

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while completing the application in e-snaps.

- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.

- Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

1A-3. CoC Designation: CA

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

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	No
Local Jail(s)	No	No	No
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	No	No	No
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Veterans Administration	Yes	No	No
Health Care for Homeless	Yes	No	No
Veteran Service Providers	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

All KVC meetings are open to the public. Members invite new participants monthly through formal and informal invitations. Monthly Membership Meetings feature diverse stakeholders as speakers that allow for communication on ways to provide better services and make informed decisions. The KVC also ensures the CoC committees and CoC Board broadly reflect diversity and provider inclusion; and maintaining an active e-listserv. Law enforcement assists with outreach efforts, ESG, and PIT count. Law enforcement will contact KVC agencies about homeless individuals needing services rather than criminalize them. This relationship has evolved into a positive outcome for all. DHHR is involved at the State & County levels and serve on Board and Prioritization. They are the lead of WV Interagency Council. DHHR performs a comprehensive assessment on individuals who may be homeless and provides various referrals. They also provide a range of funding for different services within the COC.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Daymark	Yes	Yes	No
Kanawha County School System	No	Yes	No
YWCA of Charleston	No	Yes	Yes
West Virginia Department of Health and Human Resources	No	Yes	Yes
Childrens Home Society/Davis Shelter	No	No	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.

Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
City of Charleston Law Enforcement	Yes	No
Covenant House	Yes	Yes
Kanawha County Sheriff Department	Yes	No
YWCA of Charleston	Yes	Yes

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

Year-round discussion of CoC funding occurs at Board, Membership & Subcommittee meetings. The KVC conducts an open competition for new & renewal programs. For the FY16 competition, the KVC issued a Request for Letter of Intent on July 6 through the KVC website, listserv and KVC membership meeting. KVC members also announce that NOFA funding is available at other meetings they attend. Interested agencies were required to submit a LOI if they wished to submit a proposal for COC funds. LOIs are reviewed to ensure that projects & agencies meet program guidelines. If guidelines are met, information regarding the application process is provided. If guidelines are not met, KVC staff meets with the agency to explain issues with the project & ways it can be revised to be compatible. An unbiased Prioritization Committee reviews each submitted application to determine if it meets KVC needs, has capacity to carry out the project, & if previous funding was received, were project goals met.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	2
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The KVC participates collaboratively with the City of Charleston and State of WV through the Mayor's Office of Economic and Community Development (MOECD), the Charleston Police Development (CPD), and the Dept. of Health and Human Resources (DHHR). The KVC works closely with MOECD, CPD, and DHHR on the development of policies and procedures, PIT counts, ESG data and HMIS reports that assist in gathering data that contributes to performance and outcomes. The open door policy that exists between the KVC, City and State results in frequent sharing of information. The KVC meets with the City and State of WV no less than monthly at Membership, Board, ESG and Project Resource meetings.

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

KVC has designated an ESG Working Committee to consult with the City of Charleston and State of West Virginia on the best way to allocate ESG funds for eligible activities, to develop performance standards for activities funded under ESG, and to develop funding, policies, and procedures for the operation and administration of ESG. As a result, an umbrella policy and procedures have been developed for all ESG projects. Consultation meetings and conference calls with other COCs across WV have been held as well as numerous meetings with Project Resource Committee. KVC provides recipients with helpful info such as HMIS, PIT, and other material to help them develop their appropriate performance standards. An extensive amount of time is spent on monthly project review and annual project monitoring. Assistance is provided as-needed to help projects obtain their projected outcomes.

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

YWCA of Charleston Resolve Family Abuse Program, a 15-bed emergency temporary shelter for victims fleeing domestic violence, provides 24-hour crisis hotline and support services. When a client enters the shelter, safety issues are addressed first, an intake is performed, and the client describes their abuse. A client may obtain a protection order and ask for residence at any WV domestic violence shelter. The choices made are the clients with the goal being to find

safe housing within 30 days. Kanawha County STOP Team allows area domestic violence programs a common meeting place so they know what can be provided by whom. Such collaboration, done with organizations providing temporary housing, social services, and supportive services, facilitates homelessness prevention and promotes timely response systems. Intake documents are entered in a statewide centralized domestic violence database that allows for assessment coordination and in which the clients are not identified by name.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Charleston-Kanawha Housing Authority	8.00%	No
Dunbar Housing Authority	0.00%	No
South Charleston Housing Authority	6.00%	Yes-Public Housing
St.Albans Housing Authority	0.00%	No
Boone County Housing Authority		

