yes	Yes	Yes
Substance Abuse Advocates	Yes	Yes	Yes
Other:(limit 50 characters)			
Veterans Administration	Yes	Yes	Yes
Healthcare for the Homeless	Yes	Yes	Yes
Veterans Service Providers	Yes	Yes	Yes

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

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

1. KVC meetings are open to the public who are welcome to attend and express their opinions. Monthly membership meetings have diverse stakeholders and speakers which allow for communication on providing better services and making informed decisions. KVC ensures COC Committees and Board broadly reflect diversity and include homeless providers, healthcare providers, meal providers, city officials and community members. KVC members inform others about homelessness when they attend community meetings, and they are continuously inviting new members to join KVC. Any agency who has a question and/or issue of homelessness are referred to KVC for information and guidance. Social media is a great tool used by KVC Board to inform the public about homelessness as well as a way to generate opinions and conversations.
2. The Charleston Homeless Task Force, which began 3 years ago, conducted a World Café. a structured conversational process for knowledge sharing where groups of people discuss a topic at several tables, with individuals switching

tables periodically and getting introduced to the previous discussion at their new table by a "table host". Over 40 service providers participated. 3. During World Café meetings, 3 objectives were identified: 1) Gather information to determine gaps. 2.) Need for public restrooms 3) Have social workers available at organizations that serve the homeless. In addition, service providers gained information on various homeless services which they were able to distribute to staff. Additional outreach events are planned as well as free health screenings. 4. All KVC meetings, committees & focus groups are held in handicap accessible spaces. A sign language interpreter is employed by a CoC-funded program. KVC is in the process of updating its website in order for it to be ADA compliant. Upon completion those who are blind will be able to use it with the help of a special reader which will scroll over items and read to those who are blind.

1B-2. Open Invitation for New Members.

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

 1. KVC constantly solicits new members. Personal invitations are extended to individuals/agencies as KVC interact with them during work functions, meetings, and social venues. Meeting information is shared on social media as well as on the United Way's Community Calendar. Community outreach events are held several times through the year and are opportunities to engage new individuals/agencies to become part of the COC. 2. Invitations to solicited new members include postings at local agencies, discussions at community meetings, postings at member agencies, and communications at events such as the World Café, WV Housing Conference, PIT media articles, the Homeless Task Force, and local civic group presentations. The the Homeless Task Force placed the issue of homelessness at the forefront in the Kanawha Valley area which resulted in more awareness of the homeless issue and more people wanting to become involved with the KVC. KVC is also a big user of social media to reach the community and to solicit new members. The KVC uses Facebook, website, Twitter, etc. to reach individuals and groups. 3. All CoC communication is available in accessible electronic formats. Public meetings & focus groups are held in accessible spaces. A sign language interpreter is employed by a CoC program & is available to provide interpretation. If additional accessibility is needed, the CoC lead will make reasonable efforts to meet the need. KVC is in the process completely revamping its website which will enable disabled individuals to access homeless information 4. New members are solicited at least monthly.5. KVC has homeless and/or formerly homeless individuals on its board and as do several member agencies (Covenant House, YWCA of Charleston, and Prestera Center). KVC develops flyers which lists all upcoming board and general membership meetings. This flyer is placed in

social service agencies along with other area that are frequently visited by homeless/formerly homeless individuals.

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

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

1. KVC holds open competition for new and renewal projects each year. The public is notified that proposals are being sought through the use of social media, email lists/blasts, and discussed at meetings. This year the letter of intent was distributed via KVC Facebook page, Twitter, KVC website, and existing KVC email lists. The letter of intent also included links to the COC Competition Page of the HUD Exchange and to the NOFA.   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. 2. All applications are reviewed by the Prioritization committee. All project applications meeting the following criteria are included in the program competition process: agency capacity, eligible costs, eligible clients served. In the FY2019 CoC Program Competition, all submitted applications were accepted and ranked. 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. KVC reallocates funds to new projects whenever reallocation would improve outcomes and reduce homelessness. It also considers the amount each project spends to serve and house an individual or family compared to other projects serving similar populations. KVC also reviews the unmet needs of the community. All these items help to determine whether or not a project should be included and what the ranking should be. 3. The letter of intent was released on July 10, 2019. 4. All CoC communication is available in accessible electronic formats. 5. NA

1C. Continuum of Care (CoC) Coordination

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

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

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

Federal Home Loan Bank	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;
2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and
3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.
(limit 2,000 characters)

1. The CoC staff works closely with the State ESG Grantee, the WV Community Advancement and Development Office (WVCAD), annually on the planning and allocation of ESG funding for providers located in the KVC. Each applicant for ESG funding must submit, to the CoC, a
statement of their proposed ESG activities and answer specific questions regarding the alignment of the proposed activities with the CoC's initiatives of coordinated entry, prioritization, rapid rehousing, low barriers to entry, housing first, and rapid exits to permanent housing. In addition, the CoC completes an "Attachment B" form for each applicant that is included with the ESG application to WVCAD. This form certifies that the applicant consulted with the CoC while designing their application, lists the CoC meetings that each applicant agency attended, certifies involvement in the PIT, and allows for narrative by the CoC to describe why the agency does, or does not, have the support of the CoC.
2. The Project Resource Committee evaluates the performance of ESG funded programs during monthly meetings utilizing APR and SPM data. The committee has established targets based upon our system's prior performance, seeking to improve upon prior results. Areas needing improvements are addressed in that forum. The state ESG program coordinator is in regular communication with the KVC Executive Director. ESG program performance is reported to the City of Charleston for use in their Consolidated Plan and is provided to WVCAD upon their request.
3. Whenever an update is needed to be provided to the City's Consolidated Plan, contact is made with the KVC to obtain the most up-to-date homeless information and data. The same City staff is involved with both the Consolidated Plan and the KVC so information is easily conveyed between the two.

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

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

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

Plan Jurisdictions.

Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it can be addressed in Consolidated Plan updates.

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

Applicants must describe:
1. the CoC's protocols, including protocols for coordinated entry and the CoC's emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and
2. how the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

1. 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) assesses and instantly refers those with indicators of DV to YWCA Resolve Family Abuse Program (RFAP). RFAP is able to assist survivors with an
array of victim-specific services; ES shelter, TH, safety planning, counseling, and legal services/court advocacy. RFAP staff is specially trained to address survivors' unique needs such as; confidentiality, proximity to abuser, and safety planning. All programs within KVC have access to RFAP for consultation to help providers adopt survivor-centered/trauma-informed practices to maximize safety and confidentiality. After initial contact the household may prefer to use the RFAP services and RFAP will refer back to the CAT.
2. KVC will provide each client the most barrier-free, rapid, and successful entry into housing as possible;
ensuring that persons fleeing DV have access to housing/ services that prioritize safety and accommodate their unique situations. Client choice remains center of any referral/placement, with the client fully informed of all steps/processes necessary to move from homelessness to permanent housing. Survivors have equal access and choice to seek 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 are encouraged by actively employing evidence-based practices for client engagement such as motivational interviewing. However, 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. Training–Best Practices in Serving DV Survivors.

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

1. CoC area project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and
2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence.
(limit 2,000 characters)

1.WVCADV, YWCA RFAP, and Branches provide training on confidentiality and privacy rights of DV survivors, including VAWA and WV Law, to CoC members and project staff annually. An overview of safeguards that are taken with data associated with an individual/family who is known to be fleeing, attempting to flee, or experiencing DV is emphasized to ensure data is handled in a sensitive and appropriate manner. Annual trainings and CoC meetings 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 is conducted in a uniform manner to ensure consistency across the KVC. KVC recognizes these victims have unique needs and must be treated with respect to their individual situations. Every service provider offers the necessary and appropriate safety and security protections for these persons.
2. WVCADV, YWCA RFAP, and Branches provide training on confidentiality and privacy rights of DV survivors, including VAWA and WV Law, to Coordinated Entry staff annually. An overview of safeguards that are taken with data associated with an individual/family who is known to be fleeing, attempting to flee, or experiencing DV is emphasized to ensure that data is handled in a sensitive and appropriate manner. Discussions involving best practices for serving victims of domestic abuse, trauma-informed care, cultural sensitivity, risk reduction, safety planning, and ongoing danger risk assessment take place at each training session. At minimum, these individuals/families will have safe and confidential access to the CES process and victim service providers, including immediate access to crisis services such as DV hotlines and emergency shelter. To guarantee these practices, DV training on safety and victim's rights is offered annually for all providers involved in the CES.

1C-3b. Domestic Violence–Community Need Data.

Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking.
(limit 2,000 characters)

Currently domestic violence survivors enter the Coordinated Entry System (CES) through a comparable system initiated by the three 24 hour domestic violence crisis hotlines; Branches' Domestic Violence Crisis Hotline, 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 the danger and specific areas of vulnerability for adults and families using the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). Assessments are used to prioritize survivors with the highest acuity and in the greatest danger. Through the Centralized Assessment Team (CAT), a DV Advocate enters data from the VI-SPDAT and intake forms into a comparable database called Osnium.

Osnium allows victim-service providers to share non-personally identifying demographic information in the aggregate regarding services to clients to comply with Federal, State, tribal, or territorial laws, reporting, evaluation, or data collection requirements. Data is also collected through the Homeless Management Information System (HMIS) database to track previous 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. KVC also tracks data from the following: aggregate, comparable CoC, Point-in-Time Count, Housing Inventory Count, state/nationwide statistics, West Virginia Coalition Against Domestic Violence (WVCADV), West Virginia Coalition to End Homelessness (WVCEH), National Census of Domestic Violence Services, Community Needs Assessments, and best practices related to domestic violence, dating violence, sexual assault bullying, stalking, and human trafficking.

*1C-4. PHAs within CoC. Attachments Required.

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing 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., Moving On
Charleston-Kanawha Housing Authority	5.00%	Yes-Both	No
South Charleston Housing Authority	30.00%	Yes-Public Housing	No

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

Applicants must:
1. provide the steps the CoC has taken, with the two largest PHAs within the CoC's geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference–if the CoC only has one PHA within its geographic area, applicants may respond for one; or
2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)

1. The two PHAs within the KVC COC service area for which KVC has a working relationship with, both have a homeless admission preference in their written policies. KVC will continue to work closely with both PHAs to answer any questions they may have on this as well as discuss the homeless situation in the KVC service area. A presentation will be given to each of the Boards, as requested, and these presentations will also serve as an opportunity to explain KVC's functions to those on the PHA Boards who may not be aware of all that the KVC does. This also provides a way to generate new individuals to become involved in the KVC and other homeless initiatives.   CKHA, which is the largest PHA in the KVC area, is active in the homeless programs as it has 62 units of

HUD VASH and 32 S+C units which serve over 90 homeless individuals during the year. There is also a smaller housing authority within the KVC area that does have this homeless admission preference.

1C-4b. Moving On Strategy with Affordable Housing Providers.

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

No

1C-5. Protecting Against Discrimination.

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

The KVC includes training and materials for all CoC-funded providers explaining the tenets of fair housing, as well as materials to clients who are housed explaining their rights as tenants under fair housing rules. The CoC has a zero-tolerance policy for all forms of discrimination. All CoC & ESG funded programs adhere to the CoC anti-discrimination policy. The CoC provides comprehensive anti-discrimination and fair housing training for program staff regularly. The CoC has designated advocates to address discrimination based on sexual orientation or gender identity, as well as a fair housing officer responsible for ensuring non-discriminatory equal access. The advocates guide the program participants through the grievance process, as necessary. Information on accessing advocates is provided at entry and the availability of the advocates is marketed extensively. We are constantly monitoring our grievance policies to make sure they are adequate and system friendly. We monitor our referral data to insure referrals are not being denied to do any protected classes or fair housing issues. In the past year we have conducted trainings on racism, gender, LGBTQ+, domestic violence, and HUD's Equal Housing Rule.

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

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

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

*1C-6. Criminalization of Homelessness.

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

1. Engaged/educated local policymakers:	X
2. Engaged/educated law enforcement:	X
3. Engaged/educated local business leaders:	X
4. Implemented communitywide plans:	X
5. No strategies have been implemented:	
6. Other:(limit 50 characters)	
Implemented Homeless Encampment Ordinance	X
Homeless Task Force/World Cafe	X
Local Law Enforcement Involved with all COC events	X

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

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

1.   The project provides a single point of entry and assessment, with 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:

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1D-1. Discharge Planning Coordination.

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

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1E. Local CoC Competition

Instructions

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

Applicants must indicate whether the CoC:

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

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

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

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

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

Applicants must describe:
1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and
2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.
(limit 2,000 characters)

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 homeless 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-4. Public Postings–CoC Consolidated Application. Attachment Required.

Applicants must:
1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or
2. check 6 if the CoC did not make public the review and ranking process; and
3. indicate how the CoC made public the CoC Consolidated Application–including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected–which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or
4. check 6 if the CoC did not make public the CoC Consolidated Application.

Public Posting of Objective Review and Ranking Process		Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing, Project Listings	
1. Email	X	1. Email	X
2. Mail		2. Mail	
3. Advertising in Local Newspaper(s)		3. Advertising in Local Newspaper(s)	
4. Advertising on Radio or Television		4. Advertising on Radio or Television	

5. Social Media (Twitter, Facebook, etc.)	X	5. Social Media (Twitter, Facebook, etc.)	X
6. Did Not Publicly Post Review and Ranking Process	☐	6. Did Not Publicly Post CoC Consolidated Application	☐

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

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

Reallocation: 3%

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

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

1. The KVC has a written process for reallocation of COC funds. The Prioritization Committee reviews 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. 2. This reallocation process has been approved by the KVC Board of Directors. 3. Information on the possibility of reallocation is provided to all agencies when the KVC solicits the initial Letter of Intent to re-apply for COC funds. This information is again provided when project applications are submitted to the Prioritization Committee for their review and decisions regarding funding levels and the order of project listing. 4. The KVC reviewed information on projects to determine if they were low performing or for which the need is less. Some of these items reviewed include the APR, amount of expenditures, recaptured funds, unresolved HUD findings from monitoring visits, vacancy rates, length of time a person remains in one of the housing units, and if necessary performs a monitoring and also offers technical support. 5. During the Prioritization Review, the KVC provides all this information to the Prioritization Committee to assist them in their decision making. If it is determined a project needs to be removed because of poor performance, these funds are then reallocated to another project.

DV Bonus

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
    Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

 Resources:
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https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
 The FY 2019 CoC Program Competition Notice of Funding Availability at:
https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

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

1F-1   DV Bonus Projects.

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

1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.

1. PH-RRH	X
2. Joint TH/RRH	
3. SSO Coordinated Entry	

Applicants must click "Save" after checking SSO Coordinated Entry to view questions 1F-3 and 1F-3a.

*1F-2. Number of Domestic Violence Survivors in CoC's Geographic Area.

