Before Starting the CoC Application

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

The Collaborative Applicant is responsible for reviewing the following:

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

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

Resources:
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1A-1. CoC Name and Number: KY-500 - Kentucky Balance of State CoC

1A-2. Collaborative Applicant Name: Kentucky Housing Corporation

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Kentucky Housing Corporation
1B. Continuum of Care (CoC) Engagement

Instructions:
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Resources:
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https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
The FY 2019 CoC Program Competition Notice of Funding Availability at:

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

1B-1. CoC Meeting Participants.

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

<table>
<thead>
<tr>
<th>Organization/Person</th>
<th>Participates in CoC Meetings</th>
<th>Votes, including selecting CoC Board Members</th>
<th>Participates in Coordinated Entry System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>CDBG/HOME/ESG Entitlement Jurisdiction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Local Jail(s)</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Hospital(s)</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>EMS/Crisis Response Team(s)</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Mental Health Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Affordable Housing Developer(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Disability Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Disability Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Applicant: Kentucky Balance of State CoC
Project: KY-500 CoC Registration FY2019

KY-500_CoC
COC_REG_2019_170470

FY2019 CoC Application Page 3 09/27/2019
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Yes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Advocates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Administrators/Homeless Liaisons</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Domestic Violence Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Street Outreach Team(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>LGBT Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Agencies that serve survivors of human trafficking</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other homeless subpopulation advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Homeless or Formerly Homeless Persons</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Mental Illness Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other:(limit 50 characters)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HOPWA-funded agencies | Yes | Yes | Yes |
SSVF-funded agencies | Yes | Yes | Yes |

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

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

(limit 2,000 characters)

1) CoC solicits new members yearly/on-going through listservs, CoC mtgs encouraging non-CoC funded orgs/individuals to join. Membership meets at least twice a year (1 statewide mtg/6 regional mtgs across 118-county CoC), holds CoC-wide trainings. Members pick agenda items. CoC Board (Brd) meets 9 times/yr. All mtgs open to public. Brd made up of diverse stakeholders from across BoS; 12 elected to rep sub-regions. 6 reps elected yearly at regional mtgs. Members review make-up of Brd/appoint/recruit reps from stakeholder groups not already on Brd. Speaking during mtgs not limited to CoC members/elected brd members. Sub-areas of BoS have local coalitions where stakeholders attend/share ideas/concerns, which are brought to Brd by reps. CoC cmtes include stakeholders not on Brd, like CoC app scoring/ranking cmte and PIT cmte. To ensure VSPs always heard (3 elected reps on brd already), bylaws were revised in ’17 creating ex-officio seat for KY DV coalition & in ’18 to add 3-5 at large members from non-HUD funded orgs representing public.
interest”. Current at-large members include VA rep & Medicaid rep. 2) CoC uses website/eGrams to publicize CoC mtgs to public. Public always provided option to participate via phone/webinar if cannot attend in person, allowing more to be able to provide input since the CoC geo area large. Mtg minutes/agendas provided in advance on web. Time reserved at all mtgs to discuss items not on agenda. 3) Exp 1: Recommended at PIT cmte mtg to reduce questions on app to help get more participation. Survey revised accordingly. Exp 2. As part of ’19 CoC NOFA, members asked opinion on whether to allow service requirement. Majority voiced support for traditional Hsg 1st. Decision was made by scoring cmte (made up of VSP, HOPWA, and school reps) not to allow service requirement. 4) All mtgs held via webinar/phone/recorded. Docs published in PDF format for screen readers/magnification. Mtg notices ask ppl needing other accommodations to contact CoC.

1B-2. Open Invitation for New Members.

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

(limit 2,000 characters)

1) KY BoS CoC solicits new members via an invitation sent through the Collaborative Applicant’s electronic newsletter (e-Gram). New members are asked to complete a brief registration where they state if they are joining as part of an organization or as an individual. Because the KY BoS CoC is comprised of 118 counties, new members are also asked to share where they are from. In addition to this formal invitation, new members are solicited at CoC meetings throughout the year and are welcome at any time without having to complete the online registration. 2) As noted, the CoC communicates the invitation process to solicit new members by using the collaborative applicant’s electronic newsletter which goes to 1,000s of subscribers. This eGram provides a link to the registration page for new members to complete. New members are also solicited at CoC meetings throughout the year. 3) CoC meetings in which new members are solicited are held via webinar, which allows people with disabilities to participate without having to travel. The CoC uses SurveyMonkey for people to sign up as new members, which is accessible to people using screen readers and screen magnifiers. 4) The CoC officially solicits new members once a year in conjunction with its annual BoS-wide meeting in the fall. The invitation is sent alongside the invitation for the meeting. However, new members are not required to only join at this one point during the year. Rather, an open invitation is used and anyone who attends a meeting is considered a member. The CoC bylaws state that in order to vote on items requiring the full membership, a person or organization must attend a certain percentage of meeting per year. 4) The CoC asks member organizations to encourage persons experiencing homelessness or formerly homeless to join the CoC. Members are able to nominate homeless/formerly homeless persons to fill one or more of the at-
large spots on the CoC Board.

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

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

(limit 2,000 characters)

1) KY BoS CoC collaborative applicant (CA) uses listserv (eGram) for public notifications. CoC’s RFP, scoring criteria/ranking process document posted on CA website/included in eGram. The docs say apps from first time applicants/those not currently funded are welcome/encouraged. People asked to follow eGrams for CoC updates. Next, Intent to Apply forms are requested via eGram for both new and renewal projects. Instructions are provided w/ Intent to Apply forms establishing submission deadline/method to submit app, which is via e-snaps to CA by 8/30/19. Open CoC meeting held in person/via webinar where app info, including how to submit, is discussed. Notification of meeting in eGram/Slides posted on web. 2) Brd approves scoring criteria used to score all projects/ranking process document. Scoring includes thresholds renewal & new apps must meet and performance/design expectations. New project apps ranked based on score alongside renewals. Acceptance in consolidated app based on score/rank position/amount of funding available. On 8/19/19, CoC Brd met in open mtg (publicized via eGram 8/7) to approve scoring criteria/ranking process doc. Draft docs posted on web beforehand. The approved docs were posted on 8/20 & sent via eGram 8/21. 3) CoC first announced in writing it would accept/consider proposals from orgs not receiving CoC funds on 7/3/19 in eGram saying competition was open/detailing types of new projs. allowed in NOFA. eGram said "Applicants not currently receiving CoC funding are encouraged to apply." eGram sent 7/17/19 requesting Intent to Apply said “Agencies not currently receiving CoC funding...are welcome and encouraged to apply 4) All meetings above open to public in person/via webinar. Egram gave contact info for people needing accommodations. Mtg audio recording posted to web/linked in eGram. All CoC docs posted were PDF/A compliant for people w/ disabilities. eGram stated this fact/said if people could not access to contact CA, gave TTY option 5) N/A
1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

<table>
<thead>
<tr>
<th>Entities or Organizations the CoC coordinates planning and operation of projects</th>
<th>Coordinates with Planning and Operation of Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Opportunities for Persons with AIDS (HOPWA)</td>
<td>Yes</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>No</td>
</tr>
<tr>
<td>Runaway and Homeless Youth (RHY)</td>
<td>Yes</td>
</tr>
<tr>
<td>Head Start Program</td>
<td>No</td>
</tr>
<tr>
<td>Funding Collaboratives</td>
<td>No</td>
</tr>
<tr>
<td>Private Foundations</td>
<td>No</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and service programs funded through other Federal resources</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through State Government</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through Local Government</td>
<td>No</td>
</tr>
<tr>
<td>Housing and service programs funded through private entities, including foundations</td>
<td>No</td>
</tr>
<tr>
<td>Other:(limit 50 characters)</td>
<td></td>
</tr>
</tbody>
</table>
1C-2. CoC Consultation with ESG Program Recipients.

Applicants must describe how the CoC:
1. consulted with ESG Program recipients in planning and allocating ESG funds;
2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and
3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.

(limit 2,000 characters)

1) The KY BoS CoC’s Collaborative Applicant (CA), HMIS Lead and lead planning organization is Kentucky Housing Corporation (KHC). KHC is also the recipient of all ESG funding for 118 KY counties within the KY BoS CoC. This allows for constant in-person strategic collaboration. ESG recipient is member of the CoC and staffs the CoC Board. The CoC consulted with the ESG recipient on how to evaluate ESG projects, including establishing System Performance Measures (SPMs) to evaluate ESG renewal projects on, specifically exits to PH, returns to homelessness, and length of time from entry to hsg move-in. CoC has consulted with ESG recipient to better align program policies and priorities across funding streams to improve overall homeless response system performance and service continuity. In consultation with CoC BRD, ESG required the adoption of the National Alliance on Ending Homelessness RRH Program Standards 2) The CoC Board has a standing committee that evaluates system performance. The committee evaluates the performance of all ESG and CoC-funded agencies in comparison to the system-wide System Performance Measures (SPMs) the CoC submits to HUD each year. The CoC CA reviews performance data submitted by ESG subrecipients for inclusion in the annual ESG CAPER submitted to HUD and LSA. 3) As the ESG Recipient, KHC is the main Con Plan entity for the 118 counties within the BoS. KHC annually publicly shares PIT/HIC data across the state for other Con Plan areas.

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

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

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions.

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

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

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

1) CoC works closely w/ KY DV Coalition (KCADV) & it’s 15 member progs. to ensure victims safely access housing while following VAWA confidentiality laws. KCADV holds ex-officio seat on CoC brd/3 other Victim Service Providers (VSPs) hold elected seats/help plan CoC protocols. Providers prioritize safety/trauma-informed, victim-centered (VC) services. CoC provides forms/policies for the BoS emerg. transfer plan as part of Toolkit provided to CoC/ESG recipients/subs. Policy has criteria for emerg. transfer/confidentiality guidelines. 2) CoC & KCADV created Victim Inclusion Process within CES/ensure CE access w/o sharing personally ident. info. Process ensures victims informed of their area DV program/are encouraged to choose DV program for safety, but also have access to/may choose non-VSP hsg. Non-VSP CoC partners work w/VSPs to connect DV clients w/VSP services. Victims at non-VSPs provide option to speak to local VSP to discuss hsg/service needs in VC/TIC setting. A victim is served in his/her VSP area if possible, but CE ensures victims are referred to other areas if safety/capacity is issue/victim chooses to move. KCADV members receive CoC funds & 11 receive ESG. All programs get DOJ VOCA & VAWA funds &/or Family Violence Prev Serv’s Act (FYPSA) thru HHS. DV progs use FYPSA to pay for shelter operations/staff providing safety planning, crisis counseling, info./referrals, legal advocacy, & other supp services. Services available to residential & non-resident clients/often accessed via referral from non-VSPs. KCADV’s BoS RRH prog. connects survivors to safe hsg quickly, access to safety planning & other supports. KCADV awarded 4 consecutive CoC grants, including ‘18 award, providing supp services to families incl. financial ed., support grps, referrals to childcare & public benefits to survivors across BoS. Lastly, KCADV & member org. received DV Bonus funds in FY18, further expanding VC/TIC hsg. options for survivors in BoS to choose type of hsg/location.

1C-3a. Training–Best Practices in Serving DV Survivors.

Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:
1. CoC area project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and
2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence.
1) CoC coordinates with KCADV to provide training & TA to CA & COC/ESG-funded orgs on issues affecting survivors, including the CoC’s emergency transfer plan (ETP), criteria for ETP & confidentiality requirements for the plan. CoC provides standard forms/policies for the ETP. Forms are included in program Toolkit/provided to CoC & ESG recipients/sub-recipients/Toolkit trainings provided in person and online. KCADV uses training program developed by National Center on DV, Trauma & Mental Health. Program trains staff, including non-VSPs to recognize trauma, prioritize survivors’ needs, provide nonjudgmental assist./help survivors increase feelings of safety/choice/control. Trainings include guidance in assessing survivors’ risk & safety planning; having vital documents (e.g. birth certs, social security/medical cards) easily available. To assess risk, staff ask about history of abuse (physical/sexual/stalking/harassment, controlling behavior & emotional abuse), including frequency & changes in severity over time; instances of intimidation/threats from perp.; use/access to weapons; & other issues, including whether perpetrator has substance abuse issues. In serious cases, survivors undergo lethality assessment to measure risk of homicide or severe re-assault. Trainings teach that assessing a DV survivor’s risk is first step in developing survivor’s personalized, practical “safety plan” involves how to cope with emotions, tell friends/family about abuse, & take legal action. In addition KHC & KCADV to sponsor external evidence-based housing focused shelter & CM training w/DV specific content together for CoC participation. 2) CoC & KCADV developed Victim Inclusion Process in CES w/o sharing personally identifying info. Annual and ongoing trainings ensure hsg providers/CE staff understand importance of prioritizing safety & incorporating trauma-informed, victim-centered services into CES. Prior to VI-SPDAT, non-VSP staff to ask if person wants to be assessed by VSP instead.

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

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

The CoC uses 4 primary sources of de-identified aggregate data to assess unique needs of survivors: HMIS client-level data, data from Victim-Service Providers (VSP) comparable databases, the annual PIT Count, & LPC CE Prioritization Lists (PL). As part of ESG & CoC applications & HUD reporting, all agencies submit CoC APRs/ESG CAPER reports. The CoC reviews data to determine circumstances of survivors at project entry such as income, length of time in projects, household comp., homelessness history prior to entry, disability, non-cash benefits/health insurance, etc. PIT data is reviewed to evaluate household type, # episodes of homelessness, if current homelessness is due to DV, if person has ever been a DV victim & if person has ever been in foster care/juvenile detention/jail/prison. The CoC regularly evaluates CE PL to determine # of survivor households needing housing, survivor acuity and recommended housing intervention (RRH vs PSH). The CoC was able to use these data sources to justify an application for 2 BoS DV Bonus which were funded in the FY18 Comp. In addition, due to unique needs and vulnerability of survivors, the CoC in consultation with ESG Recip. used data to implement policy whereby all ESG RRH participants must be offered at least 3 mo of
housing stability CM, aligning ESG policies more closely with CoC policies. Through close partnership with the state DV Coalition, in the future the CoC will work to collect housing stability service outcomes through an evidence-based housing-focused CM tool (SPDAT) which includes VC/TIC survivor specific content. Data collection such as this will assist the CoC in further understanding and meeting the unique needs of survivors as well as supporting survivors in RRH/PSH.

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

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

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry</th>
<th>PHA has General or Limited Homeless Preference</th>
<th>PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kentucky Housing Corporation</td>
<td>7.00%</td>
<td>Yes-HCV</td>
<td>Yes-HCV</td>
</tr>
<tr>
<td>City of Bowling Green Housing Division</td>
<td>Yes-HCV</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

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

The CoC worked closely with the largest PHA (Kentucky Housing) to develop a set-aside specifically for homeless veterans. This was done in conjunction with the Mayor’s Challenge to End Veteran Homelessness. The CoC developed a referral process to the PHA whereby referrals are made certifying the person is a veteran and that they are literally homeless. The CoC has continued to advocate for this set-aside to stay in place each year as the PHA’S Admin Plan is reviewed. Another PHA the CoC has worked with is the Covington PHA in Northern KY. There is a very strong CoC local coalition in the NKY area that has met with representatives of this PHA to encourage the development of homeless preferences. In addition, a local NKY housing task force has been created/has been working in the area to explore ways to improve housing opportunities, including for people experiencing homelessness. The CoC has shared information with the task force, including the importance of strategically using all housing resources available and planning together to ensure CoC reserved for highest need. Through this effort, the PHA will continue to be engaged as a strategic partner. The CoC invited the public housing HUD rep from its field office to present to the Brd about ways to engage PHAs. CoC is planning to present to the KY association of PHAs at an upcoming mtg.
1C-4b. Moving On Strategy with Affordable Housing Providers.

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

Yes

If “Yes” is selected above, describe the type of provider, for example, multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs.

(limit 1,000 characters)

BOS COC partners with the largest PHA in KY (KHC) covering 87 of 118 counties for the Moving On Program. Through the Kentucky Moving On Program preference, KHC provides housing assistance to eligible individuals and families to transition from Continuum of Care (CoC)-funded Permanent Supportive Housing (PSH) programs to the HCV program. Eligible persons are referred to KHC by authorized KY Balance of State Continuum of Care (KY BoS CoC) PSH grant recipients and sub-recipients. Designated PSH programs will use a common housing readiness assessment tool approved by the KY BoS CoC Advisory Board to identify individuals and families who have achieved housing stability and no longer require the intensive case management and supportive services provided by the PSH program in order to maintain housing. The referral process and requirements were developed/approved in partnership between the KY BoS CoC Advisory Board and KHC PHA.

1C-5. Protecting Against Discrimination.

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

(limit 2,000 characters)

1) ESG Recipient Grant Agreements & “Certification and Assurances” documents (BoS CoC-wide) require ESG subrecipients to abide by Fair Housing Laws and Equal Access Rule. BoS CoC policy in local FY19 RFP requires projects to abide Fair Housing Laws and Equal Access Rule. In addition KHC, the lead for CoC & the ESG & HOME Recipient, created mandatory universal toolkits for ESG, CoC & HOME TBRA projects with checklists/forms/guidance which ensures that agencies are providing clients with a copy of the Notification of Rights to Fair housing info and that it has been reviewed w/ client, Anti-discrimination Policy info, Grievance Policy/Appeals process info. 2) CoC participated in regional Fair Housing month trainings through partnership with state Fair Housing Agency. KHC, as the Collaborative Applicant provides annual & ongoing Fair Housing Training to CoC via annual regional CoC meetings, program compliance trainings and through CoC Technical Assistance HelpDesk 3) The Collaborative Applicant, KHC uses e-newsletters and online communication platform for CoC sub-regions to notify BoS CoC partners about state & national discrimination trainings, including HUD Equal Access webinars/resources.
**1C-5a. Anti-Discrimination Policy and Training.**

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

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source? Yes

2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act? Yes

3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing? Yes

**1C-6. Criminalization of Homelessness.**

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

1. Engaged/educated local policymakers: X

2. Engaged/educated law enforcement: X

3. Engaged/educated local business leaders: 

4. Implemented communitywide plans: 

5. No strategies have been implemented: 

6. Other:(limit 50 characters)

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

Applicants must:
1. demonstrate the coordinated entry system covers the entire CoC geographic area;
2. demonstrate the coordinated entry system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach; and
3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner.
KYBoS Coord. Ent.(CE) covers full geo. area (118 counties) using 15 subregions Local Prioritization Areas (LPCs) w/“No Wrong Door” model. LPCs have Lead organizations coordinating process/ensuring full access to CE even if unsheltered/at a VSP/at non-participating org. LPCs follow KYBoS CoC policies/procedures. 2) LPC Leads required to advertise/conduct outreach/provide accommodations to ensure CE available to all. LPCs affirmatively market CE in areas frequented by people experiencing homelessness. LPCs promote how to access CE including outside of reg. business hrs. and developed marketing materials (posters/flyers) listing CE participating agencies/contact info. CE System called “Any Door KY”. LPCs educate community on how to help those not likely to present through shelters to access CE. All ESG/CoC/SSVF participate in CE. Street Outreach teams connect to CE 3) CoC uses VI-SPDAT (Single/Family/TAY) to assesses acuity/severity of service need using history of homelessness, risks, socialization/daily functioning, wellness, family unit. Based on acuity, people recommended for diversion/RRH/PSH. CoC follows CPD Notice 16-11 for order of priority. Chronically homeless (CH) w/highest acuity + disability prioritized 1st, next non-CH w/highest acuity + longest time homeless + disability. People in ES assessed at 2 wks, allowing self-resolution/yet moves quickly towards PH. Prioritization List (PL) housed in HMIS w/non-HMIS inclusion process for survivors. LPCs meet every 2 wks to pair people w/resources/case conference on hard to house. Leads monitor PL for people on 30+ days/identifies barriers to PH/system flow. LPCs use online platform to review PL, house people as needed between mtgs. 4) LPCs receive SSO-CE funding to connect people quickly to PH/services. 4)LPCs work with mental health orgs, school reps, work force dev. agencies, PHAs, community action/service agencies and first responders/law enforcement to make referrals to CE or conduct VI-SPDAT. Tool attached.
1D. Continuum of Care (CoC) Discharge Planning

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

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

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

1D-1. Discharge Planning Coordination.

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

<table>
<thead>
<tr>
<th>System</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>X</td>
</tr>
<tr>
<td>Health Care</td>
<td>X</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>X</td>
</tr>
<tr>
<td>Correctional Facilities</td>
<td>X</td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>
1E. Local CoC Competition

Instructions

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

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

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

Applicants must indicate whether the CoC:

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


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

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

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

(limit 2,000 characters)

1) Severity of needs/ vul. considered: % of HHs enrolled who are chron. homeless (CH); % w/ at least 1 disability; % w/ no income at entry; % from streets/ES; Project Type; new this year, added scoring for populations served specific to HH composition and gender. For new projs: must be HF; PSH projs awarded max pts; Expansion project apps must meet higher thresholds (e.g., % of CH clients, % with no income, % of clients with more than one disability). 2) PSH projects prioritized over other types b/c serving clients w/ most severe needs. The more CH a project is serving, the more pts b/c pop. is hardest to house/self-resolve. Use questions about VI-SPDAT acuity scores of clients served to ensure projects don’t use PSH for clients needing less intensive supports. RRH doesn’t serve people needing only prevention/diversion. VI-SPDAT considers substance abuse, victimization, other risk factors. PSH projects have lower thresholds for % w/ increased earned income b/c pop have harder time getting/keeping jobs. VSPs excluded from returns to homelessness score because of vulnerabilities (e.g., returning to abuser) of survivors that may lead to returns. Projs. serving clients w/ more disabilities prioritized. Reason added household type and gender to renewal scoring this year is because we want projects to serve the household with the highest need prioritized through coordinated entry at any given time regardless of household composition or gender identity. In past, we had some project only serving families or only serving women/kids. To combat individual homelessness, especially among men, scoring incentive added for projects serving all genders and any household composition. All new projects must serve both. All new projects must be HF because most important consideration for project enrollment is severity of need. Policy included in ranking process to rank lower scoring pjs. In Tier 2 that are only proj of type in a service area and needed for high need/vulnerable pops.


Applicants must:
1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or
2. check 6 if the CoC did not make public the review and ranking process; and
3. indicate how the CoC made public the CoC Consolidated Application—including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected—which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or
4. check 6 if the CoC did not make public the CoC Consolidated Application.
1E-5. Reallocation between FY 2015 and FY 2018.

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

Reallocation: 25%


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

1) Written policy says all projects will be scored using the Brd approved renewal; new; or expansion project scoresheet. It says projects, regardless of new/renewal, will be ranked based on score, high to low. Doc states “all projects except exceptions listed below will be ranked based on performance, capacity, and commitment to HUD and local policy priorities [as measured by scoresheet criteria]”. Exceptions for renewal projects in Tier 2 that score below new projects. CoC will rank them above new projects in Tier 2 if project serves 3+ counties or is only project in service area, has no unresolved monitoring findings, has not returned more than 5% of funds, and is on track to spend current grant. There’s no mechanism to move a project in Tier 2 (including renewal) into Tier 1 unless it is determined that a project falling in Tier 1 has significant capacity issues that did not come out in scoring. At that point, the
Tier 1 project may be removed/reduced, which means a Tier 2 project could move up. That would have to be approved by Brd. 2) Yes, CoC approved written reallocation process at a 8/19 public mtg 3) Reallocation Process doc posted to on website, sent in electronic newsletter (eGram). Draft of doc shared before approval meeting on website. Mtg held in person/ via webinar. Public notified of its availability via eGram. Comments welcomed during mtg prior to approval. 4) Low performing projects were identified using quantitative/objective data based on client outcomes/grant administration. All but 10 points out of more than 120+ (total points varied by project type) were based on objective performance criteria. 5) Only way low performing projects would not reallocated is if they met the criteria above for renewal projects in Tier 2 (only project in area or serve 3+ counties; have good admin). Would still be in Tier 2 (at risk). CoC can also reduce request for Tier 2 projects if needed. All has to be approved by Brd with rationale provided.
Instructions

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

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

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1F-1 DV Bonus Projects.

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

Yes

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

<table>
<thead>
<tr>
<th>Type of Project</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PH-RRH</td>
<td>X</td>
</tr>
<tr>
<td>2. Joint TH/RRH</td>
<td>X</td>
</tr>
<tr>
<td>3. SSO Coordinated Entry</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

Need Housing or Services | 339.00

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

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

1) Need calculated using CoC’s coord. Entry (CE) active prioritization list. # includes adults/children. Households (HH) assessed w/ VI-SPDAT/placed on list/recommended for RRH or PSH. The # is as of 9/26/19. Of 847 people, there’s 224 HHs (115 families w/ children/109 individuals). For families, we assumed 1 adult/child (115 x 2 = 230 ppl). We counted 1 person per individual HH (109). 230 + 109 = 339 needing hsg/serv. 2) Source is HMIS & non-HMIS CE list used for survivors referred by VSPs.

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

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

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>DUNS Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barren River Area...</td>
<td>184702038</td>
</tr>
<tr>
<td>Kentucky Coalitio...</td>
<td>967585589</td>
</tr>
</tbody>
</table>
1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

<table>
<thead>
<tr>
<th>DUNS Number:</th>
<th>184702038</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name:</td>
<td>Barren River Area Safe Space, Inc.</td>
</tr>
<tr>
<td>Rate of Housing Placement of DV Survivors–Percentage:</td>
<td>80.00%</td>
</tr>
<tr>
<td>Rate of Housing Retention of DV Survivors–Percentage:</td>
<td>72.00%</td>
</tr>
</tbody>
</table>

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

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

1) Rate of Placement-BRASS has ESG RRH prog. w/ short-term rental/services. From 9/1/18-8/31/19, they served 410 people, w/ 359 leavers. 80% exited to PH. Only 9 returned to literal homelessness (ES). Rate of Retention-BRASS has CoC PSH prog. Over same year, of 77 served (excluding decreased/institutionalized), 17/20 exited to PH, 39/57 in project 6+ months. 56/77 = 72% to PH/in PSH for 6+ months. Leavers avg. stay = 624 days; Stayers = 823. 2) Source HMIS comparable database CoC APR/ESG CAPER.

