

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 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 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:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: PA-509 - Eastern Pennsylvania CoC

1A-2. Collaborative Applicant Name: Commonwealth of Pennsylvania

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Commonwealth of Pennsylvania

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	No
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	Yes
EMS/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	No	No
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Federal and State Government Staff	Yes	Yes
Veterans Serving Organizations	Yes	Yes
Faith Based Organizations	Yes	Yes

1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 2,000 characters)

1) The organizational structure of the Eastern PA CoC includes a Governing Board, 5 Regional Homeless Advisory Boards (RHABs) each covering a portion of the CoC's 33 counties, Committees and Subcommittees. The co-chairs of each RHAB are also on the Governing Board and ensure a two-directional communication structure. This structure allows for both a top-down and bottom-up approach for soliciting input, considering opinions from a broad array of organizations and individuals, and communicating decisions back out to the CoC. Each RHAB includes a diverse range of members working towards preventing and ending homelessness in their communities, including veteran services, DV providers, local/county government, service providers, PHAs, and many other types of organizations.

2) The RHABs and/or subcommittees of the RHAB meet monthly. Public meetings and other CoC-sponsored meetings/events/trainings are announced during these meetings. In addition, meetings/events of the CoC are posted on the CoC website, announced via email, and posted on Workplace by Facebook, which is used by CoC members and stakeholders.

3) The full CoC meetings, RHAB structure, and Committees provide Governing Board members with no less than monthly opportunities to gather information from CoC members, stakeholders and interested members of the public. Governing Board members use this input to inform the direction and operation of the CoC. Ongoing training and other opportunities are made available to ensure the CoC leadership and all CoC members/stakeholders have the opportunity to learn about new approaches and best practices for preventing and ending homelessness. For example, in response to input received around the need for assistance in preventing homeless households from entering the system, the CoC sponsored three days of diversion training from the Cleveland Mediation Center in June 2018. The CoC also prioritized diversion funding in an application to FHLB and our state's HFA.

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 often the CoC solicits new members; and**
 - (4) 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) CoC membership includes CoC/ESG funded providers and a broad array of other interested stakeholders and members of the public. Membership is available year-round & the form can be accessed via the CoC website. Upon registering as a member, individuals are connected to the CoC's Workplace by Facebook page & added to the CoC's email distribution list.
- 2) Membership is most frequently discussed during monthly regional meetings, which is where Board members also solicit new members, based in local/regional gaps/needs.
- 3) Members of the public and non-member stakeholders are invited to attend their Regional Homeless Advisory Board meetings and membership is encouraged. In addition, membership is encouraged at the semi-annual General Membership Meetings.
- 4) The CoC's membership form asks about current/prior homelessness. This information has been used to ID & engage individuals with lived experience for leadership positions at both the regional & Board level. The CoC's Governing Board includes five voting positions for individuals with lived experience, which allows for one representative from each of the CoC's five regions. The Chair of the CoC's Governance and Membership Committee conducts special outreach to ensure the Governing Board always has at least one member with lived experience at all times.

1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 characters)

- 1) The CoC issued three RFPs for the FY2018 CoC Competition. All three RFPs were posted on the CoC's website, announced on the CoC's Workplace by Facebook page, sent to all members and stakeholders signed up on the CoC's listserve, and forwarded to others in local communities. Two of the three RFPs were specific to the DV Bonus opportunity. The CoC partnered with the state's DV Coalition to forward these opportunities to their membership. All three RFPs included language that indicated the CoC would accept applications from organizations not currently receiving CoC funding. In addition, Technical Assistance was made available to new applicants to ensure they had the opportunity to access support in order to submit a competitive application for eligible activities and eligible households.
- 2) The process to determine if a new project application will be included in the CoC's FY2018 Consolidated Application is implemented by the Funding Committee and overseen by the Governing Board. All new project applications were reviewed by the CoC's Funding Committee. Projects are reviewed and scored by teams, discussed by the full Committee and recommended to the Governing Board for approval. Applicants were given an opportunity to address any concerns of the Funding Committee prior to finalizing the new project selection process.