Applicants must report the number of DV survivors in the CoC's geographic area that:

Need Housing or Services	2,122.00

the CoC is Currently Serving	457.00

1F-2a. Local Need for DV Projects.

 Applicants must describe:
 1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and
 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).
(limit 500 characters)

1)The number of DV survivors needing housing/services was calculated using the number of calls to the DV hotline, total served in the DV shelter, & CoC clients served with DV history. 2)The hotline calls & total served by our DV shelter were generated through Osnium, VSP comparable database. An HMIS APR was the source for the total the CoC housed and served over the past fiscal year.

1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.

 Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing–using the list feature below.

Applicant Name	DUNS Number
Branches Domestc ...	969071836
YWCA of Charlesto...	072681976

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

DUNS Number:	969071836
Applicant Name:	Branches Domestc Violence Shelter
Rate of Housing Placement of DV Survivors–Percentage:	54.00%
Rate of Housing Retention of DV Survivors–Percentage:	80.00%

1F-4a. Rate of Housing Placement and Housing Retention.

 Applicants must describe:
 1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

1) Both numbers were calculated according to BDVS's APR & are recorded by reviewing active and exit files. Upon exit to housing, the case manager documents the exit & remains in contact with all victims for a six-month period. Housing retention is calculated by follow up with survivors, either with timely supportive services or new experiences with homelessness following exit from shelter. 2) These numbers are supported by running a service report within Osnium, VSP comparable database.

1F-4b. DV Survivor Housing.

 **Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing.
(limit 2,000 characters)**

The intersection of homelessness and DV is complex in that many survivors leave their housing & seek shelter involuntarily. The experience of trauma, feelings of discomfort and being unsafe add another layer to an established service plan that must be addressed in coordination of a safety plan before housing can be discussed. Branches Domestic Violence Shelter (BDVS) Case Manager's daily focus is on safety and housing intentionality. That being said, in most cases, the case manager will meet with a survivor within one day of arrival.
Case plans are created within one week. BDVS staff have established effective relationships with landlords which ensure the most immediate results for survivors. Staff provide life skills classes focused on interacting with landlords, understanding leases, & tenant rights and responsibilities. This improves the likelihood of a landlord renting to a survivor. The most common barriers to rehousing a survivor quickly are outstanding legal issues or necessary medical treatment. By maintaining relationships with medical service providers & BDVS's strong legal advocacy program, these barriers can quickly be addressed, & survivors can then be moved into permanent housing.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
(a) training staff on safety planning;
(b) adjusting intake space to better ensure a private conversation;
(c) conducting separate interviews/intake with each member of a couple;
(d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
(e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
(f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.
(limit 2,000 characters)

a) Branches Domestic Violence Shelter (BDVS) provides training to all staff members on safety planning & victim-centered advocacy.
b) Intake processes are conducted in private spaces to ensure the least risk of re-traumatization & that confidentiality is upheld. Staff conducts intakes behind closed doors. c) Though it is uncommon in a DV shelter for clients to receive services or arrive as a couple, DV shelter staff conducts intakes separately & confidentially. d) Survivors inform every step of the process particularly in consideration of locality & proximity to their abuser. e) While bars on the windows would negatively affect security by drawing attention to our residential space, all windows are viewable by security cameras. Adequate security camera coverage is key to appropriate intervention for victims of DV. BDVS ensures that all lighting is up to date, including congregate living spaces. Close relationships with local law enforcement have resulted in an average response time of 3 minutes. f) BDVS maintains a separate PO Box. The physical address is only communicated verbally & always preceded by an extensive phone intake with the survivor. 2) Branches gathers feedback from clients through pre/post service surveys. Specific indicators tracked through these surveys are the number of survivors who have increased their strategies to enhance their safety & who have increased their knowledge of community resources. Improving survivors' social support & access to resources serves as a protective factor, enhancing safety over time.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:
1. project applicant's experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
(a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
(b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize

power differentials;
(c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
(d) placing emphasis on the participant's strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
(e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
(f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
(g) offering support for parenting, e.g., parenting classes, childcare.
 (limit 4,000 characters)

1)BDVS's mission incorporates compassionate & sensitive service delivery in a nonjudgmental manner, including the utilization of trauma-informed/victim centered approaches. BDVS has cultivated a trauma-informed working environment, which positively impacts client interaction. Staff is trained & able to work with survivors to identify needs & provide critical support. The wishes & well-being of every client takes priority in all matters & procedures. BDVS advocates strive to protect victims' rights and notify them of their rights upon their first meeting.
2a) BDVS prioritizes DV survivor choice in regard to all decisions related to obtaining permanent safe housing by encouraging them to lead the process of locating & securing housing as well as with individualized planning that supports rapid placement & housing stabilization. b) BDVS actively & intentionally rejects punitive interventions. The shelter operates at the least restrictive level possible to engage with survivors as active participants in a congregate living space where everyone is treated with mutual respect & collective safety is key. BDVS seeks feedback from survivors on marketing decisions, in-shelter policies/procedures, and emergent needs. These policies strategically work to minimize power differentials between staff & survivor.
c)Survivors are offered weekly support groups & on-site counseling which often incorporates information on trauma & subsequent healing & are client directed. BDVS provides staff ongoing training relating to victim-centered methods of delivering trauma education to survivors. BDVS plans to implement a peer-to-peer enrichment program led by a volunteer with a shared DV experience. Content will be determined by current shelter residents. d) BDVS recognizes strength-based approaches as essential to empowerment. DV shelter staff are trained annually on utilizing strength-based approaches to survivors living in poverty. Survivor's initial intake is used as an opportunity to assess survivor's individual strengths & build those into their personal goals. These strengths will continue to be cultivated through case management. e) BDVS views cultural responsiveness & inclusivity as a key component of maintaining a victim-centered advocacy approach. Staff members are trained on working within marginalized communities such as the LGBTQ+ community & communities of color, nondiscrimination and equal access. In addition, intake spaces & agency policy reflect inclusivity & attention to cultural sensitivity.
f) BDVS delivers opportunities for connection through case management. In this context, survivors identify interests & needs, including spiritual wellness, positive recreation,
mentorships, & peer engagement. Staff then offer opportunities to address these requests. For instance, NA/AA peer support groups are available for

survivors who may be experiencing substance use disorder.
g) BDVS recognizes the unique challenges that DV victims with children face &
responds with trauma-informed practices that include access to parenting
supports & LINK. BDVS's Case Manager can provides assistance to them with
all aspects of parenting. For example the Case Manger offers survivors options
for safe childcare, school enrollment, or primary care
providers.

1F-4e. Meeting Service Needs of DV Survivors.

**Applicants must describe how the project applicant met services needs
and ensured DV survivors experiencing homelessness were assisted to
quickly move into permanent housing while addressing their safety
needs, including:**

- Child Custody
 - Legal Services
 - Criminal History
 - Bad Credit History
 - Education
 - Job Training
 - Employment
 - Physical/Mental Healthcare
 - Drug and Alcohol Treatment
 - Childcare

(limit 2,000 characters)

BDVS's initial contact with survivors involves a discussion about their safety in
the moment. After immediate needs for medical attention, shelter, childcare,
food, or clothing are met, case managers meet with survivors to develop a
service plan that is tailored to their desires. Use of generalized assessment
tools like the SPDAT, VI-SPDAT, & SBIRT along with standard non-exhaustive
intake paperwork provides prompts for survivors who may not know where to
start in terms of accessing services. These tools ask questions to gauge
household size, family activity, legal standing, current income, possible debt,
physical/mental capability or well-being, & substance use. After this process,
staff link survivors with appropriate resources to address the needs identified. A
BDVS legal advocate provides options for navigating child custody or other DV
related
legal situations including criminal history and refers to legal aid, when needed.
BDVS provides life skills classes which include credit history/financial literacy &
access to education for survivors to ready them for independent, violence free
lives. Partners, including Catholic Charities & Goodwill, provide job training &
certifications.
Physical & behavioral healthcare, including SUD treatment, are provided by
Prestera
Center, Valley Health & Family Care. Due to longstanding relationships,
providers
understand the importance of privacy & safety. BDVS connects survivors with
reputable childcare providers & facilitates access to LINK. The Case Manager
meets with residential survivors weekly to evaluate their current service plan &
make adjustments as needed to ensure quick movement into housing while

maintaining safety and confidentiality.

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

DUNS Number:	072681976
Applicant Name:	YWCA of Charleston, Inc.
Rate of Housing Placement of DV Survivors–Percentage:	63.00%
Rate of Housing Retention of DV Survivors–Percentage:	53.00%

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:
1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 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. Out of the 63% of survivors who exit Resolve's programs to housing approximately 53% maintain housing placement for at least six months. 2) The data source used to compile the above was the HMIS comparable database, Osnium and YWCA Resolve administrative data.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing.
(limit 2,000 characters)

The YWCA Resolve Family Abuse Program ensures that domestic violence survivors experiencing homelessness are assisted to quickly move into permanent housing by following a victim centered, Housing First philosophy. In order to achieve this, survivors are connected to the centralized intake process either through the crisis hotline, outreach, or the Centralized Assessment Team. Survivors and their households are then prioritized for services using the VI-SPDAT. Identified households are immediately connected to Resolve's Rapid Re-Housing program. Together, the survivor and RRH staff identify the housing option/s which best fit the individualized needs of the household and work swiftly to gather identifying documents and complete necessary applications or paperwork. To help ensure the program operates to its maximum efficiency, Rapid Re-housing staff will continually work to identify landlords, landlord associations, and property management companies throughout the service area who have available units, upcoming units, and/or are willing to enter into collaborations to prioritize units for program participants.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
(a) training staff on safety planning;
(b) adjusting intake space to better ensure a private conversation;
(c) conducting separate interviews/intake with each member of a couple;
(d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
(e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
(f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.
(limit 2,000 characters)

1.YWCA Resolve ensures the safety of domestic violence survivors through a multitude of ways such as employing victim centered approaches, staff trainings, upholding confidentiality, and maintaining private office areas. Safety planning is a central aspect of how program staff help survivors protect themselves and their children. All direct service staff are trained in safety planning and help guide the survivor through thinking about potential ways to remain safe. Children in the household also receive safety planning, although that looks different depending on the age and ability of the child. Another way that Resolve ensures survivor safety is by employing victim centered approaches to all aspects of service delivery including safety planning, housing choice, housing location, and case management services.
Upholding confidentiality is extremely important to all Resolve staff. Locations of housing units for survivors are kept private as well as the location of the emergency shelter. All staff also have access to separate office space to ensure that conversations are kept private and if necessary white noise machines are also utilized.
2.Resolve Family Abuse Program measures its ability through the use of client surveys, client and staff feedback, as well as performing program self-assessments.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:
1. project applicant's experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
(a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
(b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
(c) providing program participants access to information on trauma, e.g.,

training staff on providing program participant with information on trauma;
(d) placing emphasis on the participant's strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
(e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
(f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
(g) offering support for parenting, e.g., parenting classes, childcare.
 (limit 4,000 characters)

1.YWCA Resolve incorporates a trauma-informed, victim centered approach in all aspects of service delivery. For 38 years Resolve has provided survivors of DV with community and housing resources to best meet their individualized needs. Trained advocates are highly knowledgeable and work with each household to assess/prioritize services while keeping client choice a top priority.
2.a. As mentioned above, client choice is the foundation of all Resolve's services. Survivors are empowered to lead in all decisions pertaining to housing selection and placement, safety planning, stabilization service planning, and follow-up services.
b. Resolve recognizes the unique contributions that each staff member and survivor brings to the program. To uphold an environment of mutual respect advocates and administrative staff keep an open-door policy, actively listen to concerns/opinions of participants, act on program suggestions, provide strength based feedback and approaches when appropriate, and operates all components free of punitive interventions.
c. Advocates are knowledgeable in and receive annual trainings focused on trauma, the effects of, and trauma informed practices. Survivors receive this information through case meetings, support group sessions, and counseling services.
d. Survivors are empowered to lead the discussion and make decisions when choosing services. Emphasis is placed on each survivor's unique strengths and needs. This can best be evidenced through Resolve's service and safety planning as well as case management services. Through these services, advocates are given the opportunity to encourage, foster, and support the survivor's growth.
e. Advocates consistently receive trainings focused around cultural sensitivity, inclusivity, implicit bias, nondiscrimination, and best practices for serving marginalized populations. Several of Resolve's staff also participate in local and statewide initiatives to affect change and address the intersectionality of oppression as it creates challenges for survivors of marginalized communities. Along with these efforts, Resolve's shelter also provides cultural specific toiletry and food.
f. A Survivor's Support Group and Children's Group take place weekly at a central location which facilitates peer to peer interaction for both adult and children survivors. Other occasions for connection and mentorship happen through staff/participant interaction and case management services. Outside opportunities for mentorship and peer engagement are also available and communicated to survivors such as recovery meetings, peer counseling, job coaching, and spiritual groups.
g. Resolve's Victim & Shelter Services Coordinator and Youth Services Coordinator work closely with each family to tailor case management services

where survivors are referred to a range of community family resources including childcare, school placement, holiday help, clothing assistance, parenting supports, school supplies, child developmental supports, and healthcare.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

Resolve relies on an array of partnerships and community collaborations in order to holistically meet the individual needs of DV survivors as they move into permanent housing. Some partnerships such as Legal Aid, WVCADV attorney services, or private attorneys can assist with legal services involving divorce, child custody, and criminal or bad credit history. Health organizations such as the local clinic, hospitals, mental health providers, and substance use treatment centers work in collaboration to help survivors address any health needs including applying for health benefits. Education, job skill training, employment, and childcare needs are addressed through a combination of intensive case management and referrals to local services such as WorkForce WV, Job Readiness Center, Carver Career Center, WV Women Work, WV DHHR, Mel Wolfe Child Development Center, local child care providers, and similar agencies.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
  Please submit technical questions to the HUD Exchange Ask-A-Question at
https://www.hudexchange.info/program-support/my-question/

 Resources:
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competition/#nofa-and-notices

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

2A-1. HMIS Vendor Identification.   Wellsky

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

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

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

Project Type	Total Number of Beds in 2019 HIC	Total Beds Dedicated for DV in 2019 HIC	Total Number of 2019 HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	232	15	141	64.98%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	48	31	17	100.00%
Rapid Re-Housing (RRH) beds	82	0	82	100.00%
Permanent Supportive Housing (PSH) beds	165	0	103	62.42%
Other Permanent Housing (OPH) beds	0	0	0	

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

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

**1. steps the CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2. how the CoC will implement the steps described to increase bed coverage to at least 85 percent.
(limit 2,000 characters)**

1. The KVC and its member agencies have made multiple attempts to meet with the Executive Director and other staff from the one faith-based community agency that provides emergency shelter but does not use HMIS. For the PSH beds currently not in HMIS, the KVC will be working with the local housing authority to get these beds in the system. These PSH beds will be in HMIS during the next 12 months. Once this occurs, the percentage of PSH beds in HMIS will be at 100%.
2. KVC staff and agencies will continue to attempt to meet with the faith based entity to engage them into Servicepoint.   Various members and agencies have tried to meet with these individuals, and these efforts will continue.   The KVC is seeking a HMIS expansion in this NOFA to work with the faith based agency, potential new service providers, as well as the Charleston Kanawha Housing Authority.