1F-4b. DV Survivor Housing.

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

BRASS uses a housing-focused approach so survivors can rapidly access PH, including the KY BoS’s CoC’s requirement of the adoption of the National Alliance on Ending Homelessness RRH Standards, specifically Housing (Hsg) Identification. Within 48 hrs of entry, an initial hsg assessment identifies potential for diversion/self-resolving or barriers to hsg such as arrears, evictions, bad landlord references/criminal recs. Hsg Plan incorporates client safety/choice. As a standard in their service area, if hsg costs are greater than 30% of income, many landlords will deny applications. Ongoing strong landlord recruitment/retention allow staff to work w/ landlords to accept and continue to work with survivors who may not meet normal requirements. Staff help clients gain/increase income through partnerships such as Goodwill, Wellcare Works (Managed Care Org), or KY Career Center. Housing plans are updated/utilized routinely to help client’s address barriers such as starting payment plans for debt reduction or income stability. If survivor is in shelter and not able to self-resolve, a VI-SPDAT is completed on the 15th day to identify the level of hsg assistance likely needed. Client is then referred and placed on the local coordinated entry priority list, which allows them to access hsg other than limited VSP RRH/PSH vouchers. Hsg options are then identified through the
use of BRASS’s long established landlord list that includes landlords who understand HUD programming, services, and available support from BRASS program(s). Staff provide help to households to locate/obtain hsg including resolving conflicts, and advocating for leniency based on poor rental/criminal history. Community partnerships allow BRASS to assist clients in basic needs/furnishings for units when moving in. With BRASS’s current ESG-funded RRH program and CoC PSH, they are able to pay rental app. fees, security/utility deposits, arrears (ESG), & moving costs to remove barriers that slow movement to PH.

1F-4c. DV Survivor Safety.

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

1a) Staff adhere to Program Standards of KY Coalition Against DV (KCADV), a NNEDV member; all staff (including admin) must complete 40 hr KCADV training; become a Certified DV Advocate within 2 yrs. Training includes methods like locking windows/rods in sliding doors, having escort to/from car/bus, parking in well-lit areas, knowing police station locations, & keeping trusted person aware of location. KCADV training/certification provides info on state/federal protection for victims, crisis line safety planning protocol w/ callers.
1b) Private office space used for intake/one-on-one sessions. White noise machines/closed doors used to ensure confidentiality. 1c) Couples do not typically present at BRASS in DV situations. However, KCADV trains and monitors organizations/private practitioners through a court-ordered Batterer Intervention Program; abusers meet separately for counseling, etc. If abuser comes to BRASS, police called. Crisis Line staff trained to ensure callers are safe to talk/help caller find safe location away from abuser if needed. 1d) Clients discuss areas they want to live. Locations of public transit, employment, and access to necessities are considered when discussing housing locations. DV survivors determine safety related to the proximity to their abuser or family; they always have final say on hsg location.
1e) BRASS operates emerg. shelter w/ safety lighting, security system; sensors all windows. Cameras located over inside and outside of all entry/exit door. 24/7 staffing of shelter watch cameras, keep doors locked, panic buttons connected to police. 1f) Location of hsg, including existing shelter, is never publicized or shared with anyone other than program staff.
2. BRASS trains staff on site, webinars (monthly); do pre/post tests of knowledge, staff improvement plans as needed to increase abilities. KCADV monitors BRASS yearly to ensure program standards adherence, which
includes safety planning and trauma informed care use.

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

Applicants must describe:
1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
   (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
   (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
   (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
   (d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
   (e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
   (f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
   (g) offering support for parenting, e.g., parenting classes, childcare.

1. BRASS was founded in 1980, operated originally as just a shelter, but expanded to include CoC PSH and ESG RRH, VOCA/VAWA funded programs, etc. It is one of the largest victim service providers in KY; accredited by the Kentucky Coalition Against Domestic Violence (KCADV). Staff receive training and certifications (Certified Domestic Violence Advocate) from KCADV including how to conduct assessments and ongoing interaction with survivors using client-centered, trauma-informed best practices and techniques. Every staff member of BRASS and all other KCADV member organizations (including administrative staff) must go through a 40-hour training that includes trauma-informed practices. KCADV monitors BRASS each year to ensure they are adhering to VSP program standards. If they not they are placed on a performance improvement plan.
2) a. Survivors will never be forced to live in a particular location with the RRH support. An individualized housing plan will be developed that allows clients to choose their own housing goals. BRASS will use motivational interviewing and other best practice case management techniques to ensure participant’s are empowered to make their own choices.
   b. Staff have/will receive specific training on trauma informed approaches through KCADV, which specifically includes awareness and mitigation of unintentional power dynamics (real or perceived).
   c. Support groups will provide opportunities to discuss a range of responses people have to trauma, including physical/mental health symptoms. Access to Peer Support Specialists with shared experiences and/or referrals for
counseling will be used to help survivors develop new skills for dealing with painful or disruptive feelings such as relaxation training or exercises with formal and alternative therapies. Staff will provide information, both verbally and in writing, about trauma (for both adults and children), to help participants know their symptoms/responses are normal and not judged as weaknesses/or perceived as a barrier to recovery/progress.

d. Client-centered goals are an active process in case mgmt. both informally and through guided assessment tools. Clients will set and determine priority of their goals. Advocates may lead conversations related to priority when providing case mgmt to encourage timelines, such as the length to obtain a birth certificate or secure childcare/employment are factored in. In assisting with improving income, survivors will be encouraged to explore their own interests and will not be forced to only pursue certain, agency selected career or educational paths.

e. State and federal guidelines instruct all programs to provide non-discriminatory practices including access to translation services for LEP victims and signs are posted to adhere to those practices. Training continues to evolve through more formal methods such as on-site group training, webinars, or conferences, but also providing through participation in the community to increase awareness of available services to underserved populations. Program does/will fully adhere to Fair Housing and Equal Access Rules and will ensure staff receive cultural competency training.

f. as stated above, BRASS coordinated and offers support groups, employees Peer Support Specialists, and plans recreational opportunities for survivors (including children). Additionally, survivors have access to non-traditional group therapy such as art and yoga.

g. Bridging parenting support, strategies, and techniques with survivor counseling can encourage victims to improve parenting skills and strengthen the parent-child bond. Supportive services will include assistance with childcare for employment and access to in-home parenting support such as through HANDs program, and by helping ensure children have access to Head Start, are enrolled in school, and access all McKinney-Vento supports offered by the schools. This includes arranging transportation for students.

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

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

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

(limit 2,000 characters)
Programs follow the housing first model where we work to reduce/eliminate barriers to housing as quickly as possible. A crisis hotline call identifies specific barriers that impede a client’s ability to locate and secure housing. The lead agency has developed a form entitled Barriers to Safety and is used to identify barriers and make appropriate referrals for issues. Legal Aid programs may represent DV victims with protective order hearings, child custody hearings, expungement, bankruptcy, applying for disability, divorce, or appealing a denial of benefits. Housing assessments identify barriers to housing for the client such as arrears, evictions, poor rental history or criminal records. Staff meet with clients to familiarize them with landlord screening techniques to encourage appropriate access to stable housing. Advocates provide resources to clients to obtain greater income including work with partner agencies such as Goodwill, Wellcare, or the KY Career Center. Childcare and access to transportation are two of the hardest barriers to overcome. Working with community partners with subsidized childcare assistance allows for greater access to employment options. Individuals who identify mental health, psychological trauma or substance use barriers are referred to local qualified personnel to wrap around services related to the safety of an individual as a whole. This trauma informed approach allows the client to decide the best course of action for them to address their concerns and helps to prioritize greatest needs related to stability.

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

Applicant Capacity

<table>
<thead>
<tr>
<th>DUNS Number:</th>
<th>967585589</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name:</td>
<td>Kentucky Coalition Against Domestic Violence (KCADV)</td>
</tr>
<tr>
<td>Rate of Housing Placement of DV Survivors–Percentage:</td>
<td>98.00%</td>
</tr>
<tr>
<td>Rate of Housing Retention of DV Survivors–Percentage:</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

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

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

1) Rate of Placement-KCADV operates two CoC RRH projects where they provide medium term rental assistance and supportive services. From 9/1/18-8/31/19, they served 166 people, with 61 leavers. 98% exited to PH (60 out of 61). Rate of Retention-Over same time period, 100% of people had been in program 6+ months. Of Leavers, 80% were in program 365 days or more. Leavers avg. stay = 599 days; Stayers = 341 days. 2) Data Source is HMIS comparable database CoC APR.

1F-4b. DV Survivor Housing.
Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing. (limit 2,000 characters)

KCADV has BoS-wide CoC RRH proj./operates HOME TBRA; has built network of landlords (LLs) across CoC service area & works w/ local VSP member orgs (15 covering the full state) to get local LL lists of those who work well w/ DV clients. Staff regularly search online listings; proactively contact LLs for info to share w/ clients; keep LL lists updated. Clients encouraged to search areas for themselves for hsg that meet their needs (e.g. work, school, daycare, transportation, safety). KCADV provides info on appropriate unit size if they are searching independently/offer to help with application process; works to reduce barriers by talking w/ LLs to waive background checks, income requirements, eviction/credit history, by discussing the program supports that are offered & offering to increase security deposits as an incentive. KCADV pays rental shares on/before LL due dates; works each month to ensure client shares paid on time; works w/ LLs to have utilities included w/ rents, allowing LL to increase the rental amount to include those costs. KCADV responds to LL requests w/in 24 hours or as soon as possible & encourage LL to contact staff via email, text, office, cell. KCADV works w/ clients/LLs to mediate disputes & work to terminate leasing relationships that can’t be resolved in ways to protect clients, LLs, or both, depending on case; removes LLs from list for failures to abide by program guidelines, most notably property maintenance or other violations. KCADV utilizes staff attorney & relationship w/ the Fair Housing Council, KY Equal Justice Ctr, & legal aid orgs to provide guidance on LL-Tenant issues; both LLs & tenants on federal and state laws, particularly relating to DV survivor protections.

KCADV provides utility deposits from RRH grant; uses private funds to pay utility arrearages that prevent applicants from connecting utility service due to old debt & can sometimes use these funds pay old hsg debts with a LL; provides funding for moving costs.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:

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

2. measured its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

a) All staff must get certification that uses a trauma informed care curriculum created by National Ctr on DV/Trauma/Mental Health. It teaches skills to
ensure services are client directed, includes safety planning. KCADV offers training through it’s Training Institute & through the Annual Ending DV & Sexual Assault Conference. Staff trained to work w/ survivor to determine when/how to apply for a protective order. Safety planning services are offered through crisis line in person (residentially), in person (non-residentially) & via text (varies by program). Safety planning services are offered for children. Staff work w/ clients to develop safety plans around exchanging children in public places. Staff trained on privacy settings & safety of client computers/phones.  
(b) Intake always done in private setting to ensure survivors can express their concerns in full confidence that their information is protected.  
(c) Conversations always held one on one, particularly if both parties in a relationship are requesting services.  
(d) KCADV works very closely with LLs & clients to relocate those who need to move for safety reasons. Survivors are made aware of the benefits & limitations of a scattered site model through client briefings & during the process to enroll in a housing program.  
(e) KCADV does not operate an emergency shelter however on occasion program staff who serve housing clients meet w/ clients at office. Entry to building has secure entrance; visitors must be buzzed in by a staff member & video surveillance is used. Most clients are referred by a member program – all of whom have secured properties with gated property entrances, secure building entrances, video surveillance, & rapid police response as needed.  
(f) Scattered site hsg locations never shared. KCADV doesn’t have shelter.  
2. KCADV receives funding from VAWA/VOCA, others requiring adherence to standards; regularly reviews compliance; ensures staff receive continuing education.  

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

Applicants must describe:  
1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and  
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:  
(a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;  
(b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;  
(c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;  
(d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;  
(e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;  
(f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and  
(g) offering support for parenting, e.g., parenting classes, childcare.  
(limit 4,000 characters)
KCADV has been serving survivors since 1981 with trauma informed services & survivor-centered approaches; has operated a CoC RRH since 2016; staff partner w/ 15 VSPS to provide services—every org must be certified/accredited by KCADV. Certification training uses curriculum created by the National Ctr on DV, Trauma, & Mental Health. 2a. KCADV provides survivors with occupancy guidelines & property listings & encourages survivors to search for opportunities that meet their geographical & safety needs. Survivors ultimately choose the unit they wish to rent. KCADV provides training to staff to ensure survivors have support while locating a unit. 2b. KCADV offers trainings 2x/year for hsg case managers to discuss strategies of assertive engagement/minimizing power relationships between survivors & staff. KCADV doesn’t require service participation in order to maintain hsg; do not exit clients from housing for failure to participate; termination policy is strictly focused on lease violations only; they mediate lease violations possible. 2c. KCADV offers support/trainings to clients on recognizing trauma, healing from trauma, & support groups offered multiple times weekly to assist clients on understanding their individual trauma, & strategies for healing, developing healthy coping skills, & recognizing & avoiding triggers; offers approximately 10 meetings to prepare staff to share information w/ clients about supportive services, programs, & resources. KCADV is committed to developing publications that allow for participants to learn about programs & services at their own pace (e.g., posters, brochures, fact sheets, infographics, social media posts, website pages, welcome packets, etc.) 2d. KCADV’s intake form/case management plan is strengths-based. The plan is developed by the survivor & designed to allow the survivor to choose which goals are important for them. Staff receive ongoing training to help clients achieve individual goals. Meetings & contact between staff/clients occur as frequently as daily & minimally once per month to assess progress & meaningfulness. 2e. KCADV started a Meaningful Access initiative designed to create an organizational commitment to build an infrastructure (notice, policies/procedures, training & monitoring, skilled staff, access to relevant materials) that provides access to nondiscriminatory services & accommodates the diverse needs of the people a program serves. KCADV also provides training to staff on cultural competence, meaningful access, inclusivity, intersectionality & access to non-discriminatory services. KCADV offers training on providing accessible services to people w/ Limited English Proficiency, complying with HUD’s Equal Access Rule, working w/ survivors w/ disabilities, survivors who may be veterans or with families that are systems-involved & whose children may have been placed in out-of-home-care. 2f. Member programs offer weekly support groups, work with community partners to offer activities designed to foster connection & community. Some programs offer exercise classes, financial education presentations, opportunities for volunteerism, work opportunities, & shared meal times. Member programs are also beginning to implement a peer support initiative that connects a Peer Support Specialist to a survivor who is seeking substance use treatment. A peer support specialist builds trust & connection through a shared experience. 2g. KCADV works w/ child advocates/allied professionals to help clients learn more about normal child development, parental skill-building, & improving parent-child bonds. KCADV has offered training to member programs using the “Connect the Dots” curriculum. Connect the Dots provides a common language & a common approach to addressing challenging behaviors in a way that builds strong social & emotional skills in young children. KCADV works w/ the Ctr on Trauma & Children to provide Child-Adult Relationship Enhancement (CARE) Training.
1F-4e. Meeting Service Needs of DV Survivors.

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

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

(limit 2,000 characters)

All clients are quickly moved into hsg (average length is 23 days). There are no barriers to transitioning survivors other than ensuring clients feel safe to leave emergency shelter for hsg. Staff work with clients on obtaining protective orders as desired & on safety plans for moving about the community.

- Child Custody – partner with the Legal Aid to respond the legal services & custody needs of survivors; seek out assistance from pro-bono programs & community legal service providers to meet the needs of survivors; allocate VOCA, VAWA, United Way grants to be able provide access to legal services.
- Criminal/Bad Credit History - adheres strongly to Housing First principles ensuring program is completely low barrier by having no requirements for income, no restrictions on credit, eviction, criminal history (other than those imposed by federal law), employment, sobriety, participation in mental health treatment, etc. Always work w/ landlords to waive typical screenings.
- Education: staff connect clients to education/training to build confidence/skills/enhance employability. This is accomplished through strong partnerships with the 16 Community Colleges in KY & their Ready To Work Coordinators.
- Employment: works directly with eligible clients on felony & misdemeanor expungement for those who are eligible, which can improve employment & permanent housing options after RRH assistance ends.
- Healthcare/Drug Alcohol Treatment: refers interested to healthcare providers for physical & mental health concerns, inpatient or outpatient treatment. KCADV holds housing for up to 90 days for clients seeking inpatient treatment. KCADV operates Project RISE a formal relationship with the Community Mental Health Centers that creates a connection between a domestic violence program & substance use services, including Medically Assisted Treatment.
- Childcare – member programs rely on community partners to be able to connect survivors with childcare resources.
2A. Homeless Management Information System (HMIS) Implementation

Instructions:

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

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

2A-1. HMIS Vendor Identification.  
WellSky

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

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

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

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Number of Beds in 2019 HIC</th>
<th>Total Beds Dedicated for DV in 2019 HIC</th>
<th>Total Number of 2019 HIC Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ES) beds</td>
<td>1,472</td>
<td>398</td>
<td>428</td>
<td>39.85%</td>
</tr>
<tr>
<td>Safe Haven (SH) beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Transitional Housing (TH) beds</td>
<td>305</td>
<td>47</td>
<td>208</td>
<td>80.62%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) beds</td>
<td>716</td>
<td>258</td>
<td>458</td>
<td>100.00%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) beds</td>
<td>1,158</td>
<td>155</td>
<td>756</td>
<td>75.37%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) beds</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

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

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

(limit 2,000 characters)

1) ES bed coverage low b/c many ESs are non-HUD funded volunteer-run, faith-based orgs operating in very rural areas of 118 county BoS, often lacking agency capacity, infrastructure/training to support complex federal progs. To encourage more HMIS use in non-funded ES, HMIS Lead and Collaborative Applicant have developed a “Data Made Easy” (DME) campaign targeting larger non-funded ES in each CoC CE region (LPC). Goal of campaign is to provide education/outreach to non-funded ES on HUD priorities/funding opportunities, targeted HMIS training specific to ES needs, agency performance & system-wide performance to ultimately gain total ES bed coverage in the CoC. DME was created as a service to non-funded ES in which HMIS Lead will customize reports/tailor HMIS training specific to the ES needs, waive HMIS fees and in return have ES enter UDEs. DME’s specialized training/customizable reports will allow ES to spend less time on cumbersome data collection & allow for more time meeting their mission/serving clients. DME will also increase HMIS use within the CoC Coord. Ent. Sys. All TH use HMIS except one non-funded TH. That TH is being actively recruited through DME. PSH below 85% entirely b/c of VA VASH2

2) CoC started DME early summer ’19. HMIS staff in conjunction with CoC & PIT Data identify large non-funded ES in CoC. HMIS staff coordinate w/identified ES for initial in person mtg/introduction to DME. Once ES/TH needs/wants are identified, HMIS staff tailor training/reports for ES. HMIS staff schedule in person trainings/follow up meetings to cultivate partnership. HMIS staff provide workflow for each selected ES for UDE data entry. HMIS staff provide ongoing TA over the course of 12 months as needed. Once partnership has proven successful, identified ES will serve as local ambassador to encourage other area non-funded ES to participate in DME. CoC continues to engage VA and has added an at-large member to the CoC Brd from the VA and have asked that person to help.


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

Yes

*2A-4. HIC HDX Submission Date.

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

04/30/2019
2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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Resources:
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The FY 2019 CoC Program Competition Notice of Funding Availability at:

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2B-1. PIT Count Date. 01/30/2019
Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).

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

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

*2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.
Applicants must select whether the CoC added or removed emergency shelter, No
transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC’s 2019 sheltered PIT count.

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

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

(limit 2,000 characters)

Not applicable

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

Applicants must:

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

Yes

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

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

(limit 2,000 characters)

1) The CoC engaged stakeholders serving youth in the planning process by including them in the review and development of survey questions and data collection methods. Youth provider stakeholders, including Runaway and Homeless Youth (RHY) funded organizations, school McKinney Vento liaisons, state Family and Youth Services Center Staff (housed in schools), and youth drop-in center staff attended in-person trainings and a webinar option. The CoC had PIT Count leads across the 118-county BoS that contacted youth providers/school liaisons and encouraged them to participate. Posters given to schools & known youth hangouts to promote the PIT.

2) Youth providers were asked to help identify where youth could be found during PIT. Working with stakeholders, Service-based count was used to reach youth not found in emergency shelters or on the streets. Stakeholders said youth present at their organizations for other services besides housing—food, transportation, workforce training, etc. To capture more youth, the Point in Time Count was done over a 48-hour period. If the day of the count (January 30), the
question was “where are you sleeping tonight”. If the youth was engaged the day after the “night of the count”, the youth was asked “where did you sleep last night (January 30). Information created by the National Center of Homeless Education on school PIT partnership was given to schools.
3) Youth experiencing homelessness were engaged at youth drop in centers and the Youth Homelessness Demonstration Program’s Youth Action Board. College-aged youth/ Americorps volunteers, including those with lived experiences, conducted peer to peer interviews. Youth in existing homeless services programs were asked to help identify hot spots where youth could be found.

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

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

1) Strategies to better count chronically homeless (CH) was by recruiting more volunteers, especially for unsheltered count in counties within the 118-county BoS not previously participating in PIT. Also, questions were simplified on the surveys for length of time homeless/number of homeless episodes, which is the 1st criteria to determine CH status. Working with homeless service providers and people who had conducted the count in prior years, the wording was amended for second year in a row in order to try to get more accurate data/make it easier for respondents to understand what was being asked. In addition, HMIS staff worked with HMIS ES to ensure they were complying with data quality standards, including answering questions in HMIS relating to length of time homeless and disabilities. Service-Based Count used to find persons not found in ES/on streets.

2) To better count families with children, the Service Based count was used. More outreach was done to non-housing providers (e.g., school family/youth resource centers, Health Care providers). Outreach was done to recruit new emergency shelters serving families with children. One school liaison partnered with area churches to provide hotel/motel vouchers to homeless families with school aged kids. Liaison and colleagues completed surveys with each family for PIT.

3) To ensure the best count possible of Veterans experiencing homelessness, VA SSVF programs took leadership role in conducting the count and recruiting other Vet providers to do so. VA staff served on CoC PIT planning committee, did outreach and conducted PIT surveys. HMIS staff worked with HMIS participating agencies to ensure veteran status question was answered.
3A. Continuum of Care (CoC) System Performance

Instructions

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

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

Applicants must:

| Report the Number of First Time Homeless as Reported in HDX. | 2,373 |


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

1) Using PIT/HMIS data CoC identifies characteristics of 1st time homeless (e.g., no income at entry, having subs. use/mental health disorders; no non-cash benefits (TANF, SNAP, Child Care Assist.); DV; disabilities but no SSDI. On PIT survey, we include questions not HUD required (educ. level, employment, foster care, homelessness cause-can’t pay rent, etc). Analysis done to cross reference first time homeless w/ person’s other risk factors. CoC has built in similar questions into CoC/ESG Project Entry tabs in HMIS. CoC working w/HMIS staff to develop custom reports to pair all VI-SPDAT data in HMIS w/System Performance Measure 5 (first time homeless) to evaluate characteristics of those first time homeless. 2) CoC developing Diversion
process w/in Coordinated Entry System using PR-VI-SPDAT as a prescreen assessment tool for prevention. CoC worked with ESG Recipient to ensure applicants able to apply for ESG Prevention funds in the CoC. CoC worked with HOME Recipient & local school system to implement pilot project (using TBRA rental assistance) to address housing instability (Dept. of Ed. Homelessness definition) of precariously housed families and youth to prevent them from becoming literally homeless. CoC partnered with largest PHA (87 counties) in Kentucky to apply for Family Unification Program (FUP) vouchers. Kentucky Housing Corporation (KHC) was awarded FUP vouchers. FUP serves youth/families at risk of becoming homeless and provides eligible CoC services from CoC agencies such as housing search & counseling. CoC advocated for Low Income Housing Tax Credits to be used to serve vulnerable populations who are at risk of homelessness; CoC reviews applications. 3) KY Housing Corporation (KHC) is lead planning org responsible for overseeing CoC strategy to reduce first time homelessness as the Collaborative Applicant.

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

Applicants must:

| Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX. | 58 |


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

1) CoC provided free intensive 2 day Housing First training to approx. 100 CoC org. staff/taught best practices in reducing barriers to entry. CoC scheduled free 2 day intensive housing-focused shelter & housing-focused CM training Nov. 2019. Anticipates training 100+ CoC org. staff/essential in reducing length of time homeless across CoC. CoC has 4 CE-SSO projects assisting sub-region CE w/housing search/navigation & landlord outreach to quickly identify units & house most vulnerable HH reducing length of time homeless. CoC consulted w/ESG required all RRH to adhere to NAEH RRH Standards including Housing Identification services. All new CoC apps required to commit to move people quickly into housing/Housing First. CoC has continued to increase the # of RRH beds available in BoS thru CoC competition using Bonus & reallocation. In FY18 the CoC was awarded full amount of DV Bonus funds to create 1 new RRH and 1 new Joint TH/RRH, to will help DV survivors move faster into PH.
2) 100% of CoC-funded PSH have beds dedicated to chronically homeless or DedicatedPLUS. The CE polices require persons w/highest vulnerability starting w/chronically homeless to be housed 1st. CoC adheres to CPD Notice 16-11, which establishes the order of priority for housing. CE Leads in each sub-region
of BoS routinely monitor active/by name lists to identify HHs who have been on list 30+ days, case conference to identify barriers/work to resolve. Through CE, the CoC uses VI-SPDAT to determine length of time a HH has been homeless along with other risk factors. In addition to the acuity score from the VI-SPDAT (the higher the score, the higher the need), a HH’s length of time homeless is considered. In the event of ties on CE list, length of time homeless is used to determine which household is offered the resource. The CoC created custom CE report that shows length of time the person has been homeless/length of time they have remained on CE list. 3) KHC is responsible for the strategy.

*3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.