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

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

The KVC COC service area has many affordable housing opportunities. However, the only units which specifically target persons experiencing homelessness are those funded with COC, ESG, Housing Choice Voucher Programs, and/or Public Housing Program funds. While these other units in the KVC area may not directly target the homeless, they do not discriminate against them. Within the City of Charleston (the largest municipality in the KVC service area) there are 32 housing projects that offer at least some units that operate with a government subsidy. Government subsidized housing typically requires residents to pay 30% of their adjusted gross income toward rent. These 32 housing projects with a subsidy include 2,443 units. All of the Public Housing Authorities units are occupied and most government subsidized projects maintain a waiting list.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
Local Law Enforcement Involved with Point In Time	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Coordinated effort with local law enforcement agencies to engage individuals living in public places. Local government does not want to criminalize homelessness and a coordinated effort insures that individuals are engaged, are on the COC prioritization list, and that housing based outreach occurs.	<input checked="" type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

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

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

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

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services. (limit 1000 characters)

KVC's coordinated entry process uses the VI-SPDAT and is conducted across the COC. It is designed to minimize the steps homeless individuals & families take to receive the housing & services they need. Information on the coordinated system is provided via pamphlets and placed at locations known for access to homeless people such as hospitals, housing providers, social service agencies, police, etc.

KVC's Street Outreach performs the VI-SPDAT assessment on those unlikely to present for services. The assessment result is entered into HMIS and clients are placed on the KVC By Name list. The Supportive Services committee meets weekly to case conference and identify appropriate housing options based on need and choice. The Housing First Model is used to assist 100% of individuals assessed regardless of barriers and recovery status. They are referred to services and housing which eliminates the need for them to contact individual agencies for assistance.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list,

enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Covenant House	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	11
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	1
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	10
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>

Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>

Need for specialized population services:

Youth	<input type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>
None:	<input type="checkbox"/>

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The CoC utilizes two project evaluation tools to rate & rank projects in accordance with the HUD Policies Priorities set forth in Opening Doors & the NOFA. Tools includes project component & an outcomes report card which utilizes HMIS & APR data. Using the centralized assessment, the Housing First model & prioritizing chronic for turn over beds are also considered. Projects were also reviewed for the client focus of the project specifically Covenant House & Charleston Kanawha Housing focusing on chronic individuals & families, YWCA focusing on chronically homeless women, RCCR focusing on those with addiction, RSLC focusing on the most vulnerable chronically homeless & the City of Charleston focusing on all populations. The independent ranking & review committee scored all applications & based upon these listed factors & the overall agency meeting COC requirements & meeting the needs & vulnerabilities of the homeless in the KVC service area determined project application ranking.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached. (limit 750 characters)

The project evaluation tool was shared with all agencies submitting new & renewal projects along with the Prioritization committee & KVC Board. This tool was unchanged from last year, and publicly distributed and provided to potential applicants via website (8/24)& committee meeting on 8/5/16. Seven meetings were held to explain the NOFA, priorities, ranking scheme, expectations, project scoring, and completion of Project applications. The meeting dates were July 13,20,27 and August 3,5,10,17. On 8/18/16 the Prioritization committee reviewed each application. Results of the Prioritization committee's decisions were distributed to applicants in person on 8/23/16 and posted on the KVC

website/Facebook Page/Twitter Account on 8/24/16.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached). 08/24/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/18/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

Annual evaluations are conducted by the KVC Director, HMIS Specialist and the unbiased Prioritization Committee. HMIS Data, APR Outcomes, Site Visits, using CPD Monitoring Handbook exhibits allowed a monitoring of program requirements as well as an onsite review of program files & APRs to verify documentation of homelessness, service, access to mainstream services, identify program recipients' data on entries such as hardest to serve clients, increase in income, length of stay, exits to permanent housing, utilization, participants maintaining stable housing, and percentage of chronic beds turnover. To collect this data clearly, KVC uses a Program Questionnaire & Site Visits. Program Questionnaires, completed during NOFA process, assesses timely LOCCS draw and APR submissions & performance. The Project Resource committee meets monthly & discusses outcomes, timely APR completion, compliance with HUD priorities, identified program issues & other HUD issues.