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

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

*2A-4. HIC HDX Submission Date.

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

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

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
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Resources:
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https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
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https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

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

2B-1. PIT Count Date. 01/22/2019
Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).

2B-2. PIT Count Data–HDX Submission Date. 04/30/2019
Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).

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

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

1. The basic implementation of the sheltered count did not change. However, a change in City of Charleston policy impacted our PIT count.
The temperature on the night of January 21, 2019 was 4 degrees while the temperature on the night of January 22, 2019 was 11 degrees. As a result, the City of Charleston set-up a warming station for those who were outside in the elements. This is City of Charleston protocol for any time it is under 15 degrees. at least 5 other population jurisdictions in the KVC area followed suit. It was determined by HUD Officials to consider these warming stations as overflow beds.

2. As a result of these overflow beds, the sheltered count increased from 260 to 291 as these individuals who previously would have been counted as unsheltered were now counted as sheltered.

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

Applicants must select whether the CoC added or removed emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC's 2019 sheltered PIT count.   No

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

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

Not Applicable

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

Applicants must:

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

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

 Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:
 1. plan the 2019 PIT count;
 2. select locations where youth experiencing homelessness are most likely to be identified; and
 3. involve youth in counting during the 2019 PIT count.
(limit 2,000 characters)

1. 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 provider of services to youth 18 and under 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 differentiate, locate and identify the 18 – 24 youth number from adults 25 and up.   2. 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. 3.   All homeless youth providers were involved in the planning, training, and conducting of the count.   Conversations were held with homeless youth who provided information as to the possibility where unsheltered homeless youth may be staying. PIT representatives visited these sites to determine if there was any homeless youth. However, even with all these efforts, the numbers showed there is not a significant number of homeless youth in the KVC area.   The 2019 homeless sheltered count number was identical to the number for 2018 – 20 youth. Of these youth, 11 were between the ages of 18 and 24 and 9 were under the age of 18. There was 0 unsheltered youth in 2019 compared to 1 in 2018.   These numbers are a decrease from previous years' counts 28 in 2017 and 25 in 2016. The number of unsheltered youth continues to decrease as in 2017 there were 4.

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

 Applicants must describe the CoC's actions implemented in its 2019 PIT count to better count:
 1. individuals and families experiencing chronic homelessness;
 2. families with children experiencing homelessness; and
 3. Veterans experiencing homelessness.
(limit 2,000 characters)

1. 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 the PIT count was occurring.   2.As the KVC's numbers indicate, the area does not have a large number of homeless households with children. In 2019 this number was 17 which was similar to the

2018 count of 15 as well as the numbers from previous years (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. 3. 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.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

Applicants must:

Report the Number of First Time Homeless as Reported in HDX.	782

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

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

1.KVC completed a survey with participants that showed the main reasons for 1st time homelessness were substance abuse, mental health, and disruption of a support system. This aligned with HMIS data regarding MH/SA and allowed KVC to identify the issues with a support system which are not always captured in HMIS. Drug abuse is both a cause and a result of homelessness. Studies show WV is one of the top 10 states for rates of drug-use and has the highest age-adjusted rate of drug overdose deaths involving opioids (833 drug overdose deaths - rate of 49.6 deaths per 100,000 persons compared to national rate of 14.6 deaths per 100,000 persons). As a result of these staggering numbers, the number of 1st-time homeless increased by 124 from 658 to 782. 2. KVC

developed the following strategies to reduce the number of 1st-time homeless:
a. KVC's Centralized Assessment Team (CAT) placed diversion as its top priority when meeting with possible homeless individuals. CAT members determine if an individual is truly homeless, has no other place to go, and will benefit 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 CAT works to help find resources to address this issue so they can remain housed. b. KVC partners with the City of Charleston's Family Reunification Program to assist individuals with transportation to be reunited with family as a diversion to homelessness. Multiple checks are made to ensure the individual/family is going to a safe home. c. Work with WV 211 which serves as a critical connection between individuals and families in need and the appropriate community-based organizations and government agencies.3. City of Charleston sponsors the CAT Grant; however, KVC is the ultimate responsible party for this strategy.

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

Applicants must:

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.	80

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

Applicants must:
1. describe the CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2. describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

1. The average length of time a client remained homeless in the KVC System is 80 bed nights which is a slight increase from the prior year of 74 bed nights. However, during this time period, YWCA Alicia McCormick Home opened which consists of 10 transitional housing apartments for women and children who are moving toward independent lives after overcoming homelessness due to domestic violence, sexual assault, human trafficking, or stalking. This program offers up to 24 months of housing and support services which can account for the additional bed nights. 2. Centralized Assessment Team (CAT) utilizes a prioritized By Name List which lists clients by vulnerability, need, and if it is a family. The intake paperwork has been revised with regards to policies and procedures as to how prioritization should work. 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 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. Outreach services have been expanded. HMIS is used to identify individuals with the longest length of time homeless, as this is generated through the KVC's By Name List which not only shows length of time homeless, but also identifies those experiencing chronic homelessness. 3. 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:

	Percentage
1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.	60%
2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	95%

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

Applicants must:
1. describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
2. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
3. describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations; and
4. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

1. During the last year 60% of individuals and/or families exited from ES, SH, TH, and PH-RRH into permanent housing. 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. As a result, some of these homeless are people who may have difficulty adhering to rules and may be expelled from their housing. However, 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. 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 which is beneficial.
2. While the KVC is the agency responsible for overseeing this strategy, the work is done by each of the KVC member agencies.
3. The KVC continues to work with those in PH by combining case management and supportive services. The services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment and employment services. It has proven to be effective as the retention rate for those in PH has remained 95% for the last two years.
4. 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:

	Percentage
1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.	12%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	19%

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

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

1. Substance abuse, serious mental illness, loss of income, DV and the loss of a support system, have been identified as the major reasons for recidivism. 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. 2. In order to reduce returns to homelessness there is 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 are conducted to ensure the needs of those vulnerable to recidivism are being met and 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 and Shelter+Care which help these individuals. 3. 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. Cash Income Changes as Reported in HDX.

Applicants must:

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

3A-5a. Increasing Employment Income.

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

1. 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), sending clients to Job Readiness Center to obtain TASC, assisting with resume writing, and allowing the homeless to use their address on job applications. In addition, Case Managers are available to assist them with the various steps they must go through to obtain employment. 2. 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. KVC agencies also place priority on hiring former clients when positions become available. 3. Mainstream employment organizations are invaluable resources to the KVC-COC and play an important role in increasing the income of homeless individuals and families. All of the KVC-COC projects, and specifically the YWCA Sojourner's Education/Job Readiness Center, are regularly connecting participants with employment opportunities through informal partnerships with

Workforce WV, the state agency that oversees the unemployment insurance program and a network of workforce development services, as well as individual employers. 4. 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-5b. Increasing Non-employment Cash Income.

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

1. With regards to non-employment cash income, the KVC has continued and expanded several strategies which have proven to be effective. These include: providing clients with documents needed for identification such as an identification card and birth certificate, allowing the homeless to use their address on applications for non-cash benefits, 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. If necessary, assistance in the form of bus passes or other means of transportation is also provided to needy clients. Member agencies have participated in training to become certified SOAR trainers. 2. KVC agencies provide the clients with a list of various non-employment cash resources along with a list of requirements for each source. The KVC agencies work with the various clients to assist in whatever ways may be necessary to help them obtain these resources. 3. 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-5c. Increasing Employment. Attachment Required.

Applicants must describe how the CoC:
  1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
  2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.
(limit 2,000 characters)

1. YWCA Sojourner's Education/Job Readiness Center (RC) provides opportunities to ensure long term self-sufficiency to the homeless, Veterans, and chronic homeless in the Kanawha Valley. Services are provided 5 days/week in an ADA accessible facility, with up to date technology, and professional staff. The program's free services emphasizes reading comprehension and math skills as they are prerequisites for employment. RC

provides instruction needed for clients to obtain employment for above minimum wage pay/benefits jobs, which lead to economic stability/permanent housing. Services provided include assistance with career/job searches, completing paper/on-line applications, cover letters/resumes, mock interviews/ interviewing skills, job seeking/keeping skills, creating good first impressions, effective communication skills, technology skills, follow-up, and transportation assistance. Test of Adult Basic Education (TABE) is administered to determine specific level of educational comprehension. Staff has a partnership with providers at WorkForce WV where clients are referred to programs which have a strong network of partner employment agencies. Relationships are built with HR managers to expand job placement opportunities.
2. To increase employment opportunities/income, RC staff concentrate on increasing Adult Literacy (reading/math, completing forms for work/school/housing); Adult Basic Education (reading comprehension/ math skills); Test Assessing Secondary Completion (TASC) Preparation; College/Vocational Preparation (ACT/SAT); and exams such as Civil Service and/or Post Office. Barriers to employment are removed by obtaining certified documents (Birth Certificate, Death Certificate, etc.) for assistance with applying for benefits to assure clients meets DHHR requirements and, for 2nd chance clients seeking employment so they can receive a Federal Bond Letter. KVC plans to work with the City of Charleston's works program created for the homeless.

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

Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC's geographic area:

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	☐
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).	☐
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	☐
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	☐
5. The CoC works with organizations to create volunteer opportunities for program participants.	☐
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	☐
7. Provider organizations within the CoC have incentives for employment.	☐
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	☐

3A-6. System Performance Measures Data–HDX Submission Date   05/30/2019

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

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

Instructions

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competition/#nofa-and-notices

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3B-1. Prioritizing Households with Children.

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

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

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

Applicants must:
1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;
2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once

assistance ends; and
3. provide the organization name or position title responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of them becoming homeless.
(limit 2,000 characters)

1. The KVC has designed and implemented a Centralized Assessment Team (CAT) to administer the VI-SPDAT with the overall COC goal of prioritizing and housing the hardest to serve families experiencing homelessness. The KVC's primary goal is to place families with children into housing as quickly and safely as possible. If the CAT team is unable to house a client for various reasons, the staff will refer clients to other agencies or programs deemed appropriate in their areas, such as DHHR for emergency assistance, mental health facilities or local shelters. Local shelters strive to place families within 30 days of being housed in an emergency shelter into stable permanent housing if at all possible. KVC's strategy to long-term housing is to quickly match each person with every community resource in the area they reside to the needs of the clients.
2. The program tracks the participants housing and service needs once financial assistance has ended primarily through aftercare and community engagement services, which can last up to a year, or more, if desired by the participants. Staff remain in contact by visiting them in their homes, in a suitable setting outside the home or by phone. The KVC primary goals are independence and participants remain stably housed.
3. The KVC Executive Director and Board of Directors oversees the CoC's strategy for rapid rehousing families within 30 days of becoming homeless. Each local homeless shelter strives to house families with children into permanent housing in the quickest and most effective manner within 30 days whenever possible.

3B-1b. Antidiscrimination Policies.

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

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

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

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

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

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

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

1. History of, or Vulnerability to, Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
2. Number of Previous Homeless Episodes	X
3. Unsheltered Homelessness	X
4. Criminal History	X
5. Bad Credit or Rental History	X

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

Applicants must describe how the CoC increased availability of housing and services for:
1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and
2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.
(limit 3,000 characters)

1. 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 evidenced as in the last year Daymark had to increase the number of beds it had available for youth. Originally, the agency's capacity was five beds. However, during this year, the number has increased to 11 beds in order to meet the needs of all the homeless youth. Homeless youth is a growing problem in West Virginia, and the KVC area, due to the opioid crisis in the State which has caused many youth to no longer have a stable home environment and the high numbers of those considered in poverty.
2. 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, and state funded Aftercare services. Youth are enrolled in public schools and must attend every day. However, if a youth is having issues with school, such as not blending in, New Connections has a high school equivalent program. Youth can attend this training and receive a TASC after successful completion.

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

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

 1. APRs are reviewed monthly which provides the KVC with information as to the number of unaccompanied youth served monthly. 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 be able to obtain permanent housing and 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 which will help enable them to be successful 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. Through the weekly monitoring of the By Name List, the KVC can discover if any individuals who were homeless while they were either younger than 18 or younger than 24 become homeless after age 25.
2. APR, PIT and By Name List monitoring were utilized to measure effectiveness. Comparisons were done on a monthly and yearly basis.
3. 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. Review of PIT data shows a reduction in youth 18-24 as well as parenting youth.

3B-1e. Collaboration–Education Services.

Applicants must describe:

1. the formal partnerships with:
 a. youth education providers;
 b. McKinney-Vento LEA or SEA; and
 c. school districts; and

2. how the CoC collaborates with:
 a. youth education providers;
 b. McKinney-Vento Local LEA or SEA; and
 c. school districts.
(limit 2,000 characters)

a. KVC works closely with Head Start which comes to shelters to enroll children into the Program. They also make sure immunizations, medical, and dental needs are taken care of, bus orientation is done, and any other needs such as evaluations for speech, glasses, etc.
b. LEA works with each program that houses children to improve access to and coordination of support services to remove barriers to school enrollment, with emphasis on secondary education and career readiness. The staff and LEA work closely to identify and address barriers that may prevent a child from entering and/or returning to their school of origin. They also work with students that express an interest in college by paying for their ACT/SAT test, work with the schools to waive the enrollment fee, and write a letter to identify them as McKinney-Vento so they are eligible for college grants.
c. KVC works with SW/Attendance Directors, Counselors, Nurses, and Principals of the schools and serves on the DHHR Children Summit committee, attends conferences/trainings with child services providers on issues such as child welfare, human trafficking, opioid and drug addiction, foster care, and school based interventions for at risk children.
2 Collaboration among educational services continues to occur between members of the KVC and meetings with SEA/LEA which occur at least once a year. Kanawha County Schools' Homeless Facilitator is a member of the KVC and attends meetings to keep agencies abreast of changes that relate to parents of homeless children and youth. Each KVC program that houses children has qualified staff to assess each child's mental, emotional, physical, and education needs. They also identify and address barriers that may prevent a child from entering and/or returning to their school of origin. The facilitator works with KVC to improve access to and coordination of support services to remove barriers to school enrollment.