Applicants must:

1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>55%</td>
</tr>
</tbody>
</table>

2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>96%</td>
</tr>
</tbody>
</table>

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

Applicants must:

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

(limit 2,000 characters)

1) CoC fully implemented CE/quickly assesses/prioritizes people for PH (RRH/PSH). All ESG/CoC projects required to participate. If no self resolution w/in 2 weeks of ES stay/assessed/entered in CES. CoC created 4 SSO-CE projects in BoS to provide CM & hsg. search services w/purpose to move people quickly into PH. CoC provided free intensive 2 day Housing First (HF) training to approx. 100 CoC org. staff/taught best practices reducing barriers to ES/RRH entry/RRH retention. 2019 ESG Comp. RRH projects required to use NAEH RRH Standards; provide hsg. search/placement services/staff dedicated
to landlord (LL) recruitment/engagement. CoC org. staff trained/use evidence-based hsg. stability CM tool (SPDAT) for ongoing hsg. retention focused CM in RRH. Since FY18 Comp. all new CoC apps req. to adhere to low barrier HF model w/o supp. service requirements/hsg. retention is primary goal. CoC provided LL Whisperer training/focused on LL engagement/outreach to quickly secure units for RRH. CoC/ESG application scoring includes exits to PH. CoC SPM committee focuses on exits to PH & compares project performance to Sys. Performance. Works w/PHAs to implement homeless preferences. 2) KHC oversees strategy. 3) CoC org. staff trained/use evidence-based hsg. stability CM tool (SPDAT) for ongoing hsg. retention focused CM in PSH. CoC org. training on LL mediation/tenancy MGMT in PSH. PSH orgs. have SOAR-trained staff ensure HHs signed up for SSDI, other cash/non-cash benefits to help transition to/be successful in PH. CoC connects HHs to child care assistance. Since FY18 Comp. all new CoC apps req. to adhere to low barrier HF model w/o supp. service requirements/hsg. retention being the primary goal. Services are offered (e.g. transportation/employment assistance). CoC has Workforce Development/Employment orgs. CoC developed Moving On Program w/PHA for 87 counties/moves PSH HHs no longer needing CM into HCV/frees up PSH for more high acuity CH HHs. 4) KHC oversees strategy.

*3A-4. Returns to Homelessness as Reported in HDX.

Applicants must:

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.</td>
</tr>
<tr>
<td>2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.</td>
</tr>
</tbody>
</table>

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

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

1) Fully implementing CE in the BoS has enabled CoC sub-region providers to be aware of returns to homelessness locally in real time. CE provides transparency across projects. CoC created CE Dashboard to demonstrate returns to homelessness (the CES) per CE sub-region & BoS CoC. CoC uses SPM reports, analyzes back-end detail data & identifies demographics of clients exiting to PH who return w/in the 3 timeframes, compared to the clients not returning to see if there are significant factors related to race (racial disparity), disability, age, gender. CoC analyzes income @ exit & type of PH destination @ exit to identify if there are particular service related factors that led to
better/worse hsg. stability outcomes. Additional factors CoC analyzes: length of time in program (e.g., for RRH, length/depth of rental assistance provided), # of prior shelter stays/homeless episodes, HH type. 2) Strategies to decrease returns to homelessness include improvements to CE /prioritizing people w/highest need for PSH & moving them quickly out of ES. Also, working w/projs to ensure length of support is appropriate & effective to unique HH needs. In FY18 new RRH projs required by CoC to provide 6 months of services after rental assistance ends to ensure hsg stability. CoC provided intensive 2 day HF training to approx. 100 CoC orgs. staff/covered eviction prevention/rehouse v. termination practices. LL training covered mediation practices. Major emphasis has been placed on increasing income. Additional SOAR training is being provided. CoC will also continue to encourage PHA's to create homeless preferences/Moving On prog; advocate for HOME $ to be used for TBRA/multi-family dev. CoC added scoring criteria on increases in non-cash benefits and returns to homelessness. While exits to is goal, CoC leadership stresses importance of increasing income/supports like health care, transportation, child care assistance as a critical piece of helping to maintain hsg. 3)KHC oversees strategy.

*3A-5. Cash Income Changes as Reported in HDX.

Applicants must:

| Percentage |
|-----------------|-----------------|
| **1.** Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX. | 21% |
| **2.** Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX. | 18% |


Applicants must:

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

(limit 2,000 characters)

1) CoC provides technical assistance/trainings on ways to increase income; CoC app. scoring criteria including increases in employment income. CoC orgs. have formal agreements w/KY Community & Tech. College Sys. (KCTCS)/Adult Ed. Services to assist clients obtain GED/higher education to improve employment income potential. CoC works w/largest Managed Care Org. to connect clients to WellCare Works (WW) workforce dev. program thru Medicaid. WW offers resume assist./career assessments/job coaching/interview best practice to help clients apply for/obtain higher paying jobs. Each service area in
BoS has Vocational Rehab & Career Centers specifically to help HHs obtain employment/increase income. Kentucky Coalition Against Domestic Violence (KCADV) runs Economic Empowerment Corps: statewide AmeriCorps program/only Corps in KY focused on financial empowerment for survivors of DV & their children. 2) All CoC-funded partners work w/their area career centers to refer clients (daily). CoC-funded agencies receive funding from other sources specifically to provide employment assistance. 5 CoC orgs. (KCEO, Mt. Comp. Care, Harlan Co. Community Action, KRCC, Big Sandy Comm. Action) receive funding from Department of Labor to operate Workforce Investment Opportunity Act (WIOA) programs/connect clients to employment opportunities/support. All 15 KCADV VSP members (13 of 15 receive ESG &/or CoC funding) partner on the Ready to Work program offered thru KCTCS & Cabinet for Health & Family Services (CHFS). CoC orgs. have in house programs to help clients access work opportunities. Ex: Big Sandy Comm. Action offers many targeted job fairs incldg. MegaFair (offer criminal expungement assistance). KCADV uses NextJobs online employ. services. CoC orgs. have formal MOU w/Goodwill Industries of KY to connect clients w/ & sustaining employment. WW partners with Indeed.com/online search engines pair clients w/available employment options suited to unique qualifications. 3) KHC oversees strategy.


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

1) CoC application scoring criteria included increases in other non-cash income such as SSI/SSDI. In 2019 project applications 91% CoC agencies assist clients with SOAR activities in-house of through formal partnerships and 84% of CoC agencies have had program staff trained in SOAR in last 24 months. All projects conduct needs assessment with clients upon program entry to determine utilization of current non-employment cash benefits and identify mainstream & non-employment cash benefits the client/HH may be eligible for but not yet receiving (such as SSI/SSDI and TANF). 2) CoC application scoring criteria included CoC agency commitment to connecting people with mainstream non-employment cash benefits such as SSI/SSDI. SOAR trained CoC agency staff provide increased access to SSI/SSDI benefits to vulnerable HHs. CoC agencies use state mainstream benefit online application portal (Benefind) to assist clients in applying for non-employment cash sources such as TANF. Benefind is a streamlined online platform that allows vulnerable HHs access non-employment cash benefit information and program applications quickly from their homes/support service agency. CoC ensures CoC orgs. are informed of non-employment cash resources. 3) KHC oversees strategy.


Applicants must describe how the CoC:
1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding
job fairs, outreach to employers, and partnering with staffing agencies; and

2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.

(limit 2,000 characters)

1) CoC promotes partnerships & access to employment opportunities by partnering with local Chamber of Commerce offices. For example, Clark Co. Homeless Coalition hosts their local Chamber annually which allows for ongoing relationship building between homeless services & employers/business owners. This open door between sectors empowers continued community discussion about homelessness & broader financial impact it has on entire community. Brighton Center sits on local Chamber of Commerce and holds the contract to operate the regional KY Career Center which holds direct partnerships with over 500 area employers. In addition, many CoC orgs. have strong direct relationships with various community employers who recruit new employees from CoC orgs. For example, Welcome House of NKY works directly with Amazon on a weekly basis/provides direct job postings. CoC orgs. have strong relationships with local staffing agencies & CoC orgs. partner w/WellCare Works & WW Community Engagement staff to provide access to jobs & local staffing orgs. CoC orgs. hold mult. annual Stand Down job/resource fairs for homeless HHs. 2) 5 CoC orgs. (KCEOC, Mt. Comp. Care, Harlan Co. Comm. Action, KRCC, Big Sandy Comm. Action) receive funds from Department of Labor to operate Workforce Investment Opportunity Act (WIOA) programs. WIOA progs. connect high need PSH clients in the community to employment opportunities, job training/support & edu. opportunities. CoC orgs. have formal agreements w/Goodwill of KY/provide ongoing employment support/training services to HH in PSH. Brighton Center operates area HANDS program/provides in home lifeskills education/training to new parents & operates area Headstart/Early Headstart programs all which can serve PSH HHs. In addition, Brighton Center receives Title V funding to operate KY Center for Employment Training (offers trade training such as automotive assistant & medical assistance training). CoC orgs partner with KY Works/Vocational Rehab w/PSH HHs.


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

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.
5. The CoC works with organizations to create volunteer opportunities for program participants.
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).

7. Provider organizations within the CoC have incentives for employment.

8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.

<table>
<thead>
<tr>
<th>3A-6. System Performance Measures</th>
<th>05/30/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data–HDX Submission Date</td>
<td></td>
</tr>
</tbody>
</table>

Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)
3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

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

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

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

3B-1. Prioritizing Households with Children.

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

<table>
<thead>
<tr>
<th>Factor</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>2. Number of previous homeless episodes</td>
<td>X</td>
</tr>
<tr>
<td>3. Unsheltered homelessness</td>
<td>X</td>
</tr>
<tr>
<td>4. Criminal History</td>
<td>X</td>
</tr>
<tr>
<td>5. Bad credit or rental history</td>
<td>X</td>
</tr>
<tr>
<td>6. Head of Household with Mental/Physical Disability</td>
<td>X</td>
</tr>
</tbody>
</table>

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

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

1) CoC has successfully reallocated all but 1 TH project to Permanent Housing. The CoC continues to prioritize the allocation of ESG funds to RRH. In the 2019 ESG Comp., RRH was scored separately from other components/CoC prioritizes effective RRH projects dedicated to NAEH RRH Standards implementation (including staff dedicated to landlord recruitment/engagement). The # of RRH projects in the CoC significantly increased over past 5 years. CoC was awarded 2 DV Bonus projects in FY18 Comp. significantly increasing PH resources for survivors & their children. Several new PSH projects are included in this year’s App. to further increase hsg for non-DV families with children as well. Through CE, people are quickly assessed for their hsg. & service needs/placed on CE active/by name list for quick placement in either RRH or PSH. Other needs assessments are used to measure immediate health/child care/income needs, including full SPDAT. Training has been provided to CoC partners/how to use diversion techniques/get HHs to self-resolve. CoC provided free intensive 2 day Housing First training to approx. 100 CoC org. staff/taught best practices in reducing barriers to PSH/RRH entry. The CoC partnered with the PHA for 87 of 118 counties in BoS to create Moving On program for people in PSH no longer needing PSH to move to HCV. Frees up PSH beds so high acuity & Chronically Homeless people in ES/living unsheltered can quickly move into hsg./get appropriate level/type of services to meet unique needs. 2) The CoC evals. performance of projects not just on exits to PH, but also on returns. To help ensure people stay in PH after exit, agencies have stepped up efforts to increase the persons income by connecting them w/employment/education, transportation services, increasing their mainstream benefits (child care assistance, TANF, Food Stamps). RRH projects provide case management & supportive services after rent assistance ends to help HH maintain hsg. 3) KHC oversees strategy.

3B-1b. Antidiscrimination Policies.

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

1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics. ☐

2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics. ☒

3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients. ☒
3B-1c. Unaccompanied Youth Experiencing Homelessness—Addressing Needs.

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

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

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

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

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

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

Applicants must describe how the CoC increased availability of housing and services for:

1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and
2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.

(limit 3,000 characters)
1) CoC has HUD Youth Homelessness Demonstration Program (YHDP) for 8 counties in BoS resulting in began October 2018, including two new youth RRH projects, two new youth crisis centers and 1 Supportive Services program. CoC uses youth version of VI-SPDAT to better assess unique vulnerabilities of youth/ensures needs better reflected in the acuity scores. YHDP/state funds being used for 2 more youth drop in centers to engage youth not presenting at traditional homeless providers. In partnership with BoS’s largest PHA, application submitted to HUD to get additional 100 HCVs through Family Unification Program (FUP). Were awarded 78. All RRH projects agreed to provide housing search/placement help for any eligible youth with a FUP voucher. CoC Brd signed a MOU with PHA/state child welfare agency to implement FUP. CoC worked with KY PJ to set-aside HOME TBRA to create a pilot project in partnership with two school districts in northern KY for youth and families experiencing homelessness under the Dept of Ed definition. 

2) A system navigation/outreach program has been created w/ staff doing outreach to unsheltered yth /connect them w/ supportive services and housing. Also created new youth crisis housing in areas where no existing yth shelter existed prior to 2018. Youth drops are great way to connect with unsheltered youth. YHDP funds provide stipends to yth staying in “Crisis Host Homes” while permanent hsg is sought. Also, using YHDP funds for “system navigator” to identify and quickly connect youth from schools, juvenile justice, foster care w/ eligible services. In October 2018, conducted Youth Count in YHDP area, with specific emphasis on unsheltered youth and doubled up youth.

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

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

1) CoC tracks hsg increase using HIC and monitoring of PHA for FUP vouchers. We use Runaway and Homeless Youth (RHY) data elements in our YHDP projects to measure improvements to social and emotional well-being of youth. We evaluate increases in partnerships between schools/other systems and coord. entry 2) Effectiveness metrics are: decrease in unsheltered youth; length of time from program entry to housing connection; exits to permanent housing; # of youth who become homeless for first time; improvements to youth social/emotional well-being. Because services, particularly through YHDP programs are focused heavily on increasing education/employment and providing appropriate supports (e.g., child care assistance/TANF for parenting youth) we will measure increases in income and non-cash benefits. CoC will analyze PIT numbers for unaccompanied and parenting youth year over year and changes to the number of youth on the coordinated entry by-name list compared to previous year. We will also evaluate returns to homelessness to see if there is a reduction because of services tailored specifically to unique needs of youth. In YHDP RRH program we will evaluate if length of time
between program entry and “housing move in” is shorter than youth being served in non-YHDP RRH projects 3) Because it is the goal of the CoC for homelessness to be rare, brief and non-recurring, we believe these measurements will help us evaluate if youth are becoming homeless in the first place, how quickly they exit homelessness, and if they return. More specifically, we think these measurements are appropriate b/c they are aligned with the following USICH Criteria and Benchmarks for Ending Yth Homelessness: Identifying unaccompanied youth; providing prevention/diversion, quick access to low-barrier crisis housing/services; utilizes coord. entry for yth; moves yth quickly into PH. In addition, we are creating system-level changes in the YHDP area that we will work to replicate across the BoS.

3B-1e. Collaboration–Education Services.

Applicants must describe:

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

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

(limit 2,000 characters)

1a) CoC agencies have MOUs with education providers (e.g. Head Start, WIOA). 1b) LEAs serve on the CoC’s YHDP Steering Committee and the CoC Scoring and Ranking Committee 1c) Several CoC partners serve on school district committees on student homelessness. 2a) Partnerships with youth education providers are primarily with the Kentucky Career Center & Head Start programs. The KY Career Center has youth programs through the Workforce Innovation/Opportunity Act (WIOA). WIOA programs are for in-school and out of school youth. WIOA programs are the primary youth education providers in BoS. 50% of CoC-funded agencies have in-house education services/some are contacted by state to be area WIOA provider. All CoC partners refer clients to KY Career Ctrs 2b) SEA provides data to CoC on families experiencing homelessness/unaccompanied youth. SEA provided data for Youth Homelessness Demo Program (YHDP) coordinated community plan/CoC’s racial disparity analysis. SEA contacted all LEAs within the YHDP community/encouraged them to attend a planning meeting with the CoC to better identify homeless youth/refer to housing/services. SEA and nearly all LEAs in YHDP area attended day-long planning meeting facilitated by Partners for Education at Berea College and a technical assistant from the National Center for Homeless Education. LEAs are CoC members/participate in Coordinated Entry. One LEA served on CoC application scoring committee, including helping to develop the scoring criteria and ranking process. for the past 2 years. Two LEAs serve on the YHDP Steering Committee. LEAs participate regularly in PIT count. 2c) School district representatives serve on local homeless coalitions. Schools have Family/ Youth Resources Centers serving who often serve as the first contact for youth experiencing homelessness and staff from the Centers have regular interaction CoC
partners. For YHDP, the school districts provided letters of support for the
CoC’s application to HUD.

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

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

The CA requires all CoC projects (new and renewal) to sign an Education
Certification form detailing their commitment to following all McKinney-Vento
guidelines related to serving households with children and access to education
services. All CoC applicants must submit a signed certification attesting they
have policies and practices in place that are consistent with and do not restrict
the exercise of rights provided by the education subtitle of the McKinney Vento
Act and they must attest they designate a staff member specifically to ensure
children experiencing homelessness have access to all educational services,
etc., including ensuring they are enrolled in school and are connected to
appropriate services such as early childhood education such as Head Start,
Part C of the Individuals and Disabilities Act, and McKinney-Vento education
services. In addition, the CoC worked with the ESG recipient for KY (covers all
118 BoS counties) to incorporate identical language in all ESG subrecipient
grant agreements. Youth who have aged out of foster care are also eligible for
education support/services, including tuition waivers and education training
vouchers. With the support of CoC partners, the KY state legislature in the most
recent legislative session changed the state statute to extend eligibility for these
supports from 18-21 years old to now up to 23 years old. All CoC partners are
expected to notify youth in their programs who have aged out of foster care of
these services.

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

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

<table>
<thead>
<tr>
<th>Early Childhood Providers</th>
<th>MOU/MOA</th>
<th>Other Formal Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Start</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Child Care and Development Fund</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Federal Home Visiting Program</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Healthy Start</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Public Pre-K</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Birth to 3 years</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Tribal Home Visiting Program</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
Applicants must select Yes or No for all of the agreements listed in 3B-1e.2.

3B-2. Active List of Veterans Experiencing Homelessness.  
Applicant must indicate whether the CoC uses an active list or by-name list to identify all veterans experiencing homelessness in the CoC. Yes

3B-2a. VA Coordination–Ending Veterans Homelessness.  
Applicants must indicate whether the CoC is actively working with the U.S. Department of Veterans Affairs (VA) and VA-funded programs to achieve the benchmarks and criteria for ending veteran homelessness. Yes

3B-2b. Housing First for Veterans.  
Applicants must indicate whether the CoC has sufficient resources to ensure each veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach. Yes

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

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

Applicant: Kentucky Balance of State CoC  
Project: KY-500 CoC Registration FY2019  
COC_REG_2019_170470
3B-3a. Addressing Racial Disparities.

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>The CoC has identified the cause(s) of racial disparities in their homeless system.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The CoC has identified strategies to reduce disparities in their homeless system.</td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>The CoC has implemented strategies to reduce disparities in their homeless system.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The CoC has identified resources available to reduce disparities in their homeless system.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>The CoC did not conduct a racial disparity assessment.</td>
<td></td>
</tr>
</tbody>
</table>
4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

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

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

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

4A-1. Healthcare–Enrollment/Effective Utilization

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

<table>
<thead>
<tr>
<th>Type of Health Care</th>
<th>Assist with Enrollment</th>
<th>Assist with Utilization of Benefits?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Private Insurers:</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-Profit, Philanthropic:</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other: (limit 50 characters)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Applicants must:
1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;
2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;
3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in
health insurance;
4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and
5. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits.
(limit 2,000 characters)

1) The CoC's collaborative applicant, KHC, uses an e-newsletter to communicate with CoC orgs. about availability of mainstream resources & any program changes that are relevant to BoS clients. KHC has close working relationship w/state DV Coalition (KCADV) & state Homeless Coalition(HHCK)/both have listservs to keep KHC and CoC partners informed. KHC sits on KY Interagency Council on Homelessness (KICH) in which resource info. shared quarterly. HHCK & KCADV sit as ex-officio members on CoC Brd. & provide resource updates every mtg. CoC orgs. are encouraged to sign up for other relevant listservs w/program specific info. In addition, KHC uses web-based communication platform for each CoC sub-region for purposes of CE & connection to available resources. CoC agencies have daily/weekly/monthly staff meetings to specifically share updates/changes on resources. 2)KHC puts out weekly e-newsletters/posts multiple times/wk on online comm. platform & maintains a resource guide and individual partners have their own guides as well for staff. For example, the state now has a 20-hr online SOAR training available/CoC has promoted this training on multiple occasions. CoC has invited presenters to CoC regional mtgs. to update on significant changes to state Medicaid program that potentially negatively impacts people experiencing homelessness. 3) Large Community Mental Health Org. and largest Managed Care Org. (MCO) in KY sit on CoC Brd. MCO covers most of BoS. MCO presents/provides updates to CoC Brd. on health ins. enrollment programs & MCO has care coordinators work w/CoC orgs. & clients locally. 4) CoC in data matching negotiation w/largest MCO in state to analyze effectiveness of Medicaid utilization in BoS. In 2018 KICH & state Dept. Behavioral Services offered free Medicaid Academy training curriculum to CoC. Several CoC orgs. (including HHCK) attended & drafted workplans to bill Medicaid for services in HUD PH. Some plans still being worked on. 5) KHC oversees strategy.

4A-2. Lowering Barriers to Entry Data:

Applicants must report:

<table>
<thead>
<tr>
<th>1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.</th>
<th>57</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.</td>
<td>57</td>
</tr>
<tr>
<td>Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.</td>
<td>100%</td>
</tr>
</tbody>
</table>


Applicants must:
1. describe the CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2. state whether the CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
3. describe how often the CoC conducts street outreach; and
4. describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)

1) The KY BoS CoC is an 118-county primarily rural geographic area, which makes it very difficult to have enough resources to do outreach to all areas routinely. CoC consulted with ESG Recipient in 2019 all CoC CE sub-regions strongly encouraged to coordinate for ESG Competition in order to ensure Street Outreach access across as much as BoS as possible. CE-SSO projects exist in 4 CE sub-regions in which eligible activities are carried out to engage/assess unsheltered HH least likely to access the CES, with a 5th CE-SSO application in the FY19 CoC Comp. CoC working with the state behavioral health department to best utilize SAMSHA funded PATH teams to strengthen & ultimately cover entire CoC in conjunction with HUD funded agencies. Other Street Outreach is conducted in areas where HUD-funded providers do not operate by other housing and service providers such as Community Action agencies, local churches, soup kitchens. 2) Because of the size of the geographic area (118 counties) and the lack of resources available for street outreach, street outreach does not regularly cover 100% of the area despite significant strides having been made in 2019. 3) In areas where street outreach is done, it happens as often as daily. 4) Street Outreach teams/staff are trained specifically to engage persons with high levels of need/least likely to present at homeless system. Some teams partner locally with law enforcement, emergency management departments and other first responders who know the community & regularly come into contact with extremely vulnerable unsheltered individuals & families. Teams are aware of local encampments (such as under bridges, along riverbanks, parking garages, etc…). Youth street outreach occurs often through youth drop-in centers. CoC to pursue continued Street Outreach training for partner organizations.

4A-4. RRH Beds as Reported in HIC.