1G-2. Did the Collaborative Applicant include Yes
accurately completed and appropriately
signed form HUD-2991(s) for all project
applications submitted on the CoC Priority
Listing?

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA. Pages 1 & 2 of the HMIS MOU

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)? Yes

2A-4. What is the name of the HMIS software ServicePoint

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Bowman

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Statewide

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$63,999
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$63,999

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
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City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$16,000
Private - Total Amount	\$16,000

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-2.6 Total Budget for Operating Year	\$79,999
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 05/02/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	309	17	141	48.29%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	94	0	64	68.09%
Rapid Re-Housing (RRH) beds	27	0	27	100.00%
Permanent Supportive Housing (PSH) beds	150	0	100	66.67%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

The reason for the low bed coverage for ES and TH beds is because these facilities are faith-based organizations, do not receive any federal funds, and do not wish to add their data into HMIS. The KVC will be meeting with these representatives in the upcoming year and explain to them what HMIS is about, the benefits, etc., in order to try to get them to enter their data in the system. The KVC has had numerous meetings in the past but will continue to aggressively meet with them in the upcoming year. The PSH beds that are not entered are VASH beds. The Veterans Administration will not enter data into HMIS but are now allowing the KVC to enter the data. An organization with the KVC will begin to enter this data in the upcoming year.

2C-3. If any of the project types listed in question 2C-2 above have a

coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input checked="" type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Quarterly

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	1%
3.3 Date of birth	0%	0%
3.4 Race	0%	0%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	1%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	1%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

RHY Entry Assessment, RHY Exit Assessment, Shelter History Overlapping, Income Data Quality, Recidivism Report, Zero 2016 Report, Referral Status Report, Needs Status Report, WV Senior Services Data Report, Food Pantry Head Household Count, Zip Code Report, Beneficiary Report for United Way, Duplicates, KVC Service Provider Report, Head of Household Christmas List, Client Case Plan, Client Event History, Prevention Outcomes, Exit Destination Outcomes, Income Improvement, Housing Inventory Count, Total Unsheltered Youth, Salvation Army National Statistical System Report, System Performance Report	<input checked="" type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 10

2D-4. How frequently does the CoC review data quality in the HMIS? Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both. Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
Housing Opportunities for Persons With AIDS (HOPWA)	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date. (limit 750 characters)

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy) 02/24/2016

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD? Yes

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy) 05/02/2016

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

The sheltered point-in-time count was conducted using the following methods:
 -In January 2016 all homeless service providers in the Kanawha Valley Collective (KVC) service area were contacted and advised of the upcoming

shelter survey.

-Instructions were provided regarding the need to conduct this count on the number of people who would be sheltered in their facility. Providers were able to use a visual head count or administrative records to determine occupancy rate.

-Due to inclement weather a waiver was granted and the survey was changed to 2/24/16. After the survey day, results were sent to the KVC. Follow-up phone calls were made to those who did not send this information.

-The data was compiled and checked against HMIS data for beds occupied on that date, for subpopulation data, and for household type.

This methodology was selected as it provided the most comprehensive sheltered PIT count. All shelters participated in the count, and all provided their data.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

There were no methodology changes between 2015 and 2016.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

A total of 59 beds were removed from three projects - Roark-Sullivan Lifeway Center's Liberty Center, Rea of Hope, and the Kanawha Valley Fellowship Home - as these facilities did not target the homeless population. On the previous HIC these units were classified as Transitional Housing.

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input checked="" type="checkbox"/>
Follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

There were no changes to PIT implementation between 2015 and 2016.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 02/24/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Yes

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/02/2016

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

Night of the count - complete census:	<input checked="" type="checkbox"/>
Night of the count - known locations:	<input type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology. (limit 1000 characters)

KVC utilized complete census area in order to make sure to visit all locations in the Charleston area. Seven teams walked the mapped districts of the City of Charleston, the most urban area in the KVC COC. The districts were centered on areas where people are known to be sleeping unsheltered, but groups also walked every street in the area. KVC has used a street count every year, but every year the count encompasses more area and is more complete than the prior year. KVC also went out in the early morning, rather than the evening, to ensure people would be found in their camps. KVC's coordinated assessment tool, VI-SPDAT, was incorporated last year. Law enforcement officers from all KVC areas offered assistance in locating individuals sleeping outdoors. In the more rural areas, workers went to places where homeless individuals had previously been found as well as places the KVC was informed of by providers, in the weeks leading up to the PIT.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)