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

Applicants must describe policies and procedures the CoC adopted to

inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

The policies and procedures adopted and followed by the KVC are in accordance with LEA/Kanawha County Schools' guidelines which define the purpose of the McKinney-Vento Act, goals, provisions, and the eligibility of educational services to individuals and families who become homeless. The shelter's children's services staff 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 do not isolate or stigmatize, promote success and completion of school or TASC, and support collaboration between districts and social service agencies serving homeless students. Information regarding the eligibility for educational services for parents of homeless children and youth is communicated by the shelter's children's services staff during initial intake, weekly program orientation, the bi-weekly house meeting, and the weekly individual meeting with the shelter's children's services staff and their case manager.

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

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

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	Yes
Head Start	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 Visting Program	No	No
Other: (limit 50 characters)		
Right From The Start	No	Yes
Bureau for Children and Families	Yes	No

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

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

3B-2a. VA Coordination–Ending Veterans Homelessness.

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

3B-2b. Housing First for Veterans.

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

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

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

1. People of different races or ethnicities are more likely to receive homeless assistance.	X
2. People of different races or ethnicities are less likely to receive homeless assistance.	
3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	X
4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	
5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	
6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	
7. The CoC did not conduct a racial disparity assessment.	

3B-3a. Addressing Racial Disparities.

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

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.	X
2. The CoC has identified the cause(s) of racial disparities in their homeless system.	

3. The CoC has identified strategies to reduce disparities in their homeless system.	X
4. The CoC has implemented strategies to reduce disparities in their homeless system.	X
5. The CoC has identified resources available to reduce disparities in their homeless system.	
6: The CoC did not conduct a racial disparity assessment.	

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

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
   Please submit technical questions to the HUD Exchange Ask-A-Question at
https://www.hudexchange.info/program-support/my-question/

 Resources:
 The FY 2019 CoC Application Detailed Instruction can be found at:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
 The FY 2019 CoC Program Competition Notice of Funding Availability at:
https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

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

4A-1. Healthcare–Enrollment/Effective Utilization

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

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

4A-1a. Mainstream Benefits.

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

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

1. The Community Solutions Committee serves in part as the educational component for KVC front line staff, hosting presentations from multiple service providers and mainstream agencies monthly. Presentations have included Legal Aid (assist with benefits), WorkforceWV, WVDHHR, VA and the Department of Motor Vehicles. 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. KVC Member - the United Way of Central WV - is the local 211 Center and provider of this information. 2. Changes to regulations, the availability of resources, and other information are brought before the KVC membership who decides how these items will be addressed, how members will be notified, and how the adequate education will be provided. These items are brought up on a monthly basis. 3. The KVC works with Health Right that assists individuals with the use of WV Exchange to obtain health insurance. There are also licensed social workers at area hospitals to assist patients. 4. Case Managers are located at the various facilities and help individuals apply for Medicaid and other benefits. When developing a housing plan, the Case Managers also look for the availability of any benefits. 5. The KVC is the responsible agency for overseeing this strategy.

4A-2. Lowering Barriers to Entry Data:

Applicants must report:

1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.	9
2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	9
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

4A-3. Street Outreach.

Applicants must:
1. describe the CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2. state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;
3. describe how often the CoC conducts street outreach; and

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

1)Street Outreach (SO) is provided mainly by the City of Charleston and Prestera, but most of their time is spent in the field, going to the riverbanks, checking encampments, visiting abandoned houses, & responding to calls. SO responds to outreach requests from the public, local police and emergency responders, & 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 & access to treatment. The outreach staff has access to the local police department and their resources to provide translation services to any CoC client in need. Street Outreach is operated by Prestera and 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, & 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. All of its 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. RRH Beds as Reported in HIC.

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

	2018	2019	Difference
RRH beds available to serve all populations in the HIC	26	82	56

4A-5. Rehabilitation/Construction Costs–New Projects.   No

Applicants must indicate whether any new project application the CoC ranked and submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting $200,000 or more in funding for housing rehabilitation or new construction.

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

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

4B. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
_FY 2019 CoC Competition Report (HDX Report)	Yes	FY19 HUD HDX Comp...	09/28/2019
1C-4.PHA Administration Plan–Moving On Multifamily Assisted Housing Owners' Preference.	No		
1C-4. PHA Administrative Plan Homeless Preference.	No	Homeless Preference	09/29/2019
1C-7. Centralized or Coordinated Assessment System.	Yes	VI-SPDAT Centrali...	09/25/2019
1E-1.Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.	Yes	Public Posting–15...	09/30/2019
1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.	Yes	Projects Rejected...	09/30/2019
1E-1.Public Posting–30-Day Local Competition Deadline.	Yes	Intent to Apply	09/29/2019
1E-1. Public Posting–Local Competition Announcement.	Yes	LOI and Prioritiz...	09/30/2019
1E-4.Public Posting–CoC-Approved Consolidated Application	Yes	Public Posting–Co...	09/29/2019
3A. Written Agreement with Local Education or Training Organization.	No		
3A. Written Agreement with State or Local Workforce Development Board.	No		
3B-3. Summary of Racial Disparity Assessment.	Yes	Racial Disparity ...	09/22/2019
4A-7a. Project List-Homeless under Other Federal Statutes.	No		
Other	No		
Other	No		

Other	No		

Attachment Details

Document Description: FY19 HUD HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description: Homeless Preference

Attachment Details

Document Description: VI-SPDAT Centralized Tool

Attachment Details

Document Description: Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.

Attachment Details

Document Description: Projects Rejected or Reduced

Attachment Details

Document Description: Intent to Apply

Attachment Details

Document Description: LOI and Prioritization Policy

Attachment Details

Document Description: Public Posting–CoC-Approved Consolidated Application

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Racial Disparity 2019

Attachment Details

Document Description:

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Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/17/2019
1B. Engagement	09/27/2019
1C. Coordination	09/27/2019
1D. Discharge Planning	No Input Required
1E. Local CoC Competition	09/29/2019
1F. DV Bonus	09/29/2019
2A. HMIS Implementation	09/29/2019
2B. PIT Count	09/29/2019
3A. System Performance	09/29/2019
3B. Performance and Strategic Planning	09/17/2019
4A. Mainstream Benefits and Additional Policies	09/27/2019
4B. Attachments	09/30/2019

Submission Summary   No Input Required

2019 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	2019 PIT
Total Sheltered and Unsheltered Count	320	319	317	293
Emergency Shelter Total	229	219	206	259
Safe Haven Total	0	0	0	0
Transitional Housing Total	59	51	54	32
Total Sheltered Count	288	270	260	291
Total Unsheltered Count	32	49	57	2

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	40	65	31	50
Sheltered Count of Chronically Homeless Persons	29	51	17	49
Unsheltered Count of Chronically Homeless Persons	11	14	14	1

2019 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	2019 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	19	16	15	17
Sheltered Count of Homeless Households with Children	19	16	15	17
Unsheltered Count of Homeless Households with Children	0	0	0	0

Homeless Veteran PIT Counts

	2011	2016	2017	2018	2019
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	33	24	34	16	18
Sheltered Count of Homeless Veterans	33	19	31	11	18
Unsheltered Count of Homeless Veterans	0	5	3	5	0

2019 HDX Competition Report

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

HMIS Bed Coverage Rate

Project Type	Total Beds in 2019 HIC	Total Beds in 2019 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	232	15	141	64.98%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	48	31	17	100.00%
Rapid Re-Housing (RRH) Beds	82	0	82	100.00%
Permanent Supportive Housing (PSH) Beds	165	11	162	105.19%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	527	57	402	85.53%

2019 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	2019 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	98

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

Households with Children	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH units available to serve families on the HIC	4	2	5	13

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH beds available to serve all populations on the HIC	27	26	19	82

2019 HDX Competition Report

FY2018 - 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 2017	FY 2018	Submitted FY 2017	FY 2018	Difference	Submitted FY 2017	FY 2018	Difference
1.1 Persons in ES and SH	887	926	65	53	-12	35	27	-8
1.2 Persons in ES, SH, and TH	931	1022	74	80	6	42	34	-8

b. This measure is based on data element 3.17.

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

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

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2017	FY 2018	Submitted FY 2017	FY 2018	Difference	Submitted FY 2017	FY 2018	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	892	921	155	190	35	70	65	-5
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	938	1017	171	211	40	78	84	6

2019 HDX Competition Report
FY2018 - Performance Measurement Module (Sys PM)

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

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

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns
Exit was from SO	27	3	11%	2	7%	2	7%	7	26%
Exit was from ES	431	56	13%	32	7%	35	8%	123	29%
Exit was from TH	69	7	10%	3	4%	1	1%	11	16%
Exit was from SH	0	0		0		0		0	
Exit was from PH	39	3	8%	2	5%	2	5%	7	18%
TOTAL Returns to Homelessness	566	69	12%	39	7%	40	7%	148	26%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2019 HDX Competition Report
FY2018 - Performance Measurement Module (Sys PM)

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

	January 2017 PIT Count	January 2018 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	319	317	-2
Emergency Shelter Total	219	206	-13
Safe Haven Total	0	0	0
Transitional Housing Total	51	54	3
Total Sheltered Count	270	260	-10
Unsheltered Count	49	57	8

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2017	FY 2018	Difference
Universe: Unduplicated Total sheltered homeless persons	938	1034	96
Emergency Shelter Total	892	934	42
Safe Haven Total	0	0	0
Transitional Housing Total	59	118	59

FY2018 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	86	78	-8
Number of adults with increased earned income	4	6	2
Percentage of adults who increased earned income	5%	8%	3%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	86	78	-8
Number of adults with increased non-employment cash income	27	26	-1
Percentage of adults who increased non-employment cash income	31%	33%	2%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	86	78	-8
Number of adults with increased total income	28	31	3
Percentage of adults who increased total income	33%	40%	7%

2019 HDX Competition Report
FY2018 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	48	42	-6
Number of adults who exited with increased earned income	14	5	-9
Percentage of adults who increased earned income	29%	12%	-17%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	48	42	-6
Number of adults who exited with increased non-employment cash income	12	9	-3
Percentage of adults who increased non-employment cash income	25%	21%	-4%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	48	42	-6
Number of adults who exited with increased total income	24	14	-10
Percentage of adults who increased total income	50%	33%	-17%

2019 HDX Competition Report
FY2018 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	817	928	111
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.	163	161	-2
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)	654	767	113

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

	Submitted FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	829	948	119
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.	171	166	-5
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.)	658	782	124

FY2018 - Performance Measurement Module (Sys PM)

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

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

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

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

	Submitted FY 2017	FY 2018	Difference
Universe: Persons who exit Street Outreach	30	107	77
Of persons above, those who exited to temporary & some institutional destinations	1	7	6
Of the persons above, those who exited to permanent housing destinations	22	71	49
% Successful exits	77%	73%	-4%

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

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	801	879	78
Of the persons above, those who exited to permanent housing destinations	603	529	-74
% Successful exits	75%	60%	-15%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in all PH projects except PH-RRH	132	95	-37
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	126	90	-36
% Successful exits/retention	95%	95%	0%

2019 HDX Competition Report

FY2018 - 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.

2019 HDX Competition Report
FY2018 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018
1. Number of non-DV Beds on HIC	271	272	264	238	143	94	66	55	164	150	162	162	1	27	26	19				
2. Number of HMIS Beds	140	141	140	141	102	64	36	31	160	150	158	162	1	27	26	19				
3. HMIS Participation Rate from HIC (%)	51.66	51.84	53.03	59.24	71.33	68.09	54.55	56.36	97.56	100.00	97.53	100.00	100.00	100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	966	929	889	1001	201	187	57	46	144	145	150	123	158	131	99	42	0	4	3	83
5. Total Leavers (HMIS)	841	804	771	872	121	126	35	27	38	30	38	31	148	105	59	23	0	1	0	44
6. Destination of Don't Know, Refused, or Missing (HMIS)	6	51	8	45	9	10	2	3	1	1	3	0	3	2	3	0	0	0	0	1
7. Destination Error Rate (%)	0.71	6.34	1.04	5.16	7.44	7.94	5.71	11.11	2.63	3.33	7.89	0.00	2.03	1.90	5.08	0.00		0.00		2.27

2019 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 2019 PIT Count	1/22/2019	

Report Submission Date in HDX

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

Homeless Preference Documents

South Charleston Housing Authority
Excerpt showing Homeless Preference

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

Charleston Kanawha Housing Authority

Policy Excerpts Showing Homeless Preference

CKHA Policy

CKHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.

Working preference. Families where the head, spouse or sole member is employed at least 20 hours per week. An applicant must be given the benefit of the working family preference if the head and spouse, or sole member is age 62 or older, or is a person with disabilities

Residency preference. Families who live, work or have been hired to work in Kanawha, Clay, or Putnam counties. The residency preference will not be based on how long an applicant has resided or worked in the residency preference area.

Non-Elderly Disabled. Non-elderly persons with disabilities transitioning out of institutional and other segregated settings, at serious risk of institutionalization, homeless, or at risk of becoming homeless.

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

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

COMMUNITY SOLUTIONS

ORG CODE

Welcome to the SPDAT Line of Products

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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.