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

<table>
<thead>
<tr>
<th>RRH beds available to serve all populations in the HIC</th>
<th>2018</th>
<th>2019</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>617</td>
<td>716</td>
<td>99</td>
</tr>
</tbody>
</table>


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

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

Applicants must indicate whether the CoC is requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other federal statutes.
4B. Attachments

**Instructions:**

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1C-4. PHA Administration Plan–Moving On Multifamily Assisted Housing Owners’ Preference.</td>
<td>No</td>
<td>Moving On Multifa...</td>
<td>09/26/2019</td>
</tr>
<tr>
<td>1C-4. PHA Administrative Plan Homeless Preference.</td>
<td>No</td>
<td>PHA Administrativ...</td>
<td>09/26/2019</td>
</tr>
<tr>
<td>1C-7. Centralized or Coordinated Assessment System.</td>
<td>Yes</td>
<td>CE Assessment Tool</td>
<td>09/26/2019</td>
</tr>
<tr>
<td>1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.</td>
<td>Yes</td>
<td>Projects Accepted...</td>
<td>09/26/2019</td>
</tr>
<tr>
<td>1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.</td>
<td>Yes</td>
<td>Project Rejected/...</td>
<td>09/26/2019</td>
</tr>
<tr>
<td>1E-1. Public Posting–30-Day Local Competition Deadline.</td>
<td>Yes</td>
<td>Local Competition...</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>1E-1. Public Posting–Local Competition Announcement.</td>
<td>Yes</td>
<td>Local Competition...</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>1E-4. Public Posting–CoC-Approved Consolidated Application</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3A. Written Agreement with Local Education or Training Organization.</td>
<td>No</td>
<td>Local Education o...</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>3A. Written Agreement with State or Local Workforce Development Board.</td>
<td>No</td>
<td>State or Local Wo...</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>3B-3. Summary of Racial Disparity Assessment.</td>
<td>Yes</td>
<td>Racial Disparity ...</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>4A-7a. Project List-Homeless under Other Federal Statutes.</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>----</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Attachment Details

**Document Description:** FY 2019 CoC Competition Report

Attachment Details

**Document Description:** Moving On Multifamily Preference

Attachment Details

**Document Description:** PHA Administrative Plan Preference

Attachment Details

**Document Description:** CE Assessment Tool

Attachment Details

**Document Description:** Projects Accepted Notification

Attachment Details

**Document Description:** Project Rejected/Reduced Notification
Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Local Competition Public Announcement

Attachment Details

Document Description:

Attachment Details

Document Description: Local Education or Training Organization Agreement

Attachment Details

Document Description: State or Local Workforce Agreement
Document Description: Racial Disparity Assessment

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
Submission Summary

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

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Identification</td>
<td>09/17/2019</td>
</tr>
<tr>
<td>1B. Engagement</td>
<td>09/26/2019</td>
</tr>
<tr>
<td>1C. Coordination</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>1D. Discharge Planning</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1E. Local CoC Competition</td>
<td>09/26/2019</td>
</tr>
<tr>
<td>1F. DV Bonus</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>2A. HMIS Implementation</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>2B. PIT Count</td>
<td>09/26/2019</td>
</tr>
<tr>
<td>3A. System Performance</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>3B. Performance and Strategic Planning</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>4A. Mainstream Benefits and Additional Policies</td>
<td>09/27/2019</td>
</tr>
<tr>
<td>4B. Attachments</td>
<td>Please Complete</td>
</tr>
<tr>
<td>Submission Summary</td>
<td>No Input Required</td>
</tr>
</tbody>
</table>

Applicant: Kentucky Balance of State CoC
Project: KY-500 CoC Registration FY2019

COC_REG_2019_170470
2019 HDX Competition Report
PIT Count Data for KY-500 - Kentucky Balance of State CoC

Total Population PIT Count Data

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
<th>2019 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count</td>
<td>2057</td>
<td>1940</td>
<td>2077</td>
<td>2221</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>1003</td>
<td>1,072</td>
<td>1,175</td>
<td>1357</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>481</td>
<td>343</td>
<td>210</td>
<td>214</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>1484</td>
<td>1415</td>
<td>1385</td>
<td>1571</td>
</tr>
<tr>
<td>Total Unsheltered Count</td>
<td>573</td>
<td>525</td>
<td>692</td>
<td>650</td>
</tr>
</tbody>
</table>

Chronically Homeless PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
<th>2019 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of Chronically Homeless Persons</td>
<td>93</td>
<td>164</td>
<td>142</td>
<td>202</td>
</tr>
<tr>
<td>Sheltered Count of Chronically Homeless Persons</td>
<td>31</td>
<td>86</td>
<td>80</td>
<td>148</td>
</tr>
<tr>
<td>Unsheltered Count of Chronically Homeless Persons</td>
<td>62</td>
<td>78</td>
<td>62</td>
<td>54</td>
</tr>
</tbody>
</table>
### Homeless Households with Children PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
<th>2019 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children</strong></td>
<td>251</td>
<td>201</td>
<td>182</td>
<td>204</td>
</tr>
<tr>
<td><strong>Sheltered Count of Homeless Households with Children</strong></td>
<td>207</td>
<td>177</td>
<td>159</td>
<td>185</td>
</tr>
<tr>
<td><strong>Unsheltered Count of Homeless Households with Children</strong></td>
<td>44</td>
<td>24</td>
<td>23</td>
<td>19</td>
</tr>
</tbody>
</table>

### Homeless Veteran PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Sheltered and Unsheltered Count of the Number of Homeless Veterans</strong></td>
<td>160</td>
<td>164</td>
<td>161</td>
<td>148</td>
<td>144</td>
</tr>
<tr>
<td><strong>Sheltered Count of Homeless Veterans</strong></td>
<td>117</td>
<td>130</td>
<td>136</td>
<td>102</td>
<td>124</td>
</tr>
<tr>
<td><strong>Unsheltered Count of Homeless Veterans</strong></td>
<td>43</td>
<td>34</td>
<td>25</td>
<td>46</td>
<td>20</td>
</tr>
</tbody>
</table>
# 2019 HDX Competition Report

**HIC Data for KY-500 - Kentucky Balance of State CoC**

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds in 2019 HIC</th>
<th>Total Beds in 2019 HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ES) Beds</td>
<td>1472</td>
<td>398</td>
<td>428</td>
<td>39.85%</td>
</tr>
<tr>
<td>Safe Haven (SH) Beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Transitional Housing (TH) Beds</td>
<td>305</td>
<td>47</td>
<td>208</td>
<td>80.62%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) Beds</td>
<td>716</td>
<td>258</td>
<td>458</td>
<td>100.00%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) Beds</td>
<td>1158</td>
<td>155</td>
<td>756</td>
<td>75.37%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) Beds</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td>100.00%</td>
</tr>
<tr>
<td><strong>Total Beds</strong></td>
<td><strong>3,661</strong></td>
<td><strong>858</strong></td>
<td><strong>1860</strong></td>
<td><strong>66.36%</strong></td>
</tr>
</tbody>
</table>
### PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

<table>
<thead>
<tr>
<th>Chronically Homeless Bed Counts</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
<th>2019 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC</td>
<td>24</td>
<td>258</td>
<td>698</td>
<td>841</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Households with Children</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
<th>2019 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH units available to serve families on the HIC</td>
<td>107</td>
<td>142</td>
<td>150</td>
<td>159</td>
</tr>
</tbody>
</table>

### Rapid Rehousing Beds Dedicated to All Persons

<table>
<thead>
<tr>
<th>All Household Types</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
<th>2019 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH beds available to serve all populations on the HIC</td>
<td>251</td>
<td>562</td>
<td>617</td>
<td>716</td>
</tr>
</tbody>
</table>
Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Universe (Persons)</th>
<th>Average LOT Homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Submitted FY 2017</td>
<td>FY 2018</td>
<td>Submitted FY 2017</td>
</tr>
<tr>
<td>1.1 Persons in ES and SH</td>
<td>2769</td>
<td>2708</td>
<td>39</td>
</tr>
<tr>
<td>1.2 Persons in ES, SH, and TH</td>
<td>3120</td>
<td>2961</td>
<td>72</td>
</tr>
</tbody>
</table>

b. This measure is based on data element 3.17.

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

The construction of this measure changed, per HUD’s specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.
## 2019 HDX Competition Report

### FY2018 - Performance Measurement Module (Sys PM)

<table>
<thead>
<tr>
<th></th>
<th>Universe (Persons)</th>
<th>Average LOT Homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Submitted FY 2017</td>
<td>FY 2018</td>
<td>Submitted FY 2017</td>
</tr>
<tr>
<td>1.1 Persons in ES, SH, and PH (prior to &quot;housing move in&quot;)</td>
<td>2761</td>
<td>2691</td>
<td>172</td>
</tr>
<tr>
<td></td>
<td>201</td>
<td>252</td>
<td>61</td>
</tr>
</tbody>
</table>

**Submitted FY 2017**

**FY 2017**

**Difference**

**Submitted FY 2017**

**FY 2017**

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

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

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

<table>
<thead>
<tr>
<th>Exit Type</th>
<th>Total # of Persons who Exited to Permanent Housing Destination (2 Years Prior)</th>
<th>Returns to Homelessness in Less than 6 Months</th>
<th>Returns to Homelessness from 6 to 12 Months</th>
<th>Returns to Homelessness from 13 to 24 Months</th>
<th>Number of Returns in 2 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>SO</td>
<td>15</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>ES</td>
<td>1133</td>
<td>89</td>
<td>53</td>
<td>56</td>
<td>198</td>
</tr>
<tr>
<td>TH</td>
<td>334</td>
<td>24</td>
<td>18</td>
<td>18</td>
<td>48</td>
</tr>
<tr>
<td>SH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PH</td>
<td>1036</td>
<td>48</td>
<td>20</td>
<td>27</td>
<td>95</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2518</td>
<td>161</td>
<td>92</td>
<td>89</td>
<td>342</td>
</tr>
</tbody>
</table>

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts
This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

<table>
<thead>
<tr>
<th></th>
<th>January 2017 PIT Count</th>
<th>January 2018 PIT Count</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered persons</td>
<td>1940</td>
<td>2077</td>
<td>137</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>1072</td>
<td>1175</td>
<td>103</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>343</td>
<td>210</td>
<td>-133</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>1415</td>
<td>1385</td>
<td>-30</td>
</tr>
<tr>
<td>Unsheltered Count</td>
<td>525</td>
<td>692</td>
<td>167</td>
</tr>
</tbody>
</table>

Metric 3.2 – Change in Annual Counts

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Unduplicated Total sheltered homeless persons</td>
<td>3153</td>
<td>3056</td>
<td>-97</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>2776</td>
<td>2790</td>
<td>14</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>468</td>
<td>334</td>
<td>-134</td>
</tr>
</tbody>
</table>
2019 HDX Competition Report
FY2018 - Performance Measurement Module (Sys PM)

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

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults</td>
<td>366</td>
<td>378</td>
<td>12</td>
</tr>
<tr>
<td>(system stayers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults with increased</td>
<td>33</td>
<td>31</td>
<td>-2</td>
</tr>
<tr>
<td>earned income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who</td>
<td>9%</td>
<td>8%</td>
<td>-1%</td>
</tr>
<tr>
<td>increased earned income</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults</td>
<td>366</td>
<td>378</td>
<td>12</td>
</tr>
<tr>
<td>(system stayers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults with increased</td>
<td>81</td>
<td>87</td>
<td>6</td>
</tr>
<tr>
<td>non-employment cash income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who</td>
<td>22%</td>
<td>23%</td>
<td>1%</td>
</tr>
<tr>
<td>increased non-employment cash</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>income</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults</td>
<td>366</td>
<td>378</td>
<td>12</td>
</tr>
<tr>
<td>(system stayers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults with increased</td>
<td>111</td>
<td>105</td>
<td>-6</td>
</tr>
<tr>
<td>total income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who</td>
<td>30%</td>
<td>28%</td>
<td>-2%</td>
</tr>
<tr>
<td>increased total income</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Metric 4.4 – Change in earned income for adult system leavers**

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>442</td>
<td>403</td>
<td>-39</td>
</tr>
<tr>
<td>Number of adults who exited with increased earned income</td>
<td>75</td>
<td>85</td>
<td>10</td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td>17%</td>
<td>21%</td>
<td>4%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>442</td>
<td>403</td>
<td>-39</td>
</tr>
<tr>
<td>Number of adults who exited with increased non-employment cash income</td>
<td>62</td>
<td>71</td>
<td>9</td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td>14%</td>
<td>18%</td>
<td>4%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>442</td>
<td>403</td>
<td>-39</td>
</tr>
<tr>
<td>Number of adults who exited with increased total income</td>
<td>126</td>
<td>148</td>
<td>22</td>
</tr>
<tr>
<td>Percentage of adults who increased total income</td>
<td>29%</td>
<td>37%</td>
<td>8%</td>
</tr>
</tbody>
</table>
**Measure 5: Number of persons who become homeless for the 1st time**

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Person with entries into ES, SH or TH during the reporting period.</td>
<td>2810</td>
<td>2829</td>
<td>19</td>
</tr>
<tr>
<td>Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.</td>
<td>425</td>
<td>456</td>
<td>31</td>
</tr>
<tr>
<td>Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)</td>
<td>2385</td>
<td>2373</td>
<td>-12</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Person with entries into ES, SH, TH or PH during the reporting period.</td>
<td>4139</td>
<td>3724</td>
<td>-415</td>
</tr>
<tr>
<td>Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.</td>
<td>624</td>
<td>620</td>
<td>-4</td>
</tr>
<tr>
<td>Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)</td>
<td>3515</td>
<td>3104</td>
<td>-411</td>
</tr>
</tbody>
</table>
Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons who exit Street Outreach</td>
<td>49</td>
<td>21</td>
<td>-28</td>
</tr>
<tr>
<td>Of persons above, those who exited to temporary &amp; some institutional destinations</td>
<td>7</td>
<td>2</td>
<td>-5</td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td>26</td>
<td>12</td>
<td>-14</td>
</tr>
<tr>
<td>% Successful exits</td>
<td>67%</td>
<td>67%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Metric 7b.1 – Change in exits to permanent housing destinations
## 2019 HDX Competition Report

**FY2018 - Performance Measurement Module (Sys PM)**

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

<table>
<thead>
<tr>
<th>Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing</th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3697</td>
<td>3184</td>
<td>-513</td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td>2045</td>
<td>1736</td>
<td>-309</td>
</tr>
<tr>
<td>% Successful exits</td>
<td>55%</td>
<td>55%</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Universe: Persons in all PH projects except PH-RRH</th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations</td>
<td>955</td>
<td>899</td>
<td>-56</td>
</tr>
<tr>
<td>% Successful exits/retention</td>
<td>92%</td>
<td>96%</td>
<td>4%</td>
</tr>
</tbody>
</table>
This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

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

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.
## FY2018 - SysPM Data Quality

<table>
<thead>
<tr>
<th></th>
<th>All ES, SH</th>
<th>All TH</th>
<th>All PSH, OPH</th>
<th>All RRH</th>
<th>All Street Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Number of non-DV Beds on HIC</strong></td>
<td>1. Number of non-DV Beds on HIC</td>
<td>771</td>
<td>817</td>
<td>846</td>
<td>1013</td>
</tr>
<tr>
<td><strong>2. Number of HMIS Beds</strong></td>
<td>2. Number of HMIS Beds</td>
<td>394</td>
<td>366</td>
<td>347</td>
<td>428</td>
</tr>
<tr>
<td><strong>3. HMIS Participation Rate from HIC (%)</strong></td>
<td>3. HMIS Participation Rate from HIC (%)</td>
<td>51.10</td>
<td>44.80</td>
<td>41.02</td>
<td>42.25</td>
</tr>
<tr>
<td><strong>4. Unduplicated Persons Served (HMIS)</strong></td>
<td>4. Unduplicated Persons Served (HMIS)</td>
<td>2862</td>
<td>2749</td>
<td>2665</td>
<td>2797</td>
</tr>
<tr>
<td><strong>5. Total Leavers (HMIS)</strong></td>
<td>5. Total Leavers (HMIS)</td>
<td>2567</td>
<td>2532</td>
<td>2437</td>
<td>2489</td>
</tr>
<tr>
<td><strong>6. Destination of Don't Know, Refused, or Missing (HMIS)</strong></td>
<td>6. Destination of Don't Know, Refused, or Missing (HMIS)</td>
<td>233</td>
<td>105</td>
<td>45</td>
<td>10</td>
</tr>
<tr>
<td><strong>7. Destination Error Rate (%)</strong></td>
<td>7. Destination Error Rate (%)</td>
<td>9.08</td>
<td>4.15</td>
<td>1.85</td>
<td>0.40</td>
</tr>
</tbody>
</table>
2019 HDX Competition Report
Submission and Count Dates for KY-500 - Kentucky Balance of State CoC

Date of PIT Count

<table>
<thead>
<tr>
<th></th>
<th>Date</th>
<th>Received HUD Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date CoC Conducted 2019 PIT Count</td>
<td>1/30/2019</td>
<td></td>
</tr>
</tbody>
</table>

Report Submission Date in HDX

<table>
<thead>
<tr>
<th></th>
<th>Submitted On</th>
<th>Met Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019 PIT Count Submittal Date</td>
<td>4/30/2019</td>
<td>Yes</td>
</tr>
<tr>
<td>2019 HIC Count Submittal Date</td>
<td>4/30/2019</td>
<td>Yes</td>
</tr>
<tr>
<td>2018 System PM Submittal Date</td>
<td>5/30/2019</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Kentucky Housing Corporation

Administrative Plan

- Housing Choice Voucher
- Moderate Rehabilitation
- Project-Based Voucher Assistance
- Family Self-Sufficiency
- Assisted Living
- Enhanced Vouchers
- Homeownership Vouchers
- Mainstream Vouchers
- Non-Elderly Disabled
- Veterans Affairs Supportive Housing
**Revision Dates**

**Administrative Plan Adopted June 1995**

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Revisions Adopted March 1997</td>
<td>Revisions Adopted May 29, 2008</td>
</tr>
<tr>
<td>Revisions Adopted October 1998</td>
<td>Revisions Adopted February 26, 2009</td>
</tr>
<tr>
<td>Revisions Adopted March 1999</td>
<td>Revisions Adopted June 11, 2009</td>
</tr>
<tr>
<td>Revisions Adopted August 1999</td>
<td>Revisions Adopted April 22, 2010</td>
</tr>
<tr>
<td>Revisions Adopted August 29, 2002</td>
<td>Revisions Adopted February 24, 2011</td>
</tr>
<tr>
<td>Revisions Adopted February 27, 2003</td>
<td>Revisions Adopted August 25, 2011</td>
</tr>
<tr>
<td>Revisions Adopted April 28, 2005</td>
<td>Revisions Adopted August 30, 2012</td>
</tr>
<tr>
<td>Revisions Adopted December 8, 2005</td>
<td>Revisions Adopted August 29, 2013</td>
</tr>
<tr>
<td>Revisions Adopted February 23, 2006</td>
<td>Revisions Adopted February 27, 2014</td>
</tr>
<tr>
<td>Revisions Adopted April 27, 2006</td>
<td>Revisions Adopted October 30, 2014</td>
</tr>
<tr>
<td>Revisions Adopted August 31, 2006</td>
<td>Revisions Adopted December 11, 2014</td>
</tr>
<tr>
<td>Revisions Adopted October 26, 2006</td>
<td>Revisions Adopted April 28, 2016</td>
</tr>
<tr>
<td>Revisions Adopted December 14, 2006</td>
<td>Revisions Adopted December 8, 2016</td>
</tr>
<tr>
<td>Revisions Adopted March 1, 2007</td>
<td>Revisions Adopted May 25, 2017</td>
</tr>
<tr>
<td>Revisions Adopted April 27, 2007</td>
<td></td>
</tr>
</tbody>
</table>
• A maximum of 100 housing choice vouchers will be utilized by KHC to provide housing assistance to the following two populations. Applications for these vouchers will be accepted through a KHC approved qualified referral agency.
  
  o Homeless veteran individuals or families who served in the military and received either an administrative separation from service or a bad conduct discharge. The preference will not be given to veterans who have been terminated within the last 12 months from KHC’s rental assistance programs for failure to comply with their family obligations. The veteran must meet one of the following homeless conditions:

  1. Lacks a fixed, regular, and adequate nighttime residence, meaning:
      a. Has a primary nighttime residence that is a public or private place not meant for human habitation.
      b. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs).
      c. Is exiting an institution where (s)he has resided for 90 days or less and (s)he resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
  2. Will imminently lose their primary nighttime residence, provided that:
      a. Residence will be lost within 14 days of the date of application for homeless assistance.
      b. No subsequent residence has been identified.
      c. The individual or family lacks the resources or support networks needed to obtain permanent housing.
  3. Is fleeing, or is attempting to flee, domestic violence and:
      a. Has no other residence.
      b. Lacks the resources or support networks to obtain other permanent housing.

  o **Kentucky Moving on Program**

  Through the Kentucky Moving on Program preference, KHC will provide housing assistance to eligible individuals and families to transition from Continuum of Care (CoC)-funded Permanent Supportive Housing (PSH) programs to the HCV program. Eligible persons will be referred to KHC by authorized KY Balance of State Continuum of Care (KY BoS CoC) PSH grant recipients and sub-recipients. Designated PSH programs will use a common housing readiness assessment tool approved by the KY BoS CoC Advisory Board to identify individuals and families who have achieved housing stability and no longer require the intensive case management and supportive services provided by the PSH program in order to maintain housing. The referral process and
requirements will be developed and approved in partnership between the KY BoS CoC Advisory Board and KHC. To ensure PSH resources are prioritized for persons with the highest needs, the referring program will be required to fill its housing bed/unit made available after the transition of its participant to the HCV program with a chronically homeless individual or family in accordance with CPD Notice 16-11. The Kentucky Moving On Program will allow formerly homeless families and individuals still in need of housing subsidies to maintain housing stability with the provision of the HCV affordable housing resource while having the critically important added benefit of freeing up scarce PSH beds/units and supportive services for chronically homeless persons in emergency shelters, living outside, or other places not meant for human habitation.

Preference will not be given to families for the Kentucky Moving on Program who have been terminated within the last 12 months from KHC’s rental assistance programs for failure to comply with their family obligations.

These applicants may receive an offer of an HCV upon availability prior to applicants without a preference based on adherence to the requirements of the applicable program.

The waiting list for all programs shall be maintained in KHC’s office according to the following procedures:

- A family completes and provides a preliminary application to be placed on the waiting list and KHC accepts the information to be correct. At the time the family reaches the top of the waiting list, a complete application and required verification will be obtained to determine eligibility. Assistance will be issued in the name of the applicant, unless otherwise requested by applicant.
- Anyone who completes a preliminary application will be applying for all programs available.
- The family will have the right of refusal of any form of assistance without losing their place on the waiting list until all forms of available programs are exhausted. Once a form of assistance has been refused, it will not be offered again. If a family chooses to be returned to the waiting list for another form of assistance, the request must be made by the family in writing. An exception may be made if requiring the request in writing places a hardship on the family. In this case, the request and the hardship will be documented by the waiting list coordinator.
- A family will be given an offer of only one type of assistance at a time. A second offer will not be made until there is some disposition of the first offer.
- If a family elects to accept a form of assistance (e.g., goes through the process and is issued a HCV), the family will not receive any other offer of assistance based upon that application. Under the Moderate Rehabilitation and Project-Based Voucher Programs, no other assistance will be offered when the family signs the Intent to Lease or Request for Tenancy Approval form.
- A family on the waiting list may update their application at any time. This update information should include household members, income, address and other pertinent information. Applicants must update their application in writing or update online at www.kyhousing.org. An exception may be made if requiring the application update in writing places a hardship on the
Kentucky Housing Corporation Preference

- A maximum of 100 housing choice vouchers will be utilized by KHC to provide housing assistance to the following two populations. Applications for these vouchers will be accepted through a KHC approved qualified referral agency.

  o **Homeless veteran individuals or families** who served in the military and received either an administrative separation from service or a bad conduct discharge. The preference will not be given to veterans who have been terminated within the last 12 months from KHC’s rental assistance programs for failure to comply with their family obligations. The veteran must meet one of the following homeless conditions:

  1. Lacks a fixed, regular, and adequate nighttime residence, meaning:
     a. Has a primary nighttime residence that is a public or private place not meant for human habitation.
     b. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs).
     c. Is exiting an institution where (s)he has resided for 90 days or less and (s)he resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
  2. Will imminently lose their primary nighttime residence, provided that:
     a. Residence will be lost within 14 days of the date of application for homeless assistance.
     b. No subsequent residence has been identified.
     c. The individual or family lacks the resources or support networks needed to obtain permanent housing.
  3. Is fleeing, or is attempting to flee, domestic violence and:
     a. Has no other residence.
     b. Lacks the resources or support networks to obtain other permanent housing.

  o **Kentucky Moving on Program**

    Through the Kentucky Moving on Program preference, KHC will provide housing assistance to eligible individuals and families to transition from Continuum of Care (CoC)-funded Permanent Supportive Housing (PSH) programs to the HCV program. Eligible persons will be referred to KHC by authorized KY Balance of State Continuum of Care (KY BoS CoC) PSH grant recipients and sub-recipients. Designated PSH programs will use a common housing readiness assessment tool approved by the KY BoS CoC Advisory Board to identify individuals and families who have achieved housing stability and no longer require the intensive case management and supportive services provided by the PSH program in order to maintain housing. The referral process and
requirements will be developed and approved in partnership between the KY BoS CoC Advisory Board and KHC. To ensure PSH resources are prioritized for persons with the highest needs, the referring program will be required to fill its housing bed/unit made available after the transition of its participant to the HCV program with a chronically homeless individual or family in accordance with CPD Notice 16-11. The Kentucky Moving On Program will allow formerly homeless families and individuals still in need of housing subsidies to maintain housing stability with the provision of the HCV affordable housing resource while having the critically important added benefit of freeing up scarce PSH beds/units and supportive services for chronically homeless persons in emergency shelters, living outside, or other places not meant for human habitation.

Preference will not be given to families for the Kentucky Moving on Program who have been terminated within the last 12 months from KHC's rental assistance programs for failure to comply with their family obligations.

These applicants may receive an offer of an HCV upon availability prior to applicants without a preference based on adherence to the requirements of the applicable program.

The waiting list for all programs shall be maintained in KHC's office according to the following procedures:

- A family completes and provides a preliminary application to be placed on the waiting list and KHC accepts the information to be correct. At the time the family reaches the top of the waiting list, a complete application and required verification will be obtained to determine eligibility. Assistance will be issued in the name of the applicant, unless otherwise requested by applicant.
- Anyone who completes a preliminary application will be applying for all programs available.
- The family will have the right of refusal of any form of assistance without losing their place on the waiting list until all forms of available programs are exhausted. Once a form of assistance has been refused, it will not be offered again. If a family chooses to be returned to the waiting list for another form of assistance, the request must be made by the family in writing. An exception may be made if requiring the request in writing places a hardship on the family. In this case, the request and the hardship will be documented by the waiting list coordinator.
- A family will be given an offer of only one type of assistance at a time. A second offer will not be made until there is some disposition of the first offer.
- If a family elects to accept a form of assistance (e.g., goes through the process and is issued a HCV), the family will not receive any other offer of assistance based upon that application. Under the Moderate Rehabilitation and Project-Based Voucher Programs, no other assistance will be offered when the family signs the Intent to Lease or Request for Tenancy Approval form.
- A family on the waiting list may update their application at any time. This update information should include household members, income, address and other pertinent information. Applicants must update their application in writing or update online at www.kyhousing.org. An exception may be made if requiring the application update in writing places a hardship on the
are not being accepted. If the Waiting List is open for general applications, the PHA will honor an Admissions Preference for persons meeting the following criteria:

1. **Involuntarily Displaced Preference** for a family who has been displaced from their home due to *Government Action* including, but not limited to, condemnation, property acquisition, code enforcement, grant activity or a Federally declared disaster. In the event the Waiting List is closed to new applicants, these applications will continue to be accepted.
   
a. First priority will be given to families who are current HCV or public housing participants.
b. Second priority will be given to families who are not current HCV or public housing participants.
c. Verification must be provided in the form of a notice of displacement or letter of referral from the agency which displaced the applicant or the Director of Neighborhood & Community Services.

2. **Homeless Preference** for a family who
   
a. Lacks fixed, regular, and adequate nighttime residence; and,
b. Has primary nighttime residence that is a supervised public or privately operated designated to provide temporary living; and,
c. Provides documentation from the shelter that indicates the family has resided at the for at least 30 of the past 45 days. If the applicant meets the 30-day criteria but has moved from the shelter, a determination will be made on a case-by-case basis regarding retention of the preference. The applicant will be considered to be “homeless” if one of the following criteria exists:
   
   1) The applicant has moved from the shelter but has not relocated to permanent housing (i.e., is staying with relatives or friends).
   2) The applicant has relocated to permanent Housing but has a rent burden (contract rent + tenant paid utilities) which exceeds 50% of adjusted household income.
   3) The applicant is a participant in good standing in the Safe Havens Program and has been housed within the Bowling Green city limits for at least ten (10) months via a KHC temporary voucher.

d. No more than 25% of those applicants contacted for final eligibility interview shall be Homeless Preference applicants.
e. Verification must be provided in the form of a referral letter from the homeless shelter provider.