There were no changes.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input type="checkbox"/>
Survey questions:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

There were no changes from the implementation of the unsheltered PIT count from 2015 to 2016.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	385	320	-65
Emergency Shelter Total	226	229	3
Safe Haven Total	0	0	0
Transitional Housing Total	115	59	-56
Total Sheltered Count	341	288	-53
Total Unsheltered Count	44	32	-12

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	1,175
Emergency Shelter Total	1,013
Safe Haven Total	0
Transitional Housing Total	162

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

(limit 1000 characters)

In the FY16 NOFA, the KVC is requesting to reallocate to create a SSO Project for Centralized Assessment. This project will be a centralized access point to assess barrier and acuity for literally homeless consumers upon program intake, as well as to identify specific risk factors leading to homelessness. Part of the centralized assessment will be to assess homeless status and determine if the household can safely return to a prior residence or with a family or friend; or whether they can be connected to RRH and avoid shelter. These approaches have proven valuable for households who need short term assistance to avoid homelessness. United Way's 211 provides referrals for households facing first time homelessness. WV Dept of Health & Human Resources has financial assistance available to households facing eviction / homelessness and emergency utility assistance. Legal Aid of WV assists individuals facing eviction.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

(limit 1000 characters)

From 2013-14 to 2014-15, the KVC saw an 8% reduction in the median length of time homeless. The CoC utilizes the VI SPDAT to prioritize homeless households for housing and services. Each week, the Supportive Services Committee reviews each household for referrals to housing programs according to the By Name List. Length of time homeless is on the By Name List, and this allows for emphasis is placed on households as this length of time increases. It also keeps the information needed to comply with CPD-16-12 at the forefront of case conferencing. The CoC reviews a HMIS report monthly that includes average length of stays across each housing category. This data is used to identify trends and make adjustments to continue to decrease the length of time households remain homelessness. In the past year, the KVC has worked to increase RRH funds, including a new RRH project in the FY16 NOFA, and started a street outreach program to work with those less willing to seek assistance.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

**3A-4a. Exits to Permanent Housing Destinations:
Fill in the chart to indicate the extent to which projects exit program**

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participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	1,034
Of the persons in the Universe above, how many of those exited to permanent destinations?	863
% Successful Exits	83.46%

3A-4b. Exit To or Retention Of Permanent Housing:
 In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	135
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	130
% Successful Retentions/Exits	96.30%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

After being housed, nearly 75% of the homeless in KVC housing remained housed for two years and did not return to homelessness. Some of the strategies used by the KVC include: payee program through Pretera and WV Source to help individuals and families pay their bills, expanded RRHP, received CABHI prevention funds and assisted those in need with those with a higher need receiving the most services, case managers at Housing First and S+C Programs, after care at ES and TH shelters, SOAR trained individuals at five agencies, matched individuals who needed PSH and provided necessary services, supportive services agencies work on solutions to help those at-risk of eviction and work with landlords on these situations to avoid eviction, and work with local churches for referrals.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources.

(limit 1000 characters)

The latest cumulative APR data shows the number of adults with no income reduced from 58 individuals at entry to 33 individuals at exit / stayers (43%). Covenant House, RSLC, Sojourners, Pretera & Samaritan Inn have 10 persons trained in completing SOAR for persons who are homeless without benefits. SOAR has been a huge success in helping clients navigate the SS system. Assistance is provided on program eligibility, application submission and follow-up assistance if needed or if the application is denied. YWCA Job Readiness Center assists by offering education classes, GED test prep or other job skill building. Also, as a result of the Affordable Care Act, assistance is provided to help persons sign up through Medicaid expansion. Pretera Center is a Community Rehab Provider that works with WV Div of Rehab Services for job coaching and job placement services. The RSLC VA Service Center has a homeless veterans supportive employment program that offers support to this population.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.

(limit 1000 characters)

Mainstream employment organizations are valuable resources to KVC organizations and play an important role in increasing the income of homeless individuals and families. 100% of all KVC COC projects are regularly connecting participants with mainstream resources through mainstream employment organizations, WorkForce WV, and Goodwill Industry. Staff assists clients by: informing them verbally and thru printed material of job opportunities, provide directors to client for initial interview and if necessary attend the interview with the client, provide necessary follow through with the client and the agency, assist the client in obtaining all needed documents for employment, and help clients find appropriate clothing for interview and for future job, transportation issues, and child care.