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www.orgcode.com/products/vi-spdat/

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Administration

Interviewer's Name	Agency	☐ Team
		☐ Staff
_____	_____	☐ Volunteer
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __ AM/PM	_____

Opening Script

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- 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

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ 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**

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

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

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

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

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

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

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

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 RESPONENT 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	**Score: Recommendation:**
A. HISTORY OF HOUSING & HOMELESSNESS	/2	0-3: no housing intervention
B. RISKS	/4	4-7: an assessment for Rapid Re-Housing
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	8+: an assessment for Permanent Supportive Housing/Housing First
GRAND TOTAL:	/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?	☐ Yes ☐ No ☐ 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 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.
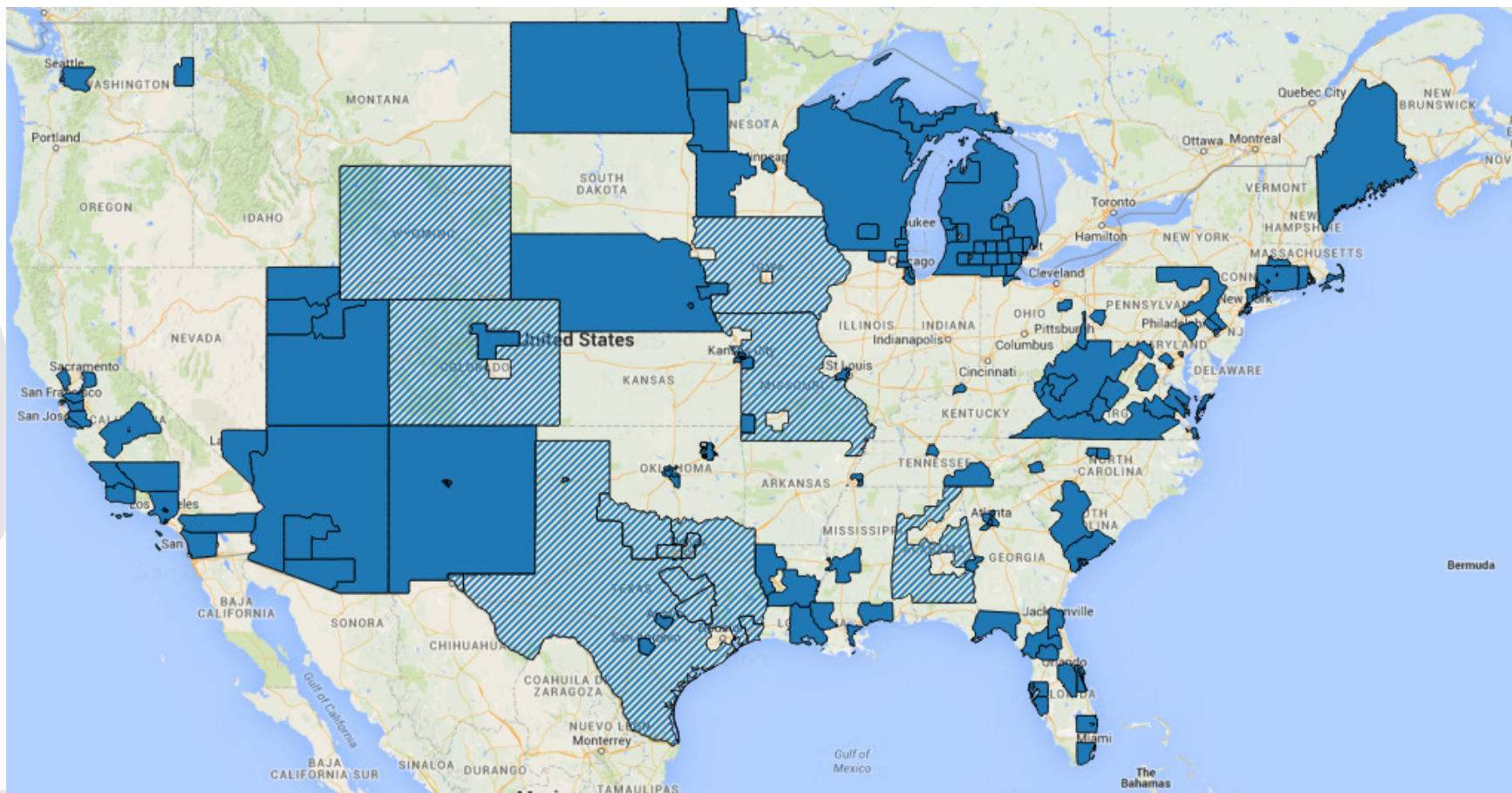
Version 2

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
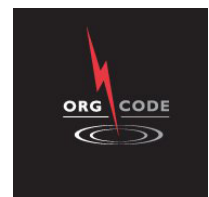- Wyoming Statewide is in the process of implementing

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2
1 (800) 355-0420   info@orgcode.com   www.orgcode.com

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_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __ AM/PM	_____

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Basic Information

<table>
<tr><td rowspan="5">PARENT 1</td><td>**First Name**</td><td>**Nickname**</td><td>**Last Name**</td></tr>
<tr><td>_____</td><td>_____</td><td>_____</td></tr>
<tr><td colspan="3">**In what language do you feel best able to express yourself?** _____</td></tr>
<tr><td>**Date of Birth**</td><td>**Age**   **Social Security Number**</td><td>**Consent to participate**</td></tr>
<tr><td>DD/MM/YYYY ____/____/_____</td><td>_____   _____</td><td>☐ Yes   ☐ No</td></tr>
<tr><td rowspan="5">PARENT 2</td><td colspan="3">☐ No second parent currently part of the household</td></tr>
<tr><td>**First Name**</td><td>**Nickname**</td><td>**Last Name**</td></tr>
<tr><td>_____</td><td>_____</td><td>_____</td></tr>
<tr><td colspan="3">**In what language do you feel best able to express yourself?** _____</td></tr>
<tr><td>**Date of Birth**</td><td>**Age**   **Social Security Number**</td><td>**Consent to participate**</td></tr>
<tr><td>DD/MM/YYYY ____/____/_____</td><td>_____   _____</td><td>☐ Yes   ☐ No</td></tr>
</table>

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.   **SCORE:**

Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused

2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused

3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant? ☐ **Y** ☐ N ☐ Refused

4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	____	____
_____	_____	____	____
_____	_____	____	____
_____	_____	____	____
_____	_____	____	____
_____	_____	____	____
_____	_____	____	____

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.
IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE. SCORE: ___

A. History of Housing and Homelessness

5. Where do you and your family 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: ___

6. How long has it been since you and your family lived in permanent stable housing? _____ ☐ Refused

7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

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

B. Risks

8. In the past six months, how many times have you or anyone in your family...

   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   ____   ☐ Refused
      health crisis, family/intimate violence, distress centers and
      suicide prevention hotlines?

   e) Talked to police because they witnessed a crime, were the victim   ____   ☐ Refused
      of a crime, or the alleged perpetrator of a crime or because the
      police told them that they must move along?

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

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

9. Have you or anyone in your family been attacked or beaten up since they've become homeless?   ☐ **Y**   ☐ N   ☐ Refused

10. Have you or anyone in your family threatened to or tried to harm themself 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:

11. Do you or anyone in your family have any legal stuff going on right now that may result in them 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:

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?   ☐ **Y**   ☐ N   ☐ Refused

13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they 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

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

15. Do you or anyone in your family 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 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT.**	SCORE:

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? ☐ Y ☐ **N** ☐ Refused

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

17. Is everyone in your family 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:

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

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

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ☐ **Y** ☐ N ☐ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ **Y** ☐ N ☐ Refused

21. 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 or anyone in your family? ☐ **Y** ☐ N ☐ Refused

22. Does anyone in your family 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

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ☐ **Y** ☐ N ☐ Refused

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

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused

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

26. Has your family 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

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? ☐ **Y** ☐ N ☐ Refused

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

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? ☐ **Y** ☐ N ☐ N/A or Refused

IF "YES", SCORE 1 FOR TRI-MORBIDITY. | **SCORE:**

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? ☐ **Y** ☐ N ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? ☐ **Y** ☐ N ☐ Refused

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

31. *YES OR NO:* Has your family's 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 or anyone in your family have experienced? ☐ **Y** ☐ N ☐ Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA. | **SCORE:**

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days?   ☐ **Y**   ☐ N   ☐ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?   ☐ **Y**   ☐ N   ☐ Refused

	SCORE:
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY LEGAL ISSUES.**	

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?   ☐ **Y**   ☐ N   ☐ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days?   ☐ **Y**   ☐ N   ☐ Refused

36. *IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week?   ☐ Y   ☐ **N**   ☐ N/A or Refused

	SCORE:
IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR **NEEDS OF CHILDREN.**	

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?   ☐ **Y**   ☐ N   ☐ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?   ☐ **Y**   ☐ N   ☐ Refused

	SCORE:
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY STABILITY.**	

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?   ☐ Y   ☐ **N**   ☐ Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult…

     a) 3 or more hours per day for children aged 13 or older?   ☐ **Y**   ☐ N   ☐ Refused

     b) 2 or more hours per day for children aged 12 or younger?   ☐ **Y**   ☐ N   ☐ Refused

41. *IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?   ☐ **Y**   ☐ N   ☐ N/A or Refused

	SCORE:
IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR **PARENTAL ENGAGEMENT.**	

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	
A. HISTORY OF HOUSING & HOMELESSNESS	/2	**Score: Recommendation:**
B. RISKS	/4	0-3 no housing intervention
C. SOCIALIZATION & DAILY FUNCTIONS	/4	4-8 an assessment for Rapid Re-Housing
D. WELLNESS	/6	9+ an assessment for Permanent Supportive Housing/Housing First
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

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?	☐ Yes ☐ No ☐ 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 a practical, evidence-informed way to satisfy federal regulations while quickly implementing 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.
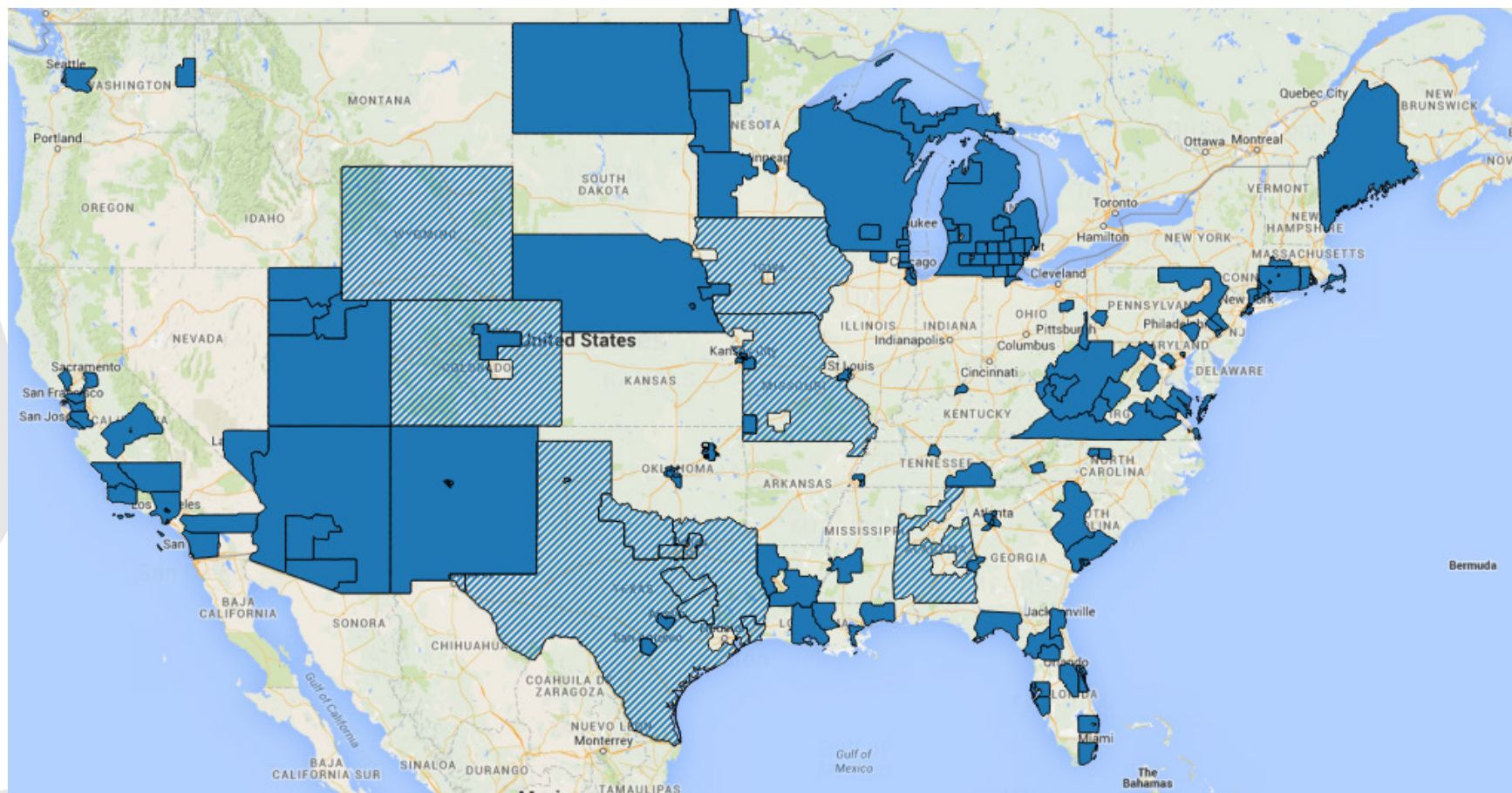
You will notice some differences in Version 2 compared to Version 1. Namely:

- 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
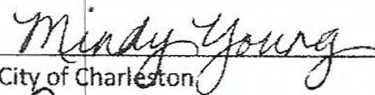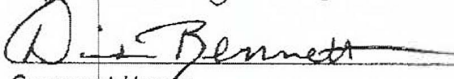• Statewide

West Virginia
• Statewide

Wyoming
• Wyoming Statewide is in the process of implementing

1 (800) 355-0420   info@orgcode.com   www.orgcode.com

Kanawha Valley Collective
2019 NOFA Rating and Ranking
Ranking & Scores

1. HMIS Ranked #1 per policy
2. Centralized Assessment Ranked #2 per policy
3. Shanklin 86%
4. Housing First 55%
5. Resolve RRH
6. Shelter + Care 38%
7. Covenant House RRH 31%
8. Twin Cities Center 35%
9. Branches
10. Resolve RRH Expansion
11. HMIS Expansion
12. CAT Expansion
13. Covenant House RRH Expansion

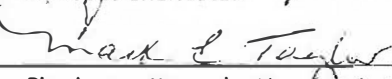By signing below I signify that I received these rankings as announced on September 13, 2019

_____
City of Charleston
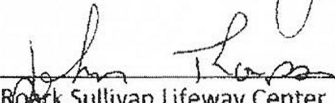
_____
Covenant House

_____
Branches Domestic Violence Shelter

_____
Kanawha Valley Collective

_____
YWCA of Charleston

_____
Charleston Kanawha Housing Authority

_____
Roark Sullivan Lifeway Center

- **Kanawha Valley Collective** <kanawhavalleycollective@yahoo.com>

To:'David Bennett','margaret taylor','Michelle Maack','daldridge@kisra.org','Stephanie Hyre','vandalyn.justice@uss.salvationarmy.org','Debra Payne','traci.strickland@prestera.org','jthompson@rslwc.org','jknight@ckha.com','David McFarland','Barbara Mallory','Janice Banks','Vicki Pleasant','Alex Mahaffey',Webb, Jason,'Mark Taylor','Eric Abston','Teresa Pate','mccomas@branchesdvs.org','Dale Petry','Mark Taylor','Kyla Nichols',Perdue, Paul,'evie.williams@hud.gov','Julie B. Haden','Margaret Ann O'Neal','Lisa Jones','tara@mannameal.org','carolyn.head@va.gov','Ronald Gibbs','Kathleen S. Yancy','Serena Seen','kalbright@wvcovenanthouse.org','Jennie Hill (jhill@recoverypointwv.org)','meghan.board@va.gov','katelyn@womenshealthwv.org','kcooper@unitedwaycwv.org','kristi.frank@uss.salvationarmy.org','halstead@branchesdvs.org','ebbmiscere@gmail.com',Loftis, Stacy,'dmiller@rslwc.org','frpack57@gmail.com','michelle.parson@uss.salvationarmy.org','rbparsons1@gmail.com','cprovince@ywcacharleston.org','jbobruckle@yahoo.com','jsapp@ywcacharleston.org','mthompson@biblecenterchurch.com','ttoliver6769@suddenlink.net','ronquietstorm@hotmail.com',jason.webb@cityofcharlestonwvpolice.org,heather.darr@reaofhope.org,comimpact@unitedwaycwv.org,luluharper1981@yahoo.com,jmcclure@recoverypointwv.org,erin@asphome.org,Blackledge, Michael,deanna.stump@VA.org,Hayden, Lucia L,Amanda Deitz (amanda.deitz@reaofhope.org),aconley@recoverypointwv.org,sandra.capehart@camc.org,dwilliams@ckha.com,tbrannon@recoverypointwv.org,acox@recoverypointwv.org,'apotter@tccwv.org',Bostic, Jane,Alpert, Ariela,kjones@rccr.org,Ellen Allen,Natasha Stout (nstout@rccr.org),tiffany.tyson@wvese.org,Jeremy Brannon,Young, MindyHide

Sep 13 at 11:51 AM

Good afternoon,

The KVC Prioritization Committee met on September 9th to review, prioritize and rank the projects submitted to the KVC for the FY2019 NOFA. All projects that were submitted were accepted and ranked. Ranking results are as follows:

1. HMIS

2. Centralized Assessment

3. Shanklin

4. Housing First

5. Resolve RRH

6.   Shelter + Care

7.   Covenant House RRH

8.   Twin Cities Center

9.   Branches

10. Resolve RRH Expansion

11. HMIS Expansion

12. CAT Expansion

13. Covenant House RRH Expansion

If you have any questions, please do not hesitate to ask.