3. **Homeownership Preference** for families referred by HUD approved Counseling Agencies for the HCV Homeownership program. Families must be ownership-ready and must utilize the voucher for homeownership, not rental assistance. Upon admission, referral families
Note: The KY BoS CoC utilizes three versions of the VI-SPDAT (Individual, Family, and Youth). All three are included in this attachment and begin on the following pages:

Individual VI-SPDAT (page 1)

Family VI-SPDAT (page 7)

Youth VI-SPDAT (page 15)
Administration

<table>
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Opening Script

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

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

Basic Information

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

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IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.
A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
   - Shelters
   - Transitional Housing
   - Safe Haven
   - Outdoors
   - Other (specify):
   - Refused


SCORE:

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

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

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

SCORE:

B. Risks

4. In the past six months, how many times have you...
   a) Received health care at an emergency department/room?
   b) Taken an ambulance to the hospital?
   c) Been hospitalized as an inpatient?
   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?
   e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?
   f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?

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

SCORE:

5. Have you been attacked or beaten up since you’ve become homeless?

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

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:
VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

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

IF “YES,” THEN SCORE 1 FOR LEGAL ISSUES.

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

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

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

C. Socialization & Daily Functioning

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

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

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

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

IF “NO,” THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

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

IF “NO,” THEN SCORE 1 FOR SELF-CARE.

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

IF “YES,” THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.
D. Wellness

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

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

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

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

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

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

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.

SCORE:

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

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

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

SCORE:

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

   a) A mental health issue or concern? □ Y □ N □ Refused
   b) A past head injury? □ Y □ N □ Refused
   c) A learning disability, developmental disability, or other impairment? □ Y □ N □ Refused

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

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

SCORE:

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

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

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

IF “YES” TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS. SCORE:

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

IF “YES”, SCORE 1 FOR ABUSE AND TRAUMA. SCORE:

Scoring Summary

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>SUBTOTAL</th>
<th>RESULTS</th>
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<tr>
<td>A. HISTORY OF HOUSING &amp; HOMELESSNESS</td>
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<tr>
<td>B. RISKS</td>
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<td>D. WELLNESS</td>
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<td>GRAND TOTAL</td>
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Score: Recommendation:
- 0-3: no housing intervention
- 4-7: an assessment for Rapid Re-Housing
- 8+: an assessment for Permanent Supportive Housing/Housing First

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?
place: ____________________________
time: __ : ____ or Morning/Afternoon/Evening/Night

Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?
phone: (____) ______ - __________
email: __________________________

Ok, now I’d like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so? □ Yes □ No □ Refused

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

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

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- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
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<table>
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<th>Parent 1</th>
<th>First Name</th>
<th>Nickname</th>
<th>Last Name</th>
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In what language do you feel best able to express yourself? ______

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☐ No second parent currently part of the household

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<th>Parent 2</th>
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<th>Nickname</th>
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IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE: ___
Children

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

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

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

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

<table>
<thead>
<tr>
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<th>Age</th>
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IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.

A. History of Housing and Homelessness

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


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

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

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

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

   a) Received health care at an emergency department/room? □ Refused
   b) Taken an ambulance to the hospital? □ Refused
   c) Been hospitalized as an inpatient? □ Refused
   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? □ Refused
   e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? □ Refused
   f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? □ Refused

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

   9. Have you or anyone in your family been attacked or beaten up since they’ve become homeless? □ Y □ N □ Refused
   10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year? □ Y □ N □ Refused

   IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

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

   IF “YES,” THEN SCORE 1 FOR LEGAL ISSUES.

   12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? □ Y □ N □ Refused
   13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don’t know, share a needle, or anything like that? □ Y □ N □ Refused

   IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.
C. Socialization & Daily Functioning

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

☐ Y  ☐ N  ☐ Refused

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

☐ Y  ☐ N  ☐ Refused

IF “YES” TO QUESTION 14 OR “NO” TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

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

☐ Y  ☐ N  ☐ Refused

IF “NO,” THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:

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

☐ Y  ☐ N  ☐ Refused

IF “NO,” THEN SCORE 1 FOR SELF-CARE.

SCORE:

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

☐ Y  ☐ N  ☐ Refused

IF “YES,” THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

D. Wellness

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

☐ Y  ☐ N  ☐ Refused

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

☐ Y  ☐ N  ☐ Refused

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

☐ Y  ☐ N  ☐ Refused

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

☐ Y  ☐ N  ☐ Refused

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

☐ Y  ☐ N  ☐ Refused

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.

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

☐ Y  ☐ N  ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?

☐ Y  ☐ N  ☐ Refused

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

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

a) A mental health issue or concern?

☐ Y  ☐ N  ☐ Refused

b) A past head injury?

☐ Y  ☐ N  ☐ Refused

c) A learning disability, developmental disability, or other impairment?

☐ Y  ☐ N  ☐ Refused

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

☐ Y  ☐ N  ☐ Refused

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

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

☐ Y  ☐ N  ☐ N/A or Refused

**IF “YES”, SCORE 1 FOR TRI-MORBIDITY.**

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

☐ Y  ☐ N  ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don’t take the way the doctor prescribed or where they sell the medication?

☐ Y  ☐ N  ☐ Refused

**IF “YES” TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.**

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

☐ Y  ☐ N  ☐ Refused

**IF “YES”, SCORE 1 FOR ABUSE AND TRAUMA.**
E. Family Unit

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

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

IF “YES” TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

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

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

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

IF “YES” TO ANY QUESTIONS 34 OR 35, OR “NO” TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

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

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

IF “YES” TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

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

40. After school, or on weekends or days when there isn’t school, is the total time children spend each day where there is no interaction with you or another responsible adult...
   a) 3 or more hours per day for children aged 13 or older? □ Y □ N □ Refused
   b) 2 or more hours per day for children aged 12 or younger? □ Y □ N □ Refused

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

IF “NO” TO QUESTION 39, OR “YES” TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.
Scoring Summary

<table>
<thead>
<tr>
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<th>RESULTS</th>
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</thead>
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<td></td>
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<tr>
<td>A. HISTORY OF HOUSING &amp; HOMELESSNESS</td>
<td>/2</td>
<td></td>
</tr>
<tr>
<td>B. RISKS</td>
<td>/4</td>
<td></td>
</tr>
<tr>
<td>C. SOCIALIZATION &amp; DAILY FUNCTIONS</td>
<td>/4</td>
<td></td>
</tr>
<tr>
<td>D. WELLNESS</td>
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<td>E. FAMILY UNIT</td>
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<td></td>
</tr>
<tr>
<td><strong>GRAND TOTAL:</strong></td>
<td><strong>/22</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Score:**

Recommendation:

- 0-3 no housing intervention
- 4-8 an assessment for Rapid Re-Housing
- 9+ an assessment for Permanent Supportive Housing/Housing First

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?

place: ________________________________

time: __:__ or Morning/Afternoon/Evening/Night

Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?

phone: (____) ______ - __________

e-mail: ________________________________

Ok, now I’d like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?

☐ Yes ☐ No ☐ Refused

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

- military service and nature of discharge
- age out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning
Transition Age Youth -
Vulnerability Index -
Service Prioritization Decision Assistance Tool
(TAY-VI-SPDAT)

“Next Step Tool for Homeless Youth”

AMERICAN VERSION 1.0

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Eric Rice, PhD

COMMUNITY SOLUTIONS  CSH  USC
SCHOOL OF SOCIAL WORK
Administration

| Interviewer’s Name | Agency | □ Team  
|---------------------|--------|--------
|                     |        | □ Staff  
|                     |        | □ Volunteer |

<table>
<thead>
<tr>
<th>Survey Date</th>
<th>Survey Time</th>
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<tbody>
<tr>
<td>DD/MM/YYYY</td>
<td><em><strong>/</strong></em>/____</td>
<td>___ : __ AM/PM</td>
</tr>
</tbody>
</table>

Opening Script

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

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

Basic Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Nickname</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Age</th>
<th>Social Security Number</th>
<th>Consent to participate</th>
</tr>
</thead>
</table>
| DD/MM/YYYY   | ___/___/____ | _____ | __________________________ | □ Yes  
|              |     |                        |                        | □ No |

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.
A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
   - Shelters
   - Transitional Housing
   - Safe Haven
   - Couch surfing
   - Outdoors
   - Other (specify):


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

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

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

B. Risks

4. In the past six months, how many times have you...
   a) Received health care at an emergency department/room? ________  □ Refused
   b) Taken an ambulance to the hospital? ________  □ Refused
   c) Been hospitalized as an inpatient? ________  □ Refused
   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ________  □ Refused
   e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? ________  □ Refused
   f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ________  □ Refused

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

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

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

   IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? □ Y □ N □ Refused

8. Were you ever incarcerated when younger than age 18? □ Y □ N □ Refused

**IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR LEGAL ISSUES.**

**SCORE:**

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

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

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

**SCORE:**

---

**C. Socialization & Daily Functioning**

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

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

**IF “YES” TO QUESTION 11 OR “NO” TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT.**

**SCORE:**

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

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

**SCORE:**

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

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

**SCORE:**
15. Is your current lack of stable housing...
   a) Because you ran away from your family home, a group home or a foster home? □ Y □ N □ Refused
   b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers? □ Y □ N □ Refused
   c) Because your family or friends caused you to become homeless? □ Y □ N □ Refused
   d) Because of conflicts around gender identity or sexual orientation? □ Y □ N □ Refused

**IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.**

   e) Because of violence at home between family members? □ Y □ N □ Refused
   f) Because of an unhealthy or abusive relationship, either at home or elsewhere? □ Y □ N □ Refused

**IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR ABUSE/TRAUMA.**

D. Wellness

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

**IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.**
22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? □ Y □ N □ Refused

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

24. If you’ve ever used marijuana, did you ever try it at age 12 or younger? □ Y □ N □ Refused

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
   a) A mental health issue or concern? □ Y □ N □ Refused
   b) A past head injury? □ Y □ N □ Refused
   c) A learning disability, developmental disability, or other impairment? □ Y □ N □ Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you’d need help? □ Y □ N □ Refused

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

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

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

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

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

Scoring Summary

<table>
<thead>
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<th>DOMAIN</th>
<th>SUBTOTAL</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE-SURVEY</td>
<td>/1</td>
<td><strong>Score:</strong> recommendation:</td>
</tr>
<tr>
<td>A. HISTORY OF HOUSING &amp; HOMELESSNESS</td>
<td>/2</td>
<td>0-3: no moderate or high intensity services be provided at this time</td>
</tr>
<tr>
<td>B. RISKS</td>
<td>/4</td>
<td>4-7: assessment for time-limited supports with moderate intensity</td>
</tr>
<tr>
<td>C. SOCIALIZATION &amp; DAILY FUNCTIONS</td>
<td>/4</td>
<td>8+: assessment for long-term housing with high service intensity</td>
</tr>
<tr>
<td>D. WELLNESS</td>
<td>/6</td>
<td></td>
</tr>
<tr>
<td><strong>GRAND TOTAL:</strong></td>
<td>/17</td>
<td></td>
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Follow-Up Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>On a regular day, where is it easiest to find you and what time of day is easiest to do so?</td>
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</tr>
<tr>
<td>place: ___________________________</td>
<td></td>
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<tr>
<td>time: ___ : ____ or Morning/Afternoon/Evening/Night</td>
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</tr>
<tr>
<td>phone: (____) ______ - ____________</td>
<td></td>
</tr>
<tr>
<td>email: __________________________________________</td>
<td></td>
</tr>
<tr>
<td>Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?</td>
<td>Yes</td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

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

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning
Dear KY Balance of State Continuum of Care (KY BoS CoC) 2019 Competition Renewal Project Applicants,

Congratulations! On behalf of the KY BoS CoC and per the 2019 CoC Program Competition NOFA requirements, this email is to notify you that your CoC renewal project(s) for the 2019 CoC Competition has/have been approved for inclusion on the KY BoS CoC’s Priority Listing of projects that Kentucky Housing Corporation (KHC) will be submitting to HUD as part of the KY BoS CoC Consolidated Application on September 30, 2019.

The Consolidated Application is made up of three components:

1. CoC Application (Note: the CoC Application is completed by KHC on behalf of the full CoC. This application is not referring to individual project applications).
2. Priority Listing of Projects
3. Individual Project Applications

As with CoC funding rounds over the past several years, HUD requires CoCs to rank projects into two tiers.

Projects ranked in Tier 1 are likely to be funded by HUD assuming the project meets basic HUD threshold requirements and federal funds continue to be available. Projects ranked in Tier 2 will compete against other projects across the nation using a 100-point scale based on the following criteria:

- Up to 50 points in direct proportion to the score received on the CoC Application.
- Up to 40 points for the CoC’s ranking of the project application(s) with Tier 2.
- Up to 10 points for how the project application demonstrates that it is low-barrier and prioritizes rapid placement and stabilization in permanent housing.

Attached you will find a listing of projects in rank order with each project’s corresponding budget amount to be submitted. This ranking is considered the “Priority Listing”. The attached document shows which projects will be included in Tier 1 and which projects will be included in Tier 2. The
rankings were based on project scoring and were approved by the KY BoS CoC Advisory Board at a public meeting on September 10, 2019. A recording of the meeting is available here. (Note, it will look like you are registering for a webinar. Simply enter your name and email and click “Register”. It will take you to the recording).

It is very important to understand that this email is only to notify you that your CoC renewal project application(s) will be submitted to HUD by KHC for HUD’s consideration as part of the competition. Being included with KHC’s submission to HUD does not guarantee that your project will be selected for funding by HUD. This email is not an award notification. HUD anticipates making award announcements in early 2019 (Jan-March).

Please note, agencies that have renewal projects and also submitted new project applications (including for expansion), as well as new applicants without renewal projects, will be notified regarding their new project applications separately from this email to avoid confusion.

Congratulations again and thank you for all the hard work you do each day to help prevent and end homelessness. You are making a difference!

Sincerely,
Shaye

Shaye Rabold
Continuum of Care Planning and Technical Administrator
Kentucky Balance of State CoC
Housing Contract Administration
Kentucky Housing Corporation
1231 Louisville Rd.
Frankfort, KY 40601
502-564-7630, ext. 415
800-633-8896 (KY only)
502-564-5768 (fax)
TTY 711
Email: srabold@kyhousing.org
www.kyhousing.org

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Dear Sandy,

Congratulations! On behalf of the KY BoS CoC and per the 2018 CoC Program Competition NOFA requirements, this email is to officially notify you that your CoC’s Rapid Rehousing (RRH) project application for the 2019 CoC Competition has been approved for inclusion on the KY BoS CoC’s Priority Listing that Kentucky Housing Corporation (KHC) will be submitting to HUD as part of the KY BoS CoC Consolidated Application on September 30, 2019.

The Consolidated Application is made up of three components:
1. CoC Application (Note: the CoC Application is completed by KHC on behalf pf the full CoC. This application is not referring to individual project applications).
2. Priority Listing of Projects
3. Individual Project Applications

As with CoC funding rounds over the past several years, HUD requires CoCs to rank projects into two tiers.

Projects ranked in Tier 1 are likely to be funded by HUD assuming the project meets basic HUD threshold requirements and federal funds continue to be available. Projects ranked in Tier 2 will compete against other projects across the nation using a 100-point scale based on the following criteria:

- Up to 50 points in direct proportion to the score received on the CoC Application.
- Up to 40 points for the CoC’s ranking of the project application(s) with Tier 2.
- Up to 10 points for how the project application demonstrates that it is low-barrier and prioritizes rapid placement and stabilization in permanent housing.

Attached you will find a listing of projects in rank order with each project’s corresponding budget amount to be submitted. This ranking is considered the “Priority Listing”. The attached document shows which projects will be included in Tier 1 and which projects will be included in Tier 2. The rankings were based on project scoring and were approved by the KY BoS CoC Advisory Board at a public meeting on September 10, 2019. A recording of the meeting is available here. (Note, it will look like you are registering for a webinar. Simply enter your name and email and click “Register”. It will take you to the recording).

It is very important to understand that this email is only to notify you that your CoC new project application will be submitted to HUD by KHC for HUD’s consideration as part of the competition. Being included with KHC’s submission to HUD does not guarantee that your project will be selected for funding by HUD. This email is not an award notification. HUD anticipates making
award announcements in early 2019 (Jan-March).

Congratulations again and thank you for all the hard work you do each day to help prevent and end homelessness. You are making a difference!

Sincerely,
Shaye

Shaye Rabold
Continuum of Care Planning and Technical Administrator
Kentucky Balance of State CoC
Housing Contract Administration
Kentucky Housing Corporation
1231 Louisville Rd.
Frankfort, KY 40601
502-564-7630, ext. 415
800-633-8896 (KY only)
502-564-5768 (fax)
TTY 711
Email: srabold@kyhousing.org
www.kyhousing.org

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KHC’s blog: www.StrategicHousing.com
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Dear BRASS partners,

Congratulations! On behalf of the KY BoS CoC and per the 2018 CoC Program Competition NOFA requirements, **this email is to officially notify you that your CoC new Joint TH/RRH DV Bonus expansion project application for the 2019 CoC Competition has been approved for inclusion on the KY BoS CoC’s Priority Listing that Kentucky Housing Corporation (KHC) will be submitting to HUD as part of the KY BoS CoC Consolidated Application on September 30, 2019.**

The Consolidated Application is made up of three components:

1. CoC Application (Note: the CoC Application is completed by KHC on behalf of the full CoC. This application is not referring to individual project applications).
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3. Individual Project Applications

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- Up to 10 points for how the project application demonstrates that it is low-barrier and prioritizes rapid placement and stabilization in permanent housing.

Attached you will find a listing of projects in rank order with each project’s corresponding budget amount to be submitted. This ranking is considered the “Priority Listing”. The attached document shows which projects will be included in Tier 1 and which projects will be included in Tier 2. The rankings were based on project scoring and were approved by the KY BoS CoC Advisory Board at a public meeting on September 10, 2019. A recording of the meeting is available [here](#). (Note, it will look like you are registering for a webinar. Simply enter your name and email and click “Register”. It will take you to the recording).

**It is very important to understand that this email is only to notify you that your CoC new project application will be submitted to HUD by KHC for HUD’s consideration as part of the competition. Being included with KHC’s submission to HUD does not guarantee that your project will be selected for funding by HUD. This email is not an award notification.** HUD anticipates making
award announcements in early 2019 (Jan-March).

A separate email was sent regarding the inclusion of your renewal projects.

Congratulations again and thank you for all the hard work you do each day to help prevent and end homelessness. You are making a difference!

Sincerely,
Shaye

Shaye Rabold
Continuum of Care Planning and Technical Administrator
Kentucky Balance of State CoC
Housing Contract Administration
Kentucky Housing Corporation
1231 Louisville Rd.
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KHC’s blog: www.StrategicHousing.com

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Dear Lynn,

Congratulations! On behalf of the KY BoS CoC and per the 2018 CoC Program Competition NOFA requirements, this email is to officially notify you that your CoC new Supportive Services Only for Coordinated Entry (SSO-CE) project application for the 2019 CoC Competition has been approved for inclusion on the KY BoS CoC’s Priority Listing that Kentucky Housing Corporation (KHC) will be submitting to HUD as part of the KY BoS CoC Consolidated Application on September 30, 2019.

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3. Individual Project Applications

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Attached you will find a listing of projects in rank order with each project’s corresponding budget amount to be submitted. This ranking is considered the “Priority Listing”. The attached document shows which projects will be included in Tier 1 and which projects will be included in Tier 2. The rankings were based on project scoring and were approved by the KY BoS CoC Advisory Board at a public meeting on September 10, 2019. A recording of the meeting is available here. (Note, it will look like you are registering for a webinar. Simply enter your name and email and click “Register”. It will take you to the recording).

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Sincerely,
Shaye

Shaye Rabold
Continuum of Care Planning and Technical Administrator
Kentucky Balance of State CoC
Housing Contract Administration
Kentucky Housing Corporation
1231 Louisville Rd.
Frankfort, KY 40601
502-564-7630, ext. 415
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Dear KCADV partners,

Congratulations! On behalf of the KY BoS CoC and per the 2018 CoC Program Competition NOFA requirements, this email is to officially notify you that your CoC new RRH DV Bonus expansion project application for the 2019 CoC Competition has been approved for inclusion on the KY BoS CoC’s Priority Listing that Kentucky Housing Corporation (KHC) will be submitting to HUD as part of the KY BoS CoC Consolidated Application on September 30, 2019.

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award announcements in early 2019 (Jan-March).

A separate email was sent regarding the inclusion of your renewal projects.

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Sincerely,
Shaye

Shaye Rabold
Continuum of Care Planning and Technical Administrator
Kentucky Balance of State CoC
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Dear LifeSkills partners,

Congratulations! On behalf of the KY BoS CoC and per the 2018 CoC Program Competition NOFA requirements, this email is to officially notify you that your CoC new PSH expansion application for the 2019 CoC Competition has been approved for inclusion on the KY BoS CoC’s Priority Listing that Kentucky Housing Corporation (KHC) will be submitting to HUD as part of the KY BoS CoC Consolidated Application on September 30, 2019.

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award announcements in early 2019 (Jan-March).

A separate email was sent regarding the inclusion of your renewal project for which you are expanding.

Congratulations again and thank you for all the hard work you do each day to help prevent and end homelessness. You are making a difference!

Sincerely,
Shaye

Shaye Rabold
Continuum of Care Planning and Technical Administrator
Kentucky Balance of State CoC
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Dear Alisa,

Congratulations! On behalf of the KY BoS CoC and per the 2018 CoC Program Competition NOFA requirements, this email is to officially notify you that your CoC new Permanent Supportive Housing (PSH) project application for the 2019 CoC Competition has been approved for inclusion on the KY BoS CoC’s Priority Listing that Kentucky Housing Corporation (KHC) will be submitting to HUD as part of the KY BoS CoC Consolidated Application on September 30, 2019.

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Sincerely,
Shaye

Shaye Rebold
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Dear Welcome House partners,

Congratulations! On behalf of the KY BoS CoC and per the 2018 CoC Program Competition NOFA requirements, this email is to officially notify you that your CoC new Permanent Supportive Housing Project (PSH) project application serving the Northern Kentucky Local Prioritization Community for the 2019 CoC Competition has been approved for inclusion on the KY BoS CoC's Priority Listing that Kentucky Housing Corporation (KHC) will be submitting to HUD as part of the KY BoS CoC Consolidated Application on September 30, 2019.

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A separate email was sent regarding acceptance of your renewal projects.

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Dear Welcome House partners,

Congratulations! On behalf of the KY BoS CoC and per the 2018 CoC Program Competition NOFA requirements, **this email is to officially notify you that your CoC new Permanent Supportive Housing Project (PSH) project serving the Buffalo Trace Local Prioritization Community for the 2019 CoC Competition has been approved for inclusion on the KY BoS CoC’s Priority Listing that Kentucky Housing Corporation (KHC) will be submitting to HUD as part of the KY BoS CoC Consolidated Application on September 30, 2019.**

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A separate email was sent regarding acceptance of your renewal projects and your other new project.
It is very important to understand that this email is only to notify you that your CoC new project application (PSH for NKY LPC) will be submitted to HUD by KHC for HUD’s consideration as part of the competition. Being included with KHC’s submission to HUD does not guarantee that your project will be selected for funding by HUD. This email is not an award notification. HUD anticipates making award announcements in early 2019 (Jan-March).

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**KHC**

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The Kentucky Balance of State CoC (KY-500) did not reject or reduce any project applications during the FY 2019 CoC Competition.

All projects were accepted with their full budget request. Evidence of 15-Day Notification of Acceptance is attached to this application submission.
**BoS CoC Advisory Board Meeting**
The Kentucky Balance of State Continuum of Care (KY BoS CoC) Advisory Board will meet on **Thursday, July 18, 2019, at 10 a.m. ET**, at [Frankfort Plant Board, 151 Flynn Ave., Frankfort, Kentucky](https://www.google.com/maps/place/Frankfort+Plant+Bldg/@38.1582176,-84.3909492,15z/data=!3m1!4b1!4m2!3m1!1s0x0:0x0?hl=en). A copy of the agenda is available upon request. The press and public are invited to attend. Those unable to attend in person may participate via GoToWebinar but must register beforehand.

The 2019 CoC competition and application process will be discussed during this meeting. Current CoC-funded agencies intending to pursue renewal funding, as well as agencies interested in submitting new project applications, are encouraged to attend in person or via [webinar](https://www.google.com/s?tab=0&q=webinar).

Individuals requiring special accommodations should contact Kentucky Housing Corporation's (KHC) Ashley VonHatten in advance; toll-free in Kentucky, at 800-633-8896 or 502-564-7630, extension 366; TTY 711; or email [avonhatten@kyhousing.org](mailto:avonhatten@kyhousing.org).

**KYHMIS BoS July Mandatory Quarterly Webinar**
The next mandatory Kentucky Homeless Management Information Systems (KYHMIS) BoS quarterly webinar will be held on **Wednesday, July 24, 2019, at 1:30 p.m. ET**. If you cannot join the webinar, it will be recorded and made available for one week. [Registration](https://www.google.com/s?tab=0&q=registration) is required.

**KYHMIS Annual Documentation and Training Requirement - Due July 31, 2019**
Every year, all KYHMIS agencies complete the user documentation for KYHMIS. Each person who has a license in the KYHMIS system will need to complete the documentation. All BoS agencies will need to complete these documents and send them in through the [Housing Contract Administration (HCA) Help Desk](https://www.google.com/s?tab=0&q=hca%20help%20desk). In the subject line, please include KYHMIS Annual Documentation. Agencies only need to send one help desk submission with all user documentation attached. Each KYHMIS user will need to read and sign the [2017 KYHMIS External Policies and Procedures](https://www.google.com/s?tab=0&q=2017%20KYHMIS%20External%20Policies%20and%20Procedures), as well as a 2017 Security Monitoring Form. You will only need one Security Monitoring Form per agency, but each KYHMIS user will need to submit a Policies and Procedures form.