3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?

(limit 1000 characters)

The KVC determined specific criteria to exclude specific geographic areas. The area had to be inaccessible with no known individuals to be living in the area. Law enforcement was contacted regarding COC areas, and if individuals experiencing homelessness had been known or suspected to be living in an area, the area would not be excluded.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, Yes

including areas that are uninhabitable (e.g. disasters)?

**3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?
(limit 1000 characters)**

Over 70% of WV is covered by forest and is either not populated or sparsely populated. Having an average of 211 persons/square mile illustrates the population disparities that exist in the area. With this in mind, there are areas of the KVC service area where people do not live. These areas are hard to reach without 4-wheel drive vehicles and then walking long distances which makes it extremely dangerous in winter weather. KVC's unsheltered count, and its daily outreach, has not covered forest areas or unpopulated areas for many years. However, when the KVC receives notification or has reason to believe individuals are in these areas, outreach groups go to these areas and engage anyone who is willing to speak to them, if someone is found. Often times when these people are encountered, they are living in places with few if any utilities and have no desire to leave these extremely rural areas as they do not consider themselves homeless as this is how they have lived for generations.

**3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached.
(mm/dd/yyyy)** 08/12/2016

**3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data.
(limit 1500 characters)**

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

- 1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;**
- 2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and**
- 3. The highest needs for new and turnover units.**

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	52	40	-12
Sheltered Count of chronically homeless persons	34	29	-5
Unsheltered Count of chronically homeless persons	18	11	-7

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.
 (limit 1000 characters)**

The number of chronically homeless in both the sheltered and unsheltered count decreased in the KVC area from 2015 to 2016. Overall the number decreased by 23%. This is due to the emphasis the KVC has taken to target chronic homeless whenever there is a turnover in a housing unit. Through the use of VI-SPDAT outreach workers are able to document the types of services and housing these individuals need which enables the delivery of more effective and efficient services to these individuals. Information is received on a person's homeless history which enables the KVC to prioritize these individuals with those with the longest history of homelessness receiving housing and services first.

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	91	114	23

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

While the numbers indicate there was an increase of 23 PSH beds in the KVC area, this is not correct. During 2015 an error was made and the KVC overlooked the chronic homeless designation on the HIC which resulted in a failure to count 23 units. The number in 2015 should have been 114 which would show no change in PSH beds for the KVC from 2015 to 2016.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status? Yes

3B-1.3a. If "Yes" was selected for question 3B-1.3, attach a copy of the CoC's written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate 24

the page(s) for all documents where the Orders of Priority are found.

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

The agencies of the KVC have housed a total of 87 chronically homeless individuals between January 2015 & June 2016. Prioritizing individuals for housing through the coordinated assessment and using a by name list of individuals has made this outcome possible. Covenant House has used it’s 5 Housing First programs and ESG RRH money to the maximum extent to house individuals who are chronically homeless. RSLC's Twin Cities has used both it's PSH beds and RRH money to house individuals with some of the most significant barriers to housing. Charleston Kanawha Housing uses PSH to house chronic individuals even over leasing when possible to maximize grant dollars. KVC participates in the Community Solutions Zero: 2016 Program.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
Veterans - Head of Household without employment or education history	<input checked="" type="checkbox"/>
Chronic Health Conditions - History of trauma -	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

KVC established a practice of using the “no-wrong door” approach for families entering the system. Clients are assessed using VI-SPDAT within 2-10 days of contact. The tool identifies barriers to a person’s ability to achieve stable housing, prioritization and housing triage. Families are prioritized utilizing acuity scores with a higher number meaning more complex, co-occurring issues likely to impact housing stability. The approach is to quickly connect homeless families within 30 days to permanent housing without preconditions and barriers to entry by doing intake, assessment, prioritization, housing location, move-in, case management and ongoing follow-up. Supportive services help maximize housing stability and prevent return to homelessness. Through RRH Assistance, SS for Veteran Families and ES RRH, housing identification/relocation, short/ medium term rental assistance, move-in financial assistance, case management and housing stabilization services are provided to families.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	10	4	-6