Thanks,

Traci

Objective of the Prioritization & Evaluation Subcommittee.

The purpose of this committee is objectively rank all renewal and new (bonus, reallocation and consolidation) projects for this year's NOFA application.

NOFA Project Ranking Information

Project Ranking. Project applications submitted to the CoC for inclusion on the FY 2019 CoC Priority Listing as part of the CoC Consolidated Application must be reviewed and either accepted and ranked or rejected by the CoC. All project applications approved by the CoC must be listed on the CoC Priority Listing in rank order, except project applications for CoC planning and UFA Costs which will not be ranked, to establish the project applications located within Tier 1 and the project applications located within Tier 2. The purpose of this two-tiered approach is for CoCs to indicate to HUD which projects are prioritized for funding.

The P&E subcommittee will rank all projects (excluding Planning and UFA Costs projects) applying for funding in the 2019 Consolidated Application. This is an ordered ranking of all renewal and new projects the CoC is submitting in the application for funding. The project ranking *must* reflect HUD funding priorities, local need, and a data-driven process for evaluating individual project performance.

Prior to the ranking process, the CoC completes a full performance evaluation of all renewal projects and determines whether to include each individual project in the ranking. The Steering Coordinator provides data and pertinent project information to the subcommittee. This information is used during the ranking process. Using this data, the subcommittee meets to rank all new (reallocated and bonus) and renewal project applications in order of priority and to identify any project applications rejected by the CoC.

Projects Fully in Tier 1. HUD will conditionally select project applications that are fully within Tier 1, pass eligibility and threshold, based on CoC score, beginning with the highest scoring CoC to the lowest scoring CoC. If the available funding under this NOFA is reduced, a reduction will be made to all CoC's Tier 1 amount proportionately which would result in lower ranked Tier 1 project applications falling into Tier 2.

Projects in Tier 2. HUD will conditionally select project applications that pass eligibility and threshold review in Tier 2. HUD will select projects in order of point value until there are no more funds available. In the case of a tie, HUD will fund the projects in the order of CoC application score. In case there is still a tie, HUD will select the project from the CoC that has the highest score on the rating factors described in this NOFA.

Projects Straddling Tiers. If a project application straddles the Tier 1 and Tier 2 funding line, HUD will conditionally select the project application up to the amount of funding that falls within Tier 1. Using the CoC score and other factors described in this NOFA, HUD may then fund the Tier 2 portion of the project. If HUD does not fund the Tier 2 portion of the project, HUD may award the project at the reduced amount, provided the project is still feasible with the reduced funding (e.g., is able to continue serving homeless program participants effectively).

KVCCoC's FY2019 Available Funds.

- **Estimated ARD: $1,291,741**

Tier 1: 100% of the ARA for all projects eligible for first time renewal + 94% of the combined ARA for all other eligible renewals = **$ 1,223,496**
Tier 2: Estimated ARD – Tier 1
Additional Funds Available: COC Bonus **$75,543**
                                            DV Bonus **$151,086**

HUD's Policy Priorities.

This section provides additional context regarding the selection criteria found in this NOFA and is included here to help applicants better understand how the selection criteria support the goal of ending homelessness:

1. **Ending homelessness for all persons.** To end homelessness, CoCs should identify, engage, and effectively serve all persons experiencing homelessness. CoCs should measure their performance based on local data that consider the challenges faced by all subpopulations experiencing homelessness in the geographic area (e.g., veterans, youth, families, or those experiencing chronic homelessness). CoCs should have a comprehensive outreach strategy in place to identify and continuously engage all unsheltered individuals and families. Additionally, CoCs should use local data to determine the characteristics of individuals and families with the highest needs and long experiences of unsheltered homelessness to develop housing and supportive services tailored to their needs. Finally, CoCs should use the reallocation process to create new projects that improve their overall performance and better respond to their needs.

2. **Creating a systemic response to homelessness**. CoCs should be using system performance measures such as the average length of homeless episodes, rates of return to homelessness, and rates of exit to permanent housing destinations to determine how effectively they are serving people experiencing homelessness. Additionally, CoCs should use their Coordinated Entry process to promote participant choice, coordinate homeless assistance and mainstream housing and services to ensure people experiencing homelessness receive assistance quickly, and make homelessness assistance open, inclusive, and transparent.

3. **Strategically allocating and using resources.** Using cost, performance, and outcome data, CoCs should improve how resources are utilized to end homelessness. CoCs should review project quality, performance, and cost effectiveness. HUD also encourages CoCs to maximize the use of mainstream and other community-based resources when serving persons experiencing homelessness. CoCs should also work to develop partnerships to help CoC Program participants sustainably exit permanent supportive housing, such as through partnerships with Public Housing Authorities (PHAs) and other government, faith-based, and nonprofit resources specializing in areas such as treating mental illness, treating substance abuse, job training, life skills, or similar activities, including those that help CoC Program participants, whenever possible, reach recovery, self-sufficiency, and independence. Finally, CoCs should review all projects eligible for renewal in FY 2019 to determine their effectiveness in serving people experiencing homelessness, including cost effectiveness.

4. **Using an Evidence-Based Approach.** CoCs should prioritize projects that employ strong use of data and evidence, including the cost-effectiveness and impact of homelessness programs on positive housing outcomes, recovery, self-sufficiency, and

reducing homelessness. Examples of measures that CoCs may use to evaluate projects include, but are not limited to: rates of positive housing outcomes, such as reduced length of time homeless and reduced rates of return to homelessness; improvements in employment and income; and improvements in overall well-being, such as improvements in mental health, physical health, connections to family, and safety.

5. **Increasing employment.** Employment provides people experiencing homelessness with income to afford housing. Employment also improves recovery outcomes for individuals with mental illness or addiction. CoCs and CoC-funded projects should work with local employment agencies and employers to prioritize training and employment opportunities for people experiencing homelessness. CoC's should also promote partnerships with public and private organizations that promote employment.

6. **Providing Flexibility for Housing First with Service Participation Requirements.** The traditional Housing First approach has two basic parts: First, individuals are rapidly placed and stabilized in permanent housing without any preconditions regarding income, work effort, sobriety or any other factor. Second, once in housing, individuals never face requirements to participate in services as a condition of retaining their housing. The first part, placement into permanent housing without preconditions, is an important priority to ensure that federal funds are allocated to providers that serve the most vulnerable homeless individuals. This NOFA maintains the commitment to unconditional acceptance of individuals into housing, especially for people with a high degree of vulnerability. At the same time, allowing service participation requirements once a person has been stably housed may promote important outcomes (e.g., employment, increased income, reduced substance use, and strengthened social connection), so this NOFA also provides communities and programs with flexibility, without penalty, to use service participation requirements after people have been stabilized in housing (consistent with 24 CFR 578.75(h)).

KVCCoC's Project Ranking Process.

Renewal Project Scoring. Renewal projects approved by the Prioritization and Evaluation subcommittee (P&E) for inclusion in the CoC project ranking will be scored according to an objective scoring tool based on their individual project performance, alignment with HUD and CoC policy priorities, and compliance. Performance and HMIS elements are heavily weighted measures used by HUD in determining the overall CoC score for the NOFA. Data used in the project scoring tool comes largely from the most recently submitted Annual Performance Report (APR) for each project. See attached sample scoring tools.

First-time renewals are projects that have not yet completed their first operating year, and thus, cannot be scored for their performance due to not having a completed Annual Performance Report (APR). P&E will evaluate each first-time renewal project's year-to-date data to ensure that each project is on track for implementation and anticipated outcomes.

New or Bonus Project Selection. New project applicants will be assessed on the following: project design, how the project addresses local priority needs, how the project aligns with local strategies and HUD's priority to end homelessness, budget appropriateness and accuracy, project match, leveraging, CoC participation, community collaboration, organizational capacity, use of Housing First, and implementation timeline. There may be new projects that fail to score well

enough to be included in the NOFA submission, or there may not be enough new project funding to fund all requests.

Domestic Violence Projects. Domestic Violence (DV) projects are ranked along with other projects of the same project type but is scoring utilizing a separate scoring tool, which places emphasis on safety planning. For further details, see Renewal Project Scoring and New or Bonus Project Selection (above). All outcome data is gleaned from APR data that is pulled from an HMIS comparable data base and recorded on a spreadsheet with no personally identifiable information.

Ranking Order. New and renewal projects approved for inclusion in the CoC's project ranking will be ranked in the following order:
1. CoC infrastructure projects:
    a. HMIS Renewal Projects
    b. Coordinated Entry Supportive Services Only (SSO) project
    c. All other SSO projects
2. Renewal Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), and Safe Haven (SH) projects, ranked in order of highest to lowest percentage score
3. New projects approved for inclusion in ranking

Tie Breakers. Ties within the same project type will be broken in the following order:
1. Highest % of clients exiting to or retaining permanent housing
2. Highest utilization rate
3. Largest grant amount

The P&E Committee may adjust individual projects up or down in the ranking or reallocate funds to other projects to fulfill HUD priorities, prevent potential loss of funding, and maximize the overall CoC application score.

Permanent Supportive Housing – Ranking and Scoring Tool
Project Name:_____
Grant ID:_____

Outcome	Max Points	Scoring Thresholds	Awarded Points
1. Permanent Housing Placements Source: APR Report The % of persons who remained in or exited to permanent housing destinations.	20	20 Points: 90 – 100% 15 Points: 80 – 89% 10 Points: 60 – 79% 0 Points: 59% or less	
2. Utilization Rate Source: APR Report The average % of units that were utilized nightly on all PIT dates.	10	10 Points: 90% or more 5 Points: 80 – 89% 0 Points: 79% or less	
3. Employment Income Source: APR Report The % of persons age 18 and older that maintained or increased earned income at program exit.	10	10 Points: 50% or more 5 Points: 40 – 49% 3 Points: 30 – 39% 0 Points: 29% or less	
4. Cash Benefits Source: APR Report The % of persons age 18 and older that maintained or increased cash income (non-employment) at program exit.	5	5 Points: 75% or more 3 Points: 40 – 74% 0 Points: 39% or less	
5. Mainstream Benefits (Non-Cash) Source: APR Report The % of households that maintained or increased non-cash benefits at program exit.	5	5 Points: 75% or more 3 Points: 40 – 74% 0 Points: 39% or less	
6. Chronic Homelessness Source: APR Report Percent of clients that entered the project during the operating year that were chronically homeless.	10	10 Points: 65% or more 5 Points: 50 – 64% 0 Points: 49% or less	
7. 10. VI SPDAT / SPDAT Percentage of clients accepted into the program that score 12 or higher on VI-SPDAT	5	5 Points: 90% or more 0 Points: 89% or less	
8. Returns to Homelessness Source: Sys PM Report Percentage of households who exit to permanent housing destinations and return to homelessness within 1 year.	10	10 Points: 5% or less 5 Points: 6 – 10% 0 Points: 11% or more	
9. Severity of Needs Source: APR Report Percentage of clients with at least two condition at entry (including SMI, SUD, chronic health conditions, HIV/AIDS, developmental and physical disabilities).	10	10 Points: 90% or more 5 Points: 89 - 50% 0 Points: 49% or less	
10. HMIS Source: HMIS Administrator / Executive Director The extent to which the project: 1. Enters all client data into HMIS, 2. Has satisfactory data quality, and 3. Has satisfactory data timeliness.	15	15 Points: 3 factors met 10 Points: 2 factors met 5 Points: 1 factor met 0 Points: 0 factors met	
Total Possible Points	**100**		

Total Points Awarded:

Permanent Supportive Housing – KVCCoC Ranking Deductions Tool

Outcome	Max Deduction	Scoring Thresholds	Deducted Points
1. Housing First Approach The extent to which the project follows a housing first approach: 1. Individuals are placed and stabilized in permanent housing without preconditions, and 2. Individuals never face requirements to participate in services as a condition to retain their housing.	-10	Does the project operate using the Housing First Approach? -10 Points: 0 factors met - 5 Points: 1 factor met - 0 Points: 2 factors met	
2. Grant Spending Source: eLOCCS Up to 5 points deducted for failure to spend grant funds in the most recently ended grant year.	-5	- 5 Points: spent 79% or less - 3 Points: spent 80 – 89% - 0 Points: spent 90% or more	
3. History of Recaptures Source: eLOCCS Up to 5 points deducted for failure to spend grant funds in the previous 3 years.	-5	- 5 Points: spent 79% or less - 3 Points: spent 80 – 89% - 0 Points: spent 90% or more	
4. APR Submission Source: SAGE 10 points deducted if the APR was submitted late or if the APR was rejected by HUD and not amended and corrected within 30 days.	-10	Did the project submit APR in a timely manner? -10 Points: No - 0 Points: Yes	
5. Coordinated Entry Source: CE Subcommittee 5 points deducted if the program did not coordinate and collaborate with the CoC's Coordinated Entry system.	-5	-5 Points: No - 0 Points: Yes	
6. Exits to Streets Source: APR Data Tracking Spreadsheet 5 points deducted if the percentage of the program's exits to Places Not Meant for Human Habitation was greater than 5% during the most recently ended grant year.	-5	Are exits to the street greater than 5%? -5 Points: Yes - 0 Points: No	
Total Possible Points Deductions	**40**		

Total Points Deducted: --

	TOTAL
Points Awarded	
Points Deducted	__
Points Possible	
TOTAL SCORE / PERCENTAGE	