Individuals should watch the [KYHMIS Security Training](https://www.google.com/s?tab=0&q=KYHMIS%20Security%20Training), or attend in person,
before signing the 2019 Security Monitoring Form. We also ask that all BoS KYHMIS users participate in KYHMIS Refresher Training. We have offered three in-person, KYHMIS Refresher Trainings during the month of June. If you are unable to attend the in-person trainings, we ask that you watch both the KYHMIS Security Training and the KYHMIS Refresher Training. It is required that all BoS users, including Recovery Kentucky users and new users, complete the training. All training requirements and documentation must be completed and submitted to the HCA Help Desk by Wednesday, July 31, 2019.

If KYHMIS staff does not receive user documentation and/or is unable to confirm that the user has watched the refresher courses, we will deactivate the user from KYHMIS until they are able to do so. If you have any questions, please contact the HCA Help Desk.

**FY 2019 CoC Program Competition Intent to Apply Deadlines**

On July 3, 2019, the Department of Housing and Urban Development (HUD) released the Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2019 CoC program competition. Through this competition, HUD is accepting project applications for currently funded CoC projects eligible for renewal, including expansion projects, as well as entirely new projects permitted in the NOFA. This information was originally shared via KHC’s eGram on July 3, 2019. to submit all components of the Consolidated Application (KY BoS CoC application, project applications, and the priority listing) is Monday, September 30, 2019.

KHC, as the KY BoS CoC’s collaborative applicant, will be responsible for coordinating the local application process and submitting the Consolidated Application to HUD. Individual projects requesting funding, both new and renewal, will submit information to KHC and will be ranked and selected based on scoring criteria approved by the KY BoS CoC Advisory Board.

Agencies not currently receiving CoC funding through the KY BoS CoC, including agencies serving survivors of domestic violence, dating violence, sexual assault, or stalking as well as youth providers, are welcome and encouraged to apply.

**Intent to Apply Requirements and Deadlines**

**Renewal Projects:** All CoC projects eligible for renewal, including direct grantees, with grant terms set to expire during calendar year 2020 must submit a 2019 CoC Renewal Project Intent to Apply Form for each renewing project by 11:59 p.m. ET, Wednesday, July 31, 2019.

Eligible renewal projects not intending to renew in 2019 must also complete this form.

**New and Expanded Renewal Projects:** New project applicants and renewal projects intending to apply for an expansion of their existing CoC project should submit a 2019 CoC New Project Intent to Apply Form by 11:59 p.m. ET, Wednesday, August 7, 2019.

Both forms, as well as instructions for completing each form, are available on KHC’s website under Specialized Housing, Continuum of Care, 2019 CoC Competition. Applicants must read these instructions prior to completing the
Additional Deadlines
In addition to the intent to apply deadlines stated above, KHC has established the following deadlines:

- **Projects submitted to KHC via e-snaps: Wednesday, August 28, 2019 by 11:59 p.m. ET:** All individual project applications must be submitted via e-snaps, HUD’s online data management system by this date to comply with HUD requirements.

All new project applicants will be required to submit projects via e-snaps. For information on setting up an e-snaps account and how to create new projects, please visit the HUD Exchange.

Direct grantees are responsible for submitting project applications via e-snaps by the Wednesday, August 28, 2019, deadline. KHC will enter project information into e-snaps for KHC subrecipient projects. To allow KHC enough time to enter the required information into e-snaps, KHC will establish subrecipient deadlines prior to Wednesday, August 28, 2019. KHC staff will communicate directly with subrecipients on these deadlines and to request specific information.

**Please note:** The KY BoS CoC will accept new project applications via e-snaps (excluding expansion projects) through Wednesday, August 28, 2019, even if a New Project Intent to Apply Form was not submitted (excluding expansion projects). However, applicants not submitting a New Project Intent to Apply Form will have less time to work with KHC on project design and budgets. Limited changes to applications will be able to be made after Wednesday, August 28, 2019.

**Project Applicants Notified by Friday, September 13, 2019:** All project applicants will be notified in writing whether their application will be included in the KY BoS CoC Consolidated Application submitted to HUD for funding consideration no later than Friday, September 13, 2019.

**HUD Submission Deadline is Tuesday, September 30, 2019:** Last day for KHC to submit the KY BoS CoC Consolidated Application to HUD, including all project applications selected for inclusion.

**Scoring and Ranking**
As part of Consolidated Application submitted to HUD, the KY BoS CoC is required to submit a prioritization list of projects in rank order. To determine the prioritization of projects, the KY BoS CoC must develop competitive scoring criteria for project applications. The KY BoS CoC Advisory Board will hold a public meeting to consider and adopt the 2019 scoring criteria in mid-August. Watch upcoming eGrams for more information.

Watch for future eGrams for additional information on the application process for this NOFA. Please submit questions through the HCA Help Desk.

2019 Community Mental Health Summit Offered by the Lexington VA Healthcare System
The purpose of the Mental Health Summit is to enhance the mental health and well-being of Veterans and their family members through increased collaboration between the VA and the community. The goal is to engage in active dialogue on how we as a community can address the mental healthcare needs of Veterans and their families.

The objectives/topics of this year's discussion at the Mental Health Summit will be focused on VA Mission Act, Opioid Use in Chronic Pain, Homelessness, Military Sexual Trauma, Veteran Benefits, and Suicide Prevention. We will additionally continue conversations from previous years to build upon the collaborations created.

The Mental Health Summit will be held from 1-4:30 p.m. on Friday, August 16, 2019, at Eastside Branch of the Lexington Public Library, 2633 Blake James Dr., Lexington, Kentucky, 40509.

Please RSVP with the name of your representative and how many people from your site plan to attend. If you have any questions or suggestions, please feel free to contact Elizabeth Dodd, LCSW by phone or email 859-233-4511, extension 3643; or Elizabeth.dodd@va.gov.

To register, please visit the Community Mental Health Summit Registration.

OrgCode SPDAT Training Registration is Open!

KHC is partnering with OrgCode to provide SPDAT training to frontline staff the day before the 2019 Kentucky Affordable Housing Conference. The training will be held on Wednesday, September 11, 2019.

The Service Prioritization Decision Assistance Tool (SPDAT) is an evidence-informed approach to assessing an individual's or family's acuity or service need. The tool, across multiple components, prioritizes who to serve next and why, while concurrently identifying the areas in the person/family's life where support is most likely necessary in order to avoid housing instability. The SPDAT, not to be confused with the pre-screen triage tool, the VI-SPDAT, is used by countless communities as a guiding evidence-based case management tool.

KHC is pleased to welcome OrgCode's Zach Brown (CEO, West Virginia Coalition to End Homelessness) to provide a full day of training on all things SPDAT to our KY BoS CoC partners in addition to his session at 2019 Kentucky Affordable Housing Conference. KHC strongly encourages case managers, supervisors, outreach workers (and other frontline staff) to attend. In addition, KHC strongly encourages partners who have received this training in the past to attend as a refresher on the tool. The SPDAT can be used in both shelter and housing settings. Registration is required, though admission is free. Seating is limited. Lunch will not be provided, participants will have time to get lunch off site.

If you have any questions, please contact KHC's Kenzie Strubank at kstrubank@kyhousing.org. For full training details, please visit the registration page and register today!

KY BoS CoC members will be prioritized due to limited seating. Lexington and Louisville CoC members, please email Kenzie if you're interested in attending.
New Strategic Housing Podcast with Glenn Lundy
In this podcast, Glenn Lundy, host of Rise and Grind and keynote at 2019 Kentucky Affordable Housing Conference, talks with KHC's Executive Director, Edwin King, about formerly being behind bars and homeless and his triumphant story of success, along with his morning routine for success. He is an automotive expert and leader serving as general manager at Dan Cummins Chevrolet Buick in Central Kentucky and is a national mentor who teaches us about inspiration and motivation, and about personal branding, business strategies, and more.

The Strategic Housing podcast is available on the Strategic Housing website, as well as through iTunes and Google Play Music.

Glenn will also host Rise and Grind, live, during this year's conference on Friday morning at 5:30 a.m. for early conference risers to get inspired.

DO NOT REPLY-This is an unmonitored email address.

Kentucky Housing Corporation prohibits discrimination on the basis of race; color; religion; sex; national origin; sexual orientation; gender identity; ancestry; age; genetic information; disability; or marital, familial, or veteran status.

If you are already subscribed to KHC eGrams and need to update your preferences, please click on the "Update Profile" link at the bottom of every eGram.

To sign up for an eGram list, please visit KHC's website and click on the eGram icon under Quick Links, or click on the "envelope" at the top of each page on KHC's website.
From: Kentucky Housing Corporation <khcegram@kyhousing.org>
Sent: Wednesday, August 21, 2019 3:07 PM
To: Shaye Rabold
Subject: August 21, 2019 - FY 2019 CoC Program Competition Scoring and Ranking Criteria, Waiting List Applications Now Accepted, NOFA for KHC Strategic Operating Grants, and More

Having trouble viewing this email? Click here

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**Final FY 2019 CoC Program Competition Scoring and Ranking Criteria Approved by Board**

As noted in previous eGrams, the [2019 Continuum of Care (CoC)](https://example.com) program competition is underway. As part of the application, Kentucky Housing Corporation (KHC) will submit the Kentucky Balance of State Continuum of Care (KY BoS CoC) prioritization list of projects, in rank order, to the U.S. Department of Housing and Urban Development (HUD). To determine the prioritization of projects, the KY BoS CoC must develop competitive scoring criteria for project applications.

The KY BoS CoC Advisory Board approved the scoring and ranking criteria that will be used to score and rank projects at a public meeting on August 19, 2019, a recording of the meeting is now available. To listen to this recording, please enter your name and email and then click "Register."

The approved 2019 KY BoS CoC Local Competitive Application Scoring, Ranking, and Reallocation Policy document - as well as the approved scoresheets for new, renewal, and expansion projects - are available on the CoC page of KHC's website, under the [2019 CoC Application section](https://example.com).

For additional information on the 2019 CoC Program competition, please contact the Housing Contract Administration (HCA) Help Desk.

**Please Note:** The electronic documents referenced above are PDF/A compliant for individuals with disabilities. If you encounter difficulties with accessibility or need additional assistance, please contact Shaye Rabold; toll-free in Kentucky, at 800-633-8896 or 502-564-7630, extension 415; TTY 711; or email srabold@kyhousing.org.

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**Notice of Funds Available (NOFA): KHC Strategic Operating Grants**

KHC is pleased to announce a funding application process for modest operating grants, open to nonprofit partners across the Commonwealth. This is a new approach for KHC, as in the past, requests for operating grants have been received and decided upon outside a formal application process.
Continuum of Care

Continuum of Care (CoC) refers to the comprehensive approach of addressing homelessness by providing a continuum of housing programs and services. These services include outreach, intake, and assessment; emergency shelter services; transitional housing services; and permanent supportive housing for people with disabilities.

KHHC is responsible for leading the Commonwealth's efforts to develop an effective CoC program to meet Kentucky's homeless needs. KHHC applies for funding from the U.S Department of Housing and Urban Development on behalf of other agencies and nonprofits. KHHC also provides technical assistance and, in some cases, contributes matching funds.

2019 CoC Competition

Notice of Funding Availability (NOFA)

- 2019 CoC NOFA

Intent to Apply Instructions and Forms

- Instructions for New or Expanded Project Intent to Apply Form
- 2019 New or Expanded Project Intent to Apply Form

Scoring/Ranking Process and Scoresheets

- 2019 KY BeCo CoC Scoring, Ranking, and Relocation Process (Draft for Board Approval)
- CoC Renewal Project Scoresheet (Draft for Board Approval)
- CoC Expansion Project Score Sheet (Draft for Board Approval)
- CoC New Project Score Sheet (Draft for Board Approval)

2019 CoC Competition Board Presentation 7-18-19

- 2019 CoC Competition Board Presentation 7.18.19
Memorandum of Understanding between
Gateway House and Goodwill Industries of Kentucky

This agreement is effective as of the date below between Gateway Homeless Coalition, hereinafter referred to as “Gateway House,” and Goodwill Industries of Kentucky, hereinafter referred to as “Goodwill.”

Purpose:
The purpose of this Memorandum of Understanding (MOU) is to formalize the partnership between Gateway House and Goodwill whereby Gateway House and Goodwill will collaborate to make referrals between agencies to improve housing status, employment, and economic outcomes for individuals and families facing homelessness.

Organization Contact Information and MOU Oversight
Rena L. Sharpe
Chief Operating Officer
Goodwill Industries of Kentucky
1325 South Fourth Street
Louisville, KY 40208
502-272-1762
rena.sharpe@goodwillky.org

Marilyn Smith
Executive Director
Gateway Homeless Coalition
695 Flemingsburg Rd.
Morehead, KY 40351
606-784-2668 ext. 10
msmith@gatewayhouseky.org

Background:
The Gateway Homeless Coalition, Inc. (GHC) is a private, nonprofit organization which provides shelter and supportive services for individuals and families who are experiencing homelessness in the Kentucky counties of Bath, Menifee, Montgomery, Morgan, and Rowan.

Currently, Gateway House can provide shelter for up to 22 persons at maximum capacity. Shelter residents receive shelter, food, personal care and hygiene items as well as case management, advocacy, referral services and assistance in securing long-term housing. In addition, the program offers in-house training to help with life-skills, job readiness, financial and budgeting skills, and more.

Goodwill is a non-profit that exists to train, educate, place, and employ people with disabilities and/or disadvantages and barriers to employment, thereby creating a stronger workforce and a more vital community while building dignity for the people it serves through the removal of those barriers to personal success.
**Agreement:**

Gateway House agrees to:
- Screen Gateway House residents for Goodwill services.
- Refer residents to the Goodwill Works Soft Skills Academy.
- Coordinate with Goodwill facilitators to schedule work ready classes.
- Provide training space at Gateway House.

Goodwill agrees to:
- Provide work readiness modules and instruction to participants receiving services with Gateway House.
- Provide employment assistance in communities served by Goodwill.
- Follow participants for continued services, as needed.

Goodwill and Gateway House agree to comply with all Federal statues that prohibit discrimination.

This memorandum of understanding represents the complete, total and final understanding of the parties, and no other understanding or representation, oral or written, regarding the subject matter of this agreement shall be deemed to exist to bind the parties hereto at the time of the execution.

This memorandum of understanding may be modified only in writing and with the signature of both parties. This memorandum of understanding may be terminated by either party, for any reason, upon the provision of 30 days written notice to the other party.

**For Gateway Homeless Coalitions**

Marilyn Smith  

**For Goodwill Industries of Kentucky**

Date: 4.10.18

Date: 4.10.18
Attachment 3A- Written Agreement with State or Local Workforce Development Board

KY-500

This attachment includes three documents that demonstrate a formal agreement (contract) between a Local Workforce Development Board (Eastern Kentucky Concentrated Employment Program; EKCEP; “Board”) and Big Sandy Community Action Partnership (Big Sandy CAP) to carry out the work (WIOA funded) of the Board in a region of the KY BoS CoC and an agreement (MOU) between Big Sandy CAP and other homeless, housing, and service providers in the area stating that Big Sandy CAP, acting on behalf of the Board, will provide workforce development services to people experiencing homelessness and that the housing service providers (including PSH providers and emergency shelters) will take referrals from Big Sandy CAP as well, with a target population of households experiencing homelessness due to fleeing domestic violence.

Page 1: Cover page of EKCEP’s Strategic Plan stating they are a Workforce Investment Board (WIB).

Page 2: Contract between EKCEP and Big Sandy CAP for Big Sandy CAP to provide “workforce development services and one stop operator [Career Center] services” in a five-county region of Eastern Kentucky.

Page 4 is the beginning of the MOU between Big Sandy CAP and numerous other organizations including Mountain Comprehensive Care Center (CoC and ESG funded agency), Turning Point (DV Shelter), and WestCare (homeless shelter). The MOU is for a grant the group received through the US DOJ called “Transitional Housing Assistance Grants for Victims of Domestic Violence...” The grant provides “transitional housing with voluntary supportive services for [victims in the Big Sandy CAP area]...who are homeless or in need of transitional housing as a result of sexual assault, domestic violence...and for whom emergency shelter or crisis intervention services are unavailable or insufficient.”

Page 12 shows the responsibility of Big Sandy CAP, which is to make available their workforce development services to people who are participating in the housing/services grant through DOJ.
The EKCEP Workforce Investment Board brings together private sector leaders from across Eastern Kentucky with policy makers from education, economic development, and the public sector. The WIB is accountable for leading the regional workforce system in 23 Appalachian Kentucky counties. It is the only workforce board in the region.
Contract for Workforce Development Services:
Including One-Stop Operator Services
and Program Services for Adults and Dislocated Workers

Contract Number: DTR18001

The parties to this contract are the Eastern Kentucky Concentrated Employment Program, Inc. ("EKCEP") and Big Sandy Area Community Action Program, Inc. ("Contractor"). The purpose of this contract is to extend the existing workforce development services contract (DTR17001) between the parties to include the 2019-20 Program Year and to make the following modifications:

- Remove WIOA Youth Program services from this contract.
- Eliminate the provisions relating to providing Kentucky HEALTH community engagement services.

Under this contract, the Contractor will provide workforce development program services and one-stop operator services in Floyd, Pike, Johnson, Martin and Magoffin County in Eastern Kentucky. The maximum amount payable by EKCEP to the Contractor shall not exceed $1,459,380.05, the total of all programs and services currently included in this contract. The contract period shall begin July 1, 2019, and end June 30, 2020.

This contract represents the final extension/renewal of the existing contract between EKCEP and the Contractor. Future contracts for these workforce development services will be awarded through EKCEP's standard public procurement process.

This contract consists of this signature page and the following attachments, which constitute the entire understanding between the parties.

Attachment A: One-Stop Operator Statement of Work
Attachment B: Direct Workforce Services Statement of Work
Attachment C: Budget Summary
Attachment D: Terms and Conditions
Attachment E: One-Stop Operator Performance Evaluation
Attachment F: Direct Workforce Services Performance Evaluation
Attachment G: Contract Modifications

In witness whereof, the parties give evidence of their approval of this contract through the signatures of their authorized representatives:
EKCEP, Inc.
By: [Signature] ___________________________ 7/01 ___________________________ 2019
Jeff Whitehead, Executive Director  Date

Big Sandy Area Community Action Program, Inc.
By: [Signature] ___________________________ 6/28 ___________________________ 2019
Wanda Thacker, Executive Director  Date
Memorandum of Understanding

WHEREAS, Mountain Comprehensive Care Center, Turning Point Domestic Violence Services, Appalachian Research and Defense Fund of Kentucky, Inc., Big Sandy Area Community Action Program, Big Sandy Area Development District, Sandy Valley Transportation Services, Inc., Big Sandy Health Care, Inc., WestCare Kentucky Emergency Shelter, the Housing Authority of Paintsville, the Housing Authority of Pikeville, the Housing Authority of Prestonsburg, the Floyd County Sheriff’s Department, the Johnson County Sheriff’s Department, the Magoffin County Sheriff’s Department, and the Pike County Sheriff’s Department have come together to collaborate and to make an application to the U.S. Department of Justice, Office on Violence Against Women, Fiscal Year 2019 Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating Violence and Stalking of which all parties agree to implement the proposed program to provide 6-24 months of transitional housing with voluntary supportive services for victims in Floyd, Johnson, Magoffin, Martin and Pike Counties, Kentucky who are homeless or in need of transitional housing as a result of a situation of sexual assault, domestic violence, dating violence, or stalking; and for whom emergency shelter services or crisis intervention services are unavailable or insufficient.

As such, this program will target Purpose Area 2 (short-term housing assistance) and Purpose Area 3 (voluntary supportive services related to locating and securing permanent housing, securing employment, and integrating into the community) and will take a coordinated and innovative approach to helping those victimized by sexual assault, domestic violence, dating violence, and stalking by providing a wide range of flexible and optional services that reflect the differences and individual needs of victims and allow victims to choose the course of action that is best for them. The project will also address Priority Area 2 (substance abuse community response and services) and Priority Area 3 (risks and challenges faced by veterans).

WHEREAS, the partners listed have agreed to enter into a collaborative agreement in which Mountain Comprehensive Care Center will be the lead agency and named applicant and the other agencies will be partners in this application; and

WHEREAS, the partners herein desire to enter into a Memorandum of Understanding setting forth the services to be provided by the collaborative; and

WHEREAS, the application prepared and approved by the collaborative through its partners is to be submitted to the Office on Violence Against Women on or before February 13, 2019.

We provide quality behavioral healthcare that offers recovery and hope.
I. Identify Partners & Describe Their Capacity for Providing Assistance to Survivors

Designated as the named applicant and lead agency, Mountain Comprehensive Care Center (MCCC) is a nonprofit, nongovernmental organization that provides direct services to victims of sexual assault, domestic violence, dating violence and stalking as one its primary purposes (Rape Crisis Center and Sexual Assault Crisis Center) and has a documented 23-year history of work in the field. In addition, MCCC meets the following required OVW criteria for qualified applicants: 1) is an eligible applicant; 2) does not propose any activities that may compromise victim safety, including background checks of victims or clinical evaluations to determine eligibility for services; 3) reflects an understanding of the dynamics of domestic violence, dating violence, sexual assault, and stalking; and 4) does not propose prohibited activities, including mandatory services for victims.

As discussed in Part II, MCCC has developed meaningful partnerships with community organizations that possess the appropriate cultural and/or community relevant expertise and experience to adequately address the needs of victims who have experienced sexual assault, domestic violence, dating violence, and stalking, including experience in providing victims with the protections and services needed to pursue safe and healthy lives, while improving communities’ capacity to hold offenders accountable for their crimes. Each partner member of the collaborative has a strong background in victims services and/or in providing a wide range of individualized services, advocacy and practical supportive services that ensure a holistic, victim-centered approach to providing transitional housing services that move survivors into permanent housing and successfully implements the targeted project as follows:

Mountain Comprehensive Care Center (MCCC): Established in 1963, MCCC is a 501(c)(3) CARF-accredited non-profit corporation, a victim services agency, one of Kentucky's 14 community mental health centers (CMHC) primarily serving eastern Kentucky with programs also spanning across central and western Kentucky as well as the region's only Healthcare for the Homeless provider. As part of its mission, MCCC addresses trauma and victim needs stemming from sexual assault, domestic violence, dating violence, and stalking as well as child sexual and other types of abuse, and also provides services for individuals with disabilities including mental health and substance use diagnosis as well as intellectual and developmental disabilities.

As a non-profit, non-governmental victim services organization, MCCC operates the Big Sandy Region's only designated Rape Crisis Centers (Healing Program) and Sexual Assault Crisis Center (emergency shelter and outpatient services) addressing the comprehensive needs of victims of rape, sexual assault, child abuse (including adult survivors), domestic violence, dating violence and stalking. MCCC also operates the Family Hope Project which seeks to prevent future family violence, domestic violence and dating violence by addressing the needs of children exposed to domestic violence. MCCC also operates a similar project (Hope Initiative) which provides comprehensive treatment, case management and wraparound services for children, adolescents and families who witness or experience traumatic events.

Key victim services include age-appropriate individual and group therapy, safety planning, medical and legal advocacy, 24-hour crisis line, crisis intervention counseling, information and referral, and consultation with agency staff and community agencies to meet both short-term and
long-term recovery needs (including connections with behavioral health and primary health care services and safe housing). MCCC offers free educational programs and professional training to organizations throughout the region on sexual harassment, sexual assault, domestic violence, dating violence, stalking, child sexual abuse, and child abuse, and through its OVW Big Sandy Disabilities Program provides training on serving victims with disabilities. MCCC currently operates the OVW Transitional Housing Assistance Program to provide transitional housing, case management and supportive services for victims of sexual assault, domestic violence, dating violence and stalking. The agency is also contracted by the Floyd County, Johnson County and Pike County Fiscal Courts to provide advocacy/victim services for participants of their OVW Improving Criminal Justice Responses (ICJR) to Sexual Assault, Domestic Violence, Dating Violence, and Stalking Grant Program while managing the ICJR for Magoffin and Martin counties in tandem with their fiscal courts and Sheriff’s Departments, and is currently working with the Johnson County Fiscal Court to implement its OVW Justice for Families - Johnson County Safe Haven.

In addition to victim services, other key agency programs and services include but are not limited to: outpatient individual, group, school-based and family therapy; First Steps for children birth to age 3; psychiatric services; crisis stabilization; peer support services; school-based, outpatient and residential substance abuse treatment; jail-based mental health and substance abuse treatment programs and the Fatherhood Program; offender reentry services; basic center services for runaway and homeless youth; transitional housing for victims, young adults and homeless veterans; housing assistance; Homeless Veterans Reintegration Program (employment); supported employment; community support and rehabilitation services; ACT Team; therapeutic rehabilitation program for adults with severe psychiatric disabilities; case management; and integrated health care clinics for homeless and low income persons.

**Turning Point Domestic Violence Services (TPDVS):** Since 1986 TPDVS has been dedicated to guiding the community in eliminating domestic and other forms of intimate partner violence through advocacy, education and action for social change. TPDVS offers a safe, secure domestic violence shelter (17 beds) for victims and their children as well as a variety of support services for both residents and non-residents including: legal/court advocacy, case management, safety planning, support groups, individual counseling, housing assistance, and referrals with other programs to meet clients’ holistic needs. TPDVS is also committed to preventing future domestic violence through public awareness and community education efforts.

They have also worked extensively with project partners on MCCC’s Family Hope Project to address the needs of children exposed to DV as well as their Hope Initiative through the SAMHSA National Child Traumatic Stress Initiative. In addition, TPDVS is part of the Floyd County, Johnson County and Pike County Fiscal Courts' OVW Improving Criminal Justice Responses (ICJR) to Sexual Assault, Domestic Violence, Dating Violence, and Stalking Grant Programs, the ICJR for Magoffin and Martin counties, and the current Johnson Safe Haven.

