Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.

2. Ensuring all questions are answered completely.

3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.

4. Ensuring all imported responses in the application are fully reviewed and updated as needed.

5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.

6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

1A-3. CoC Designation: CA

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

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	No	No
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	No	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Veterans Administration	Yes	Yes
Healthcare for the Homeless	Yes	Yes
Veterans Service Providers	Yes	Yes

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

**1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 1000 characters)**

All KVC meetings are open to the public who are welcome to attend and express their opinions. Monthly membership meetings have diverse stakeholders as speakers that allow for communication on ways to provide better services and to make informed decisions. The KVC ensures COC committees & the Board broadly reflect diversity and includes homeless providers, healthcare providers, meal providers, city officials and community members. KVC members also talk to others about homelessness when they attend other community meetings. Members are continuously inviting new participants to join the KVC. Within the past year a Homeless Task Force was formed by concerned members of the City Council of the City of Charleston which addresses a wide variety of homeless topics and includes service providers beyond those with the KVC COC. Social media is used to inform the public about homelessness as well as a way to generate opinions and conversation.

**1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach.
(limit 1000 characters)**

The KVC is constantly soliciting new members to join. Personal invitations are extended by members to other individuals/agencies as they interact with them during meetings, work functions, and social venues. The Charleston Mayor has a vested interest in the homeless and generates a lot of conversation on social media on this subject. This ties into the Homelesss Task Force started by Charleston’s City Council. As a result, more and more people are becoming aware of the homeless and many are wanting to become involved with the KVC. The KVC also uses social media (Facebook, website, Twitter) to reach the community and to solicit new members. Community outreach events are held multiple times per year that provide opportunity to engage new service providers into our COC. A Homeless Persons Memorial Day is held annually at the WV State Capitol which draws attention to homelessness and is a setting where the KVC can distribute informational materials as well as solicit new members.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must

include the date(s) the CoC made publicly knowing they were open to proposals.
(limit 1000 characters)

The KVC holds an open competition for new and renewal projects each year. The KVC uses social media, email lists/blasts, and meetings to notify the public that proposals are being sought. The letter of intent was released on July 30, 2017 and was distributed via the KVC Facebook page, Twitter, the KVC Website and existing KVC email Lists. The letter of intent also included links to the COC Competition Page on HUDExchange and a link to the NOFA application. The COC Program competition is discussed year round at KVC Membership and Board of Director meetings, both of which are open to the public.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects.
Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

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
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates.
(limit 1000 characters)

KVC has designated a Project Resource Committee to consult with the State of West Virginia on allocation of ESG funds for eligible activities, to develop performance standards for activities funded under ESG and to develop funding,

policies, and procedures for the operation and administration of ESG. As a result, an umbrella policy and procedures have been developed for all KVC ESG projects. KVC collaborates with the state's ESG program by certifying applications from KVC agencies, and provides recipients input in the development of performance standards. An extensive amount of time is spent on monthly project review and annual project monitoring. Assistance is provided as-needed to help projects obtain their projected outcomes. KVC has provided PIT, HIC, APR, SPM and CAPER information to local Con Plan jurisdictions as well as input to plan narratives. The KVC Director is in regular communication with the Con plan jurisdiction and provides updated data at least annually.

1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)

YWCA of Charleston Resolve Family Abuse Program, a 15-bed emergency temporary shelter for victims fleeing domestic violence, provides 24-hour crisis hotline and support services. When a client enters a DV shelter, safety issues are addressed first, an intake is performed, and the client describes their abuse. A client may obtain a protection order and ask for residence at any WV domestic violence shelter. The choices made are the clients with the goal being to find safe housing within 30 days. The Kanawha County STOP Team allows area domestic violence programs a common meeting place so they know what can be provided by whom. Such collaboration, done with organizations providing temporary housing, social services, and supportive services, facilitates homelessness prevention and promotes timely response systems. Intake documents are entered in a statewide centralized domestic violence database that allows for assessment coordination and in which clients are not identified by name.

1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)

Annually domestic violence training is provided at the KVC General Membership meeting and to the Coordinated Assessment Team. Some of the training has included trauma informed care, crisis intervention, mental health, first aid, and cultural competency. The Resolve Family Abuse Program, under the YWCA of Charleston, is able to provide domestic violence data that is used by agencies applying for ESG funding. The coordinated assessment safety protocol is: Individuals presenting as victims of domestic violence (DV) will be referred directly to the designated DV provider(s) in the KVC. Only the designated service providers at that/those locations will be completing the

intake information on DV victims. Providers specializing in assisting DV victims will not input information into the HMIS of the KVC. Their electronic data collecting system is separate from that of KVC homeless service providers.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.
Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Boone County Housing Authority	1.00%	No
Charleston-Kanawha County Housing Authority (CKCHA)	7.00%	No
Huntington Housing Authority	48.00%	Yes-Both
South Charleston Housing Authority	57.00%	Yes-Public Housing
St. Albans Housing Authority	0.00%	No

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

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 1000 characters)

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

1C-5. Describe the actions the CoC has taken to: (1) address the needs of

**Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effecctively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Idenity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy.
(limit 1000 characters)**

KVC has a non discrimination policy & all members are expected to uphold this policy. Covenant House, a COC member, has administered the HOPWA grant since its beginning. This grant serves the entire COC with a primary focus on stable housing. This grant, along with a smoking cessation grant directed toward the LGBT community, has allowed Covenant House to become a steady advocate for this community. There is a strong presence at annual Pride events & multiple agencies fly the rainbow flag throughout the year to assure the LGBT community that safe havens exist. The COC hosted Dr. Scout, a nationally renowned spokesperson for LGBT health disparities. Cultural competency training is held for all member agencies. These events have led to a better understanding of the unique needs of the LGBT community for housing & non-discrimination. The COC also has a member advocate for the LGBT community when there is a claim of discrimination by walking them thru the grievance process.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders	X
Implemented communitywide plans:	X
No strategies have been implemented	
Other:(limit 50 characters)	
Local law enforcement involved with PIT	X
Homeless Encampment Ordinance	X

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

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

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

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	X
Health Care:	X

Mental Health Care:	X
Correctional Facilities:	X
None:	

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

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

1E-2. Severity of Needs and Vulnerabilities
CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)

KVC Prioritization Committee considers the needs of all clients served by our programs. Programs were evaluated on the Housing First philosophy, and the response to chronic homelessness, lack of income, mental illness, substance abuse, history of DV, as well as the programs willingness to take individuals based on their overall vulnerability. Beyond a programs willingness to serve these vulnerable populations we examine the size and scope of services programs use to meet these populations needs. The committee uses an 80 point system, 48 of these points are tied to Project Design and Grant Issues. Each project can receive a maximum of 4 points for each of the following: Project Type and Implementation, Use of Best Practices to Address Client Vulnerability, Services Adequate for Target Disability Population, and Accepting Referrals Based on Acuity. Five bonus points are awarded to projects that provide PSH to individuals experiencing chronic homelessness.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	X
Email	X
Mail	
Advertising in Local Newspaper(s)	
Advertising on Radio or Television	
Social Media (Twitter, Facebook, etc.)	X

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.
Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.
No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. **Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.**	09/13/2017
1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. **Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.**	09/13/2017

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No		

Attachment Details

Document Description:

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? **Attachment Required: If "Yes" is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.**	Yes
2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA.	1 and 2 of the HMIS MOU
2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was "Yes", attach a copy of the HMIS Policies and Procedures Manual.	Yes
2A-3. What is the name of the HMIS software vendor?	Mediware
2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area.	Statewide HMIS (multiple CoC)

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	306	17	150	51.90%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	64	0	36	56.25%
Rapid Re-Housing (RRH) beds	26	0	26	100.00%
Permanent Supportive Housing (PSH) beds	165	3	158	97.53%
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.
(limit 1000 characters)

The main reason for the low bed coverage for ES and TH beds is because some of these are faith based facilities who do not receive any federal funds and as a result, do not wish to enter their data into HMIS. Over the past several years, the KVC has had several meetings with representatives of the organization to explain to them what HMIS is about, the benefits of entering the data, etc. in order to try to get them to enter their data in the system. The KVC will continue to meet with them in the upcoming year and they are hopeful things may change as there has been a turnover in the executive position. This change in this key leadership position opens up the possibility of future joint ventures and cooperation.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 8

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 05/01/2017

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception.	01/25/2017
2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy)	05/01/2017

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results.
(limit 1000 characters)

There were no changes in the KVC's sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? Yes

2C-2a. If "Yes" was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	0
Beds Removed:	3
Total:	-3

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including No

methodology and data quality changes from 2016 to 2017? CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

2C-4a. Describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC's unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

There were no changes in the KVC's unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count? Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)

Prior to the PIT, KVC members met with a variety of stakeholders to determine potential locations of homeless youth. Forms were created to facilitate a more accurate youth count. During the PIT count, a conscious effort was made to identify the 18 - 24 youth number from older adults. Since beginning the PIT counts, Daymark – the only under 18 youth provider in the KVC – has been involved in planning and conducting the count. Other homeless youth providers, including Covenant House, Prestera, Roark Sullivan and YWCA were all involved in planning, training and conducting the count. Local police departments participate in street counts, and are a great resource for locating youth. But, as the numbers in the PIT indicate there is not a significant number of homeless youth in the KVC area. The 2017 PIT showed 28 homeless youth compared to 25 in 2016. Of the 2017 number, only 4 (all 18-24) were unsheltered as the rest were staying in age appropriate shelters in the KVC service area.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

Prior to the count, the COC solicited information from outreach workers, VA staff, service providers, law enforcement officers, and current and formerly homeless individuals to locate individuals and families experiencing chronic

homeless and veterans experiencing homelessness. Emphasis was placed in the PIT training on the importance of determining if a family/individual was chronic homeless and if a homeless individual was a veteran. Although the PIT is a one night count, PIT count participants went out the morning prior to the count to familiarize themselves with their areas and to let those experiencing homelessness that we were out and the PIT count was occurring. Roark Sullivan, through its Veterans Programs, verified each veteran to determine if they were homeless or chronic homeless. Each agency director was required to sign off on the accuracy of PIT counts and each client found on PIT count had chronic status verified including both homeless episodes and disability.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)

During the past year, KVC experienced a 6% (66 persons) reduction in the number of first-time homeless from 1,013 to 947 persons. This reduction can be attributed to the KVC's Centralized Assessment Team (CAT) which has placed diversion as its top priority when meeting with possible homeless individuals. Through diversion CAT members determine if an individual is truly homeless, has no other place to go, and needs to be in a homeless facility. Some are more on the "risk of becoming homeless" due to payments owed on utility bills, rent, etc. In these cases the CAT works to help find resources to address this issue so the individual can remain housed. Diversion also helps to determine if there are other locations such as a relative or friend's house where they can stay. When prevention funds are available, these are also used to respond to service issues. The City of Charleston sponsors the CAT Grant and is responsible for overseeing this project and strategy.

3A-2. Performance Measure: Length-of-Time Homeless.
CoC ‘s must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC’s strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)

The average length of time a client remained homeless in the KVC System was 88 bed nights which was a reduction of 3 bed nights from the previous year. The Centralized Assessment Team (CAT) has developed a prioritized list by name which lists the clients by vulnerability, need, and if it is a family as opposed to just a date they became homeless. During weekly meetings all the

CAT case managers discuss each client and work quickly to help provide services and to help take them through the system as well as to provide housing through the Housing First model which has been adopted by most of the KVC agencies. Through diversion, as well as prioritization of those with the most needs,the KVC has been able to reduce the number of bed nights. The City of Charleston is responsible for overseeing this strategy as it is the agency which sponsors the CAT Grant.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing.
(limit 1000 characters)

KVC has seen an increase in permanent housing placement and retention as the number rose from 82% in 2015 to 90% this year. 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. There is a commitment to refer those with a history of homelessness and hospitalization to aftercare, community engagement, and partial hospitalization programs such as the Aftercare, CES, VISTA, ACT, etc. Cooperative Agreement to Benefit Homeless Individuals (CABHI) is now available to help place harder to house clients. The agencies' weekly By Name List meeting to discuss clients, how to move them into housing quicker, and services they need has been beneficial with increasing this placement. These individuals serve as "Navigators" for this population. While the KVC is the agency responsible for overseeing this strategy, the work is done by each of the KVC member agencies.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness.
(limit 1000 characters)

The KVC reduced the number returning to homelessness in 0 – 365 days by 1 person from 193 to 192. The KVC is able to track its recidivism through its HMIS as well as the coming together of COC Case Managers during their By Name List meetings which identify and discuss recidivists. In order to continue to reduce returns to homelessness there will be an increased emphasis among all COC providers on wrapping supportive services and case management around individuals in the community when housed through a clearly defined process of referrals to the appropriate programs. Quarterly monitoring of all COC programs will be conducted to ensure the needs of those vulnerable to recidivism are being met and that they are being provided the vital support needed to remain stable and retain their housing. While the KVC is the agency

responsible for the oversight of this strategy, the work is done by the Housing Prioritization Committee.

3A-5. Performance Measures: Job and Income Growth
Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits.
(limit 1000 characters)

The KVC has implemented several strategies which include: providing clients with documents needed for employment (identification card and birth certificate), send to Job Readiness Center which helps clients to obtain GED-TASC and assist with resume writing, allow the homeless to use their address on job applications, SOAR Team members assist by walking people through the process of signing up for Social Security. KVC agencies provide clients with a list of agencies that will hire registered sex offenders and those with a criminal record. The KVC is responsible for this strategy as it is a collaborative among all HUD funded homeless agencies and agencies have case managers who provide these services.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests).	Yes

3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?
(limit 1000 characters)

Over 70% of WV is covered by forest and is either not populated or sparsely populated. Having an average of 211 persons/square mile illustrates the population disparities that exist in the area. With this in mind, there are areas of the KVC service area where people do not live. These areas are hard to reach without 4-wheel drive vehicles and then walking long distances which makes it extremely dangerous in winter weather. KVC's unsheltered count, and its daily outreach, has not covered forest areas or unpopulated areas for many years. In order for an area to be excluded, the area had to be inaccessible with no known individuals living in the area. Law enforcement was contacted regarding COC areas, and if individuals experiencing homelessness had been known or suspected to be living in an area, the area would not be excluded.

3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016. (mm/dd/yyyy)	06/02/2017

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	74	83	9

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	100
Total	100

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	X
Number of previous homeless episodes	X

Unsheltered homelessness	X
Criminal History	X
Bad credit or rental history (including not having been a leaseholder)	X
Head of Household with Mental/Physical Disability	X

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 1000 characters)

KVC designed and implemented a Centralized Assessment Team (CAT) to administer the VI-SPDAT in order to prioritize and house homeless families as quickly and safely as possible while referring clients to appropriate programs. The process evolved from completing the VI-SPDAT to those in HMIS from 2 to 7 days to same day as entry. KVC's strategy to long-term housing is to quickly match each person with every community resource. Shelters strive to place families within 30 days into stable permanent housing. RRH uses the HF philosophy as its model. Agencies receiving ESG/HUD funding actively participate in the COC's strategic planning efforts and have the primary responsibility for oversight of its specific homeless program. The project resource committee is responsible for oversight of RRH.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	4	2	-2

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing.
(limit 1000 characters)

KVC Board adopted the HUD policy of not separating families based on marital status, age, or gender. Agencies receiving HUD funding have policies that detail all protected classes and the grievance procedures for those who feel discriminated against. The Centralized Assessment Team (CAT) screens everyone who enters the COC system, and as the entry point to all COC programs, has been identified as a safe place for anyone who feels they have been discriminated against to assist individuals with the grievance process. The

CAT program is also in the position to identify any discrimination that may occur through the referral process. Covenant House, the location of CAT, is known for being a welcoming place for all who identify as LGBT and hosted Dr. Scout, a nationally known figure in the health disparities for the LGBT community. The event was opened to members of the COC. KVC hosts a cultural competency training annually, which is required for all CoC staff doing any form of intake.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

Human trafficking and other forms of exploitation?	Yes
LGBT youth homelessness?	Yes
Exits from foster care into homelessness?	No
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

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

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

KVC agencies, Daymark, Roark Sullivan Lifeway Center, YWCA Sojourners and Covenant House partnered to seek funding from a local foundation to enhance services and specifically sought funding for youth homelessness. From 2016 – 2017 the KVC saw a 30% reduction on the PIT in homelessness in youth under 18. Understanding that youth are often less prepared for housing than their adult counterparts, providers work to refer youth to appropriate support / wraparound services including ACT, Community Engagement, CABHI, and state funded Aftercare services. The Executive

Director and the staff from Prestera (local behavioral health center) have participated in the statewide initiative to create evidence based housing and services for youth called “It’s My Move”, a resource for at risk/homeless youth. RRH and HF target youth?

**3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services.
(limit 1000 characters)**

Cross-participation has occurred between COC programs and the LEA/SEA in at least monthly meetings during the last 12 months. Kanawha County Homeless Liaison is a KVC member and attends membership meetings at which time she keeps the KVC agencies abreast of changes related to homeless parents and children. Each program that houses children has designated trained staff to assess the child’s physical, emotional, mental, and educational needs. Staff and the liaison identify barriers and address these items which may prevent a child from returning to their school of origin. The Liaison works with the KVC agencies to ensure transportation is provided if the parents desire the child to return to their school of origin. If not, they are enrolled in a school within their new district. The Executive Director attends statewide meetings with SEA and other child services providers on child welfare, foster care, out of home placements and school based interventions for children.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”.

	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	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-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive

Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)

A KVCCOC member provides a daytime Veterans' Drop-In Center offering homeless veterans access to mail service, laundry, shower/bathroom facilities, SSVF services, as well as on-site VA professionals that provide employment assistance as well as HUD/VASH. It is here case management staff offer assessment, counseling, and begin work toward permanent housing. This same KVCCOC member provides a VA funded Grant Per Diem Program offering transitional housing for veterans while they engage other services with the intent of securing permanent, or permanent supportive, housing. These programs are well known throughout the community and many referrals come from community partners, as well as through the Centralized Assessment Team of the COC. SSVF staff offer outreach in places where homeless individuals regularly seek services, including meal locations and shelters, and in their outreach offer information and referral to veterans to the programs supported through the COC.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?	Yes
3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness?	Yes
3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach?	Yes

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

Mainstream employment organizations & mainstream benefit organizations are valuable resources to KVC organizations and clients. All KVC projects are regularly connecting participants with benefits through mainstream employment organizations and mainstream resource programs such as SSI, TANF, WorkForce WV, Goodwill Industries, etc. 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 monthly Agency Spotlights at monthly membership meetings and at weekly case management meetings. Community Solutions committee hosts educational presentations or panel discussions of mainstream benefit representatives. Changes to regulations are brought before the KVC membership who decides how these changes will be addressed, how members

will be notified, and how the adequate education will be provided. The KVC membership committee oversees this strategy.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	14.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	14.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	14.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	13.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	92.86%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance.
(limit 1000 characters)

Street outreach covers 100% of the COC geographic area, & is provided 5 days per week. Every inhabited area of the COC is visited at least once per calendar month, with more populated areas, and places where those who are unsheltered are known to reside are visited more frequently. Outreach workers also respond to outreach requests from the public, local police and emergency responders, and requests directly from unsheltered individuals. Unsheltered individuals often contact providers directly by phone or email. Three barriers identified by the COC for those who are unsheltered are reluctant to go to shelter, lack of transportation and lack of ID. To address these barriers, outreach providers can house individuals directly from unsheltered situations, provide transportation and bus tickets to services and purchase birth certificates and ID cards. The main outreach service provider also has a contract with a local University to provide translation services to any COC client in need.

4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive

services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach. Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

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

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	27	26	-1

4A-7. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction? No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3). No

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
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Rejected Projects	09/24/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	Rating Ranking Re...	09/25/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes		
05. CoCs Process for Reallocating	Yes	Rating Ranking Re...	09/24/2017
06. CoC's Governance Charter	Yes	Governance	09/23/2017
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy	09/23/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Homeless Pref...	09/24/2017
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No	KVC HMIS MOU	09/22/2017
11. CoC Written Standards for Order of Priority	No	Compendium Sectio...	09/22/2017
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	FY 2017 COC Compe...	09/25/2017
14. Other	No		
15. Other	No		

Attachment Details

Document Description: Rejected Projects

Attachment Details

Document Description:

Attachment Details

Document Description: Rating Ranking Reallocation Public Posting Evidence

Attachment Details

Document Description:

Attachment Details

Document Description: Rating Ranking Reallocation

Attachment Details

Document Description: Governance

Attachment Details

Document Description: HMIS Policy

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: KVC HMIS MOU

Attachment Details

Document Description: Compendium Sections 1-5

Attachment Details

Document Description:

Attachment Details

Document Description: FY 2017 COC Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

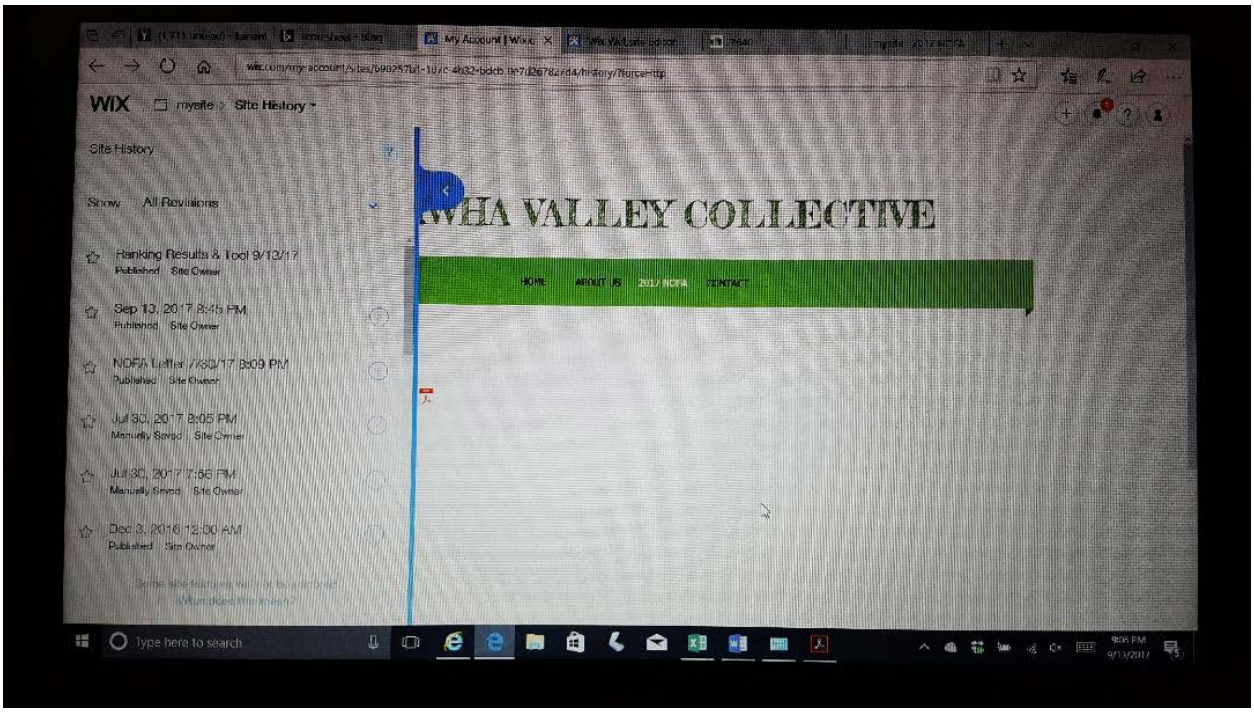
Page	Last Updated
1A. Identification	08/22/2017
1B. Engagement	09/22/2017
1C. Coordination	09/23/2017
1D. Discharge Planning	08/22/2017
1E. Project Review	09/21/2017
1F. Reallocation Supporting Documentation	No Input Required
2A. HMIS Implementation	09/16/2017
2B. PIT Count	09/16/2017
2C. Sheltered Data - Methods	09/23/2017
3A. System Performance	09/22/2017
3B. Performance and Strategic Planning	09/25/2017

4A. Mainstream Benefits and Additional Policies	09/25/2017
4B. Attachments	Please Complete
Submission Summary	No Input Required

The Kanawha Valley Collective did not

reject any projects as part of the

2017 NOFA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Sep 13, 2017 8:45 PM
Published | Site Owner
NOFA Letter 7/30/17 8:09 PM
Published | Site Owner
Jul 30, 2017 8:05 PM
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Jul 30, 2017 7:56 PM
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Kanawha Valley Collective
Continuum of Care(CoC) Policies and Procedures for Prioritization and Ranking

Background
The KVC CoC is responsible for ensuring that the federal funding is being used as intended and that programs receiving funding are meeting federal performance goals of reducing length of homeless episodes, reducing new and return entries into homelessness, and are increasing jobs and income, as well as meeting local goals established by the CoC. The HUD McKinney-Vento Homeless Assistance Program, as reauthorized under the HEARTH Act of 2009, holds CoC's to a higher level of accountability for program-level and Continuum-wide performance achievement. Achievement of program and community outcomes will directly impact the score of the annual consolidated funding application and the competition for new program funding. The McKinney-Vento Funding Program Monitoring Plan will provide the CoC with the necessary procedures to properly assess program performance for compliance with both federal and local goals.

Methodology
The KVC will monitor HUD McKinney-Vento funded programs to ensure compliance with both federal and local goals. A Prioritization Committee will be created and will include at least 3 members who do not have an active KVC project and will be facilitated by the Executive Director of the KVC with assistance and information provided by the KVC's grant writer. The committee members are appointed for an ongoing basis and have been approved by the Project Resource Committee. When a member resigns from the committee, the Executive Director will seek a replacement and the replacement will be approved by the Project Resource Committee. Program achievement will be assessed at least quarterly on the HUD designated AHAR dates. Program monitoring will be assessed once a year and will occur in the fall, approximately during the month of October each year. The timing of program monitoring will work in conjunction with completion of the annual consolidated funding application to HUD, which usually occurs in the fall.

APR Scoring Overview
An APR Scoring Overview will be has been created for each McKinney-Vento CoC funded program. The reports will act as a performance evaluation tool and will indicate program achievement in each of the performance standards outlined below. Achievement of the established performance standard varies as defined by each standard.

All data generated for the Scoring Overview will derive from the Homeless Management Information System (HMIS), the Annual Performance Report (APR), and the local HUD Field Office.

Site Visits
The KVC Executive Director or members of the KVC Prioritization Committee will conduct a bi-annual on-site visit with each CoC NOFA funded program. This review may occur simultaneously with a KVC review for another grant program. During an on-site review, reviewers will identify aspects of the program/project where the program is performing well and any areas of weak performance; assess compliance with program requirements; and determine whether records are adequate to document compliance. When performing an on-site visit,

reviewers will reference the appropriate monitoring checklists and prepare a written report summarizing the results of the review. On site reviews may also occur if significant questions are raised anytime during the year.

Ranking

The APR scoresheet and the CoC Application Criteria and Scoring form will be used to rank the projects based on outcomes and HUD criteria.

Allocation of Funds

The Prioritization Committee will allocate funds based on the final rankings, program outcomes and the adherence of program models to HUD priorities (i.e. permanent housing, housing first, prioritizing and serving those experiencing chronic homelessness).

- CoC monitoring findings
- HUD monitoring findings
- HUD APRs for performance results
- Site visits
- Expenditure of grant funds (fast or slow)
- Cost effectiveness of the project
- Project Utilization
- Other priorities, to be determined by the CoC (based on NOFA priorities)

Public Availability

Final rankings will be made available on the KVC's website and the KVC's Facebook page within ten days of the projects receiving notification
This policy in its entirety will be distributed with the Letter of Intent request.

Eligible Appeals

• The application of any applicant agency which receives less funding than they applied for may appeal unless one of the following two criteria applies

- The amount of funding lost is less than the amount of unspent funds recaptured by HUD in the last 2 years. For example, last year a project had $10,000 recaptured by HUD, this year their budget was cut by $6,000.
- The amount of funding lost is less than the overall percentage of pro rata reduction lost by the KVC in order for all renewal projects to get into Tier 1.
  For example, the KVC faces a 5% reduction to get all renewal projects into Tier 1 and the project receives a 3% cut in budget.

• Applicants that have been found not to meet the threshold requirements are not eligible for an appeal
• Appeals cannot be based upon the judgment of the Rating & Ranking Committee

Forms

The NOFA/APR outcomes scoresheet
CoC Application Criteria and Scoring

2017 PROJECT SCORING CRITERIA
Total Maximum Score = 80 Points

Project Name: _____ **Total Points:** _____**/80**_____

	Project Description and Grant Issues	**Outcome Scores**
	___ Project continues to meet a community need / client need ___ Project design and Implementation ___ Participant Eligibility / Length of Homelessness / Client Needs ___ Utilization ___ Use of best practices that address client vulnerability ___ Outreach/ follow-up efforts ___ Services provided support system wide outcomes ___ Proposed services seem appropriate and adequate for the target population to be served ___ No re-capture of funds by HUD ___ Drawdowns at least quarterly ___ Administers VI-SPDAT and Accepts Referrals Based on Acuity ___ Discharge protocol Provide Scores Based on 4 Points – 2 Points – 0 Points scale	- Outcomes from APR Score Sheet Monitoring * Housing Stability * Destination * Increase Employment Income * Increase Non Employment Income * Mainstream Benefits *
Data Source	Project Application & Questions to Projects	*APR*
	/48	**Outcome Scoresheet Points /32**

PRIORITIZATION 2017
NOFA Outcomes August 1, 2016 - August 1, 2017

3A - 2 Objective 3: increase housing Stability (Permanent Supportive Housing)

	Shanklin	Empowe	HF1 &2	HF3	HF4	HF5	S+C1	S+C2	Samaritan	TCC	TOTAL
Total Program Participants											
# stayers + leavers to PH											
Percentage											
2017 Goal 80%											
Score for Prioritization Review											

Exceeded goal = 10
Met goal = 8
Within 5% below goal = 5

3A - 3.2 Objective 3: increase project participant income

	Shanklin	Empowern	HF1 & 2	HF3	HF4	HF5	S+C1	S+C2	Samaritan	TCC	TOTAL
Employment Income											
Total Adult Program Participants											
# increased employment income											
Percentage											
2017 Goal 20%											
Score for Prioritization Review	***10***	***0***	***10***	***5***	***0***	***0***	***0***	***5***	***10***	***0***	

Exceeded goal = 10
Met goal = 8
Within 5% of goal = 5

	Shanklin	Empowern	HF1 & 2	HF3	HF4	HF5	S+C1	S+C2	Samaritan	TCC	TOTAL
Other Income											
Total Adult Program Participants											
# increased income other sources											
Percentage											
2017 Goal 40%											
Score for Prioritization Review	***10***	***10***	***10***	***10***	***10***	***10***	***10***	***10***	***0***	***10***	

Exceeded goal = 10
Met goal = 8
Within 5% of goal = 5

3A - 4 Objective 4: Increase # of participants obtaining mainstream benefits

	Shanklin	Empowern	HF1 & 2	HF3	HF4	HF5	S+C1	S+C2	Samaritan	TCC	TOTAL
Total Adult Participants **3a-4.1**											
# increased Mainstream											
Benefits 3a-4.2											
Percentage											
2017 Goal 60%											
Score for Prioritization Review											

Exceeded goal = 10
Met goal = 8
Within 5% of goal = 5

Bonus Points:	Shanklin	Empowern	HF1 & 2	HF3	HF4	HF5	S+C1	S+C2	Samaritan	TCC
Permanent Housing (5 points)										
Transitional Housuing (3 points)										
Supportive Services Only (1 point)										

TOTAL SCORE

Kanawha Valley Collective

Homeless Management Information System

Policies and Procedures

2016

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1. Introduction

The West Virginia Homeless Management Information System (HMIS) is a collaborative project of the four West Virginia Continuums of Care (CoC) – Balance of State, Kanawha Valley Collective, Huntington-Cabell-Wayne, and Northern Panhandle and participating Partner Agencies. HMIS is an internet-based database that is used by homeless service organizations across West Virginia to record and store client-level information about the numbers, characteristics and needs of homeless persons and those at risk of homelessness. Bowman Internet Systems administers the central server and HMIS software and each CoC administers user and agency licensing, training and compliance in their respective CoC.

HMIS enables service providers to measure the effectiveness of their interventions and facilitate longitudinal analysis of service needs and gaps within the CoCs. Information that is gathered from consumers via interviews conducted by service providers is analyzed for an unduplicated count, aggregated (void of any identifying client level information) and made available to policy makers, service providers, advocates, and consumer representatives. Data aggregated from HMIS about the extent and nature of homelessness in the state of West Virginia is used to inform public policy decisions aimed at addressing and ending homelessness at local, state and federal levels.

Guidance for the implementation of the West Virginia HMIS is provided by a broad-based Steering Committee representative of all CoCs and is committed to understanding the gaps in services to consumers of the human service delivery system in an attempt to end homelessness.

This document provides the policies, procedures, guidelines and standards that govern HMIS operations, as well as the responsibilities for Agency Administrators and end users.

1.1 HMIS BENEFITS

Use of HMIS provides numerous benefits for service providers, homeless persons, each HUD CoC and the State of West Virginia.

Benefits for service providers

- Provides online real-time information about client needs and the services available for homeless persons.
- Assures confidentiality by providing information in a secured system.
- Decreases duplicative client intakes and assessments.
- Tracks client outcomes and provides a client history.
- Generates data reports for local use and for state and federal reporting requirements.
- Facilitates the coordination of services within an organization and with other agencies and programs.
- Provides access to a statewide database of service providers, allowing agency staff to easily select a referral agency.
- Better able to define and understand the extent of homelessness throughout West Virginia.
- Better able to focus staff and financial resources where services for homeless persons are needed the most.

- Better able to evaluate the effectiveness of specific interventions and specific programs and services provided.

Benefits for homeless persons

- Intake information and needs assessments are maintained historically, reducing the number of times homeless persons must repeat their stories to multiple service providers.
- The opportunity to provide intake and life history one time demonstrates that service providers consider the homeless person's time is valuable and restores some of the consumer's dignity.
- Multiple services can be easily coordinated and referrals streamlined.

2. Requirements for Participation

2.1 ROLES and RESPONSIBILITIES OF HMIS USERS

The HMIS project in the Kanawha Valley Collective is sponsored by the Balance of State CoC as mandated by HUD. Operation of HMIS involves partnership between the CoC and the HMIS Lead Agency (KVC) and the Partner Agencies.

System Administrators

Each CoC retains their own HMIS System Administration staff that provides end-user training and ensures that the Policies and Procedures are upheld by each Partner Agency in the CoC. Systems Administrators are responsible for the following:

1. Provide representation on the Statewide HMIS Steering Committee
2. Have full and complete access to all *ServicePoint* features and functions.
3. Generates reports for CoCs.
4. Can delete clients, needs, and services created across organizational trees.

Agency Administrators

1. Ensure that the participating agency obtains a unique user license for each user at the agency.
2. Maintain a minimum standard of data quality by reviewing Data Completeness Report Cards and ensuring all the HUD Universal Data Elements are complete and accurate for every individual served by the agency and entered into HMIS.
3. Ensure agency staff persons receive required HMIS training, and review the West Virginia HMIS Policies and Procedures, the Agency Partner Agreement and any agency policies which impact the security and integrity of client information.
4. Ensure that HMIS access is granted only to staff members that have received training, have completed the HMIS User Agreement and are authorized to use HMIS.
5. Grant technical access to HMIS for persons authorized by the System Administrators by resetting passwords and providing guidance to users outside of CoC required trainings.
6. Notify all users at their agency of interruptions in service.
7. Provide a single point of communication between users and HMIS staff at the WV Coalition to End Homelessness.
8. Subscribe to and read the WVHMISNews email newsletter.
9. Administer and monitor data security policies and standards, including:
    - User access control;
    - Detecting and responding to violations of the policies and procedures or agency procedures.

Users

1. Take appropriate measures to prevent unauthorized data disclosure.
2. Report any security violations.
3. Comply with relevant policies and procedures.
4. Input required data fields in a current and timely manner.
5. Ensure a minimum standard of data quality by accurately answering all the HUD Universal Data elements for every individual entered into HMIS.
6. Inform clients about the agency's use of HMIS.
7. Take responsibility for any actions undertaken with one's username and password.
8. Complete required training and all assignments associated with training.
9. Subscribe to and read the WVHMISNews email newsletter.

2.2 PARTNER AGENCY REQUIREMENTS

Participation Agreement Documents

Partner Agencies must complete the following documents:

1. **Partnership Agreements** must be signed by each participating agency's Executive Director. The KVC will retain the original document. The participation agreement states the agency's commitment to adhere to the policies and procedures for effective use of HMIS.

2. **End-User Account Requests** are filled out electronically by the Agency Administrator of each Partnership Organization. Account Request forms can be used to: add a user, delete a user, change a users name or access level.

3. **End-User License Agreements**, which list user policies and responsibilities, must be electronically signed by each authorized user. A hard copy of the original document must be kept by the originating agency.

User Access to the System

The Agency Administrator will determine user access for users at or below the Case Manager II access level and submit End-User Account requests to the KVC.

The Executive Director, Agency Administrator and all users must complete the End-User License Agreement, and complete all necessary training requirements before access to the system is granted by KVC.

User Training Requirements

All new users are required to attend new user training with KVC prior to receiving access to the system. If KVC determines that data entered by an end user does not meet minimum data quality standards, users may be required to repeat this training. Once a new user begins the HMIS New User training series, the user has 60 days to complete the training series and all required assignments. If the user fails to complete all requirements within 60 days, the user will need to retake the training series.

All users are required to attend annual security training to retain their user license.

All users are required to attend at least two general HMIS trainings annually. New user training will not count toward the general training requirements.

All Agency Administrators are required to attend at least two Report trainings annually in addition to the required general HMIS trainings.

In the event that a User does not use her or his license within a 120 day period, the account will be locked, and the User will be required to take New User training again to get the license reinstated.

KVC CoC HMIS Training Requirements

Training	Who should attend	Pre-Requisite
What is ServicePoint?- 101	Required for all new end-users	
Client Point- 102	Required for all new end-users	
Entry Exits and Service Transactions- 103	Required for all new end-users	
ShelterPoint- 104	Required for Shelter end-users	
Interim Review- 106	Additional Course	Pre-requisites 101, 102, 103
Security- 110	Required annually for all end-users	
Coordinated Entry- 201	Additional Course	Pre-requisites 101, 102, 103
How to Fix Your Data- Entry Exits- 203	Additional Course	Pre-requisites 101, 102, 103
How to Fix your Data- Service Transactions- 204	Additional Course	Pre-requisites 101, 102, 103
Case Management- 205	Additional Course	Pre-requisites 101, 102, 103
VI-SPDAT Prioritization- 211	Additional Course	Pre-requisites 101, 102, 103
ART Basic Training- 301	Additional Course	Pre-requisites 101, 102, 103
Data Clean Up Reports- 302	Additional Course	Pre-requisites 101, 102, 103

Users who are also Clients Listed in HMIS

In order to prevent users from editing their own file or files of immediate family members, all users will agree to a conflict of interest statement that is part of the User Agreement. Users must disclose any potential conflict of interest to their Agency Administrator. Users will be prohibited from making changes to the information in their own file or the files of their immediate family members. If a user is suspected of violating this agreement, the System Administrator will run the audit trail report to determine if there was an infraction.

Passwords

- Creation: Passwords are automatically generated from the system when a user is created. The System Administrator will communicate the system-generated password to the user.
- Use: The user will be required to change the password the first time they log onto the system. The password must be at least 8 characters and alphanumeric. Passwords should not be able to be easily guessed or found in a dictionary. Passwords are the individual's

responsibility and users cannot share passwords. Users may not keep written copies of their password in a publicly accessible location.

- Storage: Any passwords that are written down are to be stored securely and must be inaccessible to other persons. Users are not to store passwords on a personal computer for easier log on.
- Expiration: Passwords expire every 45 days. Users may not use the same password consecutively. Passwords cannot be re-used until 2 password selections have expired.
- Unsuccessful logon: If a user unsuccessfully attempts to log-on 3 times, the User ID will be "locked out," and access permission will be revoked rendering the user unable to gain access until his/her password is reset in the manner stated above. Requests for password reset should be sent via email to hmishelp@KVC.org

Inputting Data

Agencies participating in the HMIS must meet the minimum data entry requirements established by the HUD Standards. Data should be entered into the system "live" with the client, or within 3 business days (72 hours) of last contact with client. Data for "mandated" programs should follow the data entry guidelines established by the CoC's Standard Policies for each program type.

Tracking of Unauthorized Access

Any suspicion of unauthorized activity should be reported to the Kanawha Valley Collective HMIS staff.

Agency Administrator

Agencies with 5 or more users must designate one person to be the Agency Administrator. Agencies with fewer than 5 users may forego designating an Agency Administrator. KVC HMIS staff will perform Agency Administrator responsibilities for these agencies.

The Agency Administrator will be responsible for resetting passwords and monitoring HMIS access by users at their agency. This person will also be responsible for ensuring new agency staff persons enroll in the required trainings on how to use the HMIS, complete necessary agreements and for ensuring that new staff are aware of any agency or program specific data entry requirements.

The Agency Administrator must identify the assessments and requirements for each program, and work with the System Administrators to properly set up each program in the HMIS.

Client Consent Forms

In addition to posting the HMIS Privacy Notice, agencies *may* require clients to sign a client consent form. The Privacy Notice informs clients of the electronic sharing of their personal information with other agencies that participate in HMIS when data sharing is appropriate for client service. Any written client consent should be uploaded to the ROI section of the ClientPoint Workflow and dated 2 years from the date obtained.

Data Protocols

Agencies may collect information for data elements in addition to the minimally required data elements established by HUD. Agencies must maintain consistency with data collection and entry within each program and communicate with the Continuum of Care System Administrator to ensure those data elements are added.

2.4 HMIS USER LEVELS

Table 1: HMIS User Roles

	Case Managers I & II	Agency Administrator	Executive Director	System Administrator I	System Administrator II
Client Point					
Profile	X	X	X	X	X
Assessments	X	X	X	X	X
Case Notes	X	X	X	X	X
Case Plans	X	X	X	X	X
Service Records	X	X	X	X	X
Service Point					
Referrals	X	X	X	X	X
Services Provided	X	X	X	X	X
Resource Point	X	X	X	X	X
Shelter Point	X	X	X	X	X
Administration					
Add/Edit Users		X	X	X	X
Reset Passwords		X	X	X	X
Add Provider				X	X
Edit Provider		#	#		
Delete Provider		%	%		
Agency News	X	X	X	X	X
System Wide News				X	X
Provider Groups					X
Picklist Data				X	X
Licenses				X	X
Assessment Admin				X	X
Shadow Mode					X
System Preferences					X

X: Users have access to this section of ServicePoint.
%: Users can neither delete the provider to which they belong, nor any of their parent providers.
#: Users cannot edit their parent provider; they may only edit their provider or child providers.

Case Manager I
Users may access all screens and modules except "Administration." A Case Manager I may access all screens within ClientPoint, except the medical screen for confidentiality reasons. Users may access Reports.

Case Manager II
Users may access all screens and modules except "Administration." A Case Manager II may access all screens within ClientPoint, including the medical screen. Users may access Reports.

Agency Administrator
Users may access all ServicePoint screens and modules. Agency Administrators may add/remove users and edit agency and program data for their agencies.

Executive Director
Users have the same access rights as an Agency Administrator, but rank above the Agency Administrator.

System Administrator I
Users have the same access rights to client information as Agency Administrators, but for all agencies in the system. System Administrators also have full access to administrative functions.

System Administrator II
There are no system restrictions on users. They have full HMIS access.

2.6 HMIS VENDOR REQUIREMENTS

The ServicePoint Software is provided by Bowman Systems, LLC, Shreveport, LA. Bowman Systems has provided industry-leading software systems to the human services industry for over 15 years.

Physical Security
Access to areas containing HMIS equipment, data and software will be secured.

Firewall Protection
The vendor will secure the perimeter of its network using technology from firewall vendors. Company system administrators monitor firewall logs to determine unusual patterns and possible system vulnerabilities.

User Authentication
Users may only access HMIS with a valid username and password combination that is encrypted via SSL for internet transmission to prevent theft. If a user enters an invalid password three consecutive times, they are automatically shut out of that HMIS session. For added security, the session key is automatically scrambled and re-established in the background at regular intervals.

Application Security
HMIS users will be assigned a system access level that restricts their access to appropriate data.

Database Security
Wherever possible, all database access is controlled at the operating system and database connection level for additional security. Access to production databases is limited to a minimal

number of points; as with production servers, production databases do not share a master password database.

Technical Support
The vendor will assist the WV Statewide Steering Committee to resolve software problems, make necessary modifications for special programming, and will explain system functionality to WV Steering Committee.

Technical Performance
The vendor maintains the system, including data backup, data retrieval and server functionality/operation. Upgrades to the system software will be continuously developed and implemented.

Hardware Disposal
Data stored on broken equipment or equipment intended for disposal will be destroyed using industry standard procedures.

2.7 MINIMUM TECHNICAL STANDARDS

Minimum Computer Requirements

- A PC or Mac with a 2 Gigahertz or higher processor, 40GB hard drive, 512 MB RAM, and Microsoft Windows 2000 or XP or OSX 10.9 or higher
- The most recent version of Google Chrome. No additional plug-in is required. If using a Mac, use Firefox.
  It is recommended that your browser have a 128 cipher/encryption strength installed. The browser's cache should be set to "Check for new version of the stored pages: Every visit to page."
- A broadband Internet connection or LAN connection
- Virus protection updates

Additional Recommendations

Memory
- Windows XP: 4Gig recommended (2 Gig minimum)
- Windows Vista: 2Gig recommended (1 Gig minimum)

Monitor
- Screen Display: 1024 by 768 (XGA)

Processor
- A Dual-Core processor is recommended

2.8 HMIS LICENSE FEES

Annual HMIS License Fees
Agencies may purchase licenses at any time. License fees are calculated on a per license basis and will be prorated to the first day of the month of purchase. As of the most recent version of this document the annual cost of a new license is $125 per license, and the on-going fees for each existing license allocated to the agency is $100 each. The KVC/KVC CoC and the Vendor reserves the right to modify this fee structure.

Billing for licenses will occur once annually in January, covering January - December. The annual fee will cover the subsequent calendar year and must be paid within 60 days following the date of the invoice. Again, the fees are subject to change based on Bowman's annual fees billed to the CoC.

Non-use Fee

Agencies with users who do not access their HMIS account at least once every 90 days will be assessed a Non-Use Fee. KVC will distribute User Activity Reports monthly to each agency. Agencies with a user that has not logged in, and used HMIS, at least once in 90 days, will be assessed $75 per inactive user. For each user who does not meet the access requirement, the agency will be charged $250 at the time of annual license renewal. If a waived license is not logged into within 90 days, this license will be locked and the status of waiver will be reassessed.

Fees for Programs Federally Mandated to Use HMIS

Funding shall be provided from agencies operating programs federally required to enter data into HMIS as needed to fully fund the operation of the HMIS. The amount charged will be a set dollar amount or a percentage allocation of the funding source.

2.9 HMIS OPERATING POLICIES VIOLATION

HMIS users and Partner Agencies must abide by all HMIS operational policies and procedures found in the HMIS Policies and Procedures manual, the KVC User Agreement, and the Partner Agency Agreement. Repercussion for any violation will be assessed in a tiered manner. Each user or Partner Agency violation will face successive consequences – the violations do not need to be of the same type in order to be considered second or third violations. User violations do not expire. No regard is given to the duration of time that occurs between successive violations of the HMIS operation policies and procedures as it relates to corrective action.

- First Violation – the user and Partner Agency will be notified of the violation in writing by KVC. The user's license will be suspended for 30 days, or until the Partner Agency notifies KVC of action taken to remedy the violation. KVC will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. KVC will notify the Statewide HMIS Steering Committee of the violation during the next scheduled meeting following the violation.

- Second Violation – the user and Partner Agency will be notified of the violation in writing by KVC. The user's license will be suspended for 30 days. The user and/or Partner Agency must take action to remedy the violation; however, this action will not shorten the length of the license suspension. If the violation has not been remedied by the end of the 30-day user license suspension, the suspension will continue until the Partner Agency notifies KVC of the action taken to remedy the violation. KVC will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. KVC will notify the Statewide HMIS Steering Committee of the violation during the next scheduled meeting following the violation.

- Third Violation – the user and Partner Agency will be notified of the violation in writing by KVC. KVC will notify the Statewide HMIS Steering Committee of the violation and determine if the user's license should be terminated. The user's license will be suspended until the Statewide HMIS Steering Committee makes a determination. If the Statewide HMIS

Steering Committee determines the user should retain their user license, will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. If users who retain their license after their third violation have an additional violation, that violation will be reviewed by the Statewide HMIS Steering Committee.

Any user or other fees paid by the Partner Agency will not be returned if a user's or Partner Agency's access to HMIS is revoked.

Notifying the HMIS Lead Agency of a Violation

It is the responsibility of the Agency Administrator or general User at Partner Agencies that do not have an agency administrator to notify the HMIS Lead Agency when they suspect that a User or Partner Agency has violated any HMIS operational agreement, policy or procedure. A complaint about a potential violation must include the User and Partner Agency name, and a description of the violation, including the date or timeframe of the suspected violation. Complaints should be sent in writing to the HMIS Lead Agency at hmishelp@KVC.org. The name of the person making the complaint will not be released from the HMIS Lead Agency if the individual wishes to remain anonymous.

Violations of Local, State or Federal Law

Any Partner Agency or user violation of local, state or federal law will immediately be subject to the consequences listed under the Third Violation above.

Multiple Violations within a 12-Month Timeframe

During a 12 month calendar year, if there are multiple users (3 or more) with multiple violations (2 or more) from one Partner Agency, the Partner Agency as a whole will be subject to the consequences listed under the Third Violation above.

3. Privacy and Security

The Department of Housing and Urban Development (HUD), with the HMIS Interim Rule, requires implementation of security standards. The importance of the integrity and security of HMIS cannot be overstated. Given this importance, HMIS must be administered and operated under high standards of data privacy and security. The Statewide HMIS Steering Committee, each Continuum of Care and Partner Agencies are jointly responsible for ensuring that HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission and destruction of data, comply with the HMIS privacy, security and confidentiality policies and procedures. When a privacy or security standard conflicts with other Federal, state and local laws to which the Partner Agency must adhere, the Partner Agency must contact their respective CoC to collaboratively update the applicable policies for the partner agency to accurately reflect the additional protections.

3.1 Administrative Safeguards

The WV HMIS Steering Committee will set forth the administrative actions, policies, and procedures required to manage the selection, development, implementation, and maintenance of security measures to protect HMIS information.

HMIS Lead Security Officer: Each HMIS Lead Agency within the WV Statewide HMIS Network will designate an HMIS Security Officer whose duties shall include:

- In cooperation with the other HMIS Lead Security Officers, review the Security Plan annually and at the time of any change to the security management process any HMIS data or technical requirements issued by HUD. In the event that changes are required to the HMIS Security Plan, the HMIS Lead Security Officer will work with the WV HMIS Steering Committee for review, modification, and approval.
- Confirmation that the each HMIS Lead Agency adheres to the Security Plan.
- Response to any security questions, requests, or security breaches to the WV HMIS Steering Committee and communication of security-related HMIS information to CHOs.

Partner Agency HMIS Security Officer: Each Partner Agency must also designate a Partner Agency HMIS Security Officer whose duties include:

- Confirmation that the Partner Agency adheres to the Security Plan.
- Communication of any security questions, requests, or security breaches to the HMIS Lead Security Officer, and security-related HMIS information relayed from the WV HMIS Steering Committee to the Partner Agency's end users.
- Participate in security training offered by the HMIS Lead Agency / WV HMIS Steering Committee.

Aggregated Public Data
Information published according to the "Reporting Parameters and Guidelines" (HMIS Policies and Procedures Section 3.2).

Unpublished Restricted Access Data
Information scheduled, but not yet approved, for publication. Examples include draft reports, fragments of data sets, and data without context or data that have not been analyzed.

Procedures for Transmission and Storage of Data

- Aggregated Public Data: Security controls are not required.
- Unpublished Restricted Access Data:
    1. Draft or Fragmented Data – Accessible only to authorized HMIS staff and agency personnel. Requires auditing of access and must be stored in a secure out-of-sight location. Data can be transmitted via e-mail, internal departmental or first class mail. If mailed, data must be labeled confidential.
    2. Confidential Data: Requires encryption at all times. Must be magnetically overwritten and destroyed. Hard copies of data must be stored in an out-of-sight secure location.

3.2 DATA REPORTING PARAMETERES AND GUIDELINES

All open data will be handled according to the following classifications - *Public Data*, *Internal Data, and Restricted Data* - and should be handled according to the following procedures.

Principles for Release of Data

- Only de-identified aggregated data will be released except as specified below.
- No identified client data may be released without informed consent unless otherwise specified by State and Federal confidentiality laws. All requests for such information must be addressed to the owner/participating agency where the data was collected.
- Program specific information used for annual grant program reports and program specific information included in grant applications is classified as public information. No other program specific information will be released without written consent.
- There will be full access to aggregate data included in published reports.
- Reports of aggregate data may be made directly available to the public.
- The parameters of the aggregated data, that is, where the data comes from and what it includes will be presented with each report.
- Data will be mined for agencies requesting reports on a case-by-case basis.
- Requests must be written with a description of specific data to be included and for what duration of time. Requests are to be submitted 30 days prior to the date the report is needed. Exceptions to the 30-day notice may be made.
- KVC reserves the right to deny any request for aggregated data.

3.3 RELEASE OF DATA FOR GRANT FUNDERS

Entities providing funding to agencies or programs required to use HMIS will not have automatic access to HMIS. The Statewide HMIS Steering Committee will only grant access to HMIS when there is a voluntary written agreement in place between the funding entity and the agency or program. Funding for any agency or program using HMIS cannot be contingent upon establishing a voluntary written agreement for allowing the funder HMIS access.

3.4 BASELINE PRIVACY POLICY

Collection of Personal Information

Personal information will be collected for HMIS only when it is needed to provide services, when it is needed for another specific purpose of the agency where a client is receiving services, or when it is required by law. Personal information may be collected for these purposes:

- To provide or coordinate services for clients
- To find programs that may provide additional client assistance
- To comply with government and grant reporting obligations
- To assess the state of homelessness in the community, and to assess the condition and availability of affordable housing to better target services and resources

Only lawful and fair means are used to collect personal information.

Personal information is collected with the knowledge and consent of clients. It is assumed that clients consent to the collection their personal information as described in this notice when they seek assistance from an agency using HMIS and provide the agency with their personal information.

Personal information may also be collected from:

- Additional individuals seeking services with a client
- Other private organizations that provide services and participate in HMIS

Upon request, clients must be able to access the *Use and Disclosure of Personal Information* policy found below.

Use and Disclosure of Personal Information

These policies explain why an agency collects personal information from clients. Personal information may be used or disclosed for activities described in this part of the notice. Client consent to the use or disclosure of personal information for the purposes described in this notice, and for reasons that are compatible with purposes described in this notice but not listed, is assumed. Clients must give consent before their personal information is used or disclosed for any purpose not described here.

Personal information may be used or disclosed for the following purposes:

1. To provide or coordinate services to individuals. Client records are shared with other organizations that may have separate privacy policies and that may allow different uses and disclosures of the information. If clients access services at one of these other organizations, they will be notified of the agency's privacy and sharing policy.

2. To carry out administrative functions such as legal audits, personnel, oversight, and management functions.

3. For research and statistical purposes. Personal information released for research and statistical purposes will be anonymous.

4. For academic research conducted by an individual or institution that has a formal relationship with the KVC CoC and/or the Statewide HMIS Steering Committee. The research must be conducted by an individual employed by or affiliated with the organization or institution. All research projects must be conducted under a written research agreement approved in writing by the designated agency administrator or executive director. The written research agreement must:
    - Establish the rules and limitations for processing personal information and providing security for personal information in the course of the research.
    - Provide for the return or proper disposal of all personal information at the conclusion of the research.

- Restrict additional use or disclosure of personal information, except where required by law.
- Require that the recipient of the personal information formally agree to comply with all terms and conditions of the written research agreement, and
- Cannot be a substitute for approval of the research project by an Institutional Review Board, Privacy Board or other applicable human subjects protection institution if appropriate.

5. When required by law. Personal information will be released to the extent that use or disclosure complies with the requirements of the law.

6. To avert a serious threat to health or safety if:
   - the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, and
   - the use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat.

7. To report to a governmental authority (including a social service or protective services agency) authorized by law to receive reports of abuse, neglect or domestic violence, information about an individual reasonably believed to be a victim of abuse, neglect or domestic violence. When the personal information of a victim of abuse, neglect or domestic violence is disclosed, the individual whose information has been released will promptly be informed, except if:
   - it is believed that informing the individual would place the individual at risk of serious harm, or
   - a personal representative (such as a family member or friend) who is responsible for the abuse, neglect or other injury is the individual who would be informed, and it is believed that informing the personal representative would not be in the best interest of the individual as determined in the exercise of professional judgment.

8. For a law enforcement purpose (if consistent with applicable law and standards of ethical conduct) under any of these circumstances:

   - In response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer or a grand jury subpoena, if the court ordered disclosure goes through the KVC CoC and is reviewed by the Executive Director of KVC for any additional action or comment.
   - If the law enforcement official makes a written request for personal information. The written request must meet the following requirements:
     i. Is signed by a supervisory official of the law enforcement agency seeking the personal information.
     ii. States that the information is relevant and material to a legitimate law enforcement investigation.
     iii. Identifies the personal information sought.
     iv. Is specific and limited in scope to the purpose for which the information is sought, and
     v. Is approved for release by the KVC CoC legal counsel after a review period of seven to fourteen days.
   - If it is believed that the personal information constitutes evidence of criminal conduct that occurred at the agency where the client receives services.

- If the official is an authorized federal official seeking personal information for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to a foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 (threats against the President and others), and the information requested is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought.

9. For law enforcement or another public official authorized to receive a client's personal information to conduct an immediate enforcement activity that depends upon the disclosure. Personal information may be disclosed when a client is incapacitated and unable to agree to the disclosure if waiting until the individual is able to agree to the disclosure would materially and adversely affect the enforcement activity. In this case, the disclosure will only be made if it is not intended to be used against the individual.

10. To comply with government reporting obligations for homeless management information systems and for oversight of compliance with homeless management information system requirements.

Inspection and Correction of Personal Information

Clients may inspect and receive a copy of their person information maintained in HMIS. The agency where the client receives services will offer to explain any information that a client may not understand.

If the information listed in HMIS is believed to be inaccurate or incomplete, a client may submit a verbal or written request to have his/her information corrected. Inaccurate or incomplete data may be deleted, or marked as inaccurate or incomplete and supplemented with additional information.

A request to inspect or copy one's personal information may be denied if:

- The information was compiled in reasonable anticipation of litigation or comparable proceedings
- The information was obtained under a promise or confidentiality and if the disclosure would reveal the source of the information, or
- The life or physical safety of any individual would be reasonably endangered by disclosure of the personal information.

If a request for inspection access or personal information correction is denied, the agency where the client receives services will explain the reason for the denial. The client's request and the reason for the denial will be included in the client's record.

Requests for inspection access or personal information correction may be denied if they are made in a repeated and/or harassing manner.

Limits on Collection of Personal Information

Only personal information relevant for the purpose(s) for which it will be used will be collected. Personal information must be accurate and complete.

Client files not used in seven years may be made inactive in HMIS. ICA will check with agencies before making client files inactive. Personal information may be retained for a longer period if required by statute, regulation, contract or another obligation.

Limits on Partner Agency Use of HMIS Client Information

The WV Statewide HMIS is an open data system. This system allows Partner Agencies to share client information in order to coordinate services for clients. However, Partner Agencies may not limit client service or refuse to provide service in a way that discriminates against clients based on information the Partner Agency obtained from HMIS. Partner Agencies may not penalize a client based on historical data contained in HMIS.

Complaints and Accountability

Questions or complaints about the privacy and security policies and practices may be submitted to the agency where the client receives services. Complaints specific to HMIS should be submitted to the HMIS agency administrator and program director. If no resolution can be found, the complaint will be forwarded to the System Administrators, and the agency's executive director. If there is no resolution, the WV Statewide HMIS Steering Committee will oversee final arbitration. All other complaints will follow the agency's grievance procedure as outlined in the agency's handbook.

All HMIS users (including employees, volunteers, affiliates, contractors and associates) are required to comply with this privacy notice. Users must receive and acknowledge receipt of a copy of this privacy notice.