3) The CoC announced the availability of funding on August 1 and August 8 (DV Bonus RFPs).

4) The CoC does accept proposals from organizations that have not previously received CoC funding. The FY2018 Consolidated Application includes applications (under the Bonus) from two organizations not currently receiving CoC funding. In addition, 6 DV organizations not currently receiving CoC-funding will be included in the CoC-wide application for DV-RRH (under the DV Bonus).

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Not Applicable
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Local/State Housing Trust Fund	Yes
Federal Home Loan Bank	Yes

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

1) DCED is the State ESG Recipient, serves as the CoC’s Collaborative Applicant and holds a seat on the CoC Board. During the most recent meeting of the full CoC on 4-16-18, DCED engaged the CoC membership to provide input for the next Con Plan, including the identification of community needs &

priorities for CDBG, HOME, ESG, HTF & HOPWA. As the Coll App & HMIS Lead, DCED has access to all data needed for the Con Plan.

Input received from the CoC membership was used to assess/revise the ESG application to better align with the CoC established priorities. The input included how best to incorporate a Housing First model, evaluation of projects, coordination of systems, and the prioritization of ESG eligible activities- Street Outreach, Housing Locator services & Rapid Rehousing.

The City of Allentown is the CoC's other ESG recipient. A representative of the City's ESG program attends meetings of the Lehigh Valley Regional Homeless Advisory Board (RHAB), one of the CoC's five regions. The CoC provides county-level HIC & PIT data for their Con Plan. Coordination between Allentown's ESG funding & the CoC occurs at the regional level, where representatives present the plan to RHAB/CoC members for input & sign-off.

2) DCED & the CoC Board developed an evaluation checklist for ESG applicants that apply for competitive funding within the CoC's jurisdiction. Board members complete the checklist, which reviews & evaluates each applicant's performance & participation in the CoC. The checklist generates a score that is incorporated in the applicant's overall score & ranking. DCED also uses performance data generated from HMIS in the evaluation of projects. In 2017, the CoC finalized a new monitoring plan, which includes performance goals for ESG/CoC projects & a process for quarterly evaluation. This plan is being implemented through the CoC's Data Committee.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide 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. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)? Yes

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 the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and**
 - (2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.**
- (limit 2,000 characters)**

1) The CoC has adopted an emergency transfer plan, which covers CoC, ESG and HOME funding. If a household living in a scattered site TBRA unit requests

an emergency transfer, the provider is required to act as quickly as possible to assist the household to move to another unit. If the household does not receive TBRA, the provider is instructed to transfer the household to another unit. If this is not possible within the provider's inventory of resources, or if the household needs to relocate to another community for safety reasons, the case manager is to contact Coordinated Entry (CE) to request an emergency transfer. The CE Manager will work with the case manager to identify an opening within the immediate community and/or a different location within the CoC's 33-county jurisdiction.

CE operators/managers are trained on providing trauma-informed, victim-centered services. CE staff will work expeditiously to address the survivor's safety needs by providing connections to new housing resources, based on individual's circumstances, needs & preferences. In order to provide connections to a range of housing/services, CE staff have established relationships with CoC/ESG providers, as well as county/state/fed funded programs including HHS and DOJ.

2) CE operators work in partnership with DV providers throughout the CoC. In order to maintain confidentiality CE conducts a DV Intake, which allows for no PPI to be collected & secures additional client consent. This process also allows for the person to be contacted through a third-party (eg. DV case manager or other). In addition to resources available through the DV system, this established process adds DV survivors to the CE Community Queue, ensuring equal access to all ESG/CoC/other homeless assistance services.

The CoC is applying for funding to create a dedicated CE DV Specialist, which will further the CoC's efforts to provide safety-focused victim-centered services.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

1) In partnership with the PA Coalition on Domestic Violence (PCADV), the CoC provided training to all CoC members and stakeholders on 9/12/18. The training was required for all ESG/CoC-funded organizations. This training, to be provided annually, was designed for non-DV providers and included best practices for serving DV survivors, including safety and planning protocols. In addition, PCADV is implementing a Housing First Domestic Violence housing system, which expands/complements best practices in use by all providers within the CoC.

2) Coordinated Entry is operated in partnership with DV organizations. Through existing protocols, CE staff & DV providers work together to provide confidential trauma-informed victim-centered services. CE staff also participated in the above referenced trainings. In addition, ongoing training is provided around CE protocols for DV. The CoC Coordinated Entry operations are directed through the planning and policy making of the Coordinated Entry Committee, which is informed by DV providers and a representative from PCADV. The Coordinated Entry Consultant provides ongoing training and revisions to CE policies/procedures to ensure operations and protocols protect survivors of DV.

In addition, the CoC Governing Board includes representation from a Victim Services Provider, who ensures that the CoC's policies, procedures and operations are planned and implemented in consideration of the safety of DV survivors.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

In 2018, the Pennsylvania Coalition Against Domestic Violence (PCADV) prioritized partnership with the CoC. As a statewide, member-based organization, PCADV acts as the funding conduit for most federal and state funds for member DV organizations. The majority of this funding supports emergency shelter facility and service provision, and general infrastructure of member agencies. Data from each funded agency is entered into the Efforts to Outcomes (ETO) extension, especially designed and designated for de-identified data from Victim Service Providers (VSPs). The participation of VSPs in this data collection has led to many staff from those agencies participating in the CoC at the leadership level, ensuring that de-identified data from VSPs is included in the CoC planning process.

There is significant need for the CoC to develop a data driven system that shows both permanent housing outcomes for survivors, and ongoing need for creation and implementation of permanent housing interventions for survivors, with incorporation of the Domestic Violence Housing First philosophy and service tenants of survivor driven, trauma informed advocacy, community engagement, and flexible housing options (such as RRH and Joint Component) that lead to permanent housing acquisition and retention. The partnership between the CoC and PCADV will focus on funding and service development for permanent housing for survivors. While RRH interventions are funded for a few VSPs in the CoC, the scope of these projects is not significant enough to show need for the entire CoC. The proposed DV Bonus projects, in combination with previously funded and tiered VSP programs, along with PCADV's capacity building ability for DV programs across the CoC, will allow for implementation of a data driven system that demonstrates the ongoing need for VSP data to be included in scoping for community needs.

1C-4. DV Bonus Projects. Is your CoC Yes applying for DV Bonus Projects?

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry	<input checked="" type="checkbox"/>
RRH	<input checked="" type="checkbox"/>

Joint TH/RRH	<input type="checkbox"/>
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1C-4b. Applicants must describe:

- (1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;**
- (2) the data source the CoC used for the calculations; and**
- (3) how the CoC collected the data.**
(limit 2,000 characters)

1) During the month of July 2018, xxx adults & children were served in DV shelters for a total of xxx shelter nights. In addition, xx survivors were served in DV TH projects and xx survivors were served in DV RRH projects.

During the same time period (July 2018), xxx DV survivors were served through homeless assistance programs, including xxx (xx%) who were actively fleeing DV. This includes participation in homeless prevention programs, SSO projects, emergency shelter, transitional housing, RRH, PSH. xxx DV survivors assessed through Coordinated Entry, of whom xx were fleeing DV.

From January – August, xxx survivor households were assessed through Coordinated Entry and added to the CE Community Queue. As of August 31, there were xxx households remaining on the queue waiting for assistance.

In addition, the CoC's 2018 Housing Inventory Chart provides details for the CoC's DV dedicated resources: xx DV shelters w/ xxx beds; xx DV TH projects w/ xx beds; x DV PSH projects w/ xx beds.

- 2) The sources of the data reported above include:
- HMIS provided the number of DV survivors and actively fleeing DV for persons in non-DV specific homeless assistance programs
 - Coordinated Entry Community Queue was the source of people waiting for assistance
 - ETO, the software system utilized by DV providers, was the data source for # in DV shelters.