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
Families are discussed at weekly Prioritization meetings, and alternate housing options are provided that do not separate the family.	<input checked="" type="checkbox"/>
CoC governance policies and procedures state that CE system will avoid separation of families through match initiation and case review process. Families will be matched with housing that will not separate family members based upon age, sex, or gender	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	21	19	-2
Sheltered Count of homeless households with children:	21	19	-2
Unsheltered Count of homeless households with children:	0	0	0

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

The KVC had a decrease.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	No
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input type="checkbox"/>
Target RRH resources, when possible, for youth fleeing trafficking	<input checked="" type="checkbox"/>

N/A:	<input type="checkbox"/>
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3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
History of trauma, violence, mental health issues, substance abuse, health issues	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	22	12	-10

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)

An answer from esnaps indicated these instructions were incorrect, and a COC should only answer the question if the difference from FY 2-14 to FY 2015 increased.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$1,808,636.00	\$1,905,194.00	\$96,558.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$1,808,636.00	\$1,905,194.00	\$96,558.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	10
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	15
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	10

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

Cross-participation has occurred between the COC and the LEA/SEA as the chart above shows there has been 15 meetings between the two within the last 12 months. Kanawha County Homeless Liaison is a KVC member and attends membership meetings at which time she keeps KVC agencies abreast of changes related to homeless parents and children. Each program that houses children has designated trained staff to assess the child's physical, emotional, mental, and educational needs. Staff and the liaison identify barriers and address these items which may prevent a child from returning to their school of origin. The Liaison works with the KVC agencies to ensue transportation is provided if the parents desire the child to return to their school of origin. If not, they are enrolled in a school within their new district.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. (limit 2000 characters)

Per the Kanawha Valley Collective COC Governance Policies and the policies of YWCA Sojourners Shelter for Women and Children and the policies of

Daymark Inc (Youth Shelter), it is a requirement that any homeless student receive services so they can continue to attend school. Children are supported and expected to be enrolled in, attend and remain connected to appropriate educational services. Within 24 hours of a family entering a shelter, the parents are informed of the services available through the McKinney-Vento Act through both printed and verbal information so as to help clarify concerns or questions. Contact is immediately made with the homeless education liaison. There is almost daily contact between Sojourners and the Homeless Liaison and the providers submit a monthly report indicating the number of children served and the type of services received. Those too young for grade school are enrolled into Head Start. Parents are encouraged to visit their child's school and to participate in the various activities provided at the school. Sojourner's/Domestic Violence Shelter has an on-site learning lab which is equipped with up-to-date technology, material, and professional staff to assist in the learning process, to provide supportive counseling, and to make appropriate referrals. All COC agencies who serve children in any capacity keep the education of the child as the highest priority. Youth staying at Daymark must attend school or be enrolled in GED classes if appropriate. Daymark also has the New Connections program that offers educational services to any child 17-21. Students can also receive food, life skills training, employment assistance and case management. Case management may be related to educational goals, but may also be related to housing, family, sexuality, or any other life issues. This program allows the educator to provide individualized attention to students, who work at their own pace regardless of grade level.

**3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)**

The agencies of the COC work with the following agencies to ensure the child care needs of children experiencing homelessness in our community are met:
 Kanawha County Schools
 Head Start
 CONNECT
 Parents As Teachers
 Right From The Start
 Bureau for Children and Families - Strengthening Families and Maternal Infant
 Early Childhood Program
 Circle of Parents
 Partners In Prevention
 Pretera - Safe At Home
 Mel Wolf Child Development Center
 Daymark - Patchwork and New Connections
 Boone County Schools
 Putnam County Schools
 Clay County Schools

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	37	24	-13
Sheltered count of homeless veterans:	33	19	-14
Unsheltered count of homeless veterans:	4	5	1

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

There was a decrease; therefore no explanation is needed according to the instructions.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)

Veterans are identified by outreach workers who visit the areas where homeless individuals congregate, by staff of the Grantee Per Diem (GPD) Veterans