**Appalachian Research and Defense Fund of KY (AppalReD):** AppalReD is a private non-profit law firm that provides free civil legal representation and advocacy to low-income families and individuals who live in Eastern and Southcentral Kentucky. AppalReD began in 1970, and today serves 37 counties with a staff of 21 attorneys, 4 paralegals and 11 support staff and is
housed in 6 offices throughout the region. AppalReD's primary focus is to assist in obtaining the basic necessities of life such as income, adequate food and health care; decent, safe, and sanitary housing, and the protection of assets; and guarding the rights of children and the protection of family members from violence and abuse, including civil protection orders, custody and divorce. Like many of the other partners, they are part of the both the Hope Initiative (child trauma) and the Family Hope Project (DV-focus) with MCCC as well as working with the Floyd, Johnson and Pike OVW Improving Criminal Justice Responses (ICJR) to Sexual Assault, Domestic Violence, Dating Violence, and Stalking Grant Programs, the ICJR for Magoffin and Martin counties, the Johnson County Safe Haven and the OVW Disabilities Program with MCCC.

**Big Sandy Area Community Action Program (BSACAP):** Incorporated in 1965 in response to the "war on poverty" the newly-formed, non-profit alliance was named the Big Sandy Area Development Council, which subsequently evolved into the Big Sandy Area Community Action Program. Throughout the past 50+ years, BSACAP has partnered with various community, state, and federal organizations to provide much-needed services to the region’s economically disadvantaged families. In 1965, the agency developed Kentucky’s second largest Head Start program, followed by job training and educational programs for both youth and adults. Today, BSACAP operates 17 programs encompassing a wide range of services aimed mainly at helping the needy to become self-sufficient including housing assistance, employment and training, child care, and energy assistance as assisted by nearly 100 staff and field offices in all five counties of the Big Sandy Region (Floyd, Johnson, Magoffin, Martin and Pike). Key employment services include: resume preparation, job search and placement, on-the-job training, internet access for job searches, job club information about in-demand jobs, student financial aid, skills assessment, vocational rehabilitation, GED classes, and certificate and degree programs. BSACAP is a crucial supportive services referral agency for many victims. Access to housing, child care and employment services is key to helping victims obtain and maintain self sufficiency upon leaving abusive situations.

**Big Sandy Area Development District (BSADD):** The BSADD is a multi-county organization serving its five-county area of Eastern Kentucky charged with planning, promoting, and coordinating programs for regional economic and social development. The organizational structure of the BSADD represents and responds to the elected and appointed officials of member counties, cities, special agencies of these governments, and the citizenry at large. The BSADD Board and staff work closely with elected officials and other community leaders of the area to first determine and then, in partnership with state and federal agencies, achieve development goals and objectives by following agreed upon development strategies. In addition, the BSADD provides opportunities for workforce development for the citizens it serves. The BSADD also initiates an annual comprehensive economic development strategy, within which it is an objective to support the addiction recovery resources required to address workforce needs, including strategies that 1) support and increase the number/capacity of recovery programs to improve outcomes for individuals with addiction issues; 2) support drug awareness programming; and 3) assist the region through accessing funding opportunities for addiction recovery and workforce transition programs.
Sandy Valley Transportation Services (SVTS): Sandy Valley Transportation Services, Inc. (SVTS) is a nonprofit community transit system that has provided safe, dependable and affordable transportation for the residents of Floyd, Johnson, Magoffin, Martin and Pike Counties in Eastern Kentucky since 1990. Dispersed populations and vast distances between communities characterize rural areas in Kentucky. Sparse population combined with the great distances and the lack of transit amenities intensifies the need for transportation services. The quality of available and affordable transportation in the Big Sandy region has a direct bearing on the quality of life for residents. Many individuals rely on this transportation for accessibility to an array of community-based supportive services such as health care, social service agencies and many other destinations. The community transit services are possible by Section 5311 operating assistance funds. SVTS serves as the Section 5311 provider of community and inter-city transportation and as the Section 5310-lead agency for the area.

Big Sandy Health Care, Inc. (BSHC): Established in 1974 as a private, non-profit corporation, BSHC is committed to providing access to quality health and dental care to individuals of all ages. BSHC enhances patient care by promoting disease prevention and health education. BSHC currently operates five community health centers in the Big Sandy region: Eula Hall Health Center in Grethel and Physicians for Women & Families in Auxier (both Floyd County); Hope Family Medical Center in Salyersville (Magoffin County); Shelby Valley Clinic in Pikeville (Pike County) and Martin County Community Health Center in Inez. In addition to physician-directed care, all of the clinics have an on-site laboratory, pharmacy and x-ray services, and three sites offer dental services. BSHC also offers optometry/vision service at four of their sites.

WestCare Kentucky - Emergency Shelter (WCKY - ES): Established in 2004, WCKY is a nonprofit organization which provides a wide spectrum of health and human services in both residential and outpatient environments. Services include substance abuse and addiction treatment, homeless and runaway shelters, domestic violence treatment and prevention, and mental health programs. These services are available to adults, children, adolescents, and families; WCKY specializes in helping people traditionally considered difficult to treat, such as those who are indigent, have multiple disorders, or are involved with the criminal justice system. The WCKY – ES is located in Pikeville, KY and provides housing, substance abuse services and independent living skills for homeless women and their children.

The Housing Authority (HA) of Paintsville: The mission of the HA of Paintsville is to be the affordable housing choice for the residents of Paintsville offering safe and quality housing. The HA of Paintsville provides adequate and affordable housing, economic development, and a suitable living environment for the families served without discrimination. The HA of Paintsville operates three, low income housing complexes totaling 274 units, all of which accept families.

The Housing Authority (HA) of Pikeville: The mission of the HA of Pikeville is to be Pikeville's affordable housing choice offering safe and quality housing. The HA of Pikeville provides adequate and affordable housing, economic development, and a suitable living environment for the families it serves, without discrimination. The HA of Pikeville operates six low income housing complexes totaling 464 units, 176 of which accept families.
The Housing Authority (HA) of Prestonsburg: The mission of the HA of Prestonsburg is to be the affordable housing choice for the residents of Prestonsburg offering safe and quality housing. The HA of Prestonsburg provides adequate and affordable housing, economic development, and a suitable living environment for the families served without discrimination. The HA of Prestonsburg operates three low income housing complexes totaling 160 units, all of which accept families.

Floyd County Sheriff's Department (FCSD): Led by Sheriff John Hunt, a 1989 graduate of the Kentucky Department of Criminal Justice Academy and a 1991 graduate of the Kentucky State Police Academy with over 25 years of proven law enforcement experience, the FCSD has the primary mission to preserve the public peace, protect the rights of persons and property, prevent crime, and provide assistance to citizens in urgent situations. The FCSD is committed to enforcing the law in a fair and impartial manner, recognizing both the statutory and judicial limitations of the FCSD's authority and the constitutional rights of all persons. With high rates of intimate partner violence in the county, the FCSD is well-versed in responding to calls related to sexual assault, domestic violence, dating violence and stalking as well as serving Emergency Protective Orders and restraining orders in conjunction with the Floyd County Fiscal Court’s OVW Improving Criminal Justice Responses to Sexual Assault, Domestic Violence, Dating Violence, and Stalking Grant Program. FCSD officers also provide court testimony in cases involving sexual assault, domestic violence, dating violence and stalking.

Johnson County Sheriff's Department (JCSD): Led by Doug Saylor, a 10-year deputy for the Johnson County Sheriff's Department with eight years of service as the Jailer of Johnson County, the JCSD's mission is to preserve the public peace, protect the rights of persons and property, prevent crime, and generally provide assistance to citizens in urgent situations. The Sheriff's Department is committed to enforcing the law in a fair and impartial manner while recognizing both the statutory and judicial limitations of the Sheriff's authority and the constitutional rights of all persons. The JCSD is also committed to continuing to effectively respond to calls related to sexual assault, domestic violence, dating violence and stalking as well as serving Emergency Protective Orders, restraining orders, and providing court testimony in cases involving intimate partner violence (e.g., sexual assault, domestic violence, dating violence and stalking) as it is currently a partner in the Johnson County OVW Improving Criminal Justice Responses to Sexual Assault, Domestic Violence, Dating Violence, and Stalking Grant Program.

Magoffin County Sheriff's Department (MCSD): Led by Sheriff Carson Montgomery since 2011, the MCSD has the primary mission to preserve the public peace, protect the rights of persons and property, prevent crime, and provide assistance to citizens in urgent situations. Additionally, the MCSD is responsible for the security of the Justice Center, one District Court Judge, one Circuit Court Judge and one Family Court Judge. The MCSD is committed to enforcing the law in a fair and impartial manner, recognizing both the statutory and judicial limitations of the MCSD's authority and the constitutional rights of all persons. The MCSD is also committed to continuing to effectively respond to calls related to sexual assault, domestic violence, dating violence and stalking as well as serving Emergency Protective Orders, restraining orders, and providing court testimony in cases involving intimate partner violence (e.g., sexual assault, domestic violence, dating violence and stalking) as it is currently a partner in MCCC’s OVW Improving Criminal Justice Responses to Sexual Assault, Domestic Violence,
Dating Violence, and Stalking Grant Program for Magoffin and Martin counties.

**Pike County Sheriff's Department (PCSD):** Led by Sheriff Rodney Scott, the PCSD has the primary mission to preserve the public peace, protect the rights of persons and property, prevent crime, and provide assistance to citizens in urgent situations. The PCSD is committed to enforcing the law in a fair and impartial manner, recognizing both the statutory and judicial limitations of the PCSD's authority and the constitutional rights of all persons. With high rates of intimate partner violence in the county, the PCSD is well-versed in responding to calls related to sexual assault, domestic violence, dating violence and stalking as well as serving Emergency Protective Orders and restraining orders in conjunction with the Pike County Fiscal Court's OVW Improving Criminal Justice Responses to Sexual Assault, Domestic Violence, Dating Violence, and Stalking Grant Program. PCSD officers also provide court testimony in cases involving sexual assault, domestic violence, dating violence and stalking.

**II. History of Collaborative Relationship**

With offices and services provided throughout Kentucky's Big Sandy Region, these agencies have developed collaborative relationships over the past 20 years to respond to the immense needs of victims of sexual assault, domestic violence, dating violence, and stalking including victims with disabilities, and their children. Each partnering agency has a particular expertise whether a domestic violence/sexual assault organization, veteran services organization, housing/shelter provider, health care agency, behavioral health care provider, employment/job training or educational assistance provider, transportation resource, legal service or law enforcement to meet the holistic and safety needs of adult victims and their children.

While these relationships have typically been informal referrals in the past, formal collaborations began through the 2010 OVW Community-Defined Solutions to Violence Against Women Program (also referred to as the Floyd County Advocacy & Support Program) and continuing in 2012 and 2014 through the OVW Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program and in 2017 through the Improving Criminal and Justice Responses Program. Through these grant awards MCCC, TPDVS, AppalReD, and the FCSD teamed with local government to implement training programs for deputies, prosecutors and judges; hire and train a deputy dedicated to serving Emergency Protective Orders and providing follow-up court appearances; hire two non-governmental victims' advocates to provide direct victim services and work in tandem with law enforcement; and build capacity for a Sexual Assault Response Team, which also included staff from BSHC.

Building on its expertise, through the 2013 OVW Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program (now the Improving Criminal Justice Response Program) and as re-awarded in 2016 for Johnson and Pike, MCCC along with TPDVS, AppalReD, BSHC, and the Johnson County Sheriff's Department and the Pike County Sheriff's Department secured two awards - one for Johnson and one for Pike County where services include: provide training programs for deputies, prosecutors and judges; hire and train a deputy dedicated to serving Emergency Protective Orders (EPO) and providing follow-up court appearances; hire two non-governmental victims advocates to assist in filling out EPO paperwork, advocate and accompany victims to court hearings and trials, assist victims in finding
other social services and resources, and run support groups for victims; and build capacity for a Sexual Assault Response Team. In 2018, MCCC, along with TPDVS, AppalReD, BSHC, and the MCSD, also secured the Improving Criminal Justice Response Program for Magoffin and Martin counties providing these same advocacy and support services to this new region.

Also, in 2013, the Floyd County Fiscal Court was awarded an OVW Safe Havens: Supervised Visitation and Safe Exchange Grant Program of which MCCC, AppalReD, TPDVS, FCSD and BSHC all collaborated as part of this project.

In 2014 (renewed in 2017), MCCC, BSHC and AppalReD were awarded an OVW Training, and Services to End Violence Against Women with Disabilities Grant Program to address the needs of victims with disabilities in the Big Sandy Region, and in 2015 an OVW Justice for Families Program was awarded in Johnson County to provide supervised visitation and safe exchange which included MCCC, AppalReD, TPDVS, JCSD and BSHC along with local government which was renewed in 2018.

In 2016, many of these organizations, including TPDVS, BSHC, BSACAP and AppalReD partnered with MCCC to implement the OVW Rural Sexual Assault Program, and the ACF Family Hope Project to prevent future family violence, domestic violence and dating violence by addressing the needs of children exposed to domestic violence and their non-abusing parent through treatment and wraparound services (as well as through the Hope Project, a SAMHSA-funded, similar program for children and families who experienced trauma).

Finally, the partnership for this Transitional Housing Assistance Grant Program began in 2013 through a partnership between MCCC, TPDVS, AppalReD, BSHC, FCSD and BSACAP. The program offered safe housing, voluntary intimate partner violence counseling and supportive services, access to behavioral health services, and opportunities for enhanced education and employment to enable survivors to achieve their desired program goals and self-sufficiency. In 2016, this project was re-funded to expand from Floyd County to include the other 4 counties of the Big Sandy Region (now, 5-county area). At that time, the project extended its partnerships to include JCSD, MCSD, PCSD, and the HAs of Paintsville, Pikeville and Prestonsburg.

Therefore, through partnerships on various OVW grants and other projects throughout the community, including prior work on this Transitional Housing Assistance Grant Program, all partners would like to again formalize these relationships through this formal Memorandum of Understanding. Each partner has a specific expertise as listed in Section I of this MOU and has agreed to work collaboratively to implement the proposed program to provide 6-24 months of transitional housing with voluntary supportive services for victims in Floyd, Johnson, Magoffin, Martin and Pike Counties, Kentucky who are homeless or in need of transitional housing as a result of a situation of sexual assault, domestic violence, dating violence, or stalking; and for whom emergency shelter services or crisis intervention services are unavailable or insufficient.

III. Roles, Responsibilities & Resources, Including the Implementation of Project Activities

NOW, THEREFORE, it is hereby agreed by and between the partners as follows:

1. **Mountain Comprehensive Care Center (MCCC)** is responsible for program implementation, day-to-day operations, program evaluation, financial management, and
reporting. Upon award, the Project Director (in-kind) will work with partners to clarify expectations for the project including goals and objectives, implement the proposed timeline, and conduct evaluations, as well as reporting and issue management. These agreements will be clearly detailed and put in writing with a minimum of monthly communications (e.g., written, verbal, or face-to-face contacts) with partners and typically quarterly Project Management Team (PMT) meetings to collaborate on project and services coordination, ensure that all team members are informed of program progress, and ensure continuous quality improvement.

In addition, MCCC will be responsible for implementing the activities as described in the “What Will Be Done” and section of the project narrative, including, but not limited to: 1) intake of all THP participants; 2) providing and/or coordinating the transitional housing placement of 39 participants over the 36-month project period typically 13 per year for 9 months (but a minimum of 6 months and maximum of 24 months per OVW guidelines) through short-term rental assistance, utilities emergency assistance, and security deposits; 3) providing in-house or community linkages to a wide-range of flexible and optional supportive services for individuals experiencing sexual assault, domestic violence, dating violence, and stalking; 4) providing a minimum of 3 months of post program aftercare to help program participants maintain their permanent housing and move towards greater self-sufficiency; and 5) make available victim services, counseling and treatment through its Healing Program and Sexual Assault Crisis Center as well as linkages with its outpatient behavioral health services (for trauma, mental illness, substance abuse and co-occurring disorders) for survivors and survivors with disabilities. Services provided for substance abuse treatment will be paid for through other non-OVW funds. MCCC will also participate in annual OVW training.

2. **Turning Point Domestic Violence Services (TPDVS)** will be a primary partner on the project, a member of the PMT, and will actively participate with MCCC and its partners in OVW training, planning and implementing the transitional housing program. TPDVS will make appropriate referrals to the program as well as accept referrals for its shelter and other supportive services for victims and their children (as described in Section I). Connie Little, Director will serve on the PMT as in-kind to the project.

3. **Appalachian Research and Defense Fund (AppalReD)** will be a primary partner on the project, a member of the PMT, and will actively participate with MCCC and its partners in OVW training, planning and implementing the transitional housing program. AppalReD will make appropriate referrals to the program as well as accept referrals for its legal services as described in Section I. Robert Johns, Executive Director or other designated staff person will serve on the PMT and will provide his/her time as in-kind to the project.

4. **Big Sandy Area Community Action Program (BSACAP)** will be a primary partner on the project, a member of the PMT, and will actively participate with MCCC and its partners in OVW training, planning and implementing the transitional housing program. BSACAP will make available to eligible participants employment and training services through the Workforce Investment Act and Adult and Dislocated Workers Services which use a variety of resources to help individuals identify their interests and abilities, understand the job
market, obtain training and develop skills, and advance their careers. THP program participants with eligible children ages 3-5 may also apply for admission to BSACAP Head Start Programs to provide early childhood education and child care. In addition, BSACAP will make appropriate referrals to the program as well as accept referrals for its services including housing assistance as described in Section I. Wanda Thacker, Executive Director (or other designated staff person) will serve on the PMT as in-kind to the project.

5. **Big Sandy Area Development District (BSADD)** will be a primary partner on the project, a member of the PMT, and will actively participate with MCCC and its partners in OVW training, planning and implementing the transitional housing program. BSADD will grant access for Big Sandy area residents to its workforce development programs, including employment and training services. BSADD will make appropriate referrals to the program as well as accept referrals for its services as described in Section I. Ben Hale, Executive Director (or other designated staff person) will serve on the PMT as in-kind to the project.

6. **Sandy Valley Transportation Services (SVTS)** will be a primary partner on the project, a member of the PMT, and will actively participate with MCCC and its partners in OVW training, planning and implementing the transitional housing program. SVTS will make appropriate referrals to the program as well as accept referrals for its transportation services as described in Section I. Joyce A. Hinkle, Executive Director, or other designated staff person, will serve on the PMT and provide time as in-kind to the project.

7. **Big Sandy Health Care (BSHC)** will be a primary partner on the project, a member of the PMT and will actively participate with MCCC and its partners in OVW training, planning and implementing the transitional housing program. BSHC will make appropriate referrals to the program as well as accept referrals for its medical care, dental care, and optometry services as described in Section I (including women's specialty care). Ancil Lewis, CEO, or other designated staff person, will serve on the PMT as in-kind to the project.

8. **WestCare Kentucky – Emergency Shelter (WCKY – ES)** will be a primary partner on the project, a member of the PMT, and will actively participate with MCCC and its partners in OVW training, planning and implementing the transitional housing program. WCKY - ES will make appropriate referrals to the program as well as accept referrals for its shelter and other supportive services for victims and their children (as described in Section I). Stephen Wright, Regional Administrator will serve on the PMT as in-kind to the project.

9. **The Housing Authority (HA) of Paintsville** will be a primary partner on the project, a member of the PMT and will actively participate with MCCC and its partners in OVW training, planning and implementing the transitional housing program. The HA of Paintsville will make appropriate referrals to the program as well as accept referrals for its services such as assisting with applications for Section 8 housing as described in Section I, subject to the availability of resources. Mike Spradlin, Executive Director, or other designated staff person, will serve on the PMT as in-kind to the project.

10. **The Housing Authority (HA) of Pikeville** will be a primary partner on the project, a member of the PMT and will actively participate with MCCC and its partners in OVW training, planning and implementing the transitional housing program. The HA of Pikeville
will make appropriate referrals to the program as well as accept referrals for its services such as assisting with applications for Section 8 housing as described in Section I, subject to the availability of resources. Jim Hobbs, Executive Director, or other designated staff person, will serve on the PMT as in-kind to the project.

11. **The Housing Authority (HA) of Prestonsburg** will be a primary partner on the project, a member of the PMT and will actively participate with MCCC and its partners in OVW training, planning and implementing the transitional housing program. The HA of Prestonsburg will make appropriate referrals to the program as well as accept referrals for its services such as assisting with applications for Section 8 housing as described in Section I, subject to the availability of resources. Rhonda Burchett, Executive Director, or other designated staff person, will serve on the PMT as in-kind to the project.

12. **Floyd County Sheriff's Department (FCSD)** will be a primary partner on the project, a member of the PMT and will actively participate with MCCC and its partners in OVW training, planning and implementing the transitional housing program. FCSD will make appropriate referrals to the program as well as provide law enforcement services (e.g. serve EPOs, DVOs, etc.) as described in Section I. Sheriff John Hunt, or other designated staff person, will serve on the PMT as in-kind to the project.

13. **Johnson County Sheriff's Department (JCSD)** will be a primary partner on the project, a member of the PMT and will actively participate with MCCC and its partners in OVW training, planning and implementing the transitional housing program. JCSD will make appropriate referrals to the program as well as provide law enforcement services (e.g. serve EPOs, DVOs, etc.) as described in Section I. Sheriff Doug Saylor, or other designated staff person, will serve on the PMT as in-kind to the project.

14. **Magoffin County Sheriff's Department (MCSD)** will be a primary partner on the project, a member of the PMT and will actively participate with MCCC and its partners in OVW training, planning and implementing the transitional housing program. The MCSD will make appropriate referrals to the program as well as provide law enforcement services (e.g. serve EPOs, DVOs, etc.) as described in Section I. Sheriff Carson Montgomery, or other designated staff person, will serve on the PMT as in-kind to the project.

15. **Pike County Sheriff's Department (PCSD)** will be a primary partner on the project, a member of the PMT and will actively participate with MCCC and its partners in OVW training, planning and implementing the transitional housing program. PCSD will make appropriate referrals to the program as well as provide law enforcement services (e.g. serve EPOs, DVOs, etc.) as described in Section I. Sheriff Rodney Scott, or other designated staff person, will serve on the PMT as in-kind to the project.

All partners also agree to provide project information and documentation (including required OVW performance measures) to MCCC in order to complete the Annual and/or Semi-Annual Progress Report and all other required program and financial reports for OVW.
The roles and responsibilities described above are contingent on MCCC receiving funds requested for the project described in the OVW grant application. Responsibilities under this Memorandum of Understanding would coincide with the grant period anticipated to be 10/01/2019 - 9/30/2022 or as designated by OVW for a 36-month period.

IV. Applicant & Key Staff Capacity for Providing Assistance to Survivors

**Capacity of Mountain Comprehensive Care Center (MCCC):** Established in 1963, MCCC is a CARF accredited, 501c3 non-profit organization uniquely qualified to conduct the proposed project as it is the region's sole Healing Program for survivors of rape, sexual assault, domestic violence, dating violence, stalking, and child abuse including adult survivors (nonprofit, non-governmental sexual assault, domestic violence, dating violence and stalking victim services organization), sole Sexual Assault Crisis Center providing emergency shelter and services as well as one of Kentucky's 14 regional community mental health centers. MCCC provides a continuum of victim services, behavioral health, and developmental and intellectual disability programs to over 22,000 children, adults, and families primarily throughout Floyd, Johnson, Magoffin, Martin and Pike Counties in the Big Sandy Region as well as other areas throughout the Fifth Congressional District and state. More specifically, MCCC estimates that it serves over 3,800 adult and child victims of sexual assault, domestic violence, dating violence, stalking or other types of abuse each year. Ensuring availability and access to care, MCCC has centers in each county supported by over 1,150 staff and an annual budget of $68.2 million. As part of its mission, MCCC serves individuals with disabilities which stem from behavioral health needs such as mental health and substance abuse diagnosis as well as intellectual and developmental disabilities - and are often an underserved population in this rural region.

As a non-profit, non-governmental victim services organization, MCCC operates the Big Sandy Region’s only designated Rape Crisis Center (Healing Program) and Sexual Assault Crisis Center (emergency shelter) addressing the comprehensive needs of victims of rape, sexual assault, domestic violence, dating violence, stalking, and child abuse (including adult survivors). Services include emergency shelter, age-appropriate individual and group therapy, safety planning, medical and legal advocacy, 24-hour crisis line, crisis intervention counseling, information and referral, and consultation with agency staff and community agencies to meet both short-term and long-term recovery needs (including connections with behavioral health and health care services, and safe housing). MCCC also operates the Family Hope Project, which seeks to prevent future family violence, domestic violence and dating violence by addressing the needs of children exposed to DV, and the Hope Initiative, which provides comprehensive treatment, case management and wraparound services for children, adolescents and families who witness or experience traumatic events.

MCCC currently operates an OVW Transitional Housing Assistance Program within the region in tandem with the majority of the partners listed in this MOU. To date, this program has met or exceeded all of its service numbers and goals. MCCC offers free educational programs and professional training to organizations throughout the Big Sandy Region on sexual harassment, sexual assault, dating violence, stalking, domestic violence, child sexual abuse, child abuse, and serving victims with disabilities through its OVW Big Sandy Disabilities Program. MCCC also currently operates an OVW Rural Sexual Assault Program. The agency is also contracted by the
Floyd County, Johnson County and Pike County Fiscal Courts to provide advocacy/victim services for participants of their OVW Improving Criminal Justice Responses Program while managing the ICJR for Magoffin and Martin counties in tandem with their fiscal courts and Sheriff Departments, and is currently working with the Johnson County Fiscal Court to implement its OVW Justice for Families - Johnson County Safe Haven.

In addition to victim services, other key agency programs and services include but are not limited to: outpatient individual, group, school-based and family therapy; First Steps for children birth to age 3; psychiatric services; crisis stabilization; peer support services; school-based, outpatient and residential substance abuse treatment; jail-based mental health and substance abuse treatment programs and the Fatherhood Program; offender reentry services; basic center services for runaway and homeless youth; transitional housing for victims, young adults and homeless veterans; housing assistance; Homeless Veterans Reintegration Program (employment); supported employment; community support and rehabilitation services; ACT Team; therapeutic rehabilitation program for adults with severe psychiatric disabilities; case management; and integrated health care clinics for homeless and low income persons, and six Homeplace Clinics (health care for the homeless centers) located in Carter, Floyd, Johnson, Pike and Lawrence Counties.

**Capacity of Partners:** As has been noted in Sections I, II and III, MCCC has chosen partners who have the experience of working with victims and bring varied community resources to ensure that the project can achieve its goals to not only provide transitional housing but that the resources are present to help victims and their families: 1) locate and secure permanent housing; 2) secure employment as well as any other employment or vocational services; and 3) can access the voluntary wraparound support services they desire to recover from their trauma and victimization and move towards recovery including specializations for substance abuse and victims who are also veterans. All the project partners bring a unique service to the project which will help clients achieve their individual goals.

**Key Staff:** Jacqueline Long (0.10 FTE in-kind) will serve as the Project Director. Ms. Long has 10 years of experience developing, managing and administering affordable housing and social service programs for persons with special needs, including survivors of domestic violence, sexual assault, dating violence and stalking, and those who have experienced mental illness, substance abuse, homelessness as well as veterans. She currently serves as the Project Director for the agency's Big Sandy Transitional Housing Assistance Program and has been extensively trained in OVW services and grant requirements, bringing lessons learned to the effective administration of the proposed project.

Paula Howard will serve as the Assistant Director of Housing and Grants at 0.25 FTE. Ms. Howard is a certified Kentucky Domestic Violence Specialist with extensive OVW training (addressing all aspects of victimization including sexual assault, dating violence and stalking), has served as a THP Case Manager, as well as an agency Housing Stability Case Manager providing housing assistance and case management to all OVW, TBRA, and Shelter + Care clients. Prior to working for MCCC, Ms. Howard worked with MCCC's partner, TPDVS, as a Domestic Violence Specialist where she provided case management while also collaborating with governmental and housing agencies, community action programs, and other partners to
integrate domestic violence and child protection practices into local and statewide systems. Ms. Howard has extensive knowledge of victim services, trauma-informed care, evidence-based approaches, working with survivors with disabilities, safety planning, resources, and confidentiality. While the grant will cover 0.25 FTE, other MCCC funds will cover additional hours of Ms. Howard’s time as needed to ensure client stability.

Providing voluntary case management and other supportive services are Marisha Hunt and Sydney Randell, who have been with MCCC for an accumulative 10 years, and are Certified Domestic Violence Specialists with extensive OVW training. In addition, Lisa Paxton, LPCA, Therapist (0.15 FTE – paid for by Medicaid) will assist survivors with voluntary services to address behavioral healthcare needs, including underlying trauma. She has a Master’s degree in clinical mental health/substance use and addiction counseling, is a licensed therapist in the state of KY, and has 2 years of experience working with survivors and other underserved groups. To address additional behavioral health needs, the project will consult with Kristy Stiltner (Licensed Psychological Associate), Mental Health/Victim Services Director since 2013, with 16 years of IPV and mental health treatment experience, and Christy Hicks (Licensed Clinical Alcohol and Drug Counselor, and Certified Social Worker), Addiction Services Director since 2012, who has been active in the SUD field for 25 years. All project staff receives 40 hours of IPV training, cultural competency, evidence-based training in Motivational Interviewing and trauma-informed care, veteran-specific care, and additional training through OVW T/TA including on voluntary services.

V. Financial Commitment to Partners

As part of project services MCCC will provide $240 per partner to attend quarterly project management team (PMT) meetings to assess the achievement of project goals, objectives and outcomes, and identify any changes that need to occur to improve the program and ensure that it effectively meets the needs of adult victims of sexual assault, domestic violence, dating violence and stalking. As appropriate, MCCC has also made available funds ($5,625) for staff from partnering agencies to attend OVW trainings as determined by the team and the appropriateness of the proposed trainings. These funds have been outlined in detail in the Budget Narrative. All partners have reviewed and approved the budget of $450,000 for a 36-month project period, and are aware of the total amount being requested and for each project partner.

VI. Commitment of Project Partners

Representatives of the planning and development team who are anticipated to serve on the Project Management Team and have the expertise for developing, implementing, and overseeing implementation of staff-related project activities include:

1. **Mountain Comprehensive Care Center**: Jackie Long, Project Director/Director of Housing and Grants, and Paula Howard, Assistant Director of Housing and Grants
2. **Turning Point Domestic Violence Services**: Connie Little, Director
3. **Appalachian Research and Defense Fund**: Robert Johns, Executive Director
4. **Big Sandy Area Community Action Program**: Wanda Thacker, Executive Director
5. **Big Sandy Area Development District**: Ben Hale, Executive Director
6. **Sandy Valley Transportation Services, Inc.**: Joyce A. Hinkle, Executive Director
7. **Big Sandy Health Care**: Ancil Lewis, Chief Executive Officer  
8. **WestCare Kentucky – Emergency Shelter**: Stephen Wright, Regional Administrator  
9. **Housing Authority of Paintsville**: Mike Spradlin, Executive Director  
10. **Housing Authority of Prestonsburg**: Rhonda Burchett, Executive Director  
11. **Floyd County Sheriff’s Department**: John Hunt, Sheriff  
12. **Johnson County Sheriff’s Department**: Doug Saylor, Sheriff  
13. **Magoffin County Sheriff’s Department**: Carson Montgomery, Sheriff  
14. **Pike County Sheriff’s Department**: Rodney Scott, Sheriff  

These representatives agree to actively and meaningfully participate on the Project Management Team and in all required OVW project activities as outlined in the roles and responsibilities section and to engage in regularly scheduled meetings and conversations. They also agree to remain in contact with project staff by conducting a minimum of quarterly quality improvement meetings to oversee program implementation, assess the achievement of project goals, objectives and outcomes, and identify any changes that need to occur to improve the program and ensure that it effectively meets the safety of adult victims and their children as well as OVW requirements.

**VIII. Approval of the Project**

By signing below, all partners demonstrate a commitment to work together to achieve stated project goals and to develop a sustainability plan to ensure the project continues once grant funds are no longer available.

1. The service area will be Floyd, Johnson, Magoffin, Martin and Pike Counties, Kentucky.  
2. The partners agree to collaborate and provide the proposed services pursuant to the program narrative of the grant application attached to this agreement.  
3. All partners approve of the proposed project budget attached to this agreement.  
4. We, the undersigned have read and agree with this MOU. Further, we have reviewed the proposed project and approve it.

By [Signature]
Promod Bishnoi, President/CEO  
**Mountain Comprehensive Care Center**  
Date [Signature]

[Signature]
Promod Bishnoi, President/CEO  
**Mountain Comprehensive Care Center**  
Date [Signature]
By Connie Little, Director
Turning Point Domestic Violence Services
Date 1-21-19

By Mike Spradlin, Executive Director
Housing Authority of Paintsville
Date 1-24-19

By Robert Johns, Executive Director
Appalachian Research & Defense Fund
Date 11/22/19

By Jim Hobbs, Executive Director
Housing Authority of Pikeville
Date 1-28-2019

By Wanda Thacker, Executive Director
Big Sandy Area Community Action Program
Date 11/31/19

By Rhonda Burchett, Executive Director
Housing Authority of Prestonsburg
Date 1/31/19

By Ben Hale, Executive Director
Big Sandy Area Developmental District
Date 2-7-19

By John Hunt, Sheriff
Floyd County Sheriff's Department
Date 2/7/19

By Joyce A. Hinkle, Executive Director
Sandy Valley Transportation Services, Inc.
Date 1-21-2019

By Doug Saylor, Sheriff
Johnson County Sheriff's Department
Date 1-21-2019

By Ancil Lewis, Chief Executive Officer
Big Sandy Health Care
Date 1-31-2019

By Carson Montgomery, Sheriff
Magoffin County Sheriff's Department
Date 2-8-2019

By Stephen Wright, Regional Administrator
WestCare Kentucky – Emergency Shelter
Date 2-7-19

By Rodney Scott, Sheriff
Pike County Sheriff's Department
Date 2-7-19
Kentucky Balance of State Continuum of Care (KY-500)

2019 Assessment of Racial Disparities in the Provision or Outcome of Homeless Assistance: A Summary

The Kentucky Balance of State (BoS) Continuum of Care (CoC) consists of 118 of Kentucky’s 120 counties, excluding only Jefferson and Fayette Counties, home to the state’s two largest cities, Louisville and Lexington. The US Census Bureau 2013-2017 American Community Survey (ACS) provides the following population data by race for the Kentucky BoS CoC service area. The Kentucky Balance of State is all counties in Kentucky except Jefferson County (Louisville Metro Government) and Fayette County (Lexington-Fayette Urban County Government).

<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
<th>Population</th>
<th>Percentage of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>3,071,554</td>
<td>91.83%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>145,044</td>
<td>4.34%</td>
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<tr>
<td>American Indian and Alaska Native</td>
<td>7,201</td>
<td>0.22%</td>
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<tr>
<td>Asian</td>
<td>27,993</td>
<td>0.84%</td>
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<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
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<tr>
<td>Some other race</td>
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<td>0.80%</td>
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<tr>
<td>Two or more races</td>
<td>64,664</td>
<td>1.93%</td>
</tr>
<tr>
<td>Hispanic or Latinx (of any race)</td>
<td>91,973</td>
<td>2.75%</td>
</tr>
<tr>
<td><strong>Total Population</strong></td>
<td><strong>3,344,889</strong></td>
<td></td>
</tr>
</tbody>
</table>

The population of the BoS CoC Service Area is less diverse than the State of Kentucky as a whole.

<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
<th>Population</th>
<th>Percentage of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>3,862,600</td>
<td>87.30%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>353,088</td>
<td>7.98%</td>
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<tr>
<td>American Indian and Alaska Native</td>
<td>9,324</td>
<td>0.21%</td>
</tr>
<tr>
<td>Asian</td>
<td>59,593</td>
<td>1.35%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>2,271</td>
<td>0.05%</td>
</tr>
<tr>
<td>Some other race</td>
<td>41,197</td>
<td>0.93%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>96,303</td>
<td>2.18%</td>
</tr>
<tr>
<td>Hispanic or Latinx (of any race)</td>
<td>152,072</td>
<td>3.44%</td>
</tr>
<tr>
<td><strong>Total Population</strong></td>
<td><strong>4,424,376</strong></td>
<td></td>
</tr>
</tbody>
</table>

1 Source: American Community Survey 2013-2017 Table DP05 data for Kentucky subtracting Table DP05 data for Jefferson and Fayette Counties.
2 Source: American Community Survey 2013-2017 Table DP05 data for Kentucky.
Analysis of Homeless Management Information System (HMIS) Data for the last three Fiscal Years (July 1, 2016 through June 30, 2019) demonstrates disparities in the provision of homeless assistance by race when compared to population data for the BoS CoC service area. HMIS data were analyzed for all system entries, entries into participating emergency shelter, entries into Permanent Supportive Housing (PSH), entries into rapid re-housing (RRH), and entries into transitional housing (TH). In all categories, African Americans are disproportionately over-represented while other racial and ethnic categories are under-represented.

### Unduplicated Clients Served in Kentucky BoS CoC by Race and Ethnicity
#### July 1, 2016 through June 30, 2019
#### All HMIS Entries

<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
<th>Unduplicated Clients</th>
<th>Percentage of HMIS Population</th>
<th>Percentage of BoS CoC Service Area Population</th>
<th>Disparity</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>31,128</td>
<td>86.91%</td>
<td>91.83%</td>
<td>-4.92%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>4,159</td>
<td>11.61%</td>
<td>4.34%</td>
<td>7.27%</td>
</tr>
<tr>
<td>Other Races and unknown</td>
<td>528</td>
<td>1.47%</td>
<td>3.83%</td>
<td>-2.36%</td>
</tr>
<tr>
<td>Hispanic or Latinx (of any race)</td>
<td>485</td>
<td>1.55%</td>
<td>2.67%</td>
<td>-1.12%</td>
</tr>
<tr>
<td><strong>Total Unduplicated Clients (HMIS)</strong></td>
<td><strong>35,815</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Unduplicated Clients Served in Kentucky BoS CoC by Race and Ethnicity
#### July 1, 2016 through June 30, 2019
#### Emergency Shelter Entries

<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
<th>Unduplicated Clients</th>
<th>Percentage of HMIS Population</th>
<th>Percentage of BoS CoC Service Area Population</th>
<th>Disparity</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>5,494</td>
<td>80.35%</td>
<td>91.83%</td>
<td>-11.48%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>1,205</td>
<td>17.62%</td>
<td>4.34%</td>
<td>13.28%</td>
</tr>
<tr>
<td>Other Races and unknown</td>
<td>139</td>
<td>2.03%</td>
<td>3.83%</td>
<td>-1.80%</td>
</tr>
<tr>
<td>Hispanic or Latinx (of any race)</td>
<td>168</td>
<td>2.46%</td>
<td>2.75%</td>
<td>-0.29%</td>
</tr>
<tr>
<td><strong>Total Unduplicated Clients (HMIS)</strong></td>
<td><strong>6,838</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

3 Source: Kentucky HMIS Qlik Query Reports compared with American Community Survey 2013-2017 Table DP05 data for Kentucky subtracting Table DP05 data for Jefferson and Fayette Counties.
### Unduplicated Clients Served in Kentucky BoS CoC by Race and Ethnicity
#### July 1, 2016 through June 30, 2019

**Permanent Supportive Housing Entries**³

<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
<th>Unduplicated Clients</th>
<th>Percentage of HMIS Population</th>
<th>Percentage of BoS CoC Service Area Population</th>
<th>Disparity</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>700</td>
<td>75.19%</td>
<td>91.83%</td>
<td>-16.64%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>226</td>
<td>24.27%</td>
<td>4.34%</td>
<td>19.93%</td>
</tr>
<tr>
<td>Other Races and unknown</td>
<td>5</td>
<td>0.54%</td>
<td>3.83%</td>
<td>-3.29%</td>
</tr>
<tr>
<td>Hispanic or Latinx (of any race)</td>
<td>35</td>
<td>3.76%</td>
<td>2.75%</td>
<td>1.01%</td>
</tr>
<tr>
<td><strong>Total Unduplicated Clients (HMIS)</strong></td>
<td><strong>931</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Rapid Re-housing Entries**³

<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
<th>Unduplicated Clients</th>
<th>Percentage of HMIS Population</th>
<th>Percentage of BoS CoC Service Area Population</th>
<th>Disparity</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>1,688</td>
<td>85.34%</td>
<td>91.83%</td>
<td>-6.49%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>268</td>
<td>13.55%</td>
<td>4.34%</td>
<td>9.21%</td>
</tr>
<tr>
<td>Other Races and unknown</td>
<td>22</td>
<td>1.11%</td>
<td>3.83%</td>
<td>-2.72%</td>
</tr>
<tr>
<td>Hispanic or Latinx (of any race)</td>
<td>49</td>
<td>2.48%</td>
<td>2.75%</td>
<td>-0.27%</td>
</tr>
<tr>
<td><strong>Total Unduplicated Clients (HMIS)</strong></td>
<td><strong>4,625</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Transitional Housing Entries**³

<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
<th>Unduplicated Clients</th>
<th>Percentage of HMIS Population</th>
<th>Percentage of BoS CoC Service Area Population</th>
<th>Disparity</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>681</td>
<td>77.92%</td>
<td>91.83%</td>
<td>-13.91%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>176</td>
<td>20.14%</td>
<td>4.34%</td>
<td>15.80%</td>
</tr>
<tr>
<td>Other Races and unknown</td>
<td>17</td>
<td>1.95%</td>
<td>3.83%</td>
<td>-1.88%</td>
</tr>
<tr>
<td>Hispanic or Latinx (of any race)</td>
<td>23</td>
<td>2.63%</td>
<td>2.75%</td>
<td>-0.12%</td>
</tr>
<tr>
<td><strong>Total Unduplicated Clients (HMIS)</strong></td>
<td><strong>874</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
While these disparities for African Americans are fairly consistent year to year, they increased from Fiscal Year 2018 to Fiscal Year 2019. Causes of this increase are unknown, as they cannot be attributed to poverty, because poverty rates decreased. The wider disparities in the Transitional Housing entries could be a result of the continued reduction in Transitional Housing units in the BoS CoC during this timeframe.

<table>
<thead>
<tr>
<th>Entry Type</th>
<th>Fiscal Year 2017 Variance from Percentage of Overall Population</th>
<th>Fiscal Year 2018 Variance from Percentage of Overall Population</th>
<th>Fiscal Year 2019 Variance from Percentage of Overall Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>All HMIS Entries</td>
<td>6.92%</td>
<td>6.66%</td>
<td>7.61%</td>
</tr>
<tr>
<td>Emergency Shelter Entries</td>
<td>11.00%</td>
<td>11.14%</td>
<td>14.66%</td>
</tr>
<tr>
<td>Permanent Supportive Housing Entries</td>
<td>17.32%</td>
<td>15.35%</td>
<td>16.20%</td>
</tr>
<tr>
<td>Rapid Re-housing Entries</td>
<td>9.84%</td>
<td>8.28%</td>
<td>10.28%</td>
</tr>
<tr>
<td>Transitional Housing Entries</td>
<td>13.90%</td>
<td>12.52%</td>
<td>18.35%</td>
</tr>
</tbody>
</table>

Despite African Americans’ disproportionate likelihood of accessing homeless services during the time period examined, African Americans do not appear to face additional barriers in accessing CoC housing services than other populations once entering the homeless services system. For the 3-year period examined, African Americans had a comparable percentage of combined Permanent Supportive Housing and rapid re-housing entries monitored in HMIS (16.9%) than they did Emergency Shelter entries (17.62%) or all HMIS entries (11.61%) with the share of Permanent Supportive Housing entries for considerably higher (24.21%).

The disproportionate rate of poverty for African Americans in Kentucky and the Balance of State is a significant contributing factor to the disparities in the provision of homeless services to African Americans in the Kentucky BoS CoC.

<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
<th>Percentage of Racial or Ethnic Group in Poverty in BoS Service Area</th>
<th>Disparity when Compared to All Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>18.22%</td>
<td>-0.78%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>29.57%</td>
<td>10.57%</td>
</tr>
<tr>
<td>Other races and two or more races</td>
<td>26.99%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Hispanic or Latinx (of any race)</td>
<td>31.14%</td>
<td>12.14%</td>
</tr>
<tr>
<td>All persons for whom poverty status is determined</td>
<td>19.00%</td>
<td></td>
</tr>
</tbody>
</table>

Source: American Community Survey 2013-2017 Table S1701 for Kentucky subtracting Table S1701 Data for Jefferson and Fayette Counties for all persons who poverty status is determined.
However, persons of Hispanic or Latinx origin have a greater disparate percentage of the population in poverty to when compared to African Americans, but do not have disparities in accessing homeless services. This may indicate that persons of Hispanic or Latinx origin may face barriers in accessing homeless services, including lack of awareness, possible geographic separation from providers, and possible language barriers. This does not appear to be unique to the Kentucky BoS CoC. As observed in the SPARC Phase I Study Findings report from their study of race and homelessness in the US, “This study found, as have many previous studies, underrepresentation of Hispanic/Latinx people in the HMIS system. This does not mean, though, that Hispanic/Latinx people are not experiencing homelessness at high rates, only that they are not being served by the formal shelter, housing, and service systems.”

Similarly, the 2019 study Stemming the Rise of Latino Homelessness: Lessons from Los Angeles County found there are significant resource and knowledge gaps that need to be addressed to assure that Latinos experiencing a housing crisis are served through our current safety net and homeless service systems. Language and cultural barriers continue to impact service engagement. Monolingual populations find it particularly difficult to identify and obtain assistance, while cultural beliefs around self-sufficiency prevent individuals from seeking services. Furthermore, current immigration debates, including changes to public charge policy and growing xenophobic public discourse, have created widespread fear and service disengagement among undocumented immigrants (i.e., individuals lacking documents for legal immigration or residency) and mixed-status households. We find that undocumented individuals are highly vulnerable, and that resources targeting this population are extremely scarce… Furthermore, Latinos appear less likely than other populations to engage with the homeless service system, and to self-identify as homeless.

There is also little research available on the experiences of persons of Hispanic or Latinx experiencing homelessness or accessing homeless services in rural areas and small cities, which constitute most of the Kentucky BoS CoC service area. Kentucky Housing Corporation staff found that the lack of knowledge of how to best identify and resolve barriers to homeless services faced by Latinx persons in rural services areas was common amongst rural Continua of Care during the September 2018 USICH National Convening on Ending Homelessness in Rural Communities. This is an area in need of further research, planning, and policy guidance.

Additionally, there are limitations in using HMIS data (though it is the best available) to assessing the provision of homeless services in the Kentucky BoS CoC Service Area. Except for agencies participating in HMIS or a comparable database for VSPs, data is not collected consistently by agencies serving persons experiencing homelessness that do not receive funding from HUD. As such, with a few exceptions due to a small number of non-funded agencies recruited to participate, HMIS data is only reflective of services funded through HUD programs.

As such, it is necessary to use additional data as a proxy to better assess homelessness in the Kentucky BoS CoC service area. Local public school districts collect data on student homelessness, as defined

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under the US Department of Education McKinney-Vento Homeless Assistance Act, that is reported to the Kentucky Department of Education. This data has its own limitations, as it is a proxy for family and unaccompanied youth homelessness and does not contribute to a broader assessment of adults without school-age children experiencing homelessness. Nonetheless, many more young people are identified as experiencing homelessness using the US Department of Education McKinney-Vento Homeless Assistance Act’s broader definition of homelessness (when compared to HUD’s): “individuals who lack a fixed, regular, and adequate nighttime residence.” For example, in addition to youth who may be literally homeless according to HUD’s definition, the US Department of Education includes students living in hotels or sharing housing with other families (“doubled up”) or crashing at one friend’s house one week and another friend’s house the next (“couch-surfing”). These latter scenarios are considered homeless by the McKinney-Vento definition but might not be considered homeless by HUD’s narrower definition. (Exceptions include if the individual is at imminent risk of losing their primary nighttime residence within 14 days or is fleeing or attempting to flee domestic violence.)

Data provided by the Kentucky Department of Education for the 2017-2018, 2016-2017, and 2015-2016 school years demonstrate racial disparities in the count of students experiencing homelessness in the Kentucky BoS CoC service area when compared to the overall population.

### Public School Students Experiencing Homelessness in the Kentucky BoS CoC Service Area 2017-2018 School Year

<table>
<thead>
<tr>
<th>Race or Ethnicity</th>
<th>Students Experiencing Homelessness</th>
<th>Percentage of Students Experiencing Homelessness</th>
<th>Percentage of BoS CoC Service Area Population</th>
<th>Disparity</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>16888</td>
<td>84.77%</td>
<td>91.83%</td>
<td>-7.06%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>1490</td>
<td>7.48%</td>
<td>4.34%</td>
<td>3.14%</td>
</tr>
<tr>
<td>Other Races</td>
<td>100</td>
<td>0.50%</td>
<td>1.91%</td>
<td>-1.41%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>1038</td>
<td>5.21%</td>
<td>1.93%</td>
<td>3.28%</td>
</tr>
<tr>
<td>Hispanic or Latinx</td>
<td>1400</td>
<td>7.03%</td>
<td>2.75%</td>
<td>4.28%</td>
</tr>
</tbody>
</table>

### Public School Students Experiencing Homelessness in the Kentucky BoS CoC Service Area 2016-2017 School Year

<table>
<thead>
<tr>
<th>Race or Ethnicity</th>
<th>Students Experiencing Homelessness</th>
<th>Percentage of Students Experiencing Homelessness</th>
<th>Percentage of BoS CoC Service Area Population</th>
<th>Disparity</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>18082</td>
<td>85.33%</td>
<td>91.83%</td>
<td>-6.50%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>1485</td>
<td>7.01%</td>
<td>4.34%</td>
<td>2.67%</td>
</tr>
<tr>
<td>Other Races</td>
<td>116</td>
<td>0.55%</td>
<td>1.91%</td>
<td>-1.36%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>1003</td>
<td>4.73%</td>
<td>1.93%</td>
<td>2.80%</td>
</tr>
<tr>
<td>Hispanic or Latinx</td>
<td>1305</td>
<td>6.16%</td>
<td>2.75%</td>
<td>3.41%</td>
</tr>
</tbody>
</table>

7 Kentucky Department of Education Data provided to Kentucky Housing Corporation compared with American Community Survey 2013-2017 Table DP05 data for Kentucky subtracting Table DP05 data for Jefferson and Fayette Counties.
The racial disparities in student homelessness are comparable for African-Americans, persons of Hispanic or Latinx origin, and persons of two or more races, but do not mirror the large disparities (or lack thereof) present in HMIS data.

### Need for Further Research

Based on this **Assessment of Racial Disparities in the Provision or Outcome of Homeless Assistance**, the Kentucky BoS CoC has identified a continued need for further research to help us better understand the scope and needs of different races or ethnicities experiencing homelessness. This must include increased data collection and analysis to help the CoC better understand the pattern of program use for people of different races and ethnicities in our homeless services system. The Kentucky Balance of State CoC is currently developing HMIS data dashboards using Tableau data visualization software that will allow stakeholders to better monitor system data on a regular basis in real time. Among the dashboards being developed is a racial disparities dashboard that can assess those disparities on multiple levels—project, regional Coordinated Entry Local Prioritization Community, or CoC-wide.

The following research questions can help guide the Kentucky BoS CoC response to racial disparities:

- What factors, beyond the disproportionate rate of poverty, contribute to African Americans’ disproportionate use of homeless system services?
- What housing market and economic conditions, including discrimination, are increasing African Americans’ likelihood of homelessness?
- What roles do interpersonal, institutional, and structural racism play locally in contributing to conditions leading to African Americans’ homelessness?
- What barriers do persons of Hispanic or Latinx origin face in accessing homeless services, including lack of awareness, possible geographic separation from providers, possible language barriers, and fear of accessing governmental services?
- Are there racial disparities in longer-term outcomes for those exiting homelessness, including, but not limited to those receiving CoC housing resources?
- What efforts can be undertaken to encourage greater diversity in program staff in a region that is over 91% white?