3.4 USE OF A COMPARABLE DATABASE BY VICTIM SERVICE PROVIDERS

Victim service providers, private nonprofit agencies whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking, must not directly enter or provide data into HMIS if they are legally prohibited from participating in HMIS. Victim service providers that are recipients of funds requiring participation in HMIS, but are prohibited from entering data in HMIS, must use a comparable database to enter client information. A comparable database is a database that can be used to collect client-level data over time and generate unduplicated aggregated reports based on the client information entered into the database. The reports generated by a comparable database must be accurate and provide the same information as the reports generated by HMIS.

3.5 USER CONFLICT OF INTEREST

Users who are also clients with files in HMIS are prohibited from entering or editing information in their own file. All users are also prohibited from entering or editing information in files of immediate family members. All users must sign the HMIS User License Agreement, which includes a statement describing this limitation, and report any potential conflict of interest to their Agency Administrator. The System Administrator may run the audit trail report to determine if there has been a violation of the conflict of interest agreement.

3.6 SECURITY PROCEDURE TRAINING FOR USERS

All users must receive security training prior to being given access to HMIS. Security training will be covered during the new user training for all new users. All users must receive on-going annual training on security procedures from the KVC CoC.

3.7 VIOLATION OF SECURITY PROCEDURES

All potential violations of any security protocols will be investigated and any user found to be in violation of security protocols will be sanctioned accordingly. Sanctions may include but are not limited to: a formal letter of reprimand, suspension of system privileges, revocation of system privileges and criminal prosecution.

If possible, all confirmed security violations will be communicated in writing to the affected client within 14 days, unless the client cannot be located. If the client cannot be located, a written description of the violation and efforts to locate the client will be prepared by the System Administrator at the respective CoC and placed in the client's file at the Agency that originated the client's record.

Any agency that is found to have consistently and/or flagrantly violated security procedures may have their access privileges suspended or revoked. All sanctions are imposed by the KVC HMIS staff. All sanctions may be appealed to the Statewide HMIS Steering Committee.

3.8 PROCEDURE FOR REPORTING SECURITY INCIDENTS

Users and Agency Administrators should report all unlawful access of HMIS and unlawful attempted access of HMIS. This includes theft of usernames and passwords. Security incidents should be reported to the KVC CoC System Administrator. The CoC System Administrator will use the HMIS user audit trail report to determine the extent of the breach of security.

3.9 DISASTER RECOVERY PLAN

West Virginia's Statewide HMIS is covered under Bowman Systems Disaster Recovery Plan. Due to the nature of technology, unforeseen service outages may occur. In order to assure service reliability, Bowman Systems provides the following disaster recovery plan. Plan highlights include:

- Database tape backups occur nightly.
- Tape backups are stored offsite.
- Seven day backup history is stored locally on instantly accessible Raid 10 storage.
- One month backup history is stored off site.
- Access to Bowman Systems emergency line to provide assistance related to "outages" or "downtime" 24 hours a day.
- Data is backed up locally on instantly-accessible disk storage every 24 hours.
- The application server is backed up offsite, out-of-state, on a different internet provider and on a separate electrical grid via secured Virtual Private Network (VPN) connection.
- Backups of the application site are near-instantaneous (no files older than 5 minutes).
- The database is replicated nightly at an offsite location in case of a primary data center failure.
- Priority level response (ensures downtime will not exceed 4 hours).

Standard Data Recovery

West Virginia's Statewide HMIS database is stored online, and is readily accessible approximately 24 hours a day. Tape backups of the database are kept for approximately one month. Upon recognition of a system failure, HMIS can be copied to a standby server. The database can be restored, and the site recreated within three to four hours if online backups are accessible. As a rule, a tape restoration can be made within six to eight hours. On-site backups are made once daily. A restore of this backup may incur some data loss between when the backup was made and when the system failure occurred.

All internal servers are configured in hot-swappable hard drive RAID configurations. All systems are configured with hot-swappable redundant power supply units. Our Internet connectivity is comprised of a primary and secondary connection with separate internet service providers to ensure redundancy in the event of an ISP connectivity outage. The primary Core routers are configured with redundant power supplies, and are configured in tandem so that if one core router fails the secondary router will continue operation with little to no interruption in service. All servers, network devices, and related hardware are powered via APC Battery Backup units that are connected in turn to electrical circuits, which are connected to a building generator.

All client data is backed-up online and stored on a central file server repository for 24 hours. Each night a tape backup is made of the client database and secured in a bank vault.

Historical data can be restored from tape as long as the data requested is newer than 30 days old. As a rule, the data can be restored to a standby server within four hours without affecting the current live site. Data can then be selectively queried and/or restored to the live site.

For power outage, HMIS is backed up via APC battery back-up units, which are connected via generator-backed up electrical circuits. For a system crash, a system restore will take four hours. There is potential for some small data loss (data that was entered between the last backup and when the failure occurred) if a tape restore is necessary. If the failure is not hard drive related, the data restore time will possibly be shorter as the drives themselves can be repopulated into a standby server.

All major outages are immediately brought to the attention of executive management. Bowman Systems support staff helps manage communication or messaging to the System Administrator as progress is made to address the service outage.

4. Data Requirements

4.1 MINIMUM DATA COLLECTION STANDARD

Partner Agencies are responsible for asking all clients a minimum set of questions for use in aggregate analysis. These questions are included in custom assessments that are created by HMIS System Administrators. The required data elements depend on the program. The mandatory data elements in each assessment are displayed in *red* text and/or specific text indicating that the field is required.

The Agency Administrator must identify the assessments and requirements for each program, and consult with the KVC CoC System Administrator(s) to properly set up each program in HMIS.

Guidelines clearly articulating the minimum expectations for data entry for all programs entering data in HMIS will be sent to Agency Administrators and posted on the KVC CoC HMIS webpage. Agency Administrators must ensure that the minimum data elements are fulfilled for every program.

4.2 PROVIDER NAMING CONVENTION

All providers within WV Statewide HMIS must be named so that they accurately reflect the type of service carried out by the corresponding Partner Agency program and the CoC where the agency is located in the following format: CoC – Agency – Program

4.3 DATA QUALITY PLAN

Partner Agencies are responsible for the overall quality, accuracy and completeness of data entered by their staff for their clients. HMIS staff will monitor data collection of the HUD Universal Data Elements monthly and hold participating agencies accountable for not entering required data.

KVC CoC will submit a report to each Partner Agency monthly that identifies the degree to which all programs within the Partner Agency are meeting the minimum data entry standards.

Programs that do not adhere to the minimum data entry standards will be notified of their deficiencies and given appropriate training on how to correctly enter data. Partner Agencies and/or users who do not meet minimum data entry standards following additional training from the KVC CoC HMIS Staff will be considered in violation of the HMIS operating agreements, and will be subject to the repercussions listed in Section 2.9 of the HMIS Policies and Procedures Manual.

4.4 XML IMPORTS

While HMIS databases are required to have the capacity to accept XML imports, KVC reserves the right to not allow XML imports into the KVC CoC's HMIS. Allowing XML imports will impact data integrity and increase the likelihood of duplication of client files in the system.

4.5 HMIS DATA PROTECTION

As the HMIS Lead Agency for the KVC CoC, it is the responsibility of KVC to maintain the HMIS, including protecting the data contained in HMIS for the KVC CoC. In the case where KVC is made aware through data contained in HMIS that Partner Agency program funds were used for an ineligible service, KVC will notify the Partner Agency about the misuse of funds. If the Partner Agency fails to rectify the misuse of funds in a timely fashion, KVC will notify the appropriate funding body.

5. Glossary

Agency Administrator – the individual responsible for HMIS use at each partner agency that has five or more HMIS users.

Aggregated Public Data – data that is published and available publicly. This type of data does not identify clients listed in the HMIS.

Confidential Data – contains personal identifying information.

HMIS – Homeless Management Information System – an internet-based database that is used by homeless service organizations across Wisconsin to record and store client-level information about the numbers, characteristics and needs of homeless persons and those at risk of homelessness.

HMIS Steering Committee – the group of CoC HMIS Staff who are responsible for approving and implementing the HMIS Policies and Procedures, and for working to make improvements to West Virginia HMIS.

HMIS License Fee – the annual fee paid by partner agencies to allow each HMIS user at their agency continued access to the database.

HMIS User Level – HMIS users are assigned a specific user level that limits the data the user is able to access in the database.

HMIS Vendor – the West Virginia HMIS software vendor is Bowman Systems. The HMIS vendor designs the HMIS and provides ongoing support to the System Administrators.

Minimum Data Entry Standards – a minimum set of questions that must be completed for each client to provide data for use in aggregate analysis.

Partner Agencies – the homeless service organizations that use HMIS.

System Administrators – staff in the respective Continuum of Care/HMIS Lead Agency who are responsible for overseeing HMIS users and use in West Virginia CoCs. The System Administrators allow users HMIS access and provide training; ensure user compliance with HMIS policies and procedures; and make policy recommendations to the West Virginia Steering Committee.

Shared Data – unrestricted information that has been entered by one provider and is visible to other providers using HMIS.

Victim Service Provider – a nonprofit agency with a primary mission to provide services to victims of domestic violence, dating violence, sexual assault, or stalking

1.C – 4

Homeless Preference Documents

Charleston-Kanawha Housing Authority

Charleston Kanawha Housing Authority

P.O. Box 86 • Charleston, West Virginia 25321-0086
1525 Washington Street West • Charleston, West Virginia 25387-2332
(304) 348-6451 • FAX (304) 348-6455 • TDD (304) 348-6840

September 11, 2017

Traci Strickland – Executive Director
Kanawha Valley Collective
600 Shrewsbury Street
Charleston, WV 25302

Dear Ms. Strickland,

This letter is in response to your request concerning Charleston-Kanawha Housing Authority (CKHA)'s homeless preferences and the percentage of homeless applicants housed during the 2016 calendar year.

CKHA has 62 vouchers that are designated for homeless veterans only, under the HUD-VASH (Veterans Affairs Supportive Housing) program.

During the 2016 calendar year, a total of 483 applicants were housed. Of the 483, 7% or 38 applicants that were housed reported they were homeless at the time of application.

Sincerely,

Mark E. Taylor
Chief Executive Officer

St. Albans Housing Authority

Housing Authority of the City of St. Albans

EXECUTIVE DIRECTOR
Amy Lewis

650 Street. St. Albans. WV 25177 Phone: 304-727-5441 Fax: 304-722-6534

August 28, 2017

Traci Strickland
Kanawha Valley Collective
600 Shrewsbury Street
Charleston, WV 25302

RE: Homeless Preference

Dear Ms. Strickland:

I have reviewed the St. Albans Housing Authority's Admissions & Continued Occupancy Policy and unfortunately, there is not a preference for homeless specified in our current policy. Although this policy is old and needs updated, we are required to abide by the most recent policy. Revising the ACOP is something that we hope to accomplish in the near future. In the meantime, however, our agency is willing to do what it can to work with the homeless.

If you have any questions, please feel free to contact me at (304) 727-5441. We look forward to working with you.

Sincerely yours,

Amy Lewis

Amy Lewis
Executive Director

EQUAL HOUSING OPPORTUNITY

Boone County Housing Authority

Boone County Housing Authority Public Housing

example of a reasonable accommodation would be to reinstate the applicant on the waiting list based on the date and time of the original application.

10.0 TENANT SELECTION AND ASSIGNMENT PLAN

10.1 PREFERENCES

The Boone County Housing & Redevelopment Authority will select families based on the following preferences within each bedroom size category:

A.	Involuntarily displaced;	20
B.	Disaster;	20
C.	Substandard living conditions;	20
D.	Paying 50% of family income for rent;	15
E.	Disabled.	5

Accessible Units: Accessible units will be first offered to families who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above. If there are no applicants who would benefit from hte accessible features, the units will be offered to other applicants in the order that their names come to the top of the waiting list. Such applicants, however, must sign a release from stating they will accept a transfer (at their own expense) if, at a future time, a family requiring an accessible feature applies. Any family required to transfer will be given a 30-day notice.

10.2 SELECTION FROM THE WAITING LIST

The Boone County Housing & Redevelopment Authority shall follow the statutory requirement that at least 40% of newly admitted families in any fiscal year be families whose annual income is at or below 30% of the area median income. To insure this requirement is met we shall quarterly monitor the incomes of newly admitted families and the incomes of the families on the waiting list. If it appears that the requirement to house extremely low-income families will not be met, we will skip higher income families on the waiting list to reach extremely low-income families.

If there are not enough extremely low-income families on the waiting list we will conduct outreach on a non-discriminatory basis to attract extremely low-income families to reach the

B. WAITING LIST PREFERENCES

A preference will be given to local residents of Boone and Lincoln County and then date and time will be used.

If local residency is called into question a valid driver's license will be used to determine residency.

Treatment of Single Applicants

Single applicants will be treated as any other eligible family on the waiting list.

C. INCOME TARGETING

In accordance with the Quality Housing and Work Responsibility Act of 1998, each fiscal year the PHA will reserve a minimum of seventy-five percent of its Section 8 new admissions for families whose income does not exceed 30 percent of the area median income. HUD refers to these families as "extremely low income families."

The PHA's income targeting requirement does not apply to low income families continuously assisted as provided for under the 1937 Housing Act.

D. EXCEPTIONS FOR SPECIAL ADMISSIONS

If HUD awards an PHA program funding that is targeted for specifically named families, the PHA will admit these families under a Special Admission procedure.

Special admission families will be admitted outside of the regular waiting list process. They do not have to qualify for any preferences, nor are they required to be on the program waiting list. The PHA maintains separate records of these admissions.

The following are examples of types of program funding that may be designated by HUD for families living in a specified unit:

A family displaced because of demolition or disposition of a public or Indian housing project;
A family residing in a multifamily rental housing project when HUD sells, forecloses or demolishes the project;
For housing covered by the Low Income Housing Preservation and Resident Home-ownership Act of 1990;
A family residing in a project covered by a project-based Section 8 HAP contract at or near the end of the HAP contract term; and
A non-purchasing family residing in a HOPE 1 or HOPE 2 project.

South Charleston Housing Authority

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

Does not have operable indoor plumbing.

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

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

Does not have adequate, safe electrical service.

Does not have an adequate, safe source of heat.

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

Has been declared unfit for habitation by a government agency.

Is overcrowded according to HQS.

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

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

Lack a fixed, regular and adequate nighttime residence; AND

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

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

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

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

Families living in overcrowded conditions will be included in the substandard

Huntington Housing Authority

Policy Excerpts Showing Homeless Preference

Regular HCV Funding

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

4-III.C. SELECTION METHOD

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

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

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

Huntington West Virginia Housing Authority Policy

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

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

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

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

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

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

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The HHA uses the following Local Preferences:

Date and time of receipt of a completed application,

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

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

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

(3) Victims of Domestic Violence

(3) Substandard Housing

(3) Homelessness, High Rent burden

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

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

Treatment of Single Applicants

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

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

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

Involuntarily displaced.

Currently living in substandard housing (including homeless families).

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

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

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

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

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

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

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

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

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

PHA Five-Year and Annual Plans:

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

Roark-Sullivan Lifeway Center, Inc.

ADMINISTRATIVE OFFICE
P.O. Box 1707
Charleston. WV 25326
Line 1: 304-414-0109
Line 2: 304-414-0110
Fax: 304-340-3623
www.rslwc.org

Kanawha Valley Collective Continuum of Care

MEMORANDUM of AGREEMENT

With

Roark-Sullivan Lifeway Center

This agreement has been made and entered into between the Kanawha Valley Collective Continuum of Care and Roark-Sullivan Lifeway Center, who will serve as the Homeless Management Information System (HMIS) Lead agency.

The Kanawha Valley Collective Continuum of Care, hereinafter referred to as the KVC CoC and Roark-Sullivan Lifeway Center, hereinafter referred to as RSLC, agree to work cooperatively to accomplish the responsibilities and authority of managing the Homeless Management Information System (HMIS).

The Kanawha Valley Collective Continuum of Care's purpose is to coordinate agencies working toward ending homelessness in the geographic jurisdiction of the KVC CoC. To achieve this purpose, the KVC CoC meets at least monthly to discuss progress and barriers. The purpose of a Homeless Management Information System (HMIS) is to gather and report on information about individuals experiencing homelessness. The KVC CoC recognizes the importance of HMIS for the purpose of planning for and serving the needs of those experiencing homelessness. Therefore, the KVC CoC designated Roark-Sullivan Lifeway Center as the HMIS Lead Agency tasked with administration of HMIS on behalf of the KVC CoC.

Mutual Understanding

The Kanawha Valley Collective Continuum of Care is responsible for applying for and managing the receipt of federal funding through the U.S. Department of Housing and Urban Development's (HUD) Supportive Housing Program on an annual renewal basis. It is expected that all HUD-funded programs participate in HMIS and collect data in accordance with HUD data requirements as outlined in the HMIS Data Standards, released March 2010. It is understood by both agencies that this data is essential to the award of funding in terms of HMIS participation and usage. As performance outcomes will be evaluated on continuum-wide rather than program-wide performance, the task of promoting and implementing participation in HMIS among all homeless service providers within the KVC CoC's geographic jurisdiction falls on both the KVC CoC and RSLC, the HMIS Lead Agency.

Project Operation Tasks

As the HMIS Lead Agency, RSLC assumes fiscal responsibility as well as the following operational tasks:

1. Managing/designing the project plan
2. Maintaining HMIS policies and procedures
3. Managing HMIS Participation Agreements and participation oversight
4. Communications with the HMIS software vendor
5. Defining overall HMIS project goals and activities
6. Monitor project progress toward HMIS goals
7. Identifying and mitigating barriers, including inadequate funding, staffing issues, software issues, information security and data quality
8. Reporting on the status of the HMIS project and documenting changes
9. Providing user training and technical assistance
10. Executing system administration and information security
11. Analyzing and ensuring data quality, budget, and contract compliance
12. Reviewing and evaluating HMIS reports

Record Keeping

The HMIS Lead Agency, RSLC, assumes responsibility for all records and filing of all HMIS-related information. Each Contributing HMIS Organization's (CHOs) file might include:

1. Current executed HMIS Participation Agreement
2. Current document certifying program compliance with privacy and security standards as well as data entry requirements and quality
3. Current list of trained and authorized users that specifies names, positions, and access levels
4. Agency Profile and Program Information forms
5. Copies of signed user agreements
6. Verification of fee payment, if applicable
7. Documentation of hardware/software stipends, if applicable
8. Correspondence file with documentation of significant communication, concerns, decisions, and monitoring results

Community Management Tasks

RSLC, as the HMIS Lead Agency, assumes responsibility for buy-in of the HMIS project from KVC CoC member agencies and takes responsibility for the following:

1. Communicating with stakeholders, including service providers, consumers, government officials, researchers, and advocacy groups
2. Managing community involvement and building expectations
3. Representing the HMIS to other systems and governments
4. Acting as a liaison to the community and press
5. Ensuring a sharing understanding of overall goals, procedures, guidelines, state law, responsibilities and deadlines

6. Assisting in identifying risks of legal or security or data integrity
7. Assisting to resolve data quality issues
8. Coordinating monthly KVC CoC meetings and including HMIS-related issues as agenda items, and assigning sub-committees as needed in response to data quality issues or updated data quality standards implementation

President of KVC Board of Directors — Date 9/7/2017

Executive Director, Roark-Sullivan Lifeway Center — Date 9/7/2017

Data Sources for This Report
CoC: WV-503 Charleston/Kanawha, Putnam, Boone, Clay Counties CoC

The CoC Profile includes data from Point-in-Time (PIT) Count, Housing Inventory Count (HIC), Annual Homeless Assessment Report (AHAR), and Homelessness Pulse report data entered into HUD's Homelessness Data Exchange (HDX). The data in this report is limited to data that has been finalized and determined to be useable. For each report type, all data sets that have been entered into the HDX are listed below, along with information that identifies whether or not the data is included in this report. Some fluctuations in numbers may be attributable to data that was excluded.

For CoCs which have merged, this report will only include data submitted under the current active CoC name and number. Data profile reports from merged CoCs may show significant increases in beds, units, and people, since only the data from the active CoC is being posted to the report.

Point-in-Time (PIT) Data

Limited to PIT data with a reporting status of 'Confirmed' dated 1/1/2009 or later. All 2009 PIT data was imported to the HDX from the final data set submitted to HUD.
PIT methodologies for sheltered and unsheltered counts are included starting with the year 2013.

Date	Reporting Status	Included in CoC Profile
1/28/2009	Confirmed	No
1/28/2010	Confirmed	No
1/27/2011	Confirmed	No
1/26/2012	Confirmed	No
1/24/2013	Confirmed	No
1/29/2014	Confirmed	Yes
1/28/2015	Confirmed	Yes
2/24/2016	Confirmed	Yes
1/25/2017	Confirmed	Yes

Housing Inventory Count (HIC) Data

Includes all HIC data with a reporting status of 'Confirmed'.

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

Date	Reporting Status	Included in CoC Profile
1/26/2008	Confirmed	No
1/26/2009	Confirmed	No
1/28/2010	Confirmed	No
1/28/2011	Confirmed	No
1/26/2012	Confirmed	No
1/24/2013	Confirmed	No
1/29/2014	Confirmed	Yes
1/28/2015	Confirmed	Yes
2/24/2016	Confirmed	Yes
1/25/2017	Confirmed	Yes

Annual Homeless Assessment Report (AHAR) Data

For CoCs with more than one AHAR site, data has been aggregated across all sites; counts of people who were served in more than one site may be duplicated. Only report sections marked 'Useable' below are included in this report. PSH report sections marked with an asterisk (*) below were not added to the AHAR until 2010. Only years in which AHAR data were submitted are listed below.

AHAR Acronyms
ES = Emergency Shelter
TH = Transitional Housing
PSH = Permanent Supportive Housing

IND = Individuals
FAM = Families

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

Charleston/Kanawha County

Year	ES-IND	ES-FAM	TH-FAM	TH-IND	PSH-IND	PSH-IND
2008	TBD	TBD	TBD	TBD	*	*
2009	Useable	Not Useable	Not Useable	Useable	*	*
2010	Useable	Useable	Not Useable	Not Useable	Useable	Not Useable
2011	Not Useable	Useable	Useable	Useable	Useable	Not Useable
2012	Useable	Not Useable	Useable	Useable	Useable	Useable
2013	Not Useable	Not Useable	Useable	Useable	Not Useable	Not Useable
2014	Not Useable	Useable	Useable	Useable	Useable	Useable
2015	Not Useable	Useable	Useable	Useable	Useable	Useable
2016	Not Useable	Useable	Useable	Useable	Useable	Not Useable

Pulse Data

Includes all Pulse data with a reporting status of 'Confirmed'. Only quarters for which Pulse data were submitted are listed below.

Date	Reporting Status	Included in CoC Profile

Point-in-Time Counts of People Who Are Homeless
CoC: WV-503 Charleston/Kanawha, Putnam, Boone, Clay Counties CoC

	01/28/2009	01/28/2010	01/27/2011	01/26/2012
Sheltered People in Households...				
With at Least One Adult and One Child	98	120	88	107
Under Age 18	*	*	*	*
Age 18 - 24	*	*	*	*
Over Age 24	*	*	*	*
Average household size	3.5	2.6	2.9	2.7
With Only Children	*	0	*	5
In one-child Households	*	*	*	*
In multi-child households	*	*	*	*
Average household size		*		1.0
Without Children	233	254	272	246
Age 18 - 24	*	*	*	*
Over Age 24	*	*	*	*
Average household size	1.0	1.0	1.0	1.2
All Sheltered People	331	374	360	358
Average household size	1.3	1.3	1.2	1.4
Unsheltered People in Households...				
With at Least One Adult and One Child	0	0	0	3
Under Age 18	*	*	*	*
Age 18 - 24	*	*	*	*
Over Age 24	*	*	*	*
Average household size	*	*	*	3.0

01/24/2013	01/29/2014	01/28/2015	02/24/2016	01/25/2017
90	79	62	54	47
52	50	34	32	25
3	2	7	1	1
35	27	21	21	21
3.1	3.0	3.0	2.8	2.9
8	2	11	5	7
8	2	*	*	*
0	0	*	*	*
1.0	1.0	1.0	1.0	1.0
257	266	268	229	216
14	26	33	20	17
243	240	235	209	199
1.4	1.0	1.0	1.0	1.0
355	347	341	288	270
1.6	1.2	1.1	1.1	1.1

0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
*	*	*	*	*

With Only Children	*	0	0	0
In one-child Households	*	*	*	*
In multi-child households	*	*	*	*
Average household size		*	*	*
Without Children	51	32	34	55
Age 18 - 24	*	*	*	*
Over Age 24	*	*	*	*
Average household size	1.0	1.0	1.0	1.0
All Unsheltered People	51	32	34	58
Average household size	1.0	1.0	1.0	1.0

All People in Households...

With at Least One Adult and One Child	98	120	88	110
Under Age 18	*	*	*	*
Age 18 - 24	*	*	*	*
Over Age 24	*	*	*	*
Average household size	3.5	2.6	2.9	2.8
With Only Children	*	0	0	5
In one-child Households	*	*	*	*
In multi-child households	*	*	*	*
Average household size		*	*	1.0
Without Children	284	286	306	301
Age 18 - 24	*	*	*	*
Over Age 24	*	*	*	*
Average household size	1.0	1.0	1.0	1.2
All People	**382**	**406**	**394**	**416**

0	0	0	0	0
0	0	*	*	*
0	0	*	*	*
*	*	*	*	*
56	13	44	32	49
0	0	10	0	4
56	13	34	32	45
1.0	1.0	1.0	1.0	1.0
56	13	44	32	49
1.0	1.0	1.0	1.0	1.0

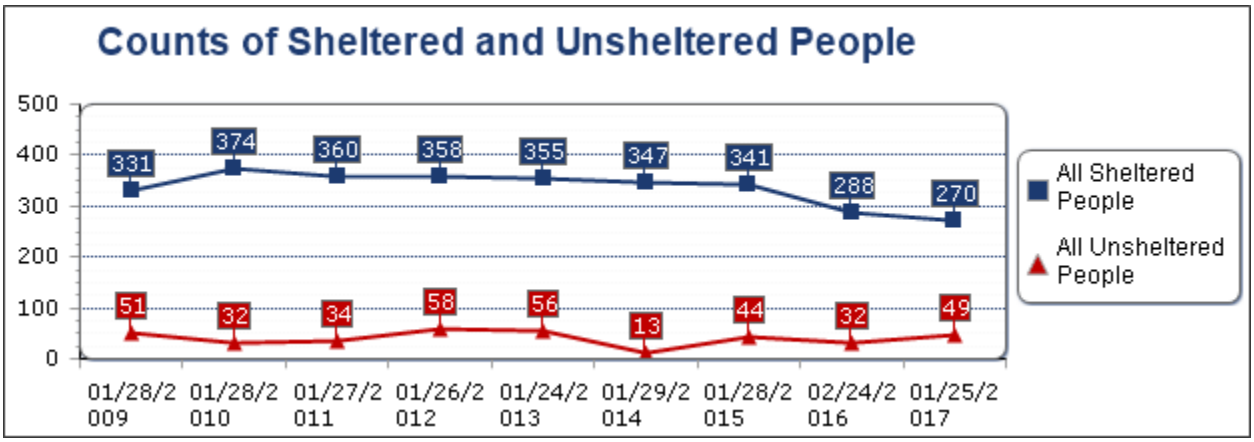
90	79	62	54	47
52	50	34	32	25
3	2	7	1	1
35	27	21	21	21
3.1	3.0	3.0	2.8	2.9
8	2	11	5	7
8	2	*	*	*
0	0	*	*	*
1.0	1.0	1.0	1.0	1.0
313	279	312	261	265
14	26	43	20	21
299	253	269	241	244
1.3	1.0	1.0	1.0	1.0

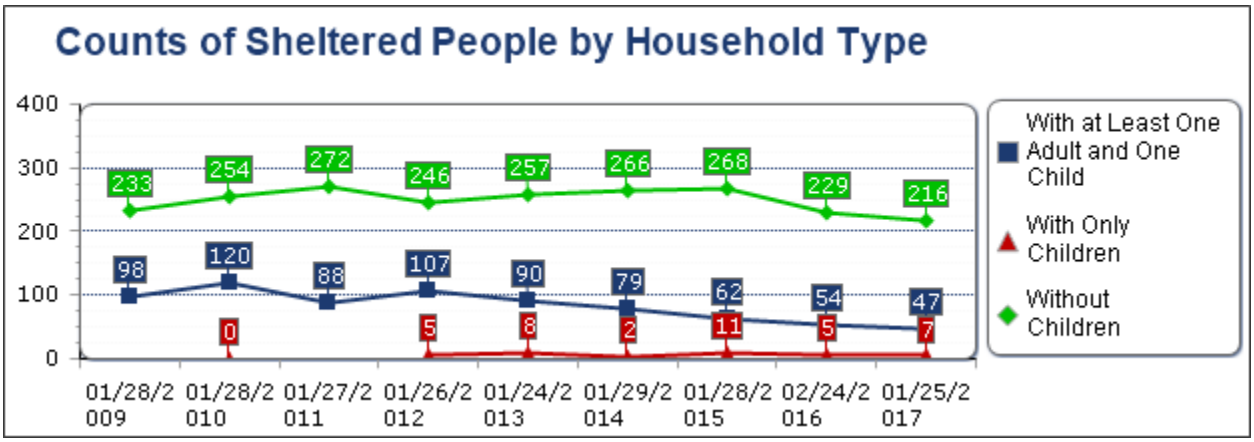
411	**360**	**385**	**320**	**319**

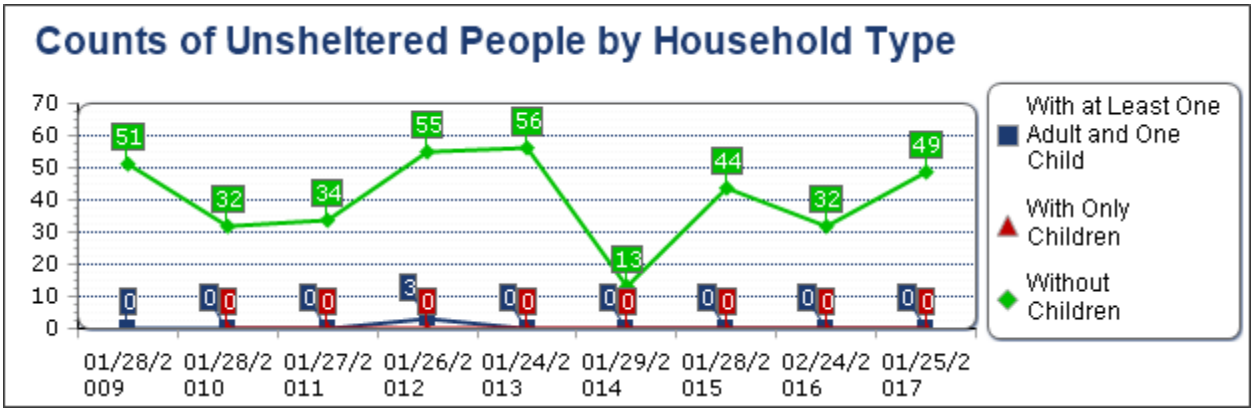
Average household size	**1.0**	**1.0**	**1.0**	**1.0**

*No data entered for this category on this date

The age categories ("Under Age 18", etc.) were added in 2013.







1.0	**1.0**	**1.0**	**1.0**	**1.0**

Households without children - Households with adults (18 or older) only. This includes households composed of unaccompanied adults and multiple adults.
Households with at least one adult and one child - Households with at least one adult (18 or older) and one child (under 18).
Households with only children - Households composed exclusively of persons under age 18, including unaccompanied children, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.
Sheltered - Sleeping in emergency shelters, transitional housing, and Safe Haven programs on the night designated for the count.
Unsheltered - Sleeping in a place not meant for human habitation, such as cars, parks, sidewalks abandoned buildings, or on the street.

PIT Subpopulations
CoC: WV-503 Charleston/Kanawha, Putnam, Boone, Clay Counties CoC

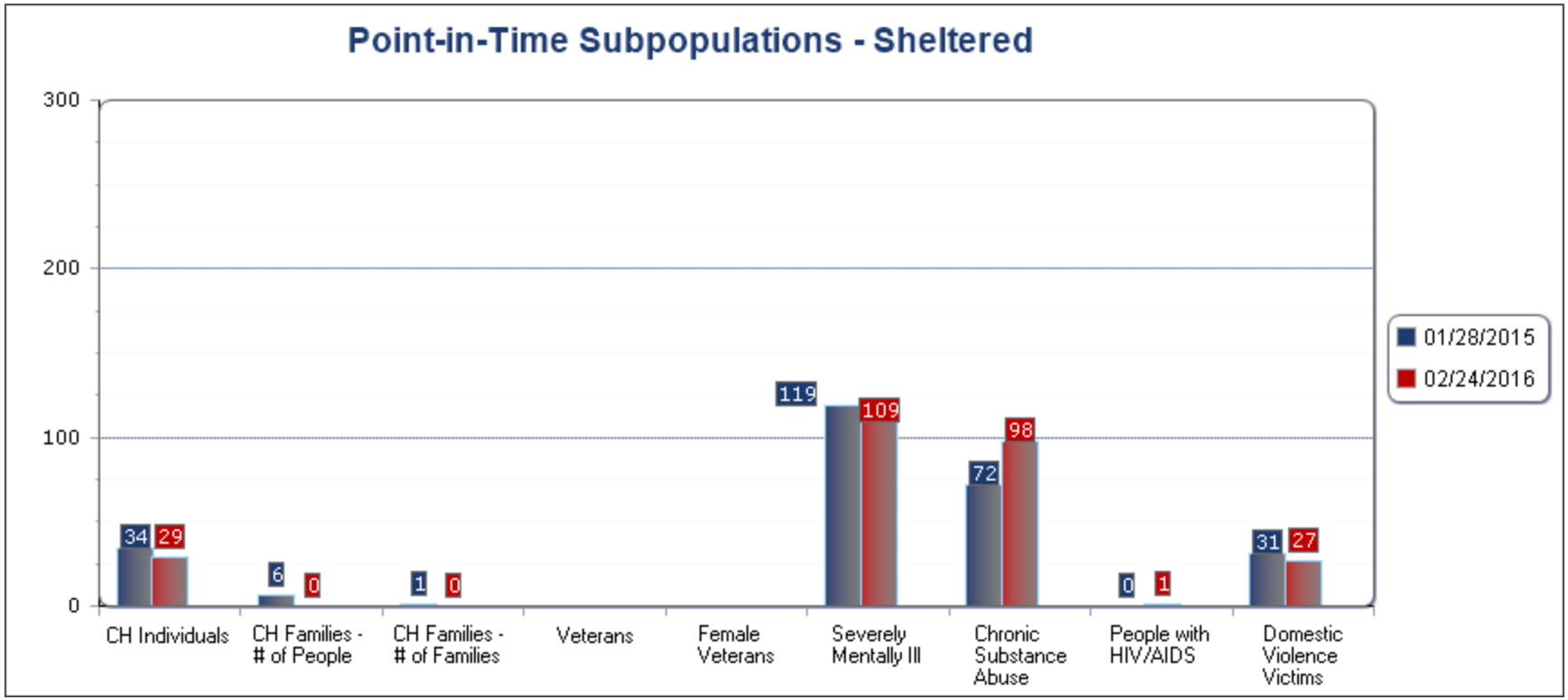
	01/28/2015			02/24/2016			01/25/2017		
Population Type	**Sheltered**	**Unsheltered**	**All**	**Sheltered**	**Unsheltered**	**All**	**Sheltered**	**Unsheltered**	**All**
Chronically Homeless Individuals	34	18	52	29	11	40	*	*	*
Chronically Homeless Families (Total Number of Families)	1	0	1	0	0	0	*	*	*
Chronically Homeless Families (Total Number of People in Household)	6	0	6	0	0	0	*	*	*
Veterans	*	*	*	*	*	*	*	*	*
Female Veterans	*	*	*	*	*	*	*	*	*
Severely Mentally Ill †	119	18	137	109	18	127	*	36	36
Chronic Substance Abuse †	72	10	82	98	16	114	*	23	23
People with HIV/AIDS †	0	0	0	1	0	1	*	0	0
Victims of Domestic Violence †	31	4	35	27	0	27	*	2	2

* No data entered for this category on this date

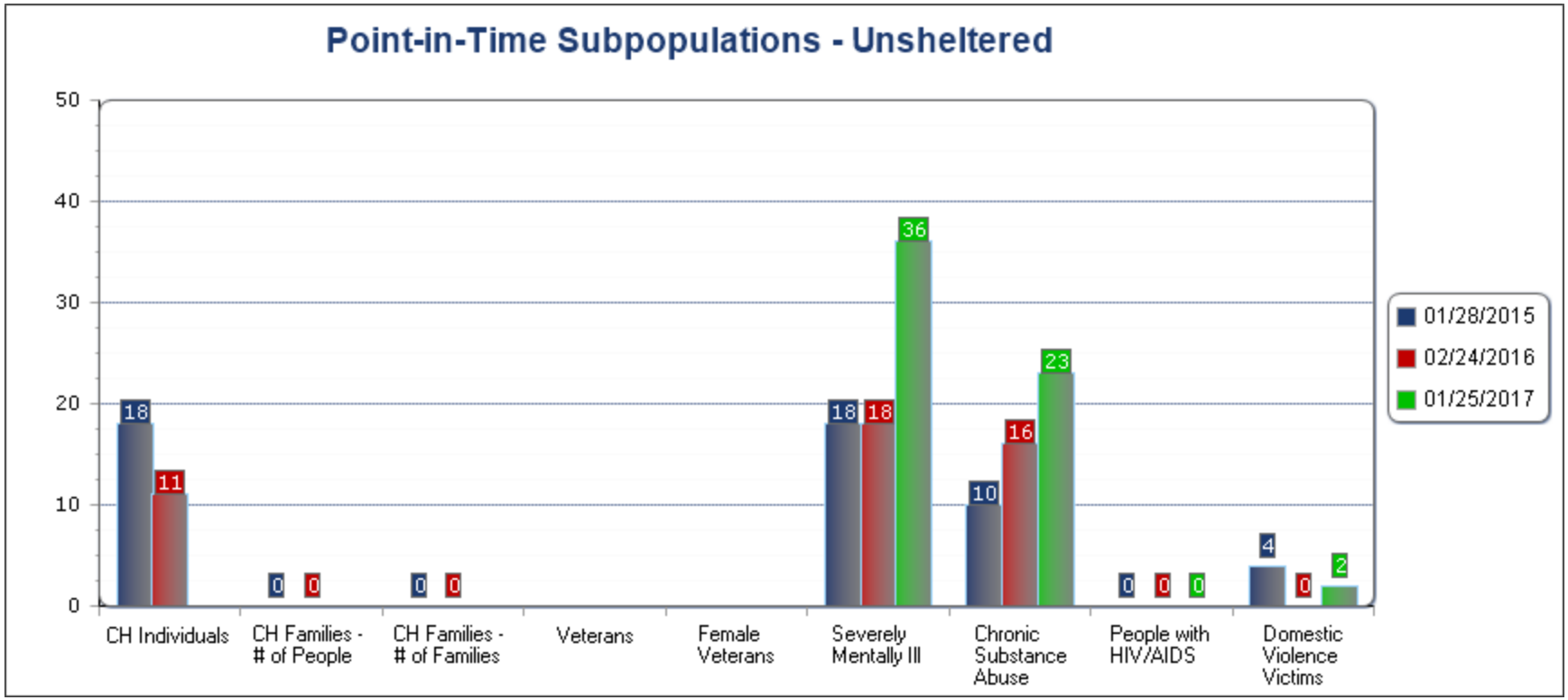
† Optional for unsheltered people

Starting in 2013:
- All subpopulations except victims of domestic violence are required.
- Unaccompanied children are no longer part of the subpopulations.
- Female veterans were added as a subpopulation.

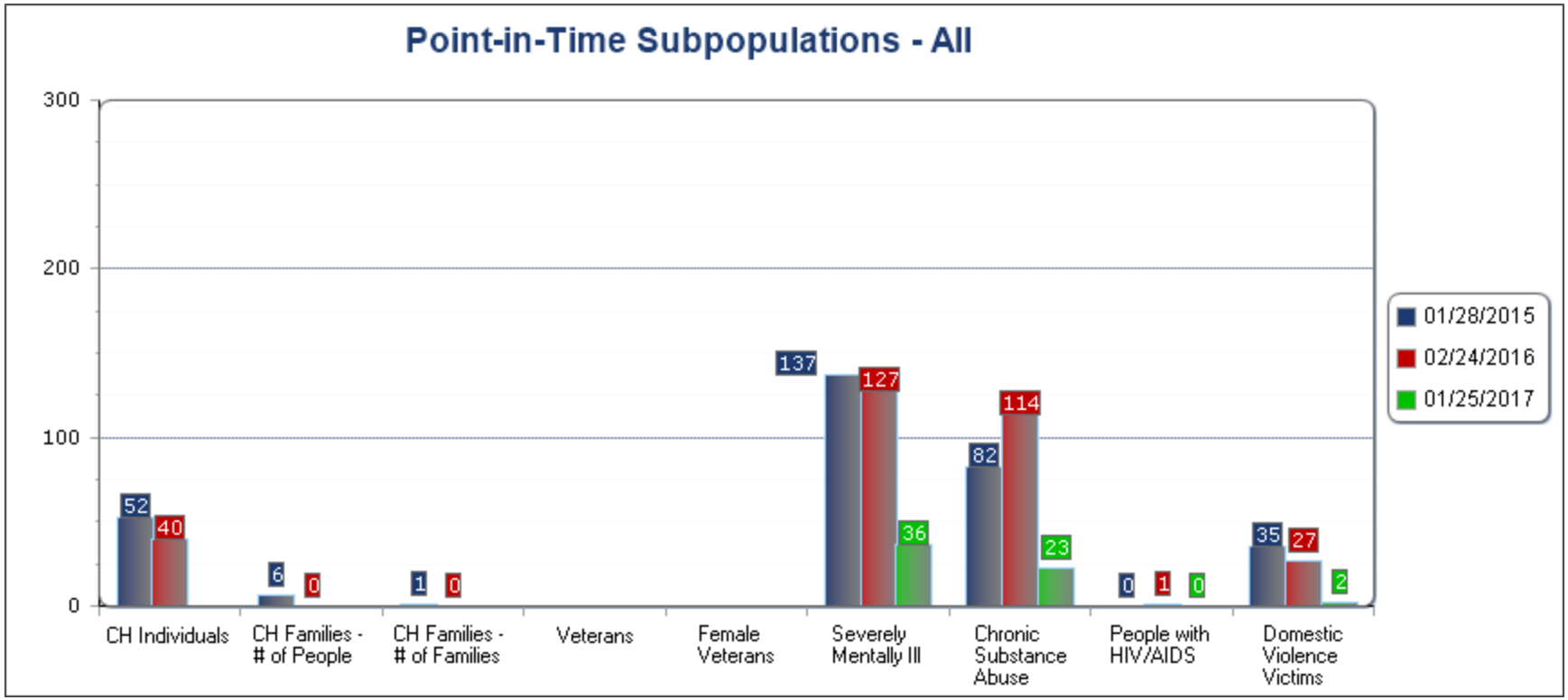
PIT Subpopulations CoC: WV-503 Charleston/Kanawha, Putnam, Boone, Clay Counties CoC



PIT Subpopulations CoC: WV-503 Charleston/Kanawha, Putnam, Boone, Clay Counties CoC



PIT Subpopulations CoC: WV-503 Charleston/Kanawha, Putnam, Boone, Clay Counties CoC



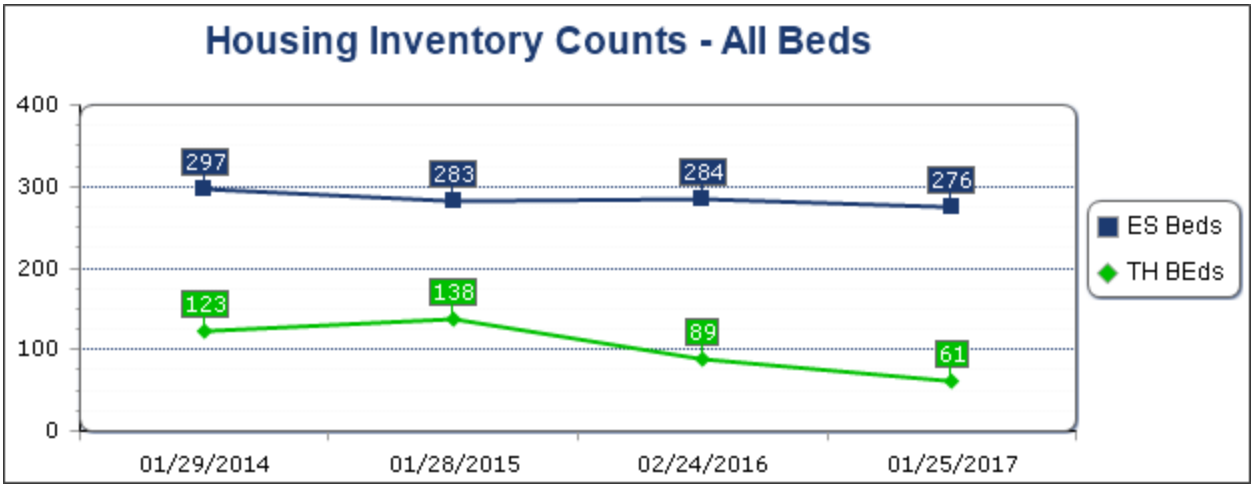
Housing Inventory Count
CoC: WV-503 Charleston/Kanawha, Putnam, Boone, Clay Counties CoC

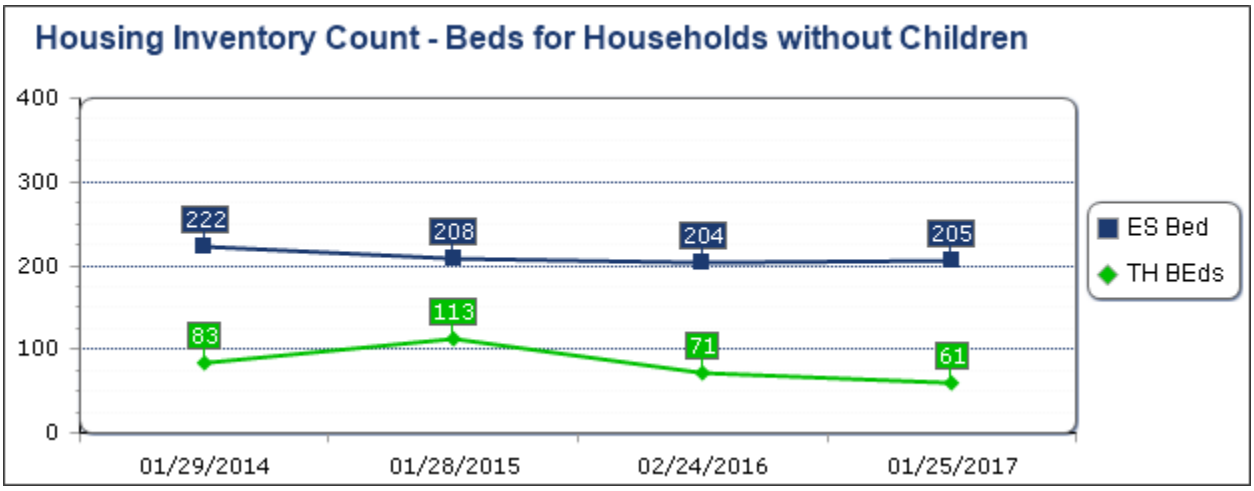
	01/29/2014 (2014)	01/28/2015 (2015)	02/24/2016 (2016)	01/25/2017 (2017)	change from last year	overall change
Emergency Shelter						
Units, Households with Children	26	26	29	27	-7 %	4 %
Beds, Households with Children	75	75	80	71	-11 %	-5 %
Beds, Households without Children	222	208	204	205	0 %	-8 %
Emergency Shelter Beds	**297**	**283**	**284**	**276**	**-3 %**	**-7 %**
Transitional Housing						
Units, Households with Children	14	9	6	*	0 %	-57 %
Beds, Households with Children	40	25	18	*	0 %	-55 %
Beds, Households without Children	83	113	71	61	-14 %	-27 %
Transitional Housing Beds	**123**	**138**	**89**	**61**	**-31 %**	**-50 %**
Safe Haven						
Beds, Households without Children	*	*	*	*	*	*
Safe Haven Beds	*	*	*	*	*	*
Permanent Supportive Housing						
Units, Households with Children	*	*	*	*	*	*
Beds, Households with Children	*	*	*	*	*	*
Beds, Households without Children	*	*	*	*	*	*
Permanent Supportive Housing Beds	*	*	*	*	*	*
HPRP						
Units, Households with Children	*	*	*	*	*	*
Beds, Households with Children	*	*	*	*	*	*
Beds, Households without Children	*	*	*	*	*	*
HPRP Beds	*	*	*	*	*	*
RRH						
Units, Households with Children	*	*	*	*	*	*

Beds, Households with Children	*	*	*	*	*	*
Beds, Households without Children	*	*	*	*	*	*
RRH Beds	*	*	*	*	*	*

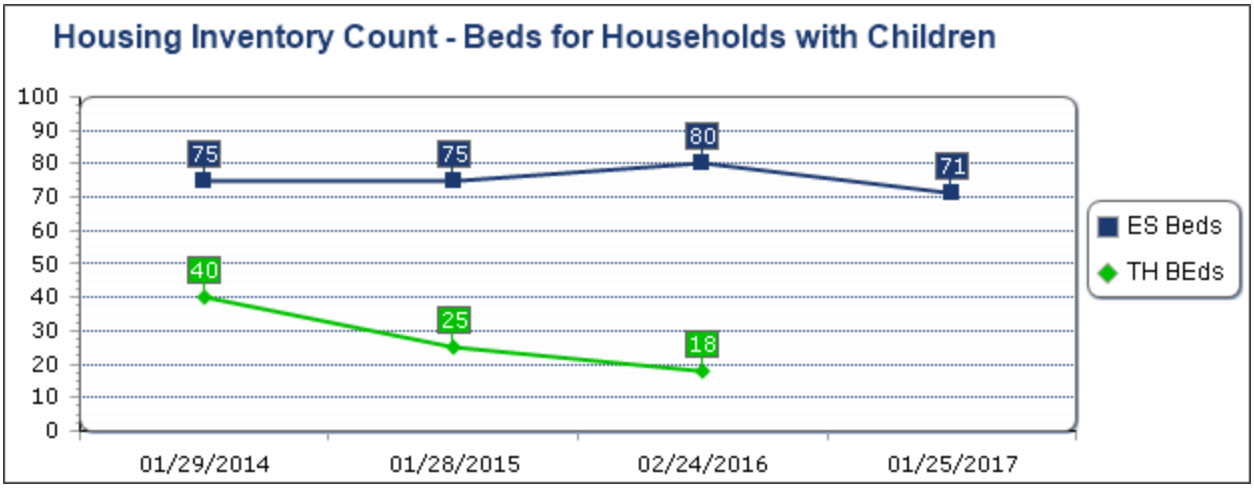
*No data entered for this category on this date

In 2013, HPRP was discontinued and RRH was added.





Housing Inventory Count CoC: WV-503 Charleston/Kanawha, Putnam, Boone, Clay Counties CoC



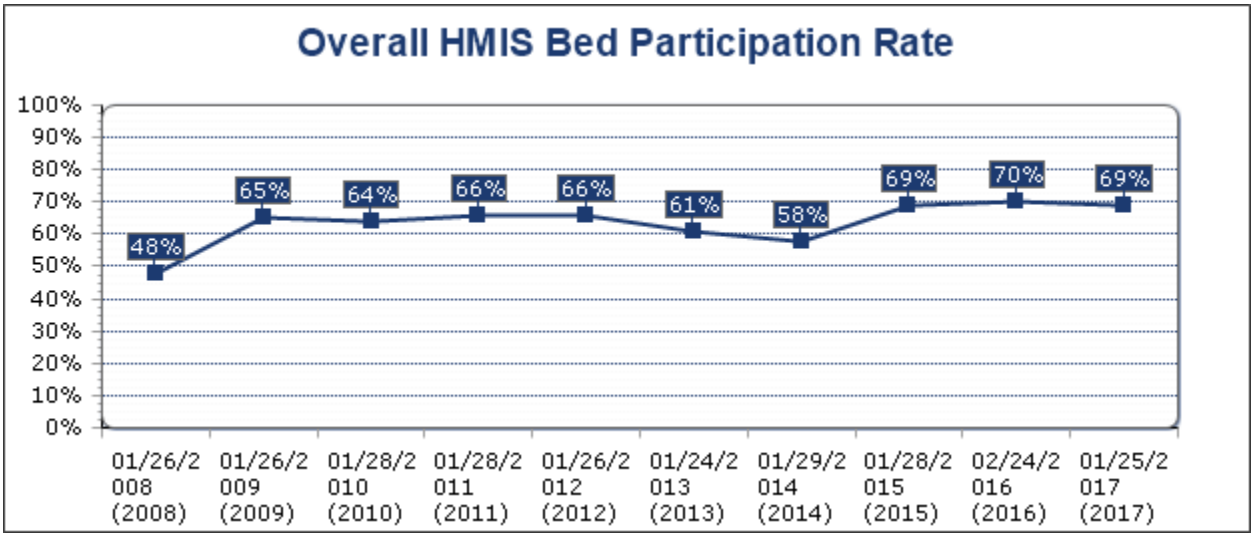
HPRP was a time limited program and these beds are not included in the charts for annual comparison purposes

Housing Inventory Count HMIS Bed ParticipationRates
CoC: WV-503 Charleston/Kanawha, Putnam, Boone, Clay Counties CoC

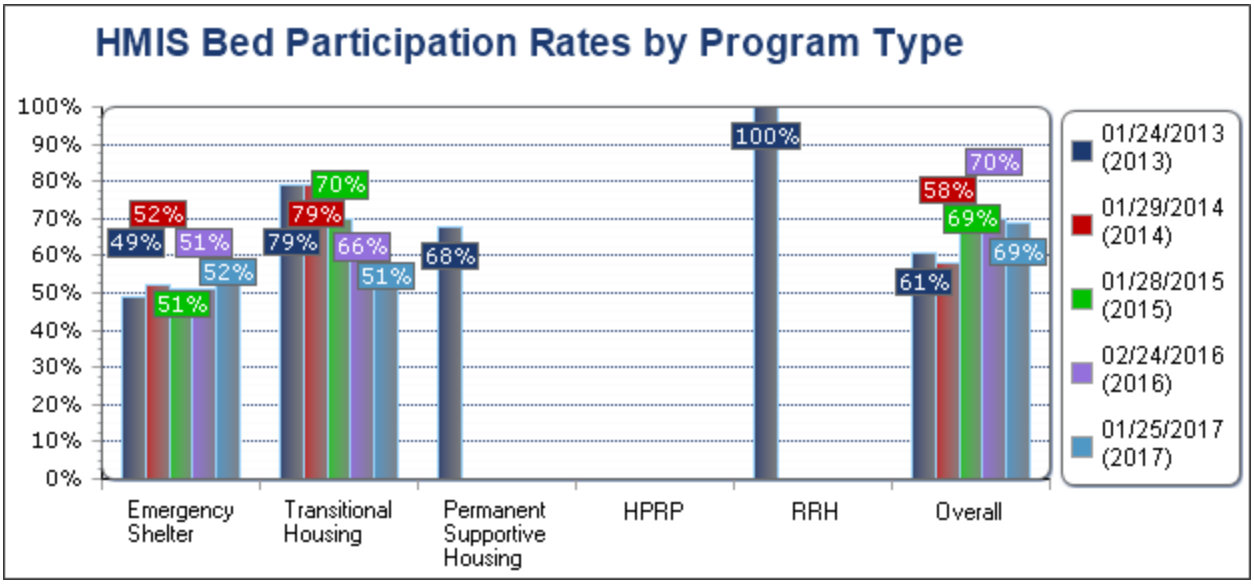
HMIS participation rates have been corrected and no longer include domestic violence beds in the HMIS bed participation rate.

	01/26/2008 (2008)	01/26/2009 (2009)	01/28/2010 (2010)	01/28/2011 (2011)
Emergency Shelter	51 %	55 %	51 %	51 %
Transitional Housing	48 %	70 %	69 %	73 %
Safe Haven	*	*	*	*
Permanent Supportive Housing	37 %	93 %	90 %	95 %
HPRP	*	*	*	100 %
RRH	*	*	*	*
Overall	**48 %**	**65 %**	**64 %**	**66 %**

HMIS participation rates are based on year-round beds and do not include seasonal or overflow beds.



01/26/2012 (2012)	01/24/2013 (2013)	01/29/2014 (2014)	01/28/2015 (2015)	02/24/2016 (2016)	01/25/2017 (2017)
49 %	49 %	52 %	51 %	51 %	52 %
81 %	79 %	79 %	70 %	66 %	51 %
*	*	*	*	*	*
93 %	68 %	53 %	98 %	100 %	98 %
*	*	*	*	*	*
*	100 %	100 %	100 %	100 %	100 %
66 %	**61 %**	**58 %**	**69 %**	**70 %**	**69 %**

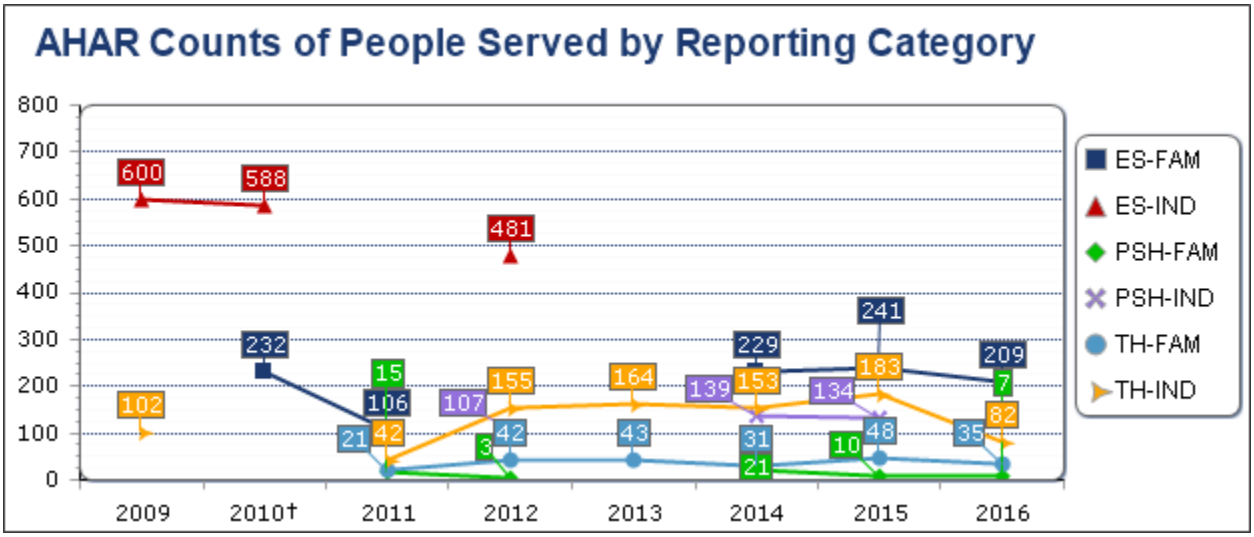

HMIS Bed Participation Rates by Program Type
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
49%
52%
51%
51%
52%
79%
79%
70%
66%
51%
68%
100%
61%
58%
70%
69%
69%
Emergency Shelter
Transitional Housing
Permanent Supportive Housing
HPRP
RRH
Overall
01/24/2013 (2013)
01/29/2014 (2014)
01/28/2015 (2015)
02/24/2016 (2016)
01/25/2017 (2017)

Annual Homeless Assessment Report Counts
CoC: WV-503 Charleston/Kanawha, Putnam, Boone, Clay Counties CoC
AHAR Counts of People Served by Reporting Category

Reporting Category	2009	2010†	2011	2012	2013
Individuals in Emergency Shelter	600	588	*	481	*
Individuals in Transitional Housing	102	*	42	155	164
Individuals in Permanent Supportive Housing	*	*	*	107	*
Families in Emergency Shelter	*	232	106	*	*
Families in Transitional Housing	*	*	21	42	43
Families in Permanent Supportive Housing	*	*	15	3	*

† First year PSH data included in AHAR.

*No data entered for this year or status is not Confirmed and Usable.



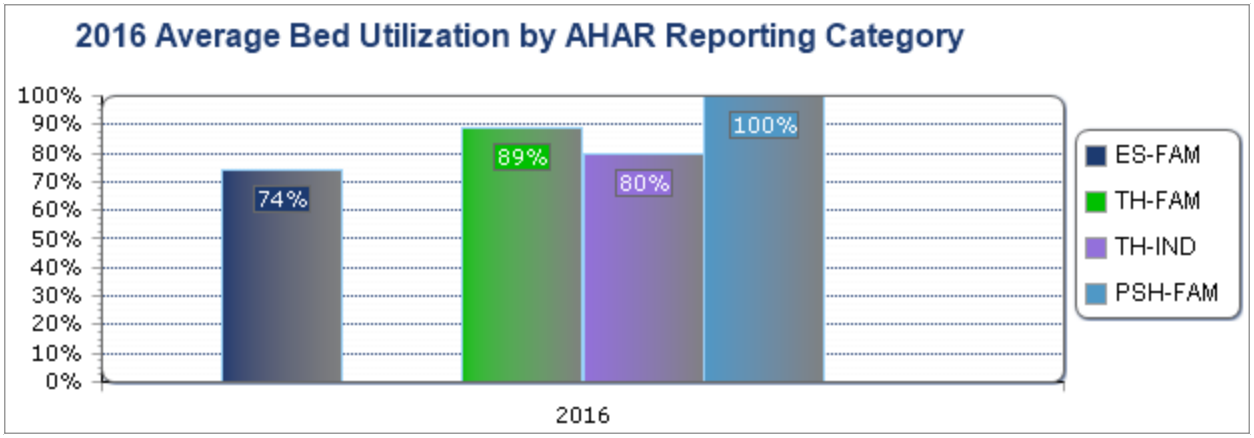
2014	2015	2016
*	*	*
153	183	82
139	134	*
229	241	209
31	48	35
21	10	7

Annual Homeless Assessment Report Counts CoC: WV-503 Charleston/Kanawha, Putnam, Boone,

Reporting Category	2009	2010†	2011	2012	2013
Individuals in Emergency Shelter	88 %	86 %	*	90 %	*
Individuals in Transitional Housing	98 %	*	93 %	74 %	80 %
Individuals in Permanent Supportive Housing	*	*	*	77 %	*
Families in Emergency Shelter	*	78 %	76 %	*	*
Families in Transitional Housing	*	*	32 %	89 %	92 %
Families in Permanent Supportive Housing	*	*	87 %	25 %	*

† First year PSH data included in AHAR.

*No data entered for this year or status is not Confirmed and Usable.



Average Bed Utilization by AHAR Reporting Category

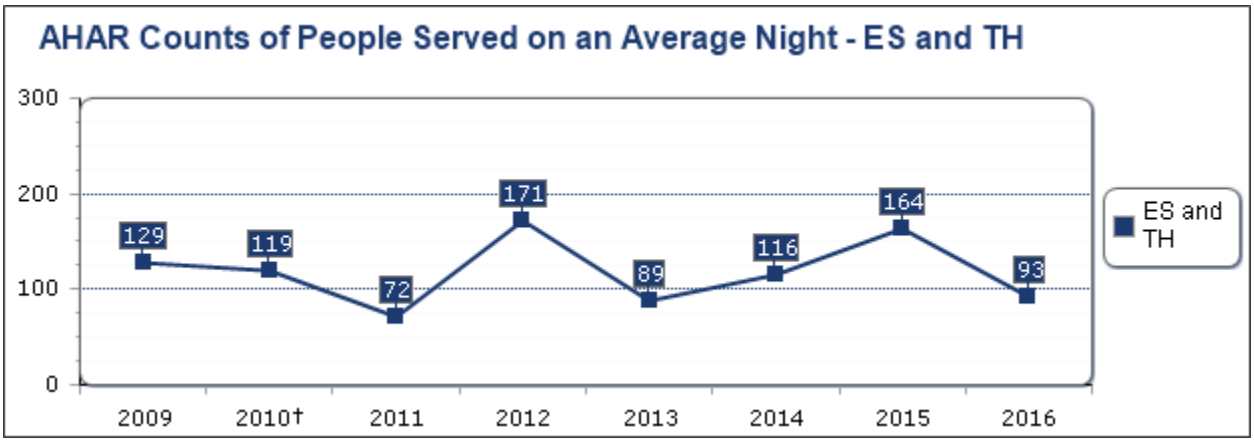
2014	2015	2016
*	*	*
87 %	107 %	80 %
99 %	75 %	*
71 %	90 %	74 %
54 %	108 %	89 %
78 %	53 %	100 %

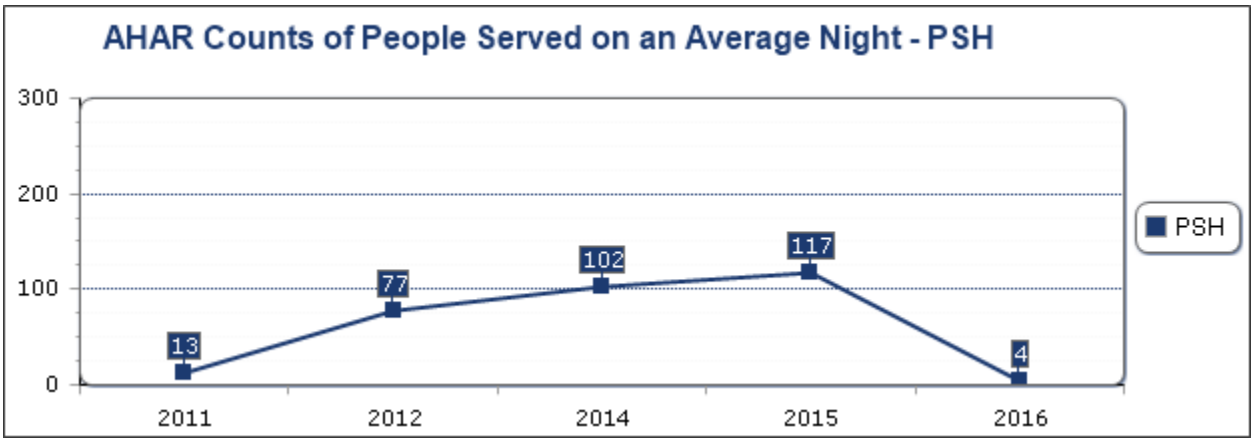
Annual Homeless Assessment Report Counts CoC: WV-503 Charleston/Kanawha, Putnam, Boone,

Reporting Category	2009	2010†	2011	2012	2013
Individuals in Emergency Shelter	84	84	*	92	*
Individuals in Transitional Housing	45	*	28	55	66
Individuals in Permanent Supportive Housing	*	*	*	75	*
Families in Emergency Shelter	*	35	37	*	*
Families in Transitional Housing	*	*	7	24	23
Families in Permanent Supportive Housing	*	*	13	2	*
Total	**129**	**119**	**85**	**248**	**89**

† First year PSH data included in AHAR.

*No data entered for this year or status is not Confirmed and Usable.





AHAR Counts of People Served on an Average Night

2014	2015	2016
*	*	*
68	81	37
84	109	*
35	44	40
13	39	16
18	8	4
218	**281**	**97**

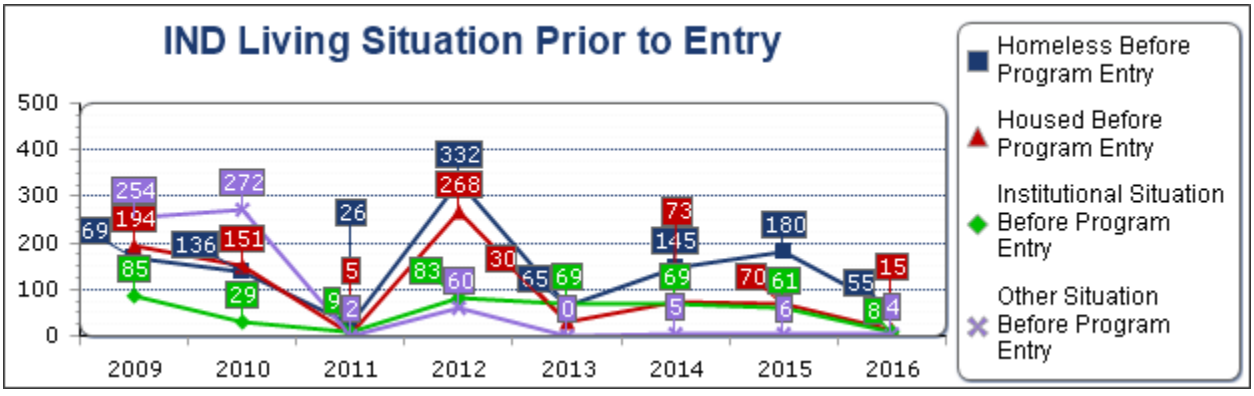
AHAR Living Situation Prior to Program Entry
CoC: WV-503 Charleston/Kanawha, Putnam, Boone, Clay Counties CoC
Individuals Living Situation Prior to Program Entry

This table includes data about living situation prior to program entry (where persons spent last night) as reported in the AHAR for individuals in emergency shelter, transitional housing and permanent supportive housing. Individuals included in this table are people in households comprised of only adults or only persons age 17 or under, including unaccompanied children, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.

Living Situation	2009	2010†	2011	2012	2013
Place not meant for habitation	36	34	2	52	4
Emergency Shelter, Safe Haven, or Transitional Housing	133	102	24	280	61
Homeless Before Program Entry	**169**	**136**	**26**	**332**	**65**
Staying with family/friends	136	149	4	173	21
Rented/owned	58	2	1	95	9
Housed Before Program Entry	**194**	**151**	**5**	**268**	**30**
Psychiatric facility, substance abuse center, or hospital	60	14	8	61	46
Jail, prison, or juvenile detention	25	14	1	20	23
Foster care home	0	1	0	2	0
Institutional Situation Before Program Entry	**85**	**29**	**9**	**83**	**69**
Hotel or motel with no voucher	3	2	0	4	0
Other	11	0	0	3	0
Information missing	240	270	2	53	0
Other Situation Before Program Entry	**254**	**272**	**2**	**60**	**0**

†First year PSH data included in AHAR.

*No data entered for this year or status is not Confirmed and Usable.



2014	2015	2016
24	49	13
121	131	42
145	**180**	**55**
37	47	9
36	23	6
73	**70**	**15**
48	52	8
20	8	0
1	1	0
69	**61**	**8**
0	1	1
1	1	2
4	4	1
5	**6**	**4**

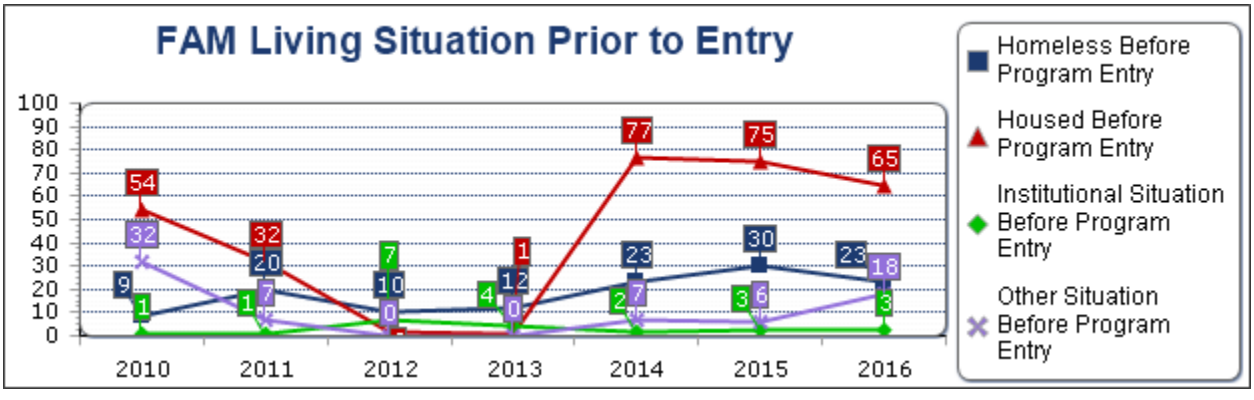
Family Living Situation Prior to Program Entry

This table includes data about living situation prior to program entry (where persons spent last night) as reported in the AHAR for families in emergency shelter, transitional housing and permanent supportive housing. People included in this table are persons in households with at least one adult and one child.

Living Situation	2010†	2011	2012	2013	2014
Place not meant for habitation	3	0	0	0	5
Emergency Shelter, Safe Haven, or Transitional Housing	6	20	10	12	18
Homeless Before Program Entry	**9**	**20**	**10**	**12**	**23**
Staying with family/friends	50	19	2	1	53
Rented/owned	4	13	0	0	24
Housed Before Program Entry	**54**	**32**	**2**	**1**	**77**
Psychiatric facility, substance abuse center, or hospital	1	1	5	3	1
Jail, prison, or juvenile detention	*	0	2	1	1
Foster care home	*	0	0	0	0
Institutional Situation Before Program Entry	**1**	**1**	**7**	**4**	**2**
Hotel or motel with no voucher	*	1	0	0	6
Other	*	1	0	0	0
Information missing	32	5	0	0	1
Other Situation Before Program Entry	**32**	**7**	**0**	**0**	**7**

†First year PSH data included in AHAR.

*No data entered for this year or status is not Confirmed and Usable.



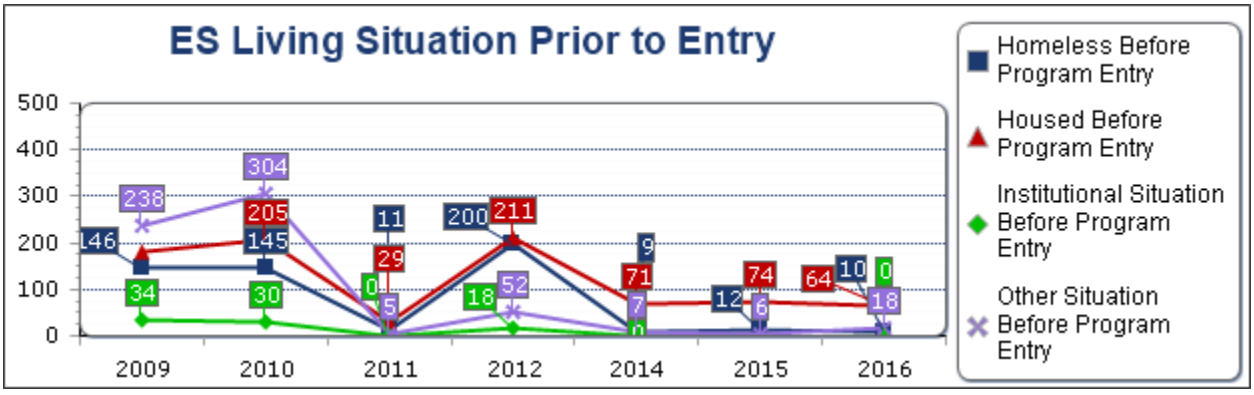
2015	2016
3	4
27	19
30	**23**
50	44
25	21
75	**65**
3	3
0	0
0	0
3	**3**
6	15
0	2
0	1
6	**18**

Living Situation Prior to Program Entry for People Staying in Emergency Shelter

This table includes data about where people were staying the night prior to program entry for all persons served in emergency shelter during the AHAR reporting period. Data is reported for both individuals and families.

Living Situation	2009	2010†	2011	2012	2014
Place not meant for habitation	36	37	0	36	5
Emergency Shelter, Safe Haven, or Transitional Housing	110	108	11	164	4
Homeless Before Program Entry	**146**	**145**	**11**	**200**	**9**
Staying with family/friends	128	199	17	130	48
Rented/owned	54	6	12	81	23
Housed Before Program Entry	**182**	**205**	**29**	**211**	**71**
Psychiatric facility, substance abuse center, or hospital	21	15	0	11	0
Jail, prison, or juvenile detention	13	14	0	5	0
Foster care home	0	1	0	2	0
Institutional Situation Before Program Entry	**34**	**30**	**0**	**18**	**0**
Hotel or motel with no voucher	3	2	1	3	6
Other	7	0	1	2	0
Information missing	228	302	3	47	1
Other Situation Before Program Entry	**238**	**304**	**5**	**52**	**7**

†First year PSH data included in AHAR.
*No data entered for this year or status is not Confirmed and Usable.



2015	2016
2	4
10	6
12	**10**
49	43
25	21
74	**64**
*	0
*	0
*	0
*****	**0**
6	15
*	2
*	1
6	**18**

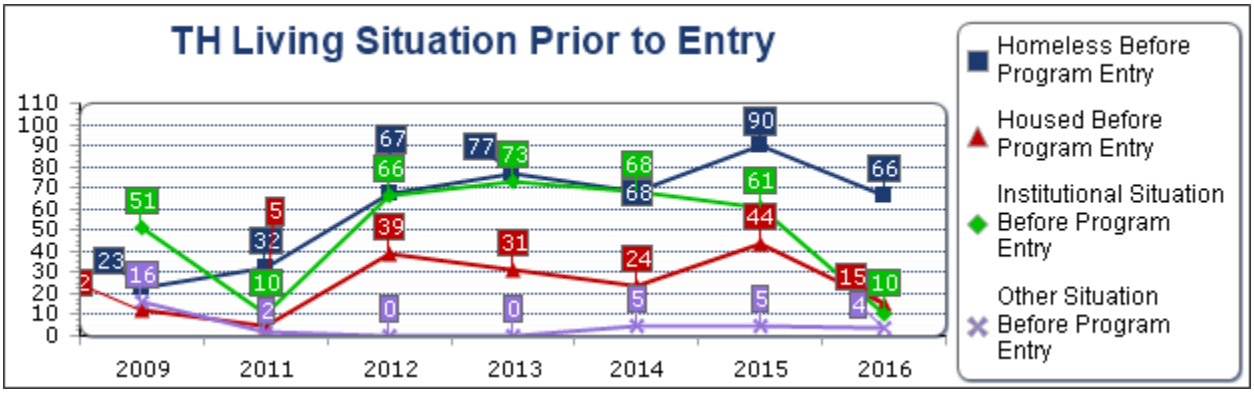
Living Situation Prior to Program Entry for People Living in Temporary Housing

This table includes data about where people were staying the night prior to program entry for all persons served in temporary housing during the AHAR reporting period. Data is reported for both individuals and families.

Living Situation	2009	2011	2012	2013	2014
Place not meant for habitation	0	2	6	4	3
Emergency Shelter, Safe Haven, or Transitional Housing	23	30	61	73	65
Homeless Before Program Entry	**23**	**32**	**67**	**77**	**68**
Staying with family/friends	8	4	32	22	22
Rented/owned	4	1	7	9	2
Housed Before Program Entry	**12**	**5**	**39**	**31**	**24**
Psychiatric facility, substance abuse center, or hospital	39	9	50	49	48
Jail, prison, or juvenile detention	12	1	16	24	19
Foster care home	0	0	0	0	1
Institutional Situation Before Program Entry	**51**	**10**	**66**	**73**	**68**
Hotel or motel with no voucher	0	0	0	0	0
Other	4	0	0	0	1
Information missing	12	2	0	0	4
Other Situation Before Program Entry	**16**	**2**	**0**	**0**	**5**

†First year PSH data included in AHAR.

*No data entered for this year or status is not Confirmed and Usable.



2015	2016
13	13
77	53
90	**66**
36	9
8	6
44	**15**
53	10
7	0
1	0
61	**10**
1	1
0	2
4	1
5	**4**

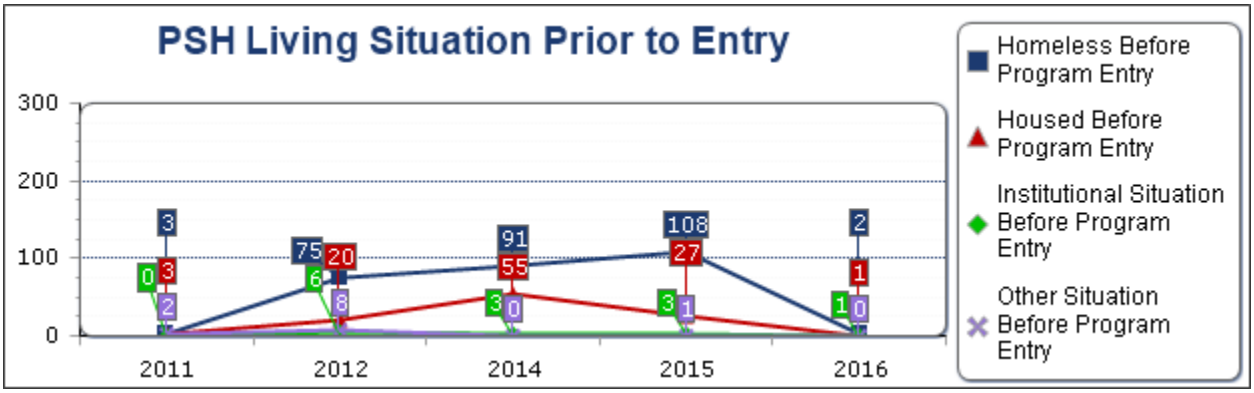
Living Situation Prior to Program Entry for People Living in Permanent Supportive Housing

This table includes data about where people were staying the night prior to program entry for all persons served in permanent supportive housing during the AHAR reporting period. Data is reported for both individuals and families.

Living Situation	2011	2012	2014	2015	2016
Place not meant for habitation	0	10	21	37	0
Emergency Shelter, Safe Haven, or Transitional Housing	3	65	70	71	2
Homeless Before Program Entry	**3**	**75**	**91**	**108**	**2**
Staying with family/friends	2	13	20	12	1
Rented/owned	1	7	35	15	0
Housed Before Program Entry	**3**	**20**	**55**	**27**	**1**
Psychiatric facility, substance abuse center, or hospital	0	5	1	2	1
Jail, prison, or juvenile detention	0	1	2	1	0
Foster care home	0	0	0	*	0
Institutional Situation Before Program Entry	**0**	**6**	**3**	**3**	**1**
Hotel or motel with no voucher	0	1	0	*	0
Other	0	1	0	1	0
Information missing	2	6	0	*	0
Other Situation Before Program Entry	**2**	**8**	**0**	**1**	**0**

†First year PSH data included in AHAR.

*No data entered for this year or status is not Confirmed and Usable.



AHAR Destination of People Exiting Permanent Supportive Housing
CoC: WV-503 Charleston/Kanawha, Putnam, Boone, Clay Counties CoC

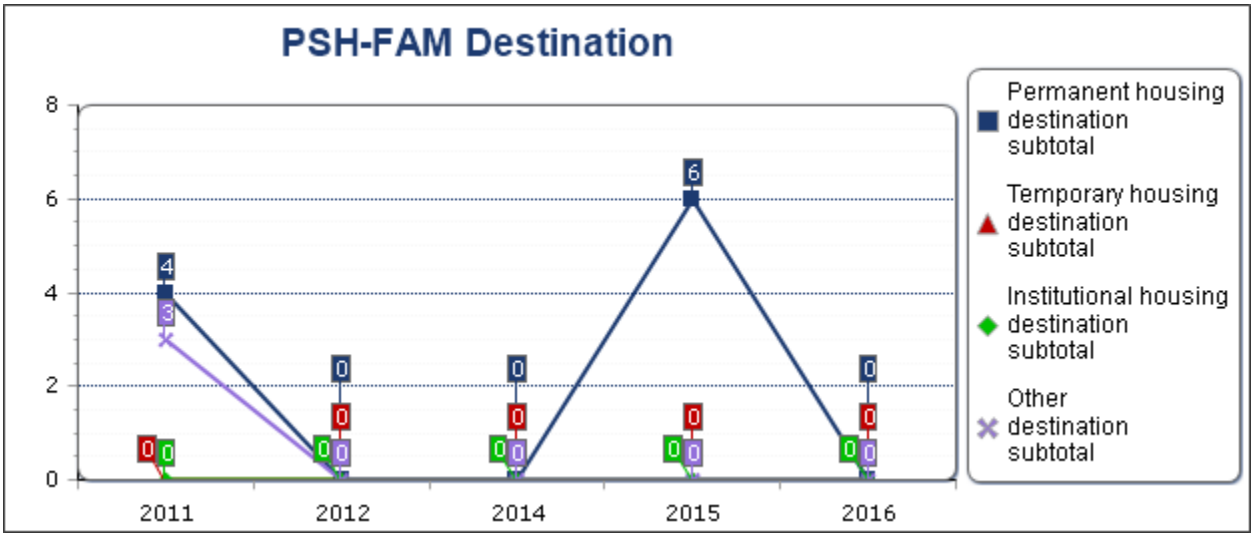
Exit Destination for Families in Permanent Supportive Housing

This table includes data about housing destinations of people in households with at least one adult and one child who exited permanent supportive housing during the AHAR reporting period. Note that prior to 2011, There was no distinction between staying with family/friends permanently or temporarily. All family/friends destinations prior to 2011 are grouped in the temporary category.

Destination	2011	2012	2014	2015	2016
Permanent supportive housing	0	0	0	0	0
Rental by client	4	0	0	3	0
Staying with family/friends (permanent)	0	0	0	3	0
Owned by client	0	0	0	0	0
Permanent housing destination subtotal	**4**	**0**	**0**	**6**	**0**
Emergency shelter	0	0	0	0	0
Transitional housing	0	0	0	0	0
Staying with family/friends (temporary)	0	0	0	0	0
Place not meant for habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel (no voucher)	0	0	0	0	0
Temporary housing destination subtotal	**0**	**0**	**0**	**0**	**0**
Psychiatric facility	0	0	0	0	0
Substance abuse treatment or detox	0	0	0	0	0
Hospital (non-psychiatric)	0	0	0	0	0
Jail, prison, or juvenile detention	0	0	0	0	0
Foster care home	0	0	0	0	0
Institutional housing destination subtotal	**0**	**0**	**0**	**0**	**0**
Deceased	0	0	0	0	0

Other living arrangement	0	0	0	0	0
Missing this information	3	0	0	0	0
Other destination subtotal	**3**	**0**	**0**	**0**	**0**

*No data entered or status is not Confirmed and Usable.



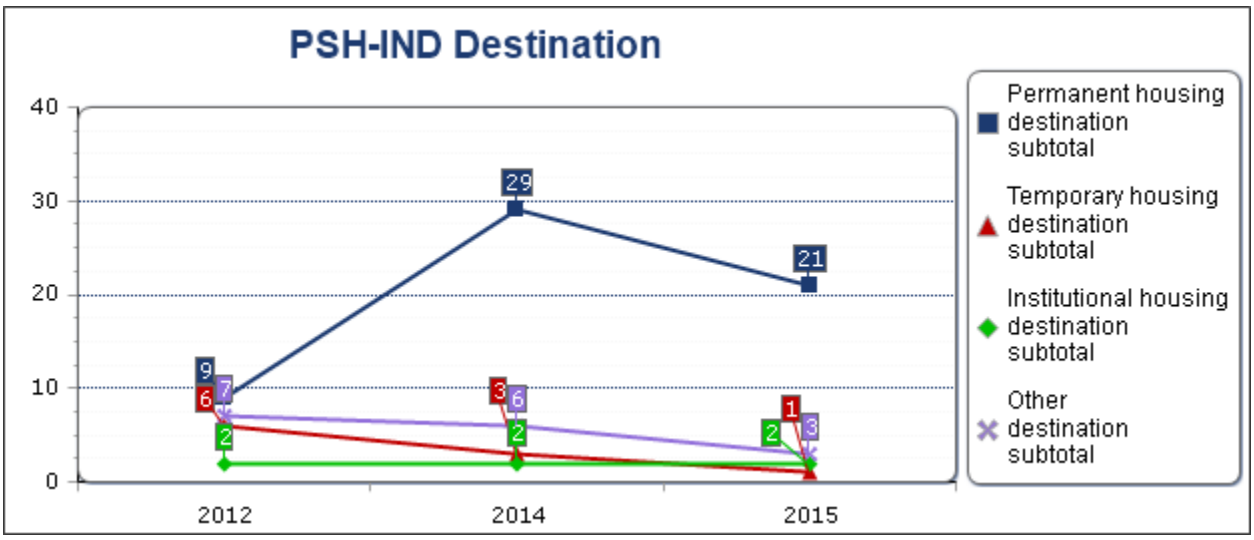
Exit Destination for Individuals in Permanent Supportive Housing

This table includes data about housing destinations of people in households comprised of only adults or only children who exited permanent supportive housing during the AHAR reporting period. Note that prior to 2011, There was no distinction between staying with family/friends permanently or temporarily. All family/friends destinations prior to 2011 are grouped in the temporary category.

Destination	2012	2014	2015
Permanent supportive housing	1	3	1
Rental by client	2	19	11
Staying with family/friends (permanent)	6	7	9
Owned by client	0	0	0
Permanent housing destination subtotal	**9**	**29**	**21**
Emergency shelter	2	2	1
Transitional housing	1	0	0

Staying with family/friends (temporary)	3	0	0
Place not meant for habitation	0	1	0
Safe Haven	0	0	0
Hotel or motel (no voucher)	0	0	0
Temporary housing destination subtotal	**6**	**3**	**1**
Psychiatric facility	0	1	2
Substance abuse treatment or detox	0	0	0
Hospital (non-psychiatric)	1	0	0
Jail, prison, or juvenile detention	1	1	0
Foster care home	0	0	0
Institutional housing destination subtotal	**2**	**2**	**2**
Deceased	2	3	2
Other living arrangement	0	2	0
Missing this information	5	1	1
Other destination subtotal	**7**	**6**	**3**

*No data entered or status is not Confirmed and Usable.

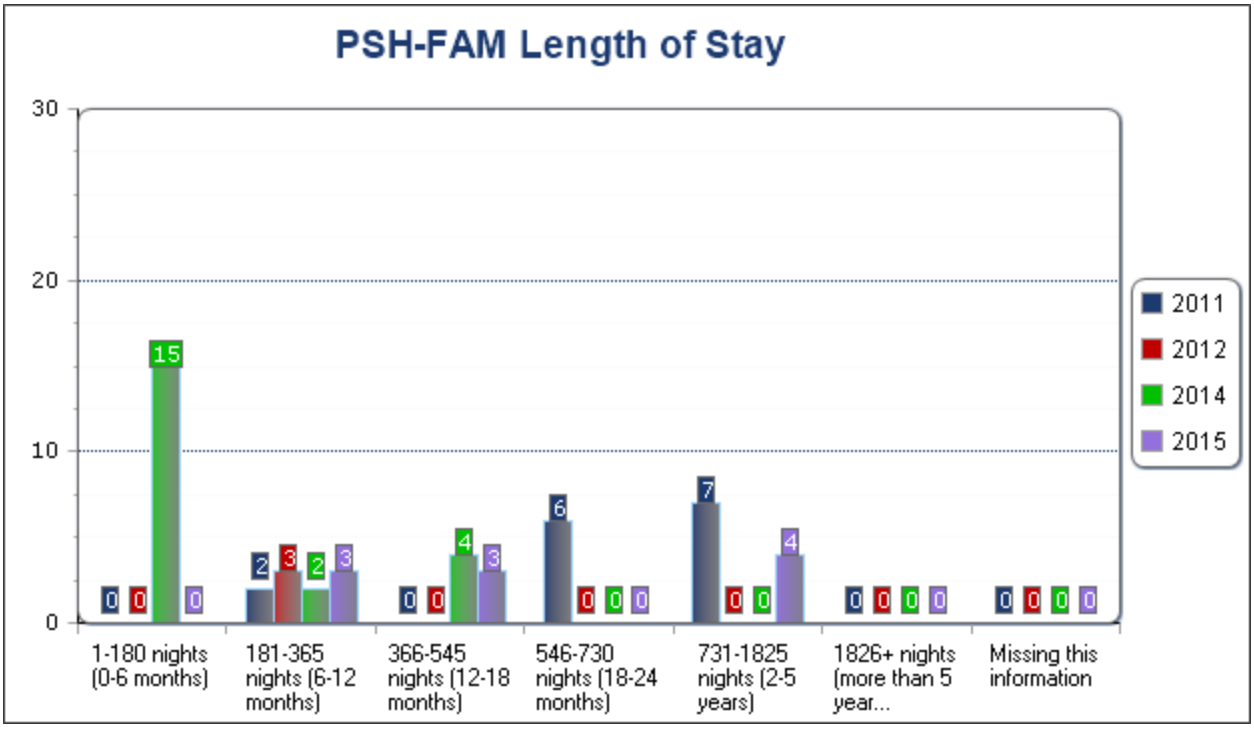


AHAR Length of Stay in Permanent Supportive Housing
CoC: WV-503 Charleston/Kanawha, Putnam, Boone, Clay Counties CoC

Length of Stay for Families in Permanent Supportive Housing

This table includes data about total length of stay in permanent supportive housing for people in households with at least one adult and one child during the AHAR reporting period.

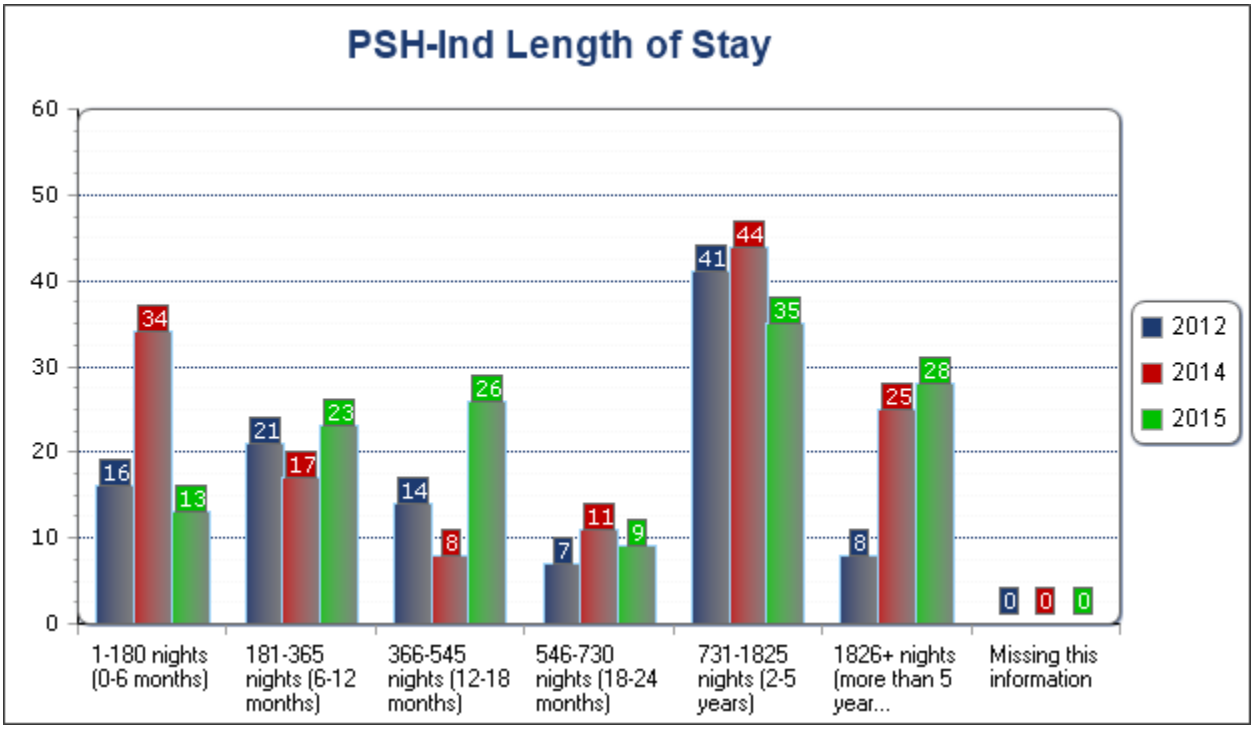
Length of Stay	2011	2012	2014	2015	2016
1-180 nights (0-6 months)	0	0	15	0	0
181-365 nights (6-12 months)	2	3	2	3	3
366-545 nights (12-18 months)	0	0	4	3	0
546-730 nights (18-24 months)	6	0	0	0	0
731-1825 nights (2-5 years)	7	0	0	4	4
1826+ nights (more than 5 years)	0	0	0	0	0
Missing this information	0	0	0	0	0



Length of Stay for Individuals in Permanent Supportive Housing

This table includes data about total length of stay in permanent supportive housing for people in households comprised of only adults or only children during the AHAR reporting period.

Length of Stay	2012	2014	2015
1-180 nights (0-6 months)	16	34	13
181-365 nights (6-12 months)	21	17	23
366-545 nights (12-18 months)	14	8	26
546-730 nights (18-24 months)	7	11	9
731-1825 nights (2-5 years)	41	44	35
1826+ nights (more than 5 years)	8	25	28
Missing this information	0	0	0



Pulse Counts of New Clients
No Pulse data at this time
CoC: WV-503 Charleston/Kanawha, Putnam, Boone, Clay Counties CoC

FY2016 - 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)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	1012	1001	58	60	2	34	32	-2
1.2 Persons in ES, SH, and TH	1180	1155	91	88	-3	45	41	-4

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer 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.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	1005	-	120	-	-	50	-
1.2 Persons in ES, SH, and TH	-	1159	-	147	-	-	62	-

FY2016 - 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.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	49	4	8%	2	4%	12	24%	18	37%
Exit was from ES	700	141	20%	32	5%	77	11%	250	36%
Exit was from TH	70	3	4%	2	3%	1	1%	6	9%
Exit was from SH	0	0		0		0		0	
Exit was from PH	95	6	6%	2	2%	11	12%	19	20%
TOTAL Returns to Homelessness	914	154	17%	38	4%	101	11%	293	32%

FY2016 - Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

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

	2015 PIT Count	Most Recent PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	385	320	-65
Emergency Shelter Total	226	229	3
Safe Haven Total	0	0	0
Transitional Housing Total	115	59	-56
Total Sheltered Count	341	288	-53
Unsheltered Count	44	32	-12

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2015	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons	1191	1162	-29
Emergency Shelter Total	1016	1004	-12
Safe Haven Total	0	0	0
Transitional Housing Total	201	187	-14

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

FY2016 - Performance Measurement Module (Sys PM)

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	70	68	-2
Number of adults with increased earned income	0	1	1
Percentage of adults who increased earned income	0%	1%	1%

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

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	70	68	-2
Number of adults with increased non-employment cash income	2	8	6
Percentage of adults who increased non-employment cash income	3%	12%	9%

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

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults (system stayers)	70	68	-2
Number of adults with increased total income	2	8	6
Percentage of adults who increased total income	3%	12%	9%

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	56	74	18
Number of adults who exited with increased earned income	13	10	-3
Percentage of adults who increased earned income	23%	14%	-9%

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

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	56	74	18
Number of adults who exited with increased non-employment cash income	16	13	-3
Percentage of adults who increased non-employment cash income	29%	18%	-11%

FY2016 - Performance Measurement Module (Sys PM)

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	56	74	18
Number of adults who exited with increased total income	27	23	-4
Percentage of adults who increased total income	48%	31%	-17%

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 2015	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	1013	947	-66
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.	179	189	10
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)	834	758	-76

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

	Submitted FY 2015	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1132	1027	-105
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.	221	217	-4
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	911	810	-101

FY2016 - 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 2016.

FY2016 - Performance Measurement Module (Sys PM)

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 2015	Current FY	Difference
Universe: Persons who exit Street Outreach	72	60	-12
Of persons above, those who exited to temporary & some institutional destinations	16	6	-10
Of the persons above, those who exited to permanent housing destinations	43	48	5
% Successful exits	82%	90%	8%

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

	Submitted FY 2015	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited	1034	943	-91
Of the persons above, those who exited to permanent housing destinations	863	630	-233
% Successful exits	83%	67%	-16%

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

	Submitted FY 2015	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH	135	140	5
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	130	135	5
% Successful exits/retention	96%	96%	0%

FY2016 - 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.

FY2016 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016
1. Number of non-DV Beds on HIC	288	285	271	272	128	128	143	94	156	178	164	150	9	2	1	27				
2. Number of HMIS Beds	140	150	140	141	102	102	102	64	106	95	160	150	9	2	1	27				
3. HMIS Participation Rate from HIC (%)	48.61	52.63	51.66	51.84	79.69	79.69	71.33	68.09	67.95	53.37	97.56	100.00	100.00	100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	402	922	966	929	216	198	201	187	134	148	144	145	176	127	158	131	0	3	0	4
5. Total Leavers (HMIS)	288	798	841	804	138	111	121	126	45	38	38	30	95	86	148	105	0	3	0	1
6. Destination of Don't Know, Refused, or Missing (HMIS)	3	2	6	51	4	8	9	10	3	0	1	1	26	2	3	2	0	0	0	0
7. Destination Error Rate (%)	1.04	0.25	0.71	6.34	2.90	7.21	7.44	7.94	6.67	0.00	2.63	3.33	27.37	2.33	2.03	1.90		0.00		0.00