Service Center and through other programs that complete the VI-SPDAT on all persons who are experiencing homelessness. The VI-SPDAT requests Veteran status as part of the assessment. Once a Veteran is identified they are referred to the GPD Service Center where SSVF, GPD, VASH, Compensation Work Therapy (CWT) and VAMC outreach worker staff are present. The Veteran is then assessed for eligibility for all Veteran programs and added to the Veteran by name list. The Veteran list is reviewed by several providers including VAMC staff on a semi-monthly basis. Referrals to housing providers occur when eligibility is determined.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	32	19	-40.62%
Unsheltered Count of homeless veterans:	0	5	0.00%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. No

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016? (limit 1000 characters)

The Kanawha Valley Collective has made tremendous strides in ending Veteran Homelessness showing a 35% decrease between the 2015 and 2016 Point in Time. Led by RSLC and the local VAMC, the KVC has placed 129 veterans in their own housing or permanently with family since January of 2015. The barrier to reaching functional zero among veterans in the KVC area is the Grant Per Diem (GPD) program which funds 23 beds of transitional housing in the KVC area. The GPD provider is seeking to add Bridge housing as an option for GPD beds and all participants in GPD have been offered some access to PH and are choosing TH at their time of stay over the available PH. If TA were sought, support on transitioning GPD resources to PH would be significant.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	14
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	14
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

KVC agencies work with several agencies to facilitate health care: Department of Health and Human Resources (DHHR) assists clients with obtaining Medicaid/insurance; RSLC and the YWCA use DHHR's WV Inroads which allows an applicant to review and apply for health benefits offered by the State of WV; WV Health Right provides street outreach; Covenant House has Community Advisors who serves as a mediator between those who need insurance and the various providers of healthcare; Prestera houses a DHHR representative at their agency to assist clients.

4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
The COC works with WV Health Right, a local, free-clinic located in Charleston, WV and CoC members, Roark-Sullivan Lifeway Center and Covenant House to facilitate enrollment of program participants in to medical insurance RSLC's outreach nurse provides services to two homeless shelters, the local soup kitchen, and to areas that persons who are experiencing homelessness congregate. The nurse assisted 750 individuals with immediate needs the participants may have had and made referrals to local health care providers. For participants who did not have health insurance, the nurse referred them to WV Health Right for services and access to a Navigator or to Covenant House for Community Assisters. In the last twelve months, WV Health Right has assisted over 360 individuals through the enrollment process. Additionally, Covenant House has assisted 43 households through the enrollment process in this past year.	<input checked="" type="checkbox"/>
Health Right - Provides the following services: street outreach, donates medical supplies, dental care for adults, health care, diabetes classes, adult vision	<input checked="" type="checkbox"/>
Women's Health Center - Provides the following services: breast examinations, breast and cervical cancer screenings, depression screening, ultrasounds, referrals for specialist treatment, education outreach programs	<input checked="" type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	12
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	12
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	12
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	11
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	92%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">X</div>
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Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	59	27	-32

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135? (limit 1000 characters)

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

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must

include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? Yes

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

On June 22 & 23, 2016, parts of WV experienced what is being called a "1000 year flood", that resulted in 7 deaths in the KVC area. Multiple towns along the Elk River are in ruins. Schools have been unable to open. At the time of NOFA submission, final damage reports are not complete. Deadline for FEMA registration was 9/7, but our State of Emergency continues until 9/23. Reports obtained from FEMA on 9/5/16 show more than 2,700 eligible for some type of assistance. Two COC agencies (YWCA & Enact) sustained program damage at local offices. Two other COC agencies (CKHA & Pretera) sustained damage to housing structures that displaced residents and have required client relocation. Local news station WCHS has reported that more than 1,000 homes in our COC have sustained serious damage or were destroyed leaving 1,600 individuals homeless. Many individuals are staying at their property either to protect it or while they try to rebuild. This number is 5 x our 2016 PIT numbers.

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. No

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
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CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

Attachment Details

Document Description: COC Communication to rejected participants

Attachment Details

Document Description: Posting of Application

Attachment Details

Document Description: Compednium Prioritization Ranking Process
2016

Attachment Details

Document Description: KVC Website Backup screen

Attachment Details

Document Description: Compednium Prioritization Ranking /
Reallocation Process 2016

Attachment Details

Document Description: Compendium Sections 1-5 Governance

Attachment Details

Document Description: KVC HMIS Policy

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Admin Plans

Attachment Details

Document Description: KVC HMIS MOU

Attachment Details

Document Description: Compendium Sections 1-5 Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: System Performance Measures

Attachment Details

Document Description:

Attachment Details

Document Description: