Before Starting the CoC Application

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

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

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

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

 Your CoC Must Approve the Consolidated Application before You Submit It
 - 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.
 - 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.
 Answering Multi-Part Narrative Questions
 Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

 Attachments
 Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.
 - Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
 - We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

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

1A-1. CoC Name and Number: 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. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

	In the chart below for the period from May 1, 2020 to April 30, 2021:
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

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

19.	**Mental Illness Advocates**	Yes	Yes	Yes
20.	**Non-CoC Funded Youth Homeless Organizations**	Yes	Yes	Yes
21.	**Non-CoC-Funded Victim Service Providers**	Yes	No	No
22.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes	Yes	Yes
23.	**Organizations led by and serving LGBT persons**	Yes	Yes	Yes
24.	**Organizations led by and serving people with disabilities**	Yes	Yes	Yes
25.	**Other homeless subpopulation advocates**	Yes	Yes	Yes
26.	**Public Housing Authorities**	Yes	Yes	Yes
27.	**School Administrators/Homeless Liaisons**	Yes	Yes	Yes
28.	**Street Outreach Team(s)**	Yes	Yes	Yes
29.	**Substance Abuse Advocates**	Yes	Yes	Yes
30.	**Substance Abuse Service Organizations**	Yes	Yes	Yes
31.	**Youth Advocates**	Yes	Yes	Yes
32.	**Youth Service Providers**	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

By selecting "other" you must identify what "other" is.

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

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

(limit 2,000 characters)

1. KVC constantly solicits new members. Personal invitations are extended to individuals/agencies as KVC interact with them during work functions, meetings, and social venues. Meeting information is shared on social media as well as on the United Way's Community Calendar. Community outreach events are held several times through the year and are opportunities to engage new individuals/agencies to become part of the COC. Invitations to solicit new members include postings at local agencies, discussions at community meetings, postings at member agencies, and communications at events such as the WV Housing Conference, PIT media articles, Homeless Task Force, and local civic group presentations.   KVC also uses social media to reach the community and to solicit new members. The KVC uses Facebook, website, Twitter, etc. to reach individuals and groups. 2. All CoC communication is available in accessible electronic formats. Public meetings & focus groups are held in accessible spaces. A sign language interpreter is employed by a CoC program & is available to provide interpretation. KVC has completely revamped

its website which now enables all individuals to access information 3. KVC has homeless and/or formerly homeless individuals on its board as do several member agencies (Covenant House, YWCA of Charleston, and Prestera Center). KVC develops flyers which lists all upcoming board and general membership meetings. This flyer is placed at social service agencies along with other areas frequently visited by homeless/formerly homeless individuals.   4. These organizations receive a special invitation and outreach efforts including: BIPOC led faith based organizations, agencies that serve individuals who are LGBTQ, individuals with disabilities, and youth.

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

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

(limit 2,000 characters)

1.KVC meetings are open to the public who are welcome to attend and express their opinions. Monthly membership meetings have diverse stakeholders and speakers which allow for communication on providing better services and making informed decisions. KVC ensures COC Committees and Board broadly reflect diversity and include homeless providers, healthcare providers, meal providers, city officials and community members. KVC members inform others about homelessness when they attend community meetings, and they are continuously inviting new members to join KVC. Any agency who has a question and/or issue on homelessness are referred to KVC for information and guidance. Social media is a great tool used by KVC Board to inform the public about homelessness as well as a way to generate opinions and conversations.
2. In 2019 the City of Charleston formed the Charleston Addiction Response Effort (CARE) team which is comprised of four full-time team members - CARE Director, Homeless Outreach Coordinator, Mental Health Coordinator and QRT Team Coordinator - that work diligently to get people housed and into treatment to create a better quality of life for those struggling. Additionally, CARE collects information through listening sessions, meetings with key stakeholders, aggregated overdose data, and research on best practices used across the country to inform a joint strategy for addressing substance use disorder and homeless in our city and the surrounding community. The analysis identifies gaps in services, expand and evaluates programs to conduct outreach with comprehensive resources for providers and those experiencing homelessness.
3. Recent improvements to working with the homeless have included additional porta potties and outdoor hand washing stations. The Group is working on establishing additional drop-in centers for the homeless as many have closed due to COVID19.Recent public meetings have also seen community push back in ordinances meant to criminalize homelessness.

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

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

(limit 2,000 characters)

1. KVC holds open competition for new/renewal projects each year. The public is notified when proposals are being sought via social media, email blasts, and meeting discussions. The LOI was released on 8/24/21 via KVC Facebook page, Twitter, KVC website, and KVC email lists. The LOI included links to the COC Competition Page and the NOFA. The COC Program competition is discussed year round at KVC Membership and Board meetings, both of which are open to the public, as well as at meetings non-KVC members attend so all are made aware of the upcoming grant cycle. 2. All new/renewal applications are reviewed by the Prioritization Committee, and all that meet the following criteria are included in the competition process: agency capacity, eligible costs, eligible clients served. 3. Potential project applicants must submit a LOI. KVC reviews the LOI to determine if the project meets the COC program requirements. If so, the applicant is invited to submit a complete project application. Information included are links to the Project Application, Exhibit One, Instructions, Contact Numbers, and due dates. 4. To determine whether a project application is included and addresses HUD's policy priorities and an unmet need, KVC uses objective, performance-based scoring criteria and selection priorities approved by the KVC Board. It also considers the project costs to serve and house an individual/family compared to other projects serving similar populations. These items help to determine if a project should be included and its ranking. KVC reallocates funds to new projects whenever reallocation will improve outcomes and reduce homelessness. 5. KVC meetings, committees & focus groups are held in handicap accessible spaces. A sign language interpreter is employed by a CoC-funded program. KVC has updated its website to be ADA compliant.   The visually impaired are able to use it with the help of a special reader that scrolls over items and reads to the blind.

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

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

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

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

18.	WV State Department of Health and Human Resources	Yes

1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

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

(limit 2,000 characters)

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

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

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

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

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

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

(limit 2,000 characters)

1.The KVC works in partnership with Homeless Facilitator/Liaison (HFL) to ensure each child/youth residing in COC shelters with their family has an opportunity to reach fullest potential. HFL is actively involved with shelters that house families with children and attends membership/BOD meetings to keep KVC abreast of any changes related to homeless students and their parents/guardians. 2. DOE, thru McKinney-Vento, provides funding to Sojourner's and others (Daymark, Turning Point, Children's Home Society) to bridge educational gaps between school system & homeless youth. Sojourner's works closely with HFL to ensure barriers to immediate enrollment in school and/or daycare are removed and transportation is provided. 3. Sojourner's staff have an excellent rapport with S/LEA. Presentations/trainings have been done together including Handle with Care Conference and Celebrating Connections Conference. Staff works closely with the school systems regarding academics and issues that prohibit a student from achieving their educational goals. 4. Sojourner's has a written agreement with Kanawha County Schools to provide a structured, year round program to include an After-School Program with the primary goals to remove barriers, strengthen the education of children and youth who are homeless, improve school attendance, prevent dropouts, and future and/or generational homelessness. 5. HFL is a member of KVC BOD and attends regular meetings, which ensures KVC is kept abreast of changes that may affect population served as KVC works closely with schools the youth attend. Youth residing in the shelter are immediately connected into the system, to avoid any time lapse. 6. Although the COC doesn't have a formal partnership with the school district, the HFL serves as a link as they are actively involved in fulfilling the needs of the youth. Not only does the HFL serve on the

BOD but also meets with stakeholders to determine the needs and locations of homeless youth.

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

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

(limit 2,000 characters)

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

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

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

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

Other (limit 150 characters)		
10. Bureau for Children/Families - WVHVP - Mountaineer Challenge Academy - Charleston Job Corps	Yes	No

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

	Describe in the field below how your CoC coordinates to provide training for:	
1.	**Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and**	
2.	**Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).**	

(limit 2,000 characters)

1. Access to service is not denied because applicant has been a victim of DV, dating violence, sexual assault, stalking, or human trafficking. Centralized Assessment Team (CAT) assesses and instantly refers those with indicators of DV to YWCA Resolve Family Abuse Program (RFAP) or Branches Domestic Violence Shelter (BDVS). RFAP/BDVS is able to assist survivors with an array of victim-specific services: ES shelter, TH, safety planning, counseling, and legal services/court advocacy. RFAP/BDVS staff is specially trained to address survivors' unique needs such as: confidentiality, proximity to abuser, and safety planning. All programs within KVC have access to RFAP/BDVS for consultation to help providers adopt survivor-centered/trauma-informed practices to maximize safety and confidentiality. After contact the household may prefer not to use the DV services and RFAP/BDVS will refer back to the CAT. Formal training occurs at least 2 times per year. 2. KVC will provide each client the most barrier-free, rapid, and successful entry into housing as possible; ensuring that persons fleeing DV have access to housing/ services that prioritize safety and accommodate their unique situations. Client choice remains center of any referral/placement. Survivors have equal access and choice to seek an array of services through the survivor-specific system or COC. Services are tailored to the acuity and need of each, utilizing a low barrier, housing first approach. Participation in services are encouraged by actively employing evidence-based practices for client engagement such as motivational interviewing. However, clients will not be terminated from a program for lack of participation, lack of progress, or as condition to housing. Client-centered service and safety plans utilize client input to devise the most rational, individualized path to success. Formal training occurs at least 2 times per year.

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

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

(limit 2,000 characters)

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

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

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

KVC's coordinated assessment protocols were expanded though collaboration with 2 licensed dv services providers: YWCA of Charleston's Resolve Program and Branches. The partnership allowed KVC to create a homelessness system that is responsive and equitable in prioritizing the most vulnerable households across populations.
1. KVC and its partners have ongoing relationship across agencies and systems and there is continued communication and collaboration among KVC, homeless service providers, Resolve and Branches. Mainstream and victim service providers use the same assessment tools - VI-SPDAT and SPDAT. Assessments for victims and survivors are completed by trained dv advocates and/or housing specialists with attention to safety planning. It is designed to prioritize ongoing relationship building between survivors and service providers. KVC CAT staff utilizes best practices for engaging survivors and ensuring survivor safety. Staff works to ensure victim service providers are aware of how centralized assessment works and available resources for survivors through

CoC and ESG projects.

2. KVC in consultation with local victim service providers developed an emergency transfer planning process. The process allows for easy low threshold access to an emergency transfer and brings to bear the entirety of KVC's resources to quickly identify appropriate alternative housing and assist the household to access the housing.

3. Confidentiality of victims and survivors is paramount and addressed many ways in the KVC. Resolve and Branches use the HMIS comparable database, EmpowerDB to store client information. Housing related data is used to prioritize individuals and families experiencing domestic violence and homelessness through data which has removed all personal identifying information but still allows for data points to make prioritization possible. For CAT and prioritization Resolve and Branches clients use an EmpowerDB provided ID# for the name listing and referrals.

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

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

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

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

Public Housing Agency Name	**Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry**	**Does the PHA have a General or Limited Homeless Preference?**	**Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?**
Charleston Kanawha Housing Authority	5%	Yes-Both	Yes
South Charleston Housing Authority	33%	Yes-Public Housing	No

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

Describe in the field below:	

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

(limit 2,000 characters)

1. Both of the two PHAs within the KVC COC service area for which KVC has a working relationship with have a homeless admission preference in their written policies. KVC will continue to work closely with both PHAs to answer any questions they may have on this as well as discuss the homeless situation in the KVC service area. A presentation will be given to each of the Boards, as requested, and these presentations will also serve as an opportunity to explain KVC's functions to those on the PHA Boards who may not be aware of all that the KVC does. This also provides a way to generate new individuals to become involved in the KVC and other homeless initiatives. CKHA, which is the largest PHA in the KVC area, is active in the homeless programs as it has 62 units of HUD VASH and 26 S+C units which serve over 88 homeless individuals during the year. There is also a smaller housing authority within the KVC area that does have this homeless admission preference.

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

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

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

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

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

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

If you selected yes in question 1C-7c., describe in the field below:
1.	how your CoC includes the units in its Coordinated Entry process; and

| 2. | whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs. | |

(limit 2,000 characters)

NA

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

| Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)? | No |

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

	If you selected yes to question 1C-7d, describe in the field below:	
1.	the type of joint project applied for;	
2.	whether the application was approved; and	
3.	how your CoC and families experiencing homelessness benefited from the coordination.	

(limit 2,000 characters)

NA

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

| Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan? | No |

| 1C-7e.1. | Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs. | |
| | Not Scored–For Information Only | |

| Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program? | Yes |

| If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program. |
| **PHA** |
| Charleston Kanawh... |

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

Name of PHA: Charleston Kanawha Housing Authority

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	10
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	10
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

(limit 2,000 characters)

The Kanawha Valley Collective has passed Permanent Supportive Housing Protocols that adhere to a Housing First approach. The KVC believes in the Housing First philosophy and believes it is the fastest way to get individuals who have the most barriers into safe, affordable housing. The CoC and Coordinated

Entry ensure people referred to housing projects will not be denied access based on their income, disability, criminal history, or history of victimization. KVC does yearly monitoring of all COC programs including reviews of Policies and Procedures from each project as well as an HMIS monitoring of client files. The CoC provides annual re-education training to housing providers to ensure that a Housing First and harm reduction approaches are in place. The Project Resource Committee creates PSH and RRH policies and works to insure that the Housing First philosophy is followed. As part of the COC NOFO Prioritization process, each project is examined not only to verify their commitment to following a Housing First approach, but to ensure the approach is actually followed. This is done by an HMIS review to ensure individuals served meet the definition of chronic homelessness, they have VI-SPDAT scores that qualify them for the PSH programs, and they have the highest needs/most housing barriers.

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

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes

1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

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

(limit 2,000 characters)

1) KVC provides coordinated street outreach to identify and engage people living in unsheltered locations by managing ongoing outreach efforts supported with a proven data collection tool: "Show the Way" a mobile application to improve data quality and support the ongoing management of a "by name list" of unsheltered people. Within the app, Street Outreach teams can geo-tag the location of specific encampments and interactions to provide an enhanced view of where people are experiencing homelessness. All street outreach contacts and housing placements are documented in HMIS to provide a coordinated-entry process with established data-sharing agreements and protocols. Outreach providers can access data that helps them more effectively focus on supporting housing outcomes. 2) Street Outreach covers 100% of the CoC geographical area of the following WV counties Kanawha, Boone, Clay and Putnam. 3) Street Outreach is conducted 7 days a week with teams going out at 8 am and continuing throughout the evening hours until 9 pm. 4) Coordinated Street outreach identifies and engages people living in unsheltered locations such as in cars, parks, abandoned buildings, encampments, and on the streets to build rapport. Through partnerships Street Outreach Teams provide cell

phones to sustain connections and to help facilitate communication along with incentives to receive the COVID-19 vaccine. Additionally, KVC partners with the University of Charleston and other local organizations to provide translation services to non-English speaking population.

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

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

1.	**Engaged/educated local policymakers**	Yes
2.	**Engaged/educated law enforcement**	Yes
3.	**Engaged/educated local business leaders**	Yes
4.	**Implemented communitywide plans**	Yes
5.	**Other:(limit 500 characters)**	

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

	2020	**2021**
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	42	97

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

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

	Type of Health Care	**Assist with Enrollment?**	**Assist with Utilization of Benefits?**
1.	**Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)**	Yes	Yes
2.	**Private Insurers**	No	No
3.	**Nonprofit, Philanthropic**	Yes	Yes
4.	**Other (limit 150 characters)**		

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

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

(limit 2,000 characters)

1. All KVC programs are expected to provide linkage to mainstream resources, as appropriate, with the goal to increase the household's capacity to obtain or maintain housing. Mainstream resources may include: benefit screening, employment, childcare, linkage to behavioral and physical health services, legal, educational services, and financial literacy services. This linkage happens through case management, assessment, outreach and post-housing follow up. The Centralized Assessment Team is often the first introduction clients has to these. Street outreach staff work to ensure unsheltered individuals receive the same information and same access to benefits as individuals in more traditional programs 2. Communication on resources occurs during KVC committee meetings or via email list updates. KVC also has a committee that focuses on staff education and as well as bringing in speakers to educate KVC staff on a variety of topics. 3. There are two healthcare clinics in the KVC area that work diligently to connect individuals with health insurance. Cabin Creek Health Systems works on "presumptive eligibility", helping individuals get coverage faster while avoiding the red tape that often comes with assistance. 4. All healthcare interactions discuss effective use of benefits. Agency staff spends a lot of time educating individuals on how to use benefits effectively and how to make sure they complete all requirements to keep the benefits for as long as they qualify.

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

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

(limit 2,000 characters)

1. The Centralized Assessment Team (CAT) and Street Outreach cover 100% of the KVC COC area. While the KVC prefers to do assessments Face to Face, assessments can also be completed by phone. 2. Street outreach goes into encampments and other places not meant for habitation to complete a VI-SPDAT (KVC Centralized Assessment Tool) in an effort to link all individuals to

their housing of choice. 3. Once a VI_SPDAT is completed, individuals are placed on the KVC By Name List where individuals are referred to programs based on their need and HUDs Orders of Priority.

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

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes

1C-15a.	**Racial Disparities Assessment Results.**	
	NOFO Section VII.B.1.o.	

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

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

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

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

1.	**The CoC's board and decisionmaking bodies are representative of the population served in the CoC.**	Yes
2.	**The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.**	Yes
3.	**The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.**	Yes
4.	**The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.**	Yes
5.	**The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.**	Yes
6.	**The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.**	Yes

7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,000 characters)

To understand Racial and Ethnic Disparity, KVC participated in HUD's Equity Office Hours to learn more efficient ways to examine the data to ensure racial equity. KVC is also working to complete the CoC Performance Analysis and Improvement Toolkit. The KVC believes both of these things will allow the KVC to formulate the necessary information to address the racial and ethnic disparities within the populations served. KVC believes those conversations will move it toward understanding the need to take a system's thinking approach and examine the governing documents and standards. Locally, KVC is working on the committee structure, and the KVC has a newly restructured Project Resource Committee that will function as the COC Steering Committee giving voice to all projects in the KVC that receive funding. In 2022, the KVC will require all COC and ESG funded programs to complete a Program Analysis that will compare race, gender, LGBTQ status, and ethnicity. Monthly APR and CAPER reviews will include analysis of negative discharges to ensure program participants are treated fairly. The KVC will move beyond examining just those it serves and understand the intersection of the structural embeddedness of inequities built into its policies and organizational structures.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program	Number of People with Lived Experience Coming from Unsheltered Situations

		Participant	
1.	Included and provide input that is incorporated in the local planning process.	5	3
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	4	3
3.	Participate on CoC committees, subcommittees, or workgroups.	2	0
4.	Included in the decisionmaking processes related to addressing homelessness.	5	3
5.	Included in the development or revision of your CoC's local competition rating factors.	2	1

	1C-17.	**Promoting Volunteerism and Community Service.**	
		NOFO Section VII.B.1.r.	

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

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

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

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

1D-1.	**Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:
1.	**unsheltered situations;**
2.	**congregate emergency shelters; and**
3.	**transitional housing.**

(limit 2,000 characters)

1. For unsheltered individuals who tested positive for COVID, they were isolated in a hotel for the duration of their illness. Hotels were also used for our most vulnerable individuals as well as when shelters had to stop intakes due to positive cases. All work was done with the consultation and approval of the local health department. 2) The DV shelters conducted daily temperature checks, if a resident's temperature was 100 degrees or higher, they were required to quarantine for 12 hours. After 12 hours, if the temperature did not return to norman, they were requested to take a COVID test. If it was positive, they were moved to a private room with its own bathroom. They quarantined there for the duration of the illness and would have meals, medicine, and any other supplies needed brought to them.   Cases in non-DV shelters were handled on a case by case basis in conjunction with the local health department. 3) All staff and residents at Samaritan Inn and Alicia McCormick Transitional Housing were required to wear masks within all common areas inside the facility. Visitors were not allowed in the facility. All staff and residents were encouraged to wash their hands frequently using an alcohol-based hand sanitizer as needed. They avoided close contact with people, especially those who were sick. They cleaned and disinfected frequently touched objects and surfaces using an EPA-registered disinfectant appropriate for coronavirus. Protocols included encouraging social distancing, limiting staff entering apartments unless necessary, using virtual communications and check-ins when appropriate, using physical barriers such as plastic sneeze guards in staff offices when meeting with victims, limiting the presence of non-essential visitors in the activities building and apartments, and limiting the use of the laundry facility to one participant at a time. All residents have been provided COVID-19

prevention supplies to use in common areas, including reusable cloth face masks.

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

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

(limit 2,000 characters)

The KVC had existing partnerships with healthcare providers prior to COVID 19. The COVID-19 pandemic only strengthened those partnerships and demonstrated the necessity of maintaining those collaborations going forward. Due to COVID, KVC's partners are better educated about chronic health conditions and vulnerabilities of the population served. This will lead to prioritization of their needs in future public health emergencies. The CoC maintains a stock of PPE and cleaning supplies in case of future shortages. Staff are better prepared to be flexible in their response knowing how quickly circumstances and guidance can change. The pandemic and healthcare response is now a subject discussed at all COC meetings. Some of the healthcare providers also see that healthcare cannot always be provided within their clinics and are branching out either creating healthcare spaces in existing providers or doing more medical outreach events in non-traditional places during nontraditional hours

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

	Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

1)CoC leadership provided the most up-to-date information on recommended safety measures from the CDC and the local health department to CoC and ESG funded partners through email and Zoom. The CoC collaborated with multiple funding sources to ensure appropriate funding was utilized to provide PPE and sanitization products. The CoC and ESG recipients have worked with subrecipients to encourage an unlimited supply of masks for clients. The COC also sought multiple streams of funding for isolation and quarantine non congregate beds. 2)The CoC encouraged ESG recipients to request funding for housing assistance through ESG-CV. ESG-CV recipients consulted with the CoC to ensure local housing assistance needs were met and for information on agency capacity to utilize funds. 3)The CoC ensured that ESG-CV funds for RRH were available for eviction prevention through the local homeless coalition.

However, the ongoing provision of in-person supportive services during the pandemic funded through a variety of sources has been essential to preventing eviction. 4)ESG-CV funds provided an opportunity for us to address unmet needs. ESG-CV subrecipients were able to pay prescription insurance copayments, provide OTCs, and provide first aid supplies such as bandages and antibiotic ointment to persons experiencing homelessness. 5)The CoC collaborated with our state and city governments to ensure appropriate funding was utilized to provide sanitization products. Leadership worked with the local United Way and health department to access sanitary supplies through alternative channels when unavailable for purchase.

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

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

1. The COC coordinated with local health departments as well as healthcare providers to decrease the spread of COVID-19. Healthcare providers provided COVID-19 screenings, testing, and education to clients and staff at shelters, pop-up service centers, PSH programs and in unsheltered situations. If anyone experiencing homelessness tested positive for COVID-19, they were placed in a non-congregate hotel room for the length of their isolation. Food and health monitoring was provided. This required the KVC to coordinate with many providers and to juggle the needs of many clients who had to isolate.
2. All homeless providers were given masks, sanitizing items and PPE as needed. Healthcare providers and homeless service agency staff worked to education both program residents as well as those experiencing unsheltered homelessness on ways to stay safe. Masks and hand sanitizer was distributed in encampments within the COC area.

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

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:
1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

Prior to the first COVID-19 case in WV, the Executive Director of the KVC was invited to attend the Emergency Operations Center of Kanawha County as emergency responders and medical professionals began to plan the area's response to the pandemic. This put the COC in the heart of the planning and implementation of response and information as well as ensured the COC could keep those experiencing homelessness in the forefront of emergency response

planning. From this process the Emergency Operations Call began. This group was comprised of city and county leaders as well as healthcare providers and social service providers who were on the front lines of serving persons experiencing homelessness during the pandemic. The KVC staff assisted in writing COVID-19 protocols, assisting individuals experiencing unsheltered homelessness who tested positive for COVID-19, and creating vaccine events for individuals experiencing homelessness.
1. Emails with updates to safety measures were sent as needed. COVID-19 was an agenda item for all KVC meetings.
2. As local restrictions changed and as COVID-19 impacted providers locally, the KVC was in the center insuring information was exchanged and all required parties and citizens were made aware.
3. The KVC took part in more than a dozen vaccination events. KVC coordinated with two local healthcare providers not only on vaccinations, but also testing events.

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

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

(limit 2,000 characters)

The KVC was instrumental in COVID response planning before the first case was found in WV. Once vaccines were available the KVC continued to be involved in planning and distribution. Working with the Kanawha Charleston Health Dept, WV Health Right and Cabin Creek Health Systems (CCHS), the KVC followed all protocols in referring individuals for vaccinations as appropriate. CCHS went to emergency shelters and PSH programs to educate clients on vaccines and then administered if requested. Vaccines were also made available at KVC Warming Stations.

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

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

(limit 2,000 characters)

There was a concerning drop in individuals seeking DV services during the beginning of the pandemic. This drop was reported by both local law enforcement and DV programs. One of the local programs responded to this by increasing their communication technological capabilities.

1D-8.	Adjusting Centralized or Coordinated Entry System.	

NOFO Section VII.B.1.n.

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

(limit 2,000 characters)

The KVC tried to avoid severe interruptions to its Coordinated Entry System. But during the height of the pandemic, many of the service providers sent staff to work from home which unfortunately had an impact on those experiencing homelessness in this area. The KVC did see an increase in the number of phone calls received by the Centralized Assessment Team (CAT). Also, the KVC had to move CAT as the host agency cut back their services and changed the way to access their building. At the beginning of the pandemic, the grantee briefly decentralized the program for safety reasons. On July 1, 2021, the KVC actually became the grantee for the CAT grant, the CAT Team found a new physical home, and we are back to seeing more clients that ever before. Mask protocols are still required, and we listen to the local health dept for any changes that need to be made.

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

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

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

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	08/24/2021
2.	**Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.**	10/04/2021

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

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

1.	**Established total points available for each project application type.**	Yes
2.	**At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).**	Yes
3.	**At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).**	Yes
4.	**Used data from a comparable database to score projects submitted by victim service providers.**	Yes
5.	**Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.**	Yes
6.	**Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.**	Yes

1E-2a.	**Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.**	

	NOFO Section VII.B.2.d.

	Describe in the field below how your CoC reviewed, scored, and selected projects based on:
1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,000 characters)

1. Commitment to Housing First and compliance with the CoC's Centralized Assessment Team (CAT) are included in scoring in the local competition to ensure projects are serving program participants with the greatest level of service needs and vulnerabilities. The KVC identified the following needs and vulnerabilities - persons living unsheltered, persons living with SUD or SMI, persons fleeing DV, and persons experiencing chronic homelessness. PSH projects are required to serve people experiencing chronic homelessness and are scored against distinct performance benchmarks to account for differences in outcomes that may be impacted by the acute needs of the target population as compared with RRH program participants. All new RRH and PSH projects are scored based on demonstration of how they would employ Housing First practices, specifically related to preventing program terminations and ensuring barriers to program entry are eliminated for people who have a criminal record, active substance use issues, a lack of income, or critical support needs. In alignment with the priority to meet the gap in housing and service interventions for people with the most complex needs, the CoC Ranking Policy prioritizes PSH projects over RRH projects in their year's competition. 2. All new and renewal projects are ranked using the same scorecard but measured against benchmarks set for each component type to appropriately evaluate projects by considering the housing barriers of the target population being served. Additional points are available for projects who serve individuals with more identified vulnerabilities and needs.

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

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

(limit 2,000 characters)

1. Input on strategies for ending homelessness is consistently sought from groups of stakeholders who are representative of the racially diverse population of people experiencing homelessness within our CoC. When putting together rating factors for projects, the KVC worked with individuals of the race over represented in the local homeless population. Two of the individuals on the KVC's rating and review committee discussed their experiences in obtaining services.

2. The racial makeup of the review committee closely resembled the racial makeup of the KVC local population experiencing homelessness.
3. All projects who submitted renewal applications were examined and reviewed for racial equity. Population served was compared to population racial breakdown of all who had entered the Centralized Assessment Team. Bonus points were given to programs that promoted racial equity; those programs whose population make up closely mirrored that of individuals experiencing homelessness. The race of individuals who were discharged was also examined to ensure that BIPOC were not over represented in negative discharges.

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

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

(limit 2,000 characters)

1. The reallocation process is outlined in the KVC Prioritization and Ranking Policy. Through the ranking process, program performance is evaluated using scoring tools and the need for a project is discussed.
2. The KVC did not identify any projects for reallocation.
3. The KVC did not identify any projects for reallocation.
4. Discussion of projects, including the specific populations served, were taken into account when rating and ranking. It was determined that all projects were needed regardless of performance and that it would be the work on the COC to assist projects with improvement.
5. KVC's Prioritization and Ranking process has been approved by the board and is updated as needed in response to the NOFO.

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No

1E-5.	**Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.**
	NOFO Section VII.B.2.g.

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	10/30/2021

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/30/2021

1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/12/2021

2A. Homeless Management Information System (HMIS) Implementation

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

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

Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Statewide

2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/17/2021

2A-4.	HMIS Implementation–Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

	Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:
1.	**have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and**
2.	**submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.**

(limit 2,000 characters)

Currently domestic violence survivors enter the Coordinated Entry System (CES) through a comparable system initiated by the three 24 hour domestic violence crisis hotlines: Branches' Domestic Violence Crisis Hotline, YWCA Resolve Family Abuse Program's Domestic Violence Crisis Hotline (local and toll-free) and the National Domestic Violence Crisis Hotline. The comparable Coordinated Entry System assesses the danger and specific areas of vulnerability for adults and families using the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). Assessments are used to prioritize survivors with the highest acuity and in the greatest danger. Through the Centralized Assessment Team (CAT), a DV Advocate enters data from the VI-SPDAT and intake forms into a comparable database called EmpowerDV.
2. System performance measures data is submitted to the KVC and the KVC's HMIS.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	231	23	141	67.79%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	36	21	15	100.00%
4. Rapid Re-Housing (RRH) beds	97	50	47	100.00%
5. Permanent Supportive Housing	152	0	90	59.21%
6. Other Permanent Housing (OPH)	0	0	0	

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

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:	
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and	
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.	

(limit 2,000 characters)

1. The KVC has attempted to set multiple meetings with the faith based shelter in an effort to convince them to use HMIS, but the faith based shelter is non committal to this process. As leadership changes within the agencies, the KVC will continue to work on this process. Additionally, if there is an Ad-Hoc Warming Station shelter this year, that Warming Station will be put into HMIS. For the PSH beds currently not in HMIS, the KVC will be working with the local housing authority to get these beds in the system. These PSH beds will be in HMIS during the next 12 months.
2. The Ad-Hoc Warming Station, if there is one this year, will utilize HMIS. Had the Ad-Hoc Warming Station been in HMIS this year, the coverage rate would

have been 88%.

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

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%

2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

N/A

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

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes

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

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

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

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes

2B-2.	Unsheltered Youth PIT Count–Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

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

2C. System Performance

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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 - 24 CFR part 578

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

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

(limit 2,000 characters)

1.KVC completed a survey with participants that showed the main reasons for
1st time homelessness were substance abuse, mental health, and disruption of
a support system. This aligned with HMIS data regarding MH/SA and allowed
KVC to identify the issues with a support system which are not always captured
in HMIS. Drug abuse is both a cause and a result of homelessness. Studies
show WV is one of the top 10 states for rates of drug-use and continues to have
the highest age-adjusted rate of drug overdose deaths involving opioids (702
drug overdose deaths - rate of 42.4 deaths per 100,000 persons compared to
national rate of 15.5 deaths per 100,000 persons). As a result of these
staggering numbers, the number of 1st-time homeless increased by 124 from
658 to 782. 2. KVC developed the following strategies to reduce the number of
1st-time homeless: a. KVC's Centralized Assessment Team (CAT) placed
diversion as its top priority when meeting with possible homeless individuals.
CAT members determine if an individual is truly homeless, has no other place to
go, and will benefit in a homeless facility. Some individuals and families are
more at risk of becoming homeless due to payments owed on utility bills, rent,
etc. In these cases CAT works to help find resources to address this issue so
they can remain housed. b. KVC partners with the City of Charleston's Family
Reunification Program to assist individuals with transportation to be reunited
with family as a diversion to homelessness. Multiple checks are made to ensure
the individual/family is going to a safe home. c. Work with WV 211 which serves
as a critical connection between individuals and families in need and the
appropriate community-based organizations and government agencies.3. The
KVC sponsors and oversees this strategy.

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

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

(limit 2,000 characters)

1. The average length of time a client remained homeless in the KVC System is 68 bed nights which is an increase from the prior year of 59 bed nights. However, during this time period, YWCA Alicia McCormick Home opened which consists of 10 transitional housing apartments for women and children who are moving toward independent lives after overcoming homelessness due to domestic violence, sexual assault, human trafficking, or stalking. This program offers up to 24 months of housing and support services which can account for the additional bed nights. 2. Centralized Assessment Team (CAT) utilizes a prioritized By Name List which lists clients by vulnerability, need, and if it is a family. The intake paperwork has been revised with regards to policies and procedures as to how prioritization should work. KVC is adhering to CPD 16-11-Orders of Priority - regarding the order in which eligible households should be served in all COC Program-funded PSH. The goal of this process is to ensure those persons with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens and with the most severe service needs are given first priority. The process also establishes a recommended order of priority for PSH that is not dedicated or prioritized for chronic homelessness in order to ensure that those persons who do not yet meet the definition of chronic homelessness but have the longest histories of homelessness and the most severe service needs, and are therefore the most at risk of becoming chronically homeless, are prioritized. Outreach services have been expanded. HMIS is used to identify individuals with the longest length of time homeless, as this is generated through the KVC's By Name List which not only shows length of time homeless, but also identifies those experiencing chronic homelessness. 3. While KVC is the agency responsible for overseeing this strategy, it is led by the HMIS Specialist.

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

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1. During the last year 216 of 804 individuals and/or families exited from ES, SH, TH, and PH-RRH into permanent housing. This is due in part to KVC's focus on a true Housing First philosophy which is absent any preconditions and barriers and strives to house the homeless within 30-45 days of first

engagement. As a result, some of these homeless are people who may have difficulty adhering to rules and may be expelled from their housing. However, there is a commitment to refer those with a history of homelessness and hospitalization to aftercare, community engagement, and partial hospitalization programs such as the Aftercare, CES, VISTA, ACT, etc. These programs are operated by the following KVC agencies: Roark-Sullivan Lifeway Center, YWCA of Charleston, Prestera, VA Outreach HUD VASH, Coalfield CAP, and Covenant House. The agencies' weekly By Name List meeting, which is continuing to meet, discusses clients, how to move them into housing quicker, and services they need which is beneficial.
2. The KVC continues to work with those in PH by combining case management and supportive services. The services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment and employment services. It has proven to be effective as the retention rate for those in PH has remained 95% for the last two years. Additionally, the KVC will be seeking funding for supportive services projects that will provide intensive, voluntary assistance to individuals moving into permanent housing.

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

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

(limit 2,000 characters)

1. Substance abuse, serious mental illness, loss of income, DV and the loss of a support system, have been identified as the major reasons for recidivism. The KVC is able to track its recidivism through its HMIS as well as the coming together of COC case managers during their By Name List meetings which identify and discuss recidivists. 2. In order to reduce returns to homelessness there is an increased emphasis among all COC providers on wrapping supportive services and case management around individuals in the community when housed through a clearly defined process of referrals to the appropriate programs. Weekly monitoring of all COC programs are conducted to ensure the needs of those vulnerable to recidivism are being met and they are being provided the vital support needed to remain stable and retain their housing. If a person returns to homelessness, they must go back thru the CAT process where they will be referred to shelters and programs which meet their needs from diversion to wrap around case management services. The KVC does not have a designated supportive services team but has a group comprised of Housing First and Shelter+Care which help these individuals. 3. While the KVC is the agency responsible for the oversight of this strategy, the work is done by the weekly By Name List Committee.

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

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

(limit 2,000 characters)

1. The KVC has continued and expanded several strategies which have proven to be effective. These include: providing clients with documents needed for employment (identification card and birth certificate), sending clients to Job Readiness Center to obtain TASC, assisting with resume writing, and allowing the homeless to use their address on job applications. In addition, Case Managers are available to assist them with the various steps they must go through to obtain employment. KVC agencies provide clients with a list of agencies that will hire registered sex offenders and those with a criminal record. The KVC agencies also provide a list of WorkForce WV jobs as well as having this list posted at many of the agencies. In addition to providing transportation and bus passes to the job interview and to the work site, these agencies also have, if needed, clothes and tools to assist with their new jobs. KVC agencies also place priority on hiring former clients when positions become available. 2. Mainstream employment organizations are invaluable resources to the KVC-COC and play an important role in increasing the income of homeless individuals and families. All of the KVC-COC projects, and specifically the YWCA Sojourner's Education/Job Readiness Center, are regularly connecting participants with employment opportunities through informal partnerships with Workforce WV, the state agency that oversees the unemployment insurance program and a network of workforce development services, as well as individual employers. 3. The KVC is responsible for this strategy as it is a collaborative among all HUD funded homeless agencies and agencies that have case managers who provide these services.

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

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

(limit 2,000 characters)

1. With regards to non-employment cash income, the KVC has continued and expanded several strategies which have proven to be effective. These include: providing clients with documents needed for identification such as an identification card and birth certificate, allowing the homeless to use their address on applications for non-cash benefits, SOAR Team members assist by walking people through the process of signing up for Social Security, and Case Managers are known to walk with them through the entire process, if this is needed. If necessary, assistance in the form of bus passes or other means of transportation is also provided to needy clients. Member agencies have

participated in training to become certified SOAR trainers. 2. KVC agencies provide the clients with a list of various non-employment cash resources along with a list of requirements for each source. The KVC agencies work with the various clients to assist in whatever ways may be necessary to help them obtain these resources.

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

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

(limit 2,000 characters)

With regards to non-employment cash income, the KVC has continued and expanded several strategies which have proven to be effective. These include: providing clients with documents needed for identification such as an identification card and birth certificate, allowing the homeless to use their address on applications for non-cash benefits, SOAR Team members assist by walking people through the process of signing up for Social Security, and Case Managers are known to walk with them through the entire process, if this is needed. If necessary, assistance in the form of bus passes or other means of transportation is also provided to needy clients. Member agencies have participated in training to become certified SOAR trainers. 2. KVC agencies provide the clients with a list of various non-employment cash resources along with a list of requirements for each source. The KVC agencies work with the various clients to assist in whatever ways may be necessary to help them obtain these resources. 3. The KVC is responsible for this strategy as it is a collaborative among all HUD funded homeless agencies and agencies that have case managers who provide these services.

3A. Coordination with Housing and Healthcare Bonus Points

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

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

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

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

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

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

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

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

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

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
RCCR RRHF21	RRH	11	Healthcare
YWCA RFAP RRH Exp...	RRH	12	Healthcare

3A-3. List of Projects.

1. What is the name of the new project?   RCCR RRHF21

2. Select the new project type: RRH

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

4. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project?   YWCA RFAP RRH Expansion 21

2. Select the new project type: RRH

3. Enter the rank number of the project on your CoC's Priority Listing: 12

4. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

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

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

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

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	**Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and**
2.	**HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.**

(limit 2,000 characters)

N/A

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

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

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

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

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

	If you answered yes to question 3C-1, describe in the field below:
1.	**how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and**
2.	**how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.**

(limit 2,000 characters)

4A. DV Bonus Application

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

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

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

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

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

	Project Type	
1.	**SSO Coordinated Entry**	Yes
2.	**PH-RRH or Joint TH/RRH Component**	Yes

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

1.	**Enter the number of survivors that need housing or services:**	431
2.	**Enter the number of survivors your CoC is currently serving:**	27
3.	**Unmet Need:**	404

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

	Describe in the field below:
1.	**how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and**

2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,000 characters)

1)The number of DV survivors needing housing/services was calculated using the number who received services through the two local DV shelters, & CoC clients served who were currently fleeing DV.
2)The total served by our DV shelter were generated through EmpoweredDB, VSP comparable database. An HMIS APR was the source for the total the CoC served over the past fiscal year.
3)Overall lack of resources contributes to the disparity in unmet need of DV survivors. The local DV shelters rarely have an empty bed available meaning many persons fleeing are rerouted into the emergency shelter. If the new DV projects are funded, the additional CE resources will enable us to assist those fleeing and accessing DV-specific shelter beds elsewhere in the state. The additional RRH resources will assist more individuals who are fleeing DV to obtain housing resources.

4A-3.	New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project–Applicant Information.
	NOFO Section II.B.11.(c)

Enter in the chart below information about the project applicant applying for the new SSO-CE DV Bonus project:

1. Applicant Name	YWCA of Charleston
2. Project Name	Resolve CAT

4A-3a.	New SSO-CE Project–Addressing Coordinated Entry Inadequacy.
	NOFO Section II.B.11.(c)

	Describe in the field below:
1.	how the current Coordinated Entry is inadequate to address the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and
2.	how the proposed project addresses inadequacies identified in element 1. above.

(limit 2,000 characters)

1. While the current Coordinated Entry process works diligently to meet the needs of all individuals experiencing homelessness, often individuals who have survived domestic violence, stalking, sexual assault and trafficking need immediate linkage and referral to services. The separation of programs that serve survivors of domestic violence and more traditional homeless service programs including Coordinated Entry unfortunately can create a barrier for survivors. Often times, this is an additional "hoop" as people move from Coordinated Entry to DV services.
2. By imbedding DV advocates in the Coordinated Entry, all who enter Coordinated Entry can be compassionately screened for services in an office where those experiencing homelessness routinely come for services is

important to us. Additionally, anyone seeking services who disclosed DV will quickly and easily be transitioned to the DV Centralized Assessment staff for referral to services as chosen by the individual.

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

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

Applicant Name
Resolve

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

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

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

1.	**Applicant Name**	Resolve
2.	**Rate of Housing Placement of DV Survivors–Percentage**	64.00%
3.	**Rate of Housing Retention of DV Survivors–Percentage**	100.00%

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

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

(limit 1,000 characters)

1. Information was based from the last APR submitted as well as APR to date for current year. The rate of housing placements is calculated as the number of clients placed in units with RRH support to the number of clients referred to the program. The rate of housing retention is calculated as the number of clients currently receiving RRH support for housing compared to the number of clients placed in housing.
2. Comparable database. As a victims' service provider, Resolve cannot share confidential client information directly in the HMIS data system. Client information, including the rates of housing placement and retention, is tracked in an HMIS comparable database - Empowered

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

	Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;	
2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;	
3.	connected survivors to supportive services; and	

4.	**moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.**

(limit 2,000 characters)

1. Resolve staff works with each program participant to determine the appropriate housing strategy, and the average time from rapid re-housing (RRH) program enrollment to move-in is two months. Participants requiring immediate stabilization reside in RP's emergency shelter for an average of four months before moving into permanent housing. RRH is provided for up to 24 months.

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

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

(limit 5,000 characters)

1. Staff training on all aspects of working with survivors is important to the KVC. Resolve will also do training/s for the larger COC to ensure survivors are treated appropriately in all programs and that services are provided seamlessly.
2. Survivor comfort is of the upmost importance. Resolve has private office space as well as conference rooms set up for private interviews. However, if the clients comfort dictates, meetings can take place in other places of the clients choosing. The best example of this is that clients may want to meet at other agencies, as they have existing relationships with these agencies and have an existing level of comfort.
3. Most of the people served are single individuals or single parents.
4. Housing choice and selection is always up to the client. Resolve works with households to identify apartments by providing lists of resources. They educate the landlord/property management about DV survivors and the need for a second chance without the abuser.
5. N/A
6. KVC/Resolve recognizes that using scattered site apartments puts the client at a disadvantage if the abuser is stalking the family. Therefore, the property management is informed about the condition and status of clients, with consent, for safety purposes.

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

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

(limit 2,000 characters)

For almost 30 decades, the YWCA Resolve Family Abuse Program has been providing services to victims of domestic violence in Charleston, Kanawha, Clay, Boone counties and other surrounding areas. Resolve's administrative offices are in downtown Charleston with outreach offices located within the Kanawha, Boone, and Clay County Courthouses. Resolve's primary housing goal is to assist victims of domestic violence in safely moving from being temporarily housed in an emergency shelter, to being permanently housed back into the community. Housing opportunities and other supportive services such as outreach, crisis intervention, safety planning, support groups, counseling, education and employment referrals, court advocacy, and Children's group are provided to individuals and families experiencing and/or fleeing domestic violence. Resolve also has staff that is trained in SOAR to assist participants in obtaining SSDI/SSI. The YWCA Resolve Family Abuse Program is an active member of the Kanawha Valley Collective (KVC) CoC and participates in outreach, coordinated assessment VI-SPDAT process, and is fully invested in the overall CoC goals.

Safety of clients is a top priority. Without jeopardizing privacy issues, the agency will notify the landlord/property management about the DV survivor as a precaution for the safety of tenants. The agency recognizes the vulnerability of this population and ensures that safety measures are observed. Families are monitored frequently to assure engagement in housing and safety plans and that households are supported to work toward their housing goals. Safety plans include the location of a safe housing resource and contact information for emergency situations.

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

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

(limit 5,000 characters)

1. Above all else Resolve believes that all survivors of abuse, regardless of their circumstances, should have access to safe housing. Resolve meets this need using our 16 bed safe house, Hope House. Resolve provides services in a

trauma competent and victim centered way in all areas of service delivery. At Resolve, the safety and well-being of the victim is the primary concern. We share options and information to victims so they can make informed choices about services they wish to obtain. Resolve's victim-centered approach focuses on empowerment and choice rather than coercion and dependency.

2. Within a few days of entry into the safe house each resident is asked to develop their own goals, specifically, housing related goals. A case manager conducts the SPDAT to assess barriers to housing and the resident and advocates work collaboratively to quickly move them into housing which best supports them. Within the Resolve Rapid Re Housing program the same assessment and intake is done if clients are entering the program while fleeing but not in safe house.

3. Resolve staff are continually trained on not only victim-centered trauma-informed services but how to become truly trauma-competent and what the effects of trauma look like and how trauma affects those we are helping. Every service Resolve provides is absolutely voluntary and free to all survivors. Clients and residents can opt not to receive any services but safe house or choose to avail themselves of all Resolve offers as well as requesting referrals for other mainstream resources as well. Resolve is a low-barrier housing first based program.

4. Resolve realizes that survivors with complex needs are best served by programs which are highly individualized, relational, and adaptable. Our staff have an equivalent degree of autonomy, support, and skill-building in order to best meet the complex needs of survivors and effectively meet the organizational mission. Resolve focuses on the strengths each survivor brings with them rather than focusing on, or letting them focus on, what they perceive is "wrong" with them. Resolve provides services on a client by client basis and is client led rather than program led.

5. In many programs the goal is changing the behavior of the client. This approach often does not work in victim service delivery as it is not the client's behavior which needs the change but the abuser's behavior. Providing services to survivors in the same way as other providers leads to holding the victim and survivor accountable for their abuser's behavior which is counterproductive and not trauma-informed or victim-centered.

6. Resolve staff are afforded the opportunity to become Certified Advocates through a partnership with the West Virginia Coalition Against Domestic Violence. Certification often takes two years and entails over 100 hours of training on such areas as: cultural competency, human trafficking, providing services to the LGBTQIA+ community, traumatic brain injury, sexual assault, and many others. In addition, Resolve brings in specialists from the community such as Fairness WV to provide continual training to staff. YWCA's overall mission is empowering women and eliminating racism and as part of the YWCA Resolve has access to the Racial Equity and Inclusion Program which provides multiple trainings and train the trainer events that Resolve staff take part in.

7. A large part of the Resolve program is dedicated to service the whole person and we have multiple opportunities for current and former residents including support group, children's support group, and one on one counseling. Often parents who need our services are overwhelmed and we link them with mainstream services in order to support both their needs and their children's needs. We have partners in the community to provide specialized children's counseling, assessment for other needs such as autism spectrum disorders, learning difficulties, and linkages to providers who can support the entire family's needs.

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

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

(limit 5,000 characters)

1.On-site Domestic Violence Advocates at Hope House provide case management, employment resources, referrals to housing both Resolve's Rapid ReHousing program as well as other mainstream housing opportunities, assistance in applying for benefits, and help in filing Domestic Violence Protection Orders (DVPOs). Resolve also offers a 24-hour crisis hotline, counseling services, support groups, and a children's group that includes tutoring, recreation, and supportive services at no charge to participants. Furthermore, YWCA Resolve provides a Teen Dating/Youth Services Program which includes presentations and a weekly children's group. Facilitated by the Youth Services Coordinator and professionally trained volunteers; group activities are catered to the ages, abilities, and needs of the children present. Group sessions often include such topics as healthy boundaries, life skills, coping skills, healthy emotions, diversity, and safety planning. The Teen Dating/Youth Services Coordinator also meets with each of the children residing within the shelter to ensure that the child's basic needs are met including school or child care placement.

2.Transportation is often a problem for our clients, and we offer taxi and bus vouchers as needed to help address their transportation needs. In addition we have three dedicated vehicles that the staff uses to provide transportation for clients who have needs that cannot be met with a taxi or a bus pass or for those who are not comfortable using public transportation or need to go places that public transportation do not go to. Having access to transportation is integral for clients as many are looking for a job or need transportation to a job, have medical appointments, are searching for permanent housing, and general goal attainment. Clients may require assistance getting to a doctor for medical attention, going to court for a DVPO hearing, or moving out of town when they are literally fleeing for their lives from an abuser.

Resolve also operates a Monitored Visitation and Exchange program. Resolve's Monitored Visitation and Exchange allows children in high-conflict custody situations safe access to both parents, through the utilization of a monitored visitation center. Monitored Visitation and Exchange staff facilitate all visitations and exchanges so parents and guardians have no personal interaction with each other. This reduces the tension from the situation, and makes the exchange or visitation less stressful for the child.

In 2020 Resolve became the first domestic violence safe house in WV to have dedicated pet shelter for survivor's pets, The Ruffuge at Hope House. There are four rooms each with its own doggy door, tv, heating and cooling system and a play yard for pets.

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

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

(limit 5,000 characters)

1.Resolve will meet the immediate need for safe house using their 16 bed safe house, Hope House. Resolve will provide services in a trauma competent and victim centered way in all areas of service delivery. At Resolve, the safety and well-being of the victim is the primary concern. They will share options and information to victims so that they can make informed choices about services they wish to obtain. Resolve's victim-centered approach focuses on empowerment and choice rather than coercion and dependency.

2.Within a few days of entry into the safe house each resident will be asked to develop their own goals, specifically, housing related goals. A case manager will conduct the SPDAT to assess barriers to housing and the resident and advocates work collaboratively to quickly move them into housing which best supports them. Within the Resolve Rapid Re Housing program the same assessment and intake will be done if clients are entering the program while fleeing but not in safe house.

3.Resolve staff will be continually trained on not only victim-centered trauma-informed services but also how to become truly trauma-competent and what the effects of trauma look like and how trauma affects those we are helping. Every service Resolve provides is absolutely voluntary and free to all survivors. Clients and residents can opt not to receive any services but safe house or choose to avail themselves of all Resolve offers as well as requesting referrals for other mainstream resources as well. Resolve is a low-barrier housing first based program.

4.Resolve realizes that survivors with complex needs are best served by programs which are highly individualized, relational, and adaptable. Our staff have an equivalent degree of autonomy, support, and skill-building in order to best meet the complex needs of survivors and effectively meet the organizational mission. Resolve focuses on the strengths each survivor brings with them rather than focusing on, or letting them focus on, what they perceive is "wrong" with them. Resolve provides services on a client by client basis and is client led rather than program led.

5.In many programs the goal is changing the behavior of the client. This approach often does not work in victim service delivery as it is not the client's behavior which needs the change but the abuser's behavior. Providing services to survivors in the same way as other providers leads to holding the victim and survivor accountable for their abuser's behavior which is counterproductive and not trauma-informed or victim-centered.

6.Resolve staff are afforded the opportunity to become Certified Advocates through a partnership with the West Virginia Coalition Against Domestic Violence. Certification often takes two years and entails over 100 hours of training on such areas as: cultural competency, human trafficking, providing services to the LGBTQIA+ community, traumatic brain injury, sexual assault, and many others. In addition, Resolve brings in specialists from the community such as Fairness WV to provide continual training to staff. YWCA's overall mission is empowering women and eliminating racism and as part of the YWCA Resolve has access to the Racial Equity and Inclusion Program which provides multiple trainings and train the trainer events that Resolve staff take part in.
7.A large part of the Resolve program is dedicated to service the whole person and there are multiple opportunities for current and former residents including support group, children's support group, and one on one counseling. Often parents who need these services are overwhelmed, and we link them with mainstream services in order to support both their needs and their children's needs. We have partners in the community to provide specialized children's counseling, assessment for other needs such as autism spectrum disorders, learning difficulties, and linkages to providers who can support the entire family's needs.

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	Coordinated Asses...	11/13/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/13/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Local Competition...	11/13/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/15/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting–Pr...	11/13/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting–Pr...	11/13/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes	Web Posting–CoC-A...	11/14/2021
3A-1a. Housing Leveraging Commitments	No	Health Care Leverage	11/14/2021
3A-2a. Healthcare Formal Agreements	No	Health Care Commi...	11/14/2021
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: Coordinated Assessment

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting–Projects Rejected-Reduced

Attachment Details

Document Description: Public Posting–Projects Accepted

Attachment Details

Document Description: Web Posting–CoC-Approved Consolidated Application

Attachment Details

Document Description: Health Care Leverage

Attachment Details

Document Description: Health Care Committment

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/15/2021
1B. Inclusive Structure	11/16/2021
1C. Coordination	11/13/2021
1C. Coordination continued	11/16/2021
1D. Addressing COVID-19	11/14/2021
1E. Project Review/Ranking	11/14/2021
2A. HMIS Implementation	11/13/2021
2B. Point-in-Time (PIT) Count	10/04/2021
2C. System Performance	11/16/2021
3A. Housing/Healthcare Bonus Points	11/13/2021
3B. Rehabilitation/New Construction Costs	09/29/2021

3C. Serving Homeless Under Other Federal Statutes	10/21/2021
4A. DV Bonus Application	11/15/2021
4B. Attachments Screen	11/15/2021
Submission Summary	No Input Required

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Single Adults

COMMUNITY SOLUTIONS

ORG CODE

Welcome to the SPDAT Line of Products

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

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

VI-SPDAT Series

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

Current versions available:

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

All versions are available online at

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

SPDAT Series

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

Current versions available:

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

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

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

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

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

Current SPDAT training available:

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

Other related training available:

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

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

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

Administration

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

Opening Script

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

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

Basic Information

First Name	Nickname	Last Name
_____	_____	_____

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

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

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

A. History of Housing and Homelessness

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

   ☐ Shelters
   ☐ Transitional Housing
   ☐ Safe Haven
   ☐ **Outdoors**
   ☐ **Other (specify):**
   _____
   ☐ **Refused**

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

2. How long has it been since you lived in permanent stable housing?   _____   ☐ Refused

3. In the last three years, how many times have you been homeless?   _____   ☐ Refused

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

B. Risks

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

   a) Received health care at an emergency department/room?   ____   ☐ Refused

   b) Taken an ambulance to the hospital?   ____   ☐ Refused

   c) Been hospitalized as an inpatient?   ____   ☐ Refused

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

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

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

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

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

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

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

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

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

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

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

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

C. Socialization & Daily Functioning

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

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

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

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

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

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

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

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

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

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ **Y** ☐ N ☐ Refused

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

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐ **Y** ☐ N ☐ Refused

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

19. When you are sick or not feeling well, do you avoid getting help? ☐ **Y** ☐ N ☐ Refused

20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? ☐ **Y** ☐ N ☐ N/A or Refused

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

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

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

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

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

    a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused

    b) A past head injury? ☐ **Y** ☐ N ☐ Refused

    c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

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

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

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

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

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

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

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

Scoring Summary

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

Follow-Up Questions

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

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

- military service and nature of discharge
- ageing out of care
- mobility issues

- legal status in country
- income and source of it
- current restrictions on where a person can legally reside

- children that may reside with the adult at some point in the future
- safety planning

Appendix A: About the VI-SPDAT

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

The VI-SPDAT

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

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

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

Version 2

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

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

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

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

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

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

Alabama
• Parts of Alabama Balance of State

Arizona
• Statewide

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

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

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

District of Columbia
• District of Columbia

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

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

Hawaii
• Honolulu

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

Iowa
• Parts of Iowa Balance of State

Kansas
• Kansas City/Wyandotte County

Kentucky
• Louisville/Jefferson County

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

Massachusetts
• Cape Cod Islands
• Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
• Baltimore City
• Montgomery County

Maine
• Statewide

Michigan
• Statewide

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

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

Mississippi
• Jackson/Rankin, Madison Counties
• Gulf Port/Gulf Coast Regional

North Carolina
• Winston Salem/Forsyth County
• Asheville/Buncombe County
• Greensboro/High Point

North Dakota
• Statewide

Nebraska
• Statewide

New Mexico
• Statewide

Nevada
• Las Vegas/Clark County

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

Ohio
• Toledo/Lucas County
• Canton/Massillon/Alliance/Stark County

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

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

Rhode Island
• Statewide

South Carolina
• Charleston/Low Country
• Columbia/Midlands

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

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

Utah
• Statewide

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

Washington
• Seattle/King County
• Spokane City & County

Wisconsin
• Statewide

West Virginia
• Statewide

Wyoming
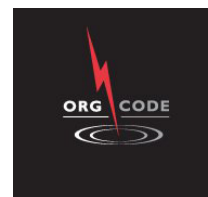• Wyoming Statewide is in the process of implementing

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

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

COMMUNITY
SOLUTIONS

ORG CODE

Welcome to the SPDAT Line of Products

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

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

VI-SPDAT Series

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

Current versions available:

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

All versions are available online at

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

SPDAT Series

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

Current versions available:

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

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

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

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

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

Current SPDAT training available:

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

Other related training available:

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

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

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

Administration

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

Opening Script

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

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

Basic Information

<table>
<tr><td rowspan="4">PARENT 1</td><td colspan="2">First Name</td><td>Nickname</td><td>Last Name</td></tr>
<tr><td colspan="4">In what language do you feel best able to express yourself? _____</td></tr>
<tr><td>Date of Birth</td><td>Age</td><td>Social Security Number</td><td>Consent to participate</td></tr>
<tr><td>DD/MM/YYYY ____/____/_____</td><td>_____</td><td>_____</td><td>☐ Yes   ☐ No</td></tr>
<tr><td rowspan="5">PARENT 2</td><td colspan="4">☐ No second parent currently part of the household</td></tr>
<tr><td colspan="2">First Name</td><td>Nickname</td><td>Last Name</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="4">In what language do you feel best able to express yourself? _____</td></tr>
<tr><td>Date of Birth</td><td>Age</td><td>Social Security Number</td><td>Consent to participate</td></tr>
</table>

DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

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

4

Children

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

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

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

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

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

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

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
   - ☐ Shelters
   - ☐ Transitional Housing
   - ☐ Safe Haven
   - ☐ **Outdoors**
   - ☐ **Other (specify):** _____
   - ☐ **Refused**

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

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

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

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

B. Risks

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

    a) Received health care at an emergency department/room?   ____ ☐ Refused

    b) Taken an ambulance to the hospital?   ____ ☐ Refused

    c) Been hospitalized as an inpatient?   ____ ☐ Refused

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

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

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

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

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

10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year?   ☐ **Y**   ☐ N   ☐ Refused

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

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

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

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

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

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

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

6

C. Socialization & Daily Functioning

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

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

> **IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT.**   **SCORE:** ____

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

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

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?   ☐ Y   ☐ **N**   ☐ Refused

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

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

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

D. Wellness

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

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

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?   ☐ **Y**   ☐ N   ☐ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?   ☐ **Y**   ☐ N   ☐ Refused

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

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

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

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

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

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

   a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused

   b) A past head injury? ☐ **Y** ☐ N ☐ Refused

   c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused

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

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

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

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

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

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

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

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

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

E. Family Unit

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Scoring Summary

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

Follow-Up Questions

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

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

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

Appendix A: About the VI-SPDAT

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

The VI-SPDAT

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

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

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

Version 2

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

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

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

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

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

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

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

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

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

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

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

District of Columbia
- District of Columbia

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

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

Hawaii
- Honolulu

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

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

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

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

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

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

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

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

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

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

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

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

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

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

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

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

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

Utah
- Statewide

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

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

Homeless Preference Documents

South Charleston Housing Authority
Excerpt showing Homeless Preference

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

Does not have operable indoor plumbing.

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

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

Does not have adequate, safe electrical service.

Does not have an adequate, safe source of heat.

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

Has been declared unfit for habitation by a government agency.

Is overcrowded according to HQS.

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

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

Lack a fixed, regular and adequate nighttime residence; AND

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

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

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

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

Families living in overcrowded conditions will be included in the substandard

Charleston Kanawha Housing Authority

Policy Excerpts Showing Homeless Preference

CKHA Policy

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

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

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

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

FY2021 KVC NOFO Letter of Intent Request - Due September 1st 2021

From: kanawhavalleycollective@yahoo.com (kanawhavalleycollective@yahoo.com)

To: mtaylor@ywcacharleston.org; daldridge@kisra.org; shyre@tgkvf.org; vandalyn.justice@uss.salvationarmy.org; jknight@ckha.com; kvfh@kvfh.org; jbanks@ckha.com; vicki@daymark.org; mtaylor@charlestonhousing.com; wvsynergyhealth@gmail.com; tpate8@gmail.com; mccomas@branchesdvs.org; mtaylor@ckha.com; knichols@ywcacharleston.org; evie.williams@hud.gov; jhaden@ywcacharleston.org; moneal@unitedwaycwv.org; ronald.gibbs@camc.org; kathleen.yancy@va.gov; sseen@ckha.com; kalbright@wvcovenanthouse.org; jhill@recoverypointwv.org; kcooper@unitedwaycwv.org; halstead@branchesdvs.org; ebbmiscere@gmail.com; dmiller@rslwc.org; michelle.parson@uss.salvationarmy.org; cprovince@ywcacharleston.org; jbobruckle@yahoo.com; jsapp@ywcacharleston.org; mthompson@biblecenterchurch.com; ttoliver6769@suddenlink.net; ronquietstorm@hotmail.com; comimpact@unitedwaycwv.org; luluharper1981@yahoo.com; jmcclure@recoverypointwv.org; erin@asphome.org; lucia.hayden2@va.gov; aconley@recoverypointwv.org; tbrannon@recoverypointwv.org; acox@recoverypointwv.org; apotter@tccwv.org; jane.bostic@cityofcharleston.org; kjones@rccr.org; eallen@wvcovenanthouse.org; nstout@rccr.org; tiffany.tyson@wvese.org; amy@mannameal.org; jthomas@hrdfwv.org; brandir@voamid.org; nfry@lawv.net; jrhoton@ywcacharleston.org; ecox1@une.edu; charkera@ourfuturewv.org; jake.vanhorn@cchcwv.com; absolute1_2000@yahoo.com; kpauley@kvccoc.org; lee.g.tabor@wv.gov; mathes@branchesdvs.org; amy.clark@cityofcharleston.org; tiffany.tyson@wvesc.org; cheryl.laws@hotmail.com; sking@ckha.com; jdickess@ckha.com; jrhoton@unitedwaycwv.org; jason@wefeedpeople.com; darynann@opioidresponse.org; jake.vanhorn@cchswv.org; kevin.johnson@cityofcharleston.org; emily.hanna@cityofcharleston.org; mharper@mail.kana.k12.wv.us; mindy.young@cityofcharleston.org; asettle@wvhealthright.org; heather.darr@reaofhope.org; cheryl.rife@prestera.org; cory.thomas@prestera.org; heather.bowers@prestera.org; mwilson@rslwc.org; nmirza@ywcacharleston.org; cgerlach@rccr.org; faith@kvccoc.org; jakob@kvccoc.org; jmcguire@rslwc.org; kblankenship@ccwva.org; tlawrence@kvccoc.org; crife@kvccoc.org; scollins@kvccoc.org; sbarracco@kvccoc.org; kpreston@kvccoc.org; cmaniak@ckha.com; kanawhavalleycollective@yahoo.com

Date: Tuesday, August 24, 2021, 03:58 PM EDT

Please see attached

Traci Strickland
Executive Director
Kanawha Valley Collective
1 United Way Square
Charleston, WV 25301
304-346-6638

August 24, 2021

The Kanawha Valley Collective Continuum of Care (KVCCoC) has been notified that funding is available through HUD for the FY 2021 CoC Program Competition. The amount of funding expected to be available is estimated to be $1,433,335 which is the minimum required to renew existing projects or to establish new projects through current funding reallocation. In addition, there is approximate bonus funds in the amount of $91,511 available which may go towards a new project which focuses on Permanent Supportive Housing, Rapid Rehousing, Joint TH/PH-RRH, Dedicated HMIS or Coordinated Entry Projects. Funds from project reallocation may also be available. This year the Domestic Violence Bonus is available for up to $274,532. These funds are to be used toward providing housing and services to survivors of domestic violence, dating violence, and stalking.

The KVC COC is seeking Letters of Intent for this funding by September 1st, 2021 at 5:00 pm and complete PROJECT APPLICATIONS for ALL PROJECTS must be submitted by October 15th, 2021 at 5:00 pm.

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

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

■**End homelessness for all persons** – Identify, engage, and effectively serve all persons experiencing homelessness – Have a comprehensive outreach strategy to identify and continuously engage all unsheltered individuals and families (veterans, youth, families individuals, those experiencing chronic homelessness) – Determine the characteristics of those with the highest needs and long experiences of unsheltered homelessness to develop housing and supportive services tailored to their needs – Use the reallocation process to create new projects that respond to these needs.

■**Create a systemic response to homelessness** – Use system performance measures to determine how effective the COC is in serving people who are homeless – Make sure Coordinated Entry process provides assistance quickly and makes homelessness assistance open, inclusive, and transparent.

■**Strategically allocate and use resources** – Review project quality, performance, and outcome data to determine how improvements can be made to the resources utilized to end homelessness.

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

■**Increasing Employment** – COC should work with local employment agencies and employers to prioritize training and employment opportunities for the homeless and COC should promote partnerships with agencies that promote employment.

■**Providing Flexibility for Housing First with Service Participation Requirements** – The traditional Housing First Approach has two parts: 1. Individuals are rapidly placed and stabilized in permanent housing without any preconditions 2. Once in housing individuals never face requirements to participate in services as a condition of retaining their housing.

New Projects created through Reallocation or COC Bonus Projects can include:

– Permanent Housing – Permanent Supportive Housing

– Permanent Housing – Rapid Rehousing Projects

– Joint TH and PH-RRH

– Dedicated HMIS

– Supportive Services Only – Centralized Entry/Coordinated Assessment

– New Projects for DV Bonus

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

- Consolidated Projects

- Transition Projects

Renewal projects can include:

- Permanent Housing (including rapid re-housing and permanent supportive housing)

- Supportive Services Only

- Homeless Management Information System (HMIS)

With regards to renewal projects HUD will allow the following:

• Project applicants can transition an existing renewable component to another component – ie. TH to PH-RRH. To take advantage of this, the project applicant must use the reallocation process to relocate the existing eligible renewal component to one of the eligible new project components: PH-PSH, PHRRH, Joint TH and PH-RRH, dedicated HMIS, or SSO-CE. The term of the new grant must be for 1 year.

• Eligible renewal project applications will have the ability to consolidate up to ten renewal projects into one application during the application process. Prior to beginning the consolidation process, the applicant should contact their local HUD office to determine each project is eligible for consolidation. HUD will not permit a TH Project to be consolidated with any other project.

• COCs can shift funds in whole or in part from existing renewal projects to create one or more new projects without decreasing the COCs ARD. The new project must meet project eligibility and project quality thresholds established by HUD.

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

All project applicants seeking funding under this NOFA must have a DUNS number and include the number in their letter of intent. All project applicants seeking this funding must also have an active SAM (System for Award Management) registration. (SAM replaces the Central Contractor Registration (CCR). Go to www.SAM.gov for more information.

To learn more about the process and to gain a better understanding of the allowable programs, you may access the Notice of Funding Availability for the Continuum of Care Program Competition at the HUD Homelessness Resource Exchange at CoC Program Competition | HUD.gov / U.S. Department of Housing and Urban Development (HUD)

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

• Meets the priorities of the KVC COC Strategic Plan and

• Meets the requirements of HUD for funding.

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

Applicants who are chosen, or who are not chosen, for submission will be notified by 5:00pm on November 1, 2021. Completed applications are due by 5:00 pm on October 15, 2021.

Letters of Intent should be prepared on agency letterhead, sent to:

Traci Strickland at kanawhavalleycollective@yahoo.com

and must include the following:

1) The program for which you are applying; (permanent housing, transitional housing, supportive services only, HMIS;

2) The amount of funds requested;

3) The number of people you propose to serve annually;

4) Any special target populations for which you are serving, (individuals, families, chronic homeless, veterans) 5) Whether the project is new or a renewal;

6) The name, email and phone number for the project key contact person

Assistance with information on where to access technical assistance on HUD's website can be found at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources. Further, a copy of the CoC Consolidated Application is available upon request by contacting the KVC COC

A submission of a Letter of Intent also implies consent to the following:

1) All clients served by the project must meet the homeless criteria as established by HUD.

2) Recipient will enter client data into the KVC COC HMIS system

3) Recipient will spend funding (should it be received) in a timely fashion, drawing project funds on a quarterly basis at the minimum.

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

5) Proposed project's assistance will include assisting program participants to achieve and maintain independent living and establishing a record of success (including but not limited to maintaining permanent housing for more than 6-months, increase of income through employment and connection with mainstream resources etc.)

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

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

8) Successful letters of intent for any new projects will also include agreement to provide a completed Project Application in accordance with the requirements outlined by HUD. Completed applications are due by 5:00 pm on October 15, 2021.

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

KVC FY2021 Letter of Intent.docx
53.5kB

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Kanawha Valley Collective
Published by Traci Strickland · August 29 ·

The Kanawha Valley Collective Continuum of Care (KVCCoC) has been notified that funding is available through HUD for the FY 2021 CoC Program Competition. The amount of funding expected to be available is estimated to be $1,433,335 which is the minimum required to renew existing projects or to establish new projects through current funding reallocation. In addition, there is approximate bonus funds in the amount of $91,511 available which may go towards a new project which focuses on Permanent Supportive Housing, Rapid Rehousing, Joint TH/PH-RRH, Dedicated HMIS or Coordinated Entry Projects. Funds from project reallocation may also be available. This year the Domestic Violence Bonus is available for up to $274,532. These funds are to be used toward providing housing and services to survivors of domestic violence, dating violence, and stalking.

The KVC COC is seeking Letters of Intent for this funding by September 1st, 2021 at 5:00 pm and complete PROJECT APPLICATIONS for ALL PROJECTS must be submitted by October 15th, 2021 at 5:00 pm.

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

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

■End homelessness for all persons – Identify, engage, and effectively serve all persons experiencing homelessness – Have a comprehensive outreach strategy to identify and continuously engage all unsheltered individuals and families (veterans, youth, families individuals,

Objective of the Prioritization & Evaluation Subcommittee.

The purpose of this committee is objectively rank all renewal and new (bonus, reallocation and consolidation) projects for the consolidated CoC applications.

NOFO Project Ranking Information

Project Ranking. Project applications submitted to the CoC for inclusion on the FY 2021 CoC Priority Listing as part of the CoC Consolidated Application must be reviewed and either accepted and ranked, approved, or rejected by the CoC. All project applications approved by the CoC must be listed on the CoC Priority Listing in rank order, except project applications for YHDP renewal or replacement, CoC planning and UFA Costs projects which are not ranked. Higher ranked projects will be assigned to Tier 1 and lower ranked projects will be assigned to Tier 2. The purpose of this two-tiered approach is for CoCs to notify HUD which projects are prioritized for funding based on local needs and gaps.

The P&E subcommittee will rank all projects (excluding YHDP renewal or replacement, CoC planning, and UFA Costs projects) applying for funding in the 2021 Consolidated Application. This is an ordered ranking of all renewal and new projects the CoC is submitting in the application for funding. The project ranking *must* reflect HUD funding priorities, local need, and a data-driven process for evaluating individual project performance.

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

Projects Fully in Tier 1. HUD will conditionally select new project applications created through reallocation or the CoC Bonus and renewal project applications, including renewals of previously funded DV Bonus projects, that are fully within Tier 1, that pass project eligibility, project quality, and if applicable, project renewal threshold review, based on CoC score, beginning with the highest scoring CoC to the lowest scoring CoC. As stated in Section II.B.11.a of the 2021 NOFO, if the available funding under this NOFO is reduced, a reduction will be made to all CoC's Tier 1 amount proportionately which would result in lower ranked Tier 1 project applications falling into Tier 2.

Projects in Tier 2. HUD will conditionally select new project applications created through reallocation and the CoC Bonus and renewal project applications, including renewals of previously funded DV Bonus projects that pass project eligibility, project quality, and if applicable, project renewal threshold review in Tier 2 using the criteria in Section II.B.11.b of the 2021 NOFO. HUD will select projects in order of point value until there are no more funds available. In the case of a tie, HUD will fund the projects in the order of CoC application score. In case there is still a tie, HUD will select the project from the CoC that has the highest score on the rating factors described in Section II.B.11.b of the 2021 NOFO.

Projects Straddling Tiers. If a project application straddles the Tier 1 and Tier 2 funding line, HUD will conditionally select the project application up to the amount of funding that falls

within Tier 1. Using the CoC score and other factors described in Section II.B.11 of this NOFO, HUD may then fund the Tier 2 portion of the project. If HUD does not fund the Tier 2 portion of the project, HUD may award the project at the reduced amount, provided the project is still feasible with the reduced funding (e.g., is able to continue serving homeless program participants effectively).

KVCCoC's FY2021 Available Funds.

Tier 1: 100% of the CoC's Annual Renewal Demand (ARD) as described in Section III.B.2.a of this NOFO minus the Annual Renewal Amounts of YHDP replacement projects.
Tier 1 = $1,433,335
Tier 2: Tier 1 minus the maximum amount of renewal, reallocation, and CoC Bonus funds that a CoC can apply for (excludes YHDP renewal or YHDP replacement projects, CoC planning projects, and if applicable, UFA Costs projects, or projects selected with DV Bonus funds).
Tier 2 = $366,043 (**CoC Bonus**=$91,511 and **DV Bonu**s=$274,532)
Planning = $54,906
TOTAL AVAILABLE: $1,854,284

KVC& HUD Policy Priorities

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

1. Ending homelessness for all persons. To end homelessness, CoCs should identify, engage, and effectively serve all persons experiencing homelessness. CoCs should measure their performance based on local data that consider the challenges faced by all subpopulations experiencing homelessness in the geographic area (e.g., veterans, youth, families, or those experiencing chronic homelessness). CoCs should partner with housing, health care, and supportive services providers to expand housing options, such as permanent supportive housing, housing subsidies, and rapid rehousing. Additionally, CoCs should use local data to determine the characteristics of individuals and families with the highest needs and longest experiences of homelessness to develop housing and supportive services tailored to their needs.

2. Use a Housing First approach. Housing First prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions. CoC Program funded projects should help individuals and families move quickly into permanent housing, and the CoC should measure and help projects reduce the length of time people experience homelessness. Additionally, CoCs should engage landlords and property owners to identify an inventory of housing available for rapid rehousing and permanent supportive housing participants, remove barriers to entry, and adopt client-centered service methods. HUD encourages CoCs to assess how well Housing First approaches are being implemented in their communities.

3. Reducing Unsheltered Homelessness. In recent years, the number of people experiencing unsheltered homelessness has risen significantly, including a rising number of encampments in many communities across the country. People living unsheltered have extremely high rates of physical and mental illness and substance use disorders. CoCs should identify permanent housing options for people who are unsheltered.

4. Improving System Performance. CoCs should be using system performance measures

(e.g., average length of homeless episodes, rates of return to homelessness, rates of exit to permanent housing destinations) to determine how effectively they are serving people experiencing homelessness. Additionally, CoCs should use their Coordinated Entry process to promote participant choice, coordinate homeless assistance and mainstream housing, and services to ensure people experiencing homelessness receive assistance quickly, and make homelessness assistance open, inclusive, and transparent. CoCs should review all projects eligible for renewal in FY 2021 to determine their effectiveness in serving people experiencing homelessness, including cost-effectiveness. CoCs should also look for opportunities to implement continuous quality improvement and other process improvement strategies. HUD recognizes the effects of COVID-19 on CoC performance and data quality and, compared to previous CoC NOFOs, reduces the points available for rating factors related to system performance.

5. *Partnering with Housing, Health, and Service Agencies*. Using cost performance and outcome data, CoCs should improve how all available resources are utilized to end homelessness. This is especially important as the CARES Act and American Rescue Plan have provided significant new resources to help end homelessness. HUD encourages CoCs to maximize the use of mainstream and other community-based resources when serving persons experiencing homelessness and should:

   a) work closely with public and private healthcare organizations and assist program participants to obtain medical insurance to address healthcare needs;

   b) partner closely with PHAs and state and local housing organizations to utilize coordinated entry, develop housing units, and provide housing subsidies to people experiencing homelessness. These partnerships can also help CoC Program participants exit permanent supportive housing through Housing Choice Vouchers and other available housing options. CoCs and PHAs should especially work together to implement targeted programs such as Emergency Housing Vouchers, HUD-VASH, Mainstream Vouchers, Family Unification Program Vouchers, and other housing voucher programs targeted to people experiencing homelessness. CoCs should coordinate with their state and local housing agencies on the utilization of new HOME program resources provided through the Homelessness Assistance and Supportive Services Program that was created through the American Rescue Plan;

   c) partner with local workforce development centers to improve employment opportunities; and

   d) work with tribal organizations to ensure that tribal members can access CoC-funded assistance when a CoC's geographic area borders a tribal area.

6. *Racial Equity.* In nearly every community, Black, Indigenous, and other people of color are substantially overrepresented in the homeless population. HUD is emphasizing system and program changes to address racial equity within CoCs. CoCs should review local policies, procedures, and processes to determine where and how to address racial disparities affecting individuals and families experiencing homelessness.

7. *Persons with Lived Experience.* HUD is encouraging CoCs to include in the local planning process people who are currently experiencing or have formerly experienced homelessness to address homelessness. People with lived experience should determine how local policies may need to be revised and updated, participate in CoC meetings and committees as stakeholders, provide input on decisions, and provide input related to the local competition process (e.g., how

rating factors are determined). CoCs should seek opportunities to hire people with lived experience.

KVCCoC's Project Ranking Process.

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

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

New or Bonus Project Selection. New project applicants will be assessed on the following: project design, how the project addresses local priority needs, how the project aligns with local strategies and HUD's priority to end homelessness, budget appropriateness and accuracy, project match, leveraging, CoC participation, community collaboration, organizational capacity, and implementation timeline. The organization's use of the Housing First philosophy and its impact on systemwide performance measures will also be assessed. There may be new projects that fail to score well enough to be included in the NOFO submission, or there may not be enough new project funding to fund all requests.

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

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

Tie Breakers. Ties within the same project type will be broken in the following order:

1. Highest % of clients exiting to or retaining permanent housing.
2. Highest utilization rate
3. Largest grant amount

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

Permanent Supportive Housing

Ranking & Scoring Tool

Project Name_____

Grant ID_____

Points Awarded		
Bonus Points	+	
TOTAL SCORE		

Scoring Element	Max Points	Scoring Threshold	Awarded Points
1. Permanent Housing Placements Objective Source: System Performance & Annual Performance Reports The percentage of persons who remained in or exited to permanent housing destinations.	20	20 Points: 98-100% 15 Points: 96-97% 10 Points: 94-95% 0 Points: 93% or less	
2 Discharges to Temporary Destinations Objective Source: Annual Performance Report The percentage of project participants who exited to the places listed as temporary destinations on the APR	15	15 Points: 0% 10 Points: 1-2% 5 Points: 3-4% 0 Points: 5% or higher	
3. Utilization Rate Objective Source: Annual Performance Report Average bed utilization on all PIT dates.	10	10 Points: 91% or more 5 Points: 80-90% 0 Points: 79% or less	
4. Total Income Objective Source: System Performance & Annual Performance Report The percentage of adults that maintained or increased total income (earned income or other income) by program exit.	10	10 Points: 75% or more 5 Points: 65-74% 3 Points: 55-64% 0 Points: 54% or less	
5. Timely Submission of Annual Performance Report Objective Source: SAGE Annual Performance Report submitted in SAGE on time. If the submission was rejected by HUD, report must be amended and resubmitted within 30 days.	10	10 Points: Yes 0 Points: No	
6. Serving Vulnerable Populations Objective Source: Annual Performance Report The percentage of clients served who are experiencing two or more of the following: unsheltered homelessness, substance use disorder, severe mental illness, currently fleeing domestic violence, or are chronically homeless.	10	10 Points: 90% or more 5 Points: 89 - 50% 0 Points: 49% or less	
7. Housing First Approach Objective Source: Program Policies & Servicepoint review The extent to which the project follows a housing first approach: 1. Individuals are placed and stabilized in permanent housing without preconditions, and 2. Individuals never face requirements to participate in services as a condition to retain their housing. 3. Individuals do not face a "three strikes" eviction policy	10	10 Points: 3 factors met 5 Points: 2 factor met 0 Points: 0 - 1 factors met	
8. Grant Spending Objective Source: eLOCCS The percentage of project funds spent during the last operating year.	10	10 Points: spent 100% 5 Points: spent 98-99% 3 Points: spent 96-97% 0 Points: spent 95% or less	
9. Mainstream Benefits (Non-Cash) Objective Source: Annual Performance Report The percentage of households that maintained or increased non-cash benefits at program exit.	5	5 Points: 70% or more 3 Points: 60-69% 0 Points: 59% or less	
Total Possible Points	**100**		

Application Score:	

Bonus Points Available

Scoring Element	Max Bonus	Scoring Threshold	Bonus Points
1. **Racial Equity** Objective Source: Annual Performance Report The extent to which the project participants mirror the CoC's homeless population demographics.	5	5 Points: an equal or higher percentage of clients of color served 0 Points: a lower percentage of clients of color served	
2. **HMIS** Objective Source: Annual Performance Report The extent to which the project: 1. Has satisfactory data quality, and 2. Has satisfactory data timeliness	10	10 Points: 2 factors met 5 Points: 1 factor met 0 Points: 0 factors met	
Total Possible Bonus	15		

Total Bonus Points:	

Rapid Rehousing Housing

Ranking & Scoring Tool

Project Name_____

Grant ID_____

Points Awarded	
Bonus Points	**+**
TOTAL SCORE	

Scoring Element	Max Points	Scoring Threshold	Awarded Points
1. Permanent Housing Placements Objective Source: System Performance & Annual Performance Reports The percentage of persons served who moved into positive housing.	20	20 Points: 75% or higher 15 Points: 70-74% 10 Points: 65-69% 0 Points: 64% or less	
2. Length of Time to Move-In Objective Source: APR Report The average length of time for persons to move into housing.	15	15 Points: 30 days or less 10 Points: 31-40 days 5 Points: 41-50 days 0 Points: 51+ days	
3. Discharge to Temporary Destinations Objective Source: Annual Performance Report The percentage of project participants who exited to places listed as temporary destinations on the APR	10	10 Points: 0% 5 Points: 1-4% 0 Points: 5% or higher	
4. Total Income Objective Source: System Performance & Annual Performance Report The percentage of adults that maintained or increased total income (earned income or other income) by program exit.	10	10 Points: 75% or more 5 Points: 65-74% 3 Points: 55-64% 0 Points: 54% or less	
5. Timely Submission of Annual Performance Report Objective Source: SAGE Annual Performance Report submitted in SAGE on time. If the submission was rejected by HUD, report must be amended and resubmitted within 30 days.	10	10 Points: Yes 0 Points: No	
6. Serving Vulnerable Populations Objective Source: Annual Performance Report The percentage of clients served who are experiencing or more of the following: unsheltered homelessness, substance use disorder, severe mental illness, currently fleeing domestic violence, or are chronically homeless.	10	10 Points: 90% or more 5 Points: 89-50% 0 Points: 49% or less	
7. Housing First Approach Objective Source: Program Policies and Servicepoint Review The extent to which the project follows a housing first approach: 1. Individuals are placed and stabilized in permanent housing without preconditions, and 2. Individuals never face requirements to participate in services as a condition to retain their housing. @	10	10 Points: factors met 5 Points: factors met 0 Points: 0 factors met	
8. Grant Spending Objective Source: eLOCCS The percentage of project funds spent during the last operating year.	10	10 Points: spent 100% 5 Points: spent 98-99% 3 Points: spent 96-97% 0 Points: spent 95% or less	
9. Mainstream Benefits (Non-Cash) Objective Source: Annual Performance Report The percentage of households that maintained or increased non-cash benefits by program exit.	5	5 Points: 70% or more 3 Points: 60 – 69% 0 Points: 59% or less	
Total Possible Points	**100**		

Application Score:	

Bonus Points Available

Scoring Element	Max Bonus	Scoring Threshold	Bonus Points
1. Racial Equity Objective Source: Annual Performance Report The extent to which the project participants mirror the CoC's homeless population demographics.	5	5 Points: an equal or higher percentage of clients of color served 0 Points: a lower percentage of clients of color served	
2. HMIS Objective Source: Annual Performance Report The extent to which the project: 1. Has satisfactory data quality, and 2. Has satisfactory data timeliness	10	10 Points: 2 factors met 5 Points: 1 factor met 0 Points: 0 factors met	
Total Possible Bonus	15		

Total Bonus Points:

DV-Rapid Rehousing Housing

Ranking & Scoring Tool

Project Name_____

Grant ID_____

Points Awarded	
Bonus Points	**+**
TOTAL SCORE	

Scoring Element	Max Points	Scoring Threshold	Awarded Points
1. Permanent Housing Placements Objective Source: System Performance & Annual Performance Reports The percentage of persons served who moved into positive housing.	20	20 Points: 75% or higher 15 Points: 70-74% 10 Points: 65-69% 0 Points: 64% or less	
2. Length of Time to Move-In Objective Source: APR Report The average length of time for persons to move into housing.	10	10 Points: 30 days or less 5 Points: 31-40 days 3 Points: 41-50 days 0 Points: 51+ days	
3. Unsheltered Homelessness Objective Source: Annual Performance Report The percentage of project participants who exited to places not meant for human habitation.	10	10 Points: 0% 5 Points: 1-4% 0 Points: 5% or higher	
4. Total Income Objective Source: System Performance & Annual Performance Report The percentage of adults that maintained or increased total income (earned income or other income) by program exit.	10	10 Points: 75% or more 5 Points: 65-74% 3 Points: 55-64% 0 Points: 54% or less	
5. Timely Submission of Annual Performance Report Objective Source: SAGE Annual Performance Report submitted in SAGE on time. If the submission was rejected by HUD, report must be amended and resubmitted within 30 days.	10	10 Points: Yes 0 Points: No	
6. Serving Vulnerable Populations Objective Source: Annual Performance Report The percentage of clients served who are experiencing two or more of the following: unsheltered homelessness, substance use disorder, severe mental illness, currently fleeing domestic violence, or are chronically homeless.	10	10 Points: 90% or more 5 Points: 89-50% 0 Points: 49% of less	
7. Housing First Approach Objective Source: Housing First Subcommittee The extent to which the project follows a housing first approach: 1. Individuals are placed and stabilized in permanent housing without preconditions, and 2. Individuals never face requirements to participate in services as a condition to retain their housing.	10	10 Points: 2 factors met 5 Points: 1 factor met 0 Points: 0 factors met	
8. Grant Spending Objective Source: eLOCCS The percentage of project funds spent during the last operating year.	10	10 Points: spent 100% 5 Points: spent 98-99% 3 Points: spent 96-97% 0 Points: spent 95% or less	
9. Safety Planning Source: Osnium Data The percentage of clients that entered the project during the operating year who participated in safety planning.	10	10 Points: 99-100% 5 Points: 95-98% 0 Points: 94 or less	
Total Possible Points	**100**		

Application Score:	

Bonus Points Available

Scoring Element	Max Bonus	Scoring Threshold	Bonus Points
1. **Racial Equity** Objective Source: Annual Performance Report The extent to which the project participants mirror the CoC's homeless population demographics.	5	5 Points: an equal or higher percentage of clients of color served 0 Points: a lower percentage of clients of color served	
2. **HMIS** Objective Source: Annual Performance Report The extent to which the project: 1. Has satisfactory data quality, and 2. Has satisfactory data timeliness	10	10 Points: 2 factors met 5 Points: 1 factor met 0 Points: 0 factors met	
Total Possible Bonus	15		

Total Bonus Points:

Permanent Support Housing

Ranking & Scoring Tool

Project Name **Shanklin**

Grant ID _____

Points Awarded	90
Bonus Points	+ 10
TOTAL SCORE	100

Scoring Element	Max Points	Scoring Threshold	Awarded Points
1. Permanent Housing Placements Objective Source: System Performance & Annual Performance Reports The percentage of persons who remained in or exited to permanent housing destinations.	20	20 Points: 98-100% 15 Points: 96-97% 10 Points: 94-95% 0 Points: 93% or less	20
2 Discharges to Temporary Destinations Objective Source: Annual Performance Report The percentage of project participants who exited to the places listed as temporary destinations on the APR	15	15 Points: 0% 10 Points: 1-2% 5 Points: 3-4% 0 Points: 5% or higher	15
3. Utilization Rate Objective Source: Annual Performance Report Average bed utilization on all PIT dates.	10	10 Points: 91% or more 5 Points: 80-90% 0 Points: 79% or less	5
4. Total Income Objective Source: System Performance & Annual Performance Report The percentage of adults that maintained or increased total income (earned income or other income) by program exit.	10	10 Points: 75% or more 5 Points: 65-74% 3 Points: 55-64% 0 Points: 54% or less	10
5. Timely Submission of Annual Performance Report Objective Source: SAGE Annual Performance Report submitted in SAGE on time. If the submission was rejected by HUD, report must be amended and resubmitted within 30 days.	10	10 Points: Yes 0 Points: No	10
6. Serving Vulnerable Populations Objective Source: Annual Performance Report The percentage of clients served who are experiencing two or more of the following: unsheltered homelessness, substance use disorder, severe mental illness, currently fleeing domestic violence, or are chronically homeless.	10	10 Points: 90% or more 5 Points: 89 - 50% 0 Points: 49% or less	10
7. Housing First Approach Objective Source: Program Policies & Servicepoint review The extent to which the project follows a housing first approach - individuals are housed and stabilized in permanent housing without preconditions such as sobriety, income, or other requirements to participate in services as a condition to access their housing. Projects that do not have a "three strikes" eviction policy	10	10 Points: 3 factors met 5 Points: 2 factor met 0 Points: 0 - 1 factors met	5
8. Grant Spending Objective Source: eLOCCS The percentage of project funds spent during the last operating year.	10	10 Points: spent 100% 5 Points: spent 98-99% 3 Points: spent 96-97% 0 Points: spent 95% or less	10
9. Mainstream Benefits (Non-Cash) Objective Source: Annual Performance Report The percentage of households that maintained or increased non-cash benefits at program exit.	5	5 Points: 70% or more 3 Points: 60-69% 0 Points: 59% or less	5
Total Possible Points	100		

Application Scorer	90

Scoring Element	Max Bonus	Scoring Threshold	Bonus Points
1. **Racial Equity** Objective Source: Annual Performance Report The extent to which the project participants mirror the CoC's homeless population demographics.	5	5 Points: an equal or higher percentage of clients of color served 0 Points: a lower percentage of clients of color served	0
2. **HMIS** Objective Source: Annual Performance Report The extent to which the project: 1. Has satisfactory data quality, and 2. Has satisfactory data timeliness	10	10 Points: 2 factors met 5 Points: 1 factor met 0 Points: 0 factors met	10
Total Possible Bonus	15		

Total Bonus Points	10

Rank #	Applicant	Project Name	New / Renewal	ARA or Amount Requested	Amount Approved	Ranking Score	Project Type		
1	Kanawha Valley Collective	HMIS	Renewal	$136,799	$136,799	100	HMIS		
2	Kanawha Valley Collective	CAT Centralized Assessment Team	Renewal	$91,713	$91,713	100	SSO		
3	YWCA of Charleston	Shanklin	Renewal	$119,460	$119,460	100	PSH		
4	Roark Sullivan Lifeway Center	Twin Cities	Renewal	$260,320	$260,320	80	PSH		
5	Covenant House	Covenant House RRH	Renewal	$37,162	$37,162	58	RRH		
6	YWCA of Charleston	Resolve RRH	Renewal	$217,683	$217,683	50	RRH		
7	Covenant House	Housing First	Renewal	$350,344	$350,344	50	PSH		
8	Charleston Kanawha Housing Authority	Shelter + Care	Renewal	$186,206	$186,206	50	PSH		
9	Branches Domestic Violence Shelter	Putnam RRH	Renewal	$33,648	$33,648	45	RRH	Tier 1	$1,433,335
10	YWCA of Charleston	CAT Expansion	New	$126,464	$126,464		SSO		
11	Religious Coalition for Community Renewal	RCCR Rapid Rehousing	New	$115,000	$91,511		RRH		
12	YWCA of Charleston	Resolve RRH Expansion	New	$147,536	$147,536		RRH	Tier 2	$365,511

KVC 2021 NOFO Rating and Ranking Results

1 message

Traci Strickland <tstrickland@kvccoc.org>   Fri, Oct 29, 2021 at 12:23 PM
To: Debby Weinstein <deb@ywcacharleston.org>, Kyla Nichols <KNichols@ywcacharleston.org>, "Julie Haden
(jhaden@ywcacharleston.org)" <jhaden@ywcacharleston.org>, Jessica McGuire <jmcguire@rslwc.org>, Ellen Allen
<eallen@wvcovenanthouse.org>, Briana Martin <bmartin@wvcovenanthouse.org>, Mark Taylor <mtaylor@ckha.com>,
Amanda McComas <mccomas@branchesdvs.org>, Kevin Jones <kjones@rccr.org>

Hello all,

On October 25th the Prioritization Committee met and discussed all projects submitted for inclusion for the KVC FY2021
NOFO. Here are the results:

1. All new and renewal projects were accepted and will be included in the FY2021 NOFA submission
2. All renewal projects were ranked in Tier One.
3. As a reminder, Tier 1 is equal to the KVC annual renewal demand, meaning no projects needed to be reduced to fit
into Tier 1 and we do not have projects straddling between Tier 1 and Tier 2.
4. We did have one reduction in Tier 2. RCCR made a request for a bonus project but the budget was over the allotted
amount for a potential KVC COC bonus. RCCR has been asked to rework their budget for the allocated bonus amount.

Attached are the results of Prioritization Committee. Congratulations to you all on your inclusion in the FY2021 NOFA.

--
Traci Strickland
Executive Director
Kanawha Valley Collective
1 United Way Square
Charleston, WV 25301
304-346-6638

📄 **KVC 2021 NOFO Ranking and Review Results.pdf**
52K

Prioritization Committee Reduction in Grant Amount

1 message

Traci Strickland <tstrickland@kvccoc.org>   Fri, Oct 29, 2021 at 12:07 PM
To: Kevin Jones <kjones@rccr.org>

Kevin,

The Prioritization Committee met on Monday October 25th to review projects for the 2021 NOFO.

Your project was accepted and ranked for inclusion in the 2021 NOFO for the KVC. Through that process your Rapid Rehousing Project was reduced to $91,511. This new amount is a reduction of your original request, but is the amount available to the KVC for bonus projects.

Please make budget adjustments by COB on Wednesday November 3rd. Let me know if you need any assistance or have any questions.

Thank you for everything you and RCCR do for those experiencing homelessness in the KVC area.

--
Traci Strickland
Executive Director
Kanawha Valley Collective
1 United Way Square
Charleston, WV 25301
304-346-6638

Rank #	Applicant	Project Name	New / Renewal	ARA or Amount Requested	Amount Approved	Project Type		
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2	Kanawha Valley Collective	CAT Centralized Assessment Team	Renewal	$91,713	$91,713	SSO		
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8	Charleston Kanawha Housing Authority	Shelter + Care	Renewal	$186,206	$186,206	PSH		
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KVC 2021 NOFO Rating and Ranking Results

1 message

Traci Strickland <tstrickland@kvccoc.org>   Fri, Oct 29, 2021 at 12:23 PM
To: Debby Weinstein <deb@ywcacharleston.org>, Kyla Nichols <KNichols@ywcacharleston.org>, "Julie Haden
(jhaden@ywcacharleston.org)" <jhaden@ywcacharleston.org>, Jessica McGuire <jmcguire@rslwc.org>, Ellen Allen
<eallen@wvcovenanthouse.org>, Briana Martin <bmartin@wvcovenanthouse.org>, Mark Taylor <mtaylor@ckha.com>,
Amanda McComas <mccomas@branchesdvs.org>, Kevin Jones <kjones@rccr.org>

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NOFO. Here are the results:

1. All new and renewal projects were accepted and will be included in the FY2021 NOFA submission
2. All renewal projects were ranked in Tier One.
3. As a reminder, Tier 1 is equal to the KVC annual renewal demand, meaning no projects needed to be reduced to fit
into Tier 1 and we do not have projects straddling between Tier 1 and Tier 2.
4. We did have one reduction in Tier 2. RCCR made a request for a bonus project but the budget was over the allotted
amount for a potential KVC COC bonus. RCCR has been asked to rework their budget for the allocated bonus amount.

Attached are the results of Prioritization Committee. Congratulations to you all on your inclusion in the FY2021 NOFA.

--
Traci Strickland
Executive Director
Kanawha Valley Collective
1 United Way Square
Charleston, WV 25301
304-346-6638

📄 **KVC 2021 NOFO Ranking and Review Results.pdf**
   52K

Prioritization Committee Reduction in Grant Amount

1 message

Traci Strickland <tstrickland@kvccoc.org>   Fri, Oct 29, 2021 at 12:07 PM
To: Kevin Jones <kjones@rccr.org>

Kevin,

The Prioritization Committee met on Monday October 25th to review projects for the 2021 NOFO.

Your project was accepted and ranked for inclusion in the 2021 NOFO for the KVC. Through that process your Rapid Rehousing Project was reduced to $91,511. This new amount is a reduction of your original request, but is the amount available to the KVC for bonus projects.

Please make budget adjustments by COB on Wednesday November 3rd. Let me know if you need any assistance or have any questions.

Thank you for everything you and RCCR do for those experiencing homelessness in the KVC area.

--
Traci Strickland
Executive Director
Kanawha Valley Collective
1 United Way Square
Charleston, WV 25301
304-346-6638

Rank #	Applicant	Project Name	New / Renewal	ARA or Amount Requested	Amount Approved	Project Type		
1	Kanawha Valley Collective	HMIS	Renewal	$136,799	$136,799	HMIS		
2	Kanawha Valley Collective	CAT Centralized Assessment Team	Renewal	$91,713	$91,713	SSO		
3	YWCA of Charleston	Shanklin	Renewal	$119,460	$119,460	PSH		
4	Roark Sullivan Lifeway Center	Twin Cities	Renewal	$260,320	$260,320	PSH		
5	Covenant House	Covenant House RRH	Renewal	$37,162	$37,162	RRH		
6	YWCA of Charleston	Resolve RRH	Renewal	$217,683	$217,683	RRH		
7	Covenant House	Housing First	Renewal	$350,344	$350,344	PSH		
8	Charleston Kanawha Housing Authority	Shelter + Care	Renewal	$186,206	$186,206	PSH		
9	Branches Domestic Violence Shelter	Putnam RRH	Renewal	$33,648	$33,648	RRH	Tier 1	$1,433,335
10	YWCA of Charleston	CAT Expansion	New	$126,464	$126,464	SSO		
11	Religious Coalition for Community Renewal	RCCR Rapid Rehousing	New	$115,000	$91,511	RRH		
12	YWCA of Charleston	Resolve RRH Expansion	New	$147,536	$147,536	RRH	Tier 2	$365,511

FY 2021 Continuum of Care Application

2021 Letter of Funding Availability

COC Prioritization Ranking and Review

COC Ranking Priority List of Projects
w/ Reduced Projects

FY2021 NOFO Priority Listing - uploaded 11/14/2021

FY2021 NOFO COC Application- uploaded 11/14/2021

4:55 PM
11/14/2021

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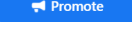
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News Feed

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
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Kanawha Valley Colle... Edit Send Message Promote KVC

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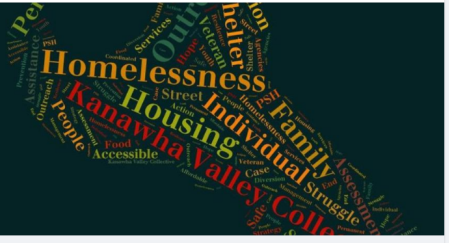
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Find qualified candidates by posting job opportunities with your busine...

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
Kanawha Valley Collective
Published by Traci Strickland · Just now ·

The Kanawha Valley Collective's FY2021 Consolidated NOFO Application for CoC-funded programs has been publicly posted:
https://www.kanawhavalleycollective.org/about-3

KANAWHAVALLEYCOLLECTIVE.ORG
FY 2021 Continuum of Care Application | KVC+

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11/14/2021

HEALTH CARE AGREEMENT
Between
YWCA Resolve Family Abuse Program,
The Religious Coalition for Community Renewal
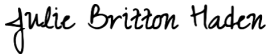## And
Cabin Creek Health Systems

AGREEMENT

The purpose of this agreement is for the Cabin Creek Health Systems to provide access to health care for individuals experiencing homelessness in Rapid Rehousing programs. Cabin Creek Health Systems will provide access to dental, 340B pharmacy, addiction treatment including MAT, HCV treatment, behavioral health, and traditional primary care. Access to health care will be through a mobile unit at the Religious Coalition for Community Renewal and YWCA Resolve Family Abuse Program designated Rapid Rehousing project locations as well as through referrals from case managers.

TERM:

This Agreement will begin effective the date of November 2021 and will continue until terminated by either party.

CERTIFICATION OF AUTHORITY TO SIGN AGREEMENT

	John P. VanHorn Jr., PsyD	
	Community Impact Officer	11 / 12 / 2021
Cabin Creek Health Systems		Date

	Kevin Jones	
Kevin Jones	Executive Director	11 / 12 / 2021
The Religious Coalition for Community Renewal		Date

	Julie Haden	
Julie Britton Haden	Director	11 / 12 / 2021
YWCA Resolve Family Abuse Program		Date

TITLE	NOFA HUD Health Care Agreement
FILE NAME	HEALTH CARE AGREEMENT.docx
DOCUMENT ID	cc70560a8b2088d266b536032f87b4dbf1d9ebc1
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Between
YWCA Resolve Family Abuse Program,
The Religious Coalition for Community Renewal
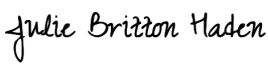## And
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