Rapid Rehousing – Ranking and Scoring Tool

Project Name:_____

Grant ID:_____

Outcome	Max Points	Scoring Thresholds	Awarded Points
1. Permanent Housing Placements Source: APR Report The % of persons who remained in or exited to permanent housing destinations.	20	20 Points: 90 – 100% 15 Points: 80 – 89% 10 Points: 60 – 79% 0 Points: 59% or less	
2. Length of Time to Move-In Source: APR Report The average length of time for persons to move into housing.	10	10 Points: 30 days or less 5 Points: 31 – 60 days 0 Points: 61 days or longer	
3. Employment Income Source: APR Report The % of persons age 18 and older that maintained or increased earned income at program exit.	10	10 Points: 50% or more 5 Points: 40 – 49% 3 Points: 30 – 39% 0 Points: 29% or less	
4. Cash Benefits Source: APR Report The % of persons age 18 and older that maintained or increased cash income (non-employment) at program exit.	5	5 Points: 75% or more 3 Points: 40 – 74% 0 Points: 39% or less	
5. Mainstream Benefits (Non-Cash) Source: APR Report The % of households that maintained or increased non-cash benefits at program exit.	5	5 Points: 75% or more 3 Points: 40 – 74% 0 Points: 39% or less	
6. Chronic Homelessness Source: APR Report Percent of clients that entered the project during the operating year that were chronically homeless.	10	10 Points: 65% or more 5 Points: 50 – 64% 0 Points: 49% or less	
7. 10. VI SPDAT / SPDAT Percentage of clients accepted into the program that score 6 or higher on VI-SPDAT	5	5 Points – 90% or more 0 Points – 89% or less	
8. Returns to Homelessness Source: Sys PM Report Percentage of households who exit to permanent housing destinations and return to homelessness within 1 year.	10	10 Points: 5% or less 5 Points: 6 – 10% 0 Points: 11% or more	
9. Severity of Needs Source: APR Report Percentage of clients with at least two condition at entry (including SMI, SUD, chronic health conditions, HIV/AIDS, developmental and physical disabilities).	10	10 Points: 90% or more 5 Points: 89 - 50% 0 Points: 49% or less	
10. HMIS Source: HMIS Administrator The extent to which the project: 1. Enters all client data into HMIS, 2. Has satisfactory data quality, and 3. Has satisfactory data timeliness.	15	15 Points: 3 factors met 10 Points: 2 factors met 5 Points: 1 factor met 0 Points: 0 factors met	
Total Possible Points	**100**		

Total Points Awarded:

Rapid Rehousing – KVCCoC Ranking Deductions Tool

Outcome	Max Deduction	Scoring Thresholds	Deducted Points
1. Housing First Approach Source: Housing First Subcommittee The extent to which the project follows a housing first approach: 1. Individuals are placed and stabilized in permanent housing without preconditions, and 2. Individuals never face requirements to participate in services as a condition to retain their housing.	-10	Does the project operate using the Housing First Approach? -10 Points: 0 factors met - 5 Points: 1 factor met - 0 Points: 2 factors met	
2. Grant Spending Source: eLOCCS Up to 5 points deducted for failure to spend grant funds in the most recently ended grant year.	-5	- 5 Points: spent 79% or less - 3 Points: spent 80 – 89% - 0 Points: spent 90% or more	
3. History of Recaptures Source: eLOCCS Up to 5 points deducted for failure to spend grant funds in the previous 3 years.	-5	- 5 Points: spent 79% or less - 3 Points: spent 80 – 89% - 0 Points: spent 90% or more	
4. APR Submission Source: SAGE 10 points deducted if the APR was submitted late or if the APR was rejected by HUD and not amended and corrected within 30 days.	-10	Did the project submit APR in a timely manner? -10 Points: No - 0 Points: Yes	
5. Coordinated Entry Source: CE Subcommittee 5 points deducted if the program did not coordinate and collaborate with the CoC's Coordinated Entry system.	-5	-10 Points: No - 0 Points: Yes	
6. Exits to Streets Source: APR Data Tracking Spreadsheet 5 points deducted if the percentage of the program's exits to Places Not Meant for Human Habitation was greater than 5% during the most recently ended grant year.	-5	Are exits to the street greater than 5%? -5 Points: Yes - 0 Points: No	
Total Possible Points Deductions	**40**		

Total Points Deducted: --

TOTAL	
Points Awarded	
Points Deducted	__
Points Possible	
TOTAL SCORE / PERCENTAGE	

September 13, 2019

Mark Taylor
CEO
Charleston Kanawha Housing Authority
1525 Washington St W
Charleston, WV 25387

Dear Project Applicant.

The Kanawha Valley Collective Prioritization Committee for the FY2019 HUD CoC Competition has reviewed your Project Application. Each project was scored using the Rating and Ranking tool previously approved by the Project Resource Committee and KVC Board. The criteria was publicly posted on the KVC website on August 24, 2019. The Prioritization Committee reviewed your application and your thoroughness in answering questions, your understanding of the priorities of the KVC, as well as data and performance.

The KVC Prioritization Committee ranked $174,206 for the Shelter + Care project.

Sincerely,

Traci Strickland
Executive Director
Kanawha Valley Collective

July 10, 2019

To Whom It May Concern:

The Kanawha Valley Collective Continuum of Care (KVCCoC) has been notified that funding is available through HUD for the FY 2019 CoC Program Competition. The amount of funding expected to be available is estimated to be $1,510,855 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 in the amount of $75,543 available which may go towards a new project which focuses on permanent housing. Funds from project reallocation may also be available. This year the Domestic Violence Bonus is available for up to $151,086. These funds are to be used toward providing housing and services to survivors of domestic violence, dating violence, and stalking.

The KVC COC is seeking Letters of Intent for this funding by July 17, 2019 at 5:00 pm and complete PROJECT APPLICATIONS for ALL PROJECTS must be submitted by August 29, 2019 at 5:00 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.

The KVC COC places priority on permanent housing projects for chronic homeless and families, which is in line with HUD's national focus.   HUD's focus includes:

- **End homelessness for all persons** – Identify, engage, and effectively serve all persons experiencing homelessness – Have a comprehensive outreach strategy to identify and continuously engage all unsheltered individuals and families (veterans, youth, families, individuals, those experiencing chronic homelessness) – Determine the characteristics of those with the highest needs and long experiences of unsheltered homelessness to develop housing and supportive services tailored to their needs – Use the reallocation process to create new projects that respond to these needs
- **Create a systemic response to homelessness –** Use system performance measures to determine how effective the COC is in serving people who are homeless – Make sure Coordinated Entry process provides assistance quickly and makes homelessness assistance open, inclusive, and transparent.
- **Strategically allocate and use resources** – Review project quality, performance, and outcome data to determine how improvements can be made to the resources utilized to end homelessness
- **Use an Evidence Based Approach** – COC should prioritize projects that employ strong use of data and evidence including the cost-effectiveness and impact of homelessness programs on positive housing outcomes, recovery, self-sufficiency, and reducing homelessness.
- **Increasing Employment** – COC should work with local employment agencies and employers to prioritize training and employment opportunities for the homeless and COC should promote partnerships with agencies that promote employment.
- **Providing Flexibility for Housing First with Service Participation Requirements** – The traditional Housing First Approach has two parts: 1. Individuals are rapidly placed and stabilized in permanent housing without any preconditions   2. Once in housing individuals never face requirements to participate in services as a condition of retaining their housing. This NOFA maintains the commitment to unconditional accept individuals into housing – especially those with a high degree of vulnerability.   However, with regards to the second

condition this NOFA provides communities and programs with flexibility, without penalty, to use service participation requirements after a person has been stabilized in housing as these service participation may promote important outcomes – employment, reduced substance use, social connections, etc.

New Projects created through Reallocation or COC Bonus Projects can include:
- Permanent Housing – Permanent Supportive Housing
- Permanent Housing – Rapid Rehousing Projects
- Joint TH and PH-RRH
- Dedicated HMIS
- Supportive Services Only – Centralized Entry/Coordinated Assessment
- New Projects for DV Bonus
- Expansion Projects – Eligible under the DV Bonus, Reallocation, and COC Bonus to expand existing projects that will increase the number of units, people served, services provided, or to additional activities to HMIS and SSO Projects.
- Consolidated Projects
- Transition Projects

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.

Eligible Project Applicants include nonprofit organizations, States, Local governments, and instrumentalities of State and local governments, and public housing agencies. For-profit entities are not eligible to apply for grants or to be sub-recipients of grant funds.

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 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 https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/?utm_source=HUD+Exchange+Mailing+List&utm_campaign=abd5353529-FY_2019_CoC_Competition_NOFA_7.3.19&utm_medium=email&utm_term=0_f32b935a5f-abd5353529-18495241#nofa-and-notices

The KVC COC 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 KVC COC 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 it 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 chosen, or who are not chosen, for submission will be notified by September 13, 2019. Completed applications are due by 5:00 pm on August 29, 2019.

Letters of Intent should be prepared on agency letterhead, sent to:
Traci Strickland at 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;
3) The number of people you propose to serve annually;
4) Any special target populations for which you are serving, (individuals, families, chronic homeless, veterans)
5) Whether the project is new or a renewal;
6) The name, email and phone number for the project key contact person

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 KVC COC

A submission of a Letter 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 KVC COC 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.
4) Recipient will complete all reporting requirements, including Annual Performance Reports (APR) as required by HUD and the KVC COC according to the due dates established.

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.)

6) Project will meet the Project Eligibility Requirements of the FY 2019 Notice of Funding Availability for the 2019 CoC Program Competition - General Section.

7) Recipient will participate in the annual point-in-time count, conducted during the last week in January.

8) 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.   Completed applications are due by 5:00 pm on August 29, 2019.

The KVC COC 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,

Traci Strickland - Executive Director

July 10, 2019

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- – New Projects for DV Bonus
- – Expansion Projects – Eligible under the DV Bonus, Reallocation, and COC Bonus to expand existing projects that will increase the number of units, people served, services provided, or to additional activities to HMIS and SSO Projects.
- - Consolidated Projects
- - Transition Projects

Renewal projects can include:
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- - 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.
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- 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.

Eligible Project Applicants include nonprofit organizations, States, Local governments, and instrumentalities of State and local governments, and public housing agencies. For-profit entities are not eligible to apply for grants or to be sub-recipients of grant funds.

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Traci Strickland at 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;
3) The number of people you propose to serve annually;
4) Any special target populations for which you are serving, (individuals, families, chronic homeless, veterans)
5) Whether the project is new or a renewal;
6) The name, email and phone number for the project key contact person

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 KVC COC

A submission of a Letter 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 KVC COC 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.
4) Recipient will complete all reporting requirements, including Annual Performance Reports (APR) as required by HUD and the KVC COC according to the due dates established.

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.)

6) Project will meet the Project Eligibility Requirements of the FY 2019 Notice of Funding Availability for the 2019 CoC Program Competition - General Section.

7) Recipient will participate in the annual point-in-time count, conducted during the last week in January.

8) 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. Completed applications are due by 5:00 pm on August 29, 2019.

The KVC COC 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,

Traci Strickland - Executive Director

Objective of the Prioritization & Evaluation Subcommittee.

The purpose of this committee is objectively rank all renewal and new (bonus, reallocation and consolidation) projects for this year's NOFA application.

NOFA Project Ranking Information

Project Ranking. Project applications submitted to the CoC for inclusion on the FY 2019 CoC Priority Listing as part of the CoC Consolidated Application must be reviewed and either accepted and ranked or rejected by the CoC. All project applications approved by the CoC must be listed on the CoC Priority Listing in rank order, except project applications for CoC planning and UFA Costs which will not be ranked, to establish the project applications located within Tier 1 and the project applications located within Tier 2. The purpose of this two-tiered approach is for CoCs to indicate to HUD which projects are prioritized for funding.

The P&E subcommittee will rank all projects (excluding Planning and UFA Costs projects) applying for funding in the 2019 Consolidated Application. This is an ordered ranking of all renewal and new projects the CoC is submitting in the application for funding. The project ranking *must* reflect HUD funding priorities, local need, and a data-driven process for evaluating individual project performance.

Prior to the ranking process, the CoC completes a full performance evaluation of all renewal projects and determines whether to include each individual project in the ranking. The Steering Coordinator provides data and pertinent project information to the subcommittee. This information is used during the ranking process. Using this data, the subcommittee meets to rank all new (reallocated and bonus) and renewal project applications in order of priority and to identify any project applications rejected by the CoC.

Projects Fully in Tier 1. HUD will conditionally select project applications that are fully within Tier 1, pass eligibility and threshold, based on CoC score, beginning with the highest scoring CoC to the lowest scoring CoC. If the available funding under this NOFA is reduced, a reduction will be made to all CoC's Tier 1 amount proportionately which would result in lower ranked Tier 1 project applications falling into Tier 2.

Projects in Tier 2. HUD will conditionally select project applications that pass eligibility and threshold review in Tier 2. HUD will select projects in order of point value until there are no more funds available. In the case of a tie, HUD will fund the projects in the order of CoC application score. In case there is still a tie, HUD will select the project from the CoC that has the highest score on the rating factors described in this NOFA.

Projects Straddling Tiers. If a project application straddles the Tier 1 and Tier 2 funding line, HUD will conditionally select the project application up to the amount of funding that falls within Tier 1. Using the CoC score and other factors described in this NOFA, HUD may then fund the Tier 2 portion of the project. If HUD does not fund the Tier 2 portion of the project, HUD may award the project at the reduced amount, provided the project is still feasible with the reduced funding (e.g., is able to continue serving homeless program participants effectively).

KVCCoC's FY2019 Available Funds.

- **Estimated ARD: $1,291,741**

Tier 1: 100% of the ARA for all projects eligible for first time renewal + 94% of the combined ARA for all other eligible renewals = **$ 1,223,496**
Tier 2: Estimated ARD – Tier 1
Additional Funds Available: COC Bonus **$75,543**
<div align="center">DV Bonus $151,086</div>

HUD's Policy Priorities.
This section provides additional context regarding the selection criteria found in this NOFA and is included here to help applicants better understand how the selection criteria support the goal of ending homelessness:

1. **<u>Ending homelessness for all persons.</u>** To end homelessness, CoCs should identify, engage, and effectively serve all persons experiencing homelessness. CoCs should measure their performance based on local data that consider the challenges faced by all subpopulations experiencing homelessness in the geographic area (e.g., veterans, youth, families, or those experiencing chronic homelessness). CoCs should have a comprehensive outreach strategy in place to identify and continuously engage all unsheltered individuals and families. Additionally, CoCs should use local data to determine the characteristics of individuals and families with the highest needs and long experiences of unsheltered homelessness to develop housing and supportive services tailored to their needs. Finally, CoCs should use the reallocation process to create new projects that improve their overall performance and better respond to their needs.

2. **<u>Creating a systemic response to homelessness</u>**. CoCs should be using system performance measures such as the average length of homeless episodes, rates of return to homelessness, and rates of exit to permanent housing destinations to determine how effectively they are serving people experiencing homelessness. Additionally, CoCs should use their Coordinated Entry process to promote participant choice, coordinate homeless assistance and mainstream housing and services to ensure people experiencing homelessness receive assistance quickly, and make homelessness assistance open, inclusive, and transparent.

3. **<u>Strategically allocating and using resources.</u>** Using cost, performance, and outcome data, CoCs should improve how resources are utilized to end homelessness. CoCs should review project quality, performance, and cost effectiveness. HUD also encourages CoCs to maximize the use of mainstream and other community-based resources when serving persons experiencing homelessness. CoCs should also work to develop partnerships to help CoC Program participants sustainably exit permanent supportive housing, such as through partnerships with Public Housing Authorities (PHAs) and other government, faith-based, and nonprofit resources specializing in areas such as treating mental illness, treating substance abuse, job training, life skills, or similar activities, including those that help CoC Program participants, whenever possible, reach recovery, self-sufficiency, and independence. Finally, CoCs should review all projects eligible for renewal in FY 2019 to determine their effectiveness in serving people experiencing homelessness, including cost effectiveness.

4. **<u>Using an Evidence-Based Approach.</u>** CoCs should prioritize projects that employ strong use of data and evidence, including the cost-effectiveness and impact of homelessness programs on positive housing outcomes, recovery, self-sufficiency, and

reducing homelessness. Examples of measures that CoCs may use to evaluate projects include, but are not limited to: rates of positive housing outcomes, such as reduced length of time homeless and reduced rates of return to homelessness; improvements in employment and income; and improvements in overall well-being, such as improvements in mental health, physical health, connections to family, and safety.

5. **Increasing employment.** Employment provides people experiencing homelessness with income to afford housing. Employment also improves recovery outcomes for individuals with mental illness or addiction. CoCs and CoC-funded projects should work with local employment agencies and employers to prioritize training and employment opportunities for people experiencing homelessness. CoC's should also promote partnerships with public and private organizations that promote employment.

6. **Providing Flexibility for Housing First with Service Participation Requirements.** The traditional Housing First approach has two basic parts: First, individuals are rapidly placed and stabilized in permanent housing without any preconditions regarding income, work effort, sobriety or any other factor. Second, once in housing, individuals never face requirements to participate in services as a condition of retaining their housing. The first part, placement into permanent housing without preconditions, is an important priority to ensure that federal funds are allocated to providers that serve the most vulnerable homeless individuals. This NOFA maintains the commitment to unconditional acceptance of individuals into housing, especially for people with a high degree of vulnerability. At the same time, allowing service participation requirements once a person has been stably housed may promote important outcomes (e.g., employment, increased income, reduced substance use, and strengthened social connection), so this NOFA also provides communities and programs with flexibility, without penalty, to use service participation requirements after people have been stabilized in housing (consistent with 24 CFR 578.75(h)).

KVCCoC's Project Ranking Process.

Renewal Project Scoring. Renewal projects approved by the Prioritization and Evaluation subcommittee (P&E) for inclusion in the CoC project ranking will be scored according to an objective scoring tool based on their individual project performance, alignment with HUD and CoC policy priorities, and compliance. Performance and HMIS elements are heavily weighted measures used by HUD in determining the overall CoC score for the NOFA. Data used in the project scoring tool comes largely from the most recently submitted Annual Performance Report (APR) for each project. See attached sample scoring tools.

First-time renewals are projects that have not yet completed their first operating year, and thus, cannot be scored for their performance due to not having a completed Annual Performance Report (APR). P&E will evaluate each first-time renewal project's year-to-date data to ensure that each project is on track for implementation and anticipated outcomes.

New or Bonus Project Selection. New project applicants will be assessed on the following: project design, how the project addresses local priority needs, how the project aligns with local strategies and HUD's priority to end homelessness, budget appropriateness and accuracy, project match, leveraging, CoC participation, community collaboration, organizational capacity, use of Housing First, and implementation timeline. There may be new projects that fail to score well

enough to be included in the NOFA submission, or there may not be enough new project funding to fund all requests.

Domestic Violence Projects. Domestic Violence (DV) projects are ranked along with other projects of the same project type but is scoring utilizing a separate scoring tool, which places emphasis on safety planning. For further details, see Renewal Project Scoring and New or Bonus Project Selection (above). All outcome data is gleaned from APR data that is pulled from an HMIS comparable data base and recorded on a spreadsheet with no personally identifiable information.

Ranking Order. New and renewal projects approved for inclusion in the CoC's project ranking will be ranked in the following order:
    1. CoC infrastructure projects:
        a. HMIS Renewal Projects
        b. Coordinated Entry Supportive Services Only (SSO) project
        c. All other SSO projects
    2. Renewal Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), and Safe Haven (SH) projects, ranked in order of highest to lowest percentage score
    3. New projects approved for inclusion in ranking

Tie Breakers. Ties within the same project type will be broken in the following order:
    1. Highest % of clients exiting to or retaining permanent housing
    2. Highest utilization rate
    3. Largest grant amount

The P&E Committee may adjust individual projects up or down in the ranking or reallocate funds to other projects to fulfill HUD priorities, prevent potential loss of funding, and maximize the overall CoC application score.

Permanent Supportive Housing – Ranking and Scoring Tool

Project Name:_____

Grant ID:_____

Outcome	Max Points	Scoring Thresholds	Awarded Points
1. Permanent Housing Placements Source: APR Report The % of persons who remained in or exited to permanent housing destinations.	20	20 Points: 90 – 100% 15 Points: 80 – 89% 10 Points: 60 – 79% 0 Points: 59% or less	
2. Utilization Rate Source: APR Report The average % of units that were utilized nightly on all PIT dates.	10	10 Points: 90% or more 5 Points: 80 – 89% 0 Points: 79% or less	
3. Employment Income Source: APR Report The % of persons age 18 and older that maintained or increased earned income at program exit.	10	10 Points: 50% or more 5 Points: 40 – 49% 3 Points: 30 – 39% 0 Points: 29% or less	
4. Cash Benefits Source: APR Report The % of persons age 18 and older that maintained or increased cash income (non-employment) at program exit.	5	5 Points: 75% or more 3 Points: 40 – 74% 0 Points: 39% or less	
5. Mainstream Benefits (Non-Cash) Source: APR Report The % of households that maintained or increased non-cash benefits at program exit.	5	5 Points: 75% or more 3 Points: 40 – 74% 0 Points: 39% or less	
6. Chronic Homelessness Source: APR Report Percent of clients that entered the project during the operating year that were chronically homeless.	10	10 Points: 65% or more 5 Points: 50 – 64% 0 Points: 49% or less	
7. 10. VI SPDAT / SPDAT Percentage of clients accepted into the program that score 12 or higher on VI-SPDAT	5	5 Points: 90% or more 0 Points: 89% or less	
8. Returns to Homelessness Source: Sys PM Report Percentage of households who exit to permanent housing destinations and return to homelessness within 1 year.	10	10 Points: 5% or less 5 Points: 6 – 10% 0 Points: 11% or more	
9. Severity of Needs Source: APR Report Percentage of clients with at least two condition at entry (including SMI, SUD, chronic health conditions, HIV/AIDS, developmental and physical disabilities).	10	10 Points: 90% or more 5 Points: 89 - 50% 0 Points: 49% or less	
10. HMIS Source: HMIS Administrator / Executive Director The extent to which the project: 1. Enters all client data into HMIS, 2. Has satisfactory data quality, and 3. Has satisfactory data timeliness.	15	15 Points: 3 factors met 10 Points: 2 factors met 5 Points: 1 factor met 0 Points: 0 factors met	
Total Possible Points	**100**		

Total Points Awarded:

Permanent Supportive Housing – KVCCoC Ranking Deductions Tool

Outcome	Max Deduction	Scoring Thresholds	Deducted Points
1. Housing First Approach The extent to which the project follows a housing first approach: 1. Individuals are placed and stabilized in permanent housing without preconditions, and 2. Individuals never face requirements to participate in services as a condition to retain their housing.	-10	Does the project operate using the Housing First Approach? -10 Points: 0 factors met - 5 Points: 1 factor met - 0 Points: 2 factors met	
2. Grant Spending Source: eLOCCS Up to 5 points deducted for failure to spend grant funds in the most recently ended grant year.	-5	- 5 Points: spent 79% or less - 3 Points: spent 80 – 89% - 0 Points: spent 90% or more	
3. History of Recaptures Source: eLOCCS Up to 5 points deducted for failure to spend grant funds in the previous 3 years.	-5	- 5 Points: spent 79% or less - 3 Points: spent 80 – 89% - 0 Points: spent 90% or more	
4. APR Submission Source: SAGE 10 points deducted if the APR was submitted late or if the APR was rejected by HUD and not amended and corrected within 30 days.	-10	Did the project submit APR in a timely manner? -10 Points: No - 0 Points: Yes	
5. Coordinated Entry Source: CE Subcommittee 5 points deducted if the program did not coordinate and collaborate with the CoC's Coordinated Entry system.	-5	-5 Points: No - 0 Points: Yes	
6. Exits to Streets Source: APR Data Tracking Spreadsheet 5 points deducted if the percentage of the program's exits to Places Not Meant for Human Habitation was greater than 5% during the most recently ended grant year.	-5	Are exits to the street greater than 5%? -5 Points: Yes - 0 Points: No	
Total Possible Points Deductions	**40**		

Total Points Deducted: --

	TOTAL
Points Awarded	
Points Deducted	__
Points Possible	
TOTAL SCORE / PERCENTAGE	

Rapid Rehousing – Ranking and Scoring Tool
Project Name:_____
Grant ID:_____

Outcome	Max Points	Scoring Thresholds	Awarded Points
1. Permanent Housing Placements Source: APR Report The % of persons who remained in or exited to permanent housing destinations.	20	20 Points: 90 – 100% 15 Points: 80 – 89% 10 Points: 60 – 79% 0 Points: 59% or less	
2. Length of Time to Move-In Source: APR Report The average length of time for persons to move into housing.	10	10 Points: 30 days or less 5 Points: 31 – 60 days 0 Points: 61 days or longer	
3. Employment Income Source: APR Report The % of persons age 18 and older that maintained or increased earned income at program exit.	10	10 Points: 50% or more 5 Points: 40 – 49% 3 Points: 30 – 39% 0 Points: 29% or less	
4. Cash Benefits Source: APR Report The % of persons age 18 and older that maintained or increased cash income (non-employment) at program exit.	5	5 Points: 75% or more 3 Points: 40 – 74% 0 Points: 39% or less	
5. Mainstream Benefits (Non-Cash) Source: APR Report The % of households that maintained or increased non-cash benefits at program exit.	5	5 Points: 75% or more 3 Points: 40 – 74% 0 Points: 39% or less	
6. Chronic Homelessness Source: APR Report Percent of clients that entered the project during the operating year that were chronically homeless.	10	10 Points: 65% or more 5 Points: 50 – 64% 0 Points: 49% or less	
7. 10. VI SPDAT / SPDAT Percentage of clients accepted into the program that score 6 or higher on VI-SPDAT	5	5 Points – 90% or more 0 Points – 89% or less	
8. Returns to Homelessness Source: Sys PM Report Percentage of households who exit to permanent housing destinations and return to homelessness within 1 year.	10	10 Points: 5% or less 5 Points: 6 – 10% 0 Points: 11% or more	
9. Severity of Needs Source: APR Report Percentage of clients with at least two condition at entry (including SMI, SUD, chronic health conditions, HIV/AIDS, developmental and physical disabilities).	10	10 Points: 90% or more 5 Points: 89 - 50% 0 Points: 49% or less	
10. HMIS Source: HMIS Administrator The extent to which the project: 1. Enters all client data into HMIS, 2. Has satisfactory data quality, and 3. Has satisfactory data timeliness.	15	15 Points: 3 factors met 10 Points: 2 factors met 5 Points: 1 factor met 0 Points: 0 factors met	
Total Possible Points	**100**		

Total Points Awarded:

Rapid Rehousing – KVCCoC Ranking Deductions Tool

Outcome	Max Deduction	Scoring Thresholds	Deducted Points
1. Housing First Approach Source: Housing First Subcommittee The extent to which the project follows a housing first approach: 1. Individuals are placed and stabilized in permanent housing without preconditions, and 2. Individuals never face requirements to participate in services as a condition to retain their housing.	-10	Does the project operate using the Housing First Approach? -10 Points: 0 factors met - 5 Points: 1 factor met - 0 Points: 2 factors met	
2. Grant Spending Source: eLOCCS Up to 5 points deducted for failure to spend grant funds in the most recently ended grant year.	-5	- 5 Points: spent 79% or less - 3 Points: spent 80 – 89% - 0 Points: spent 90% or more	
3. History of Recaptures Source: eLOCCS Up to 5 points deducted for failure to spend grant funds in the previous 3 years.	-5	- 5 Points: spent 79% or less - 3 Points: spent 80 – 89% - 0 Points: spent 90% or more	
4. APR Submission Source: SAGE 10 points deducted if the APR was submitted late or if the APR was rejected by HUD and not amended and corrected within 30 days.	-10	Did the project submit APR in a timely manner? -10 Points: No - 0 Points: Yes	
5. Coordinated Entry Source: CE Subcommittee 5 points deducted if the program did not coordinate and collaborate with the CoC's Coordinated Entry system.	-5	-10 Points: No - 0 Points: Yes	
6. Exits to Streets Source: APR Data Tracking Spreadsheet 5 points deducted if the percentage of the program's exits to Places Not Meant for Human Habitation was greater than 5% during the most recently ended grant year.	-5	Are exits to the street greater than 5%? -5 Points: Yes - 0 Points: No	
Total Possible Points Deductions	**40**		

Total Points Deducted: --

TOTAL	
Points Awarded	
Points Deducted	__
Points Possible	
TOTAL SCORE / PERCENTAGE	

Public Posting COC Accepted Application and COC Prioritiy Listing

KVC CoC Racial Disparity Data

RACE	Total Numbers	Total Percentages	System-wide Total Served	System-wide % Served	System-wide Exits to PH	% of System-wide Exits to PH
Total Population	271,198		1178		413	
White	247,842	91.3%	781	66%	255	62%
Black or African American	14,728	5.4%	331	28%	131	32%
American Indian or Alaska Native	549	0.2%	4	0 %	2	0%
Asian	2,500	.9%	2	0%	1	0%
Multiple Races	5,246	1.9%	60	5%	12	2%
Hispanic or Latino	2,802	1%	20	1%	13	2%

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 2018-19