3) Data for individuals in homeless assistance programs was collected and entered into HMIS upon program entry. Data pulled from the CE Community Queue was collected through an assessment completed by 211, an Assessment Site, or DV provider. The number of people in DV shelters was provided directly from DV providers and from the Pennsylvania Coalition Against Domestic Violence.

NOTE: this response is still be finalized.

1C-4c. Applicants must describe:

- (1) how many domestic violence survivors need housing or services in the CoC's geographic area;**
- (2) data source the CoC used for the calculations; and**
- (3) how the CoC collected the data.**
(limit 2,000 characters)

1) Based on available data, there are xxx DV survivor households each year who need access to permanent housing resources and/or housing stabilization

services in order to end their homelessness. This number does not include the number of DV survivors that may need temporary shelter and/or DV counseling services.

2) The Eastern PA CoC's Coordinated Entry Community Queue is the source of the above reported data. The CE Community Queue shows that in the first eight months of 2018 there were xxx households that disclosed they were actively fleeing and/or were a DV survivor, opting to keep their data anonymous. Assuming a consistent need over time, the annual demand would be xxx households.

The actual need may be significantly higher. While the majority of shelters are referring households to Coordinated Entry, there are private shelters (e.g. mom & pop shelters, faith-based, and other shelters that are not consistently referring households to CE. Some of these shelters are not on HMIS and we do not know the number of people they are serving each year, nor the number of DV survivors they are serving. As such, once all shelters are consistently referring all households, the annual need may increase beyond xxx households.

3) This data was collected through the CE pre-screen and the VI-SPDAT, the CoC's CE assessment tool.

NOTE: this response is still be finalized.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:

- (1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;**
 - (2) quantify the unmet need for housing and services for DV survivors;**
 - (3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and**
 - (4) describe how the CoC determined the unmet need for housing and services for DV survivors.**
- (limit 3,000 characters)**

1) UNMET NEED: The CoC assessed xxx DV survivor households that were added to the CE Community Queue between January & August, for an annual # of xxx survivor HHs. Of these xxx, it is estimated that xx% of HHs will be on the CE Queue waiting for a housing resource; xx% will be "closed" due to a lack of contact or follow-up with the CE or housing offers, ineligibility, or similar reason; and xx% will be placed into a PH program.

The overwhelming majority of survivors placed into PH programs are being served by non-DV orgs. ESG/CoC-funded orgs have received training regarding DV best practices, trauma-informed care & understand the need for ensuring the confidentiality of client records. However, very few ESG/CoC-funded orgs have the internal capacity/expertise to fully address the full service needs & trauma history of survivors. For this reason, non-DV providers partner with Victim Service Programs (VSPs) to provide these services. However, as survivors are working to rebuild their lives, secure earned income & strive towards housing stability, their ability to receive housing-focused case mngmt services & participate in additional services through VSPs becomes difficult. Creating CoC-funded projects to provide integrated services that address

historical trauma, safety planning & housing stability services is essential for the long-term success of DV survivor HHs.

NEED FOR SSO-CE: DV Bonus funds are being requested to create a dedicated DV CE Specialist position. This position will further the CoC's efforts to align Coordinated Entry with the DV service system. Duties will include: outreach & engagement of VSPs to educate & encourage CE participation; partner with the CE Managers & CES Committee to problem solve DV cases & give voice to the ideas/needs of VSP who are engaging in CE; conduct pre-screen & standardized assessment tool (VI-SPDAT) w/ persons fleeing DV and/or presenting at a DV center; monitor the CES process to ensure individuals anonymously included on the CoC's prioritized wait list (Community Queue) have equal access to housing/homeless assistance resources, including those available through CoC-funded organizations, including DV providers and others; expand CES operations to include and incorporate trauma-informed & victim-centered practices.

2) There is an annual unmet need of at least xxx housing opportunities for DV survivor HHs.

3) The CE Queue, including data on active & closed HHs provided the data to determine the unmet need.

4) Based on the projected # of DV survivor HHs to be assessed through CE & determined to be eligible/ in need of homeless assistance resources, xxx additional housing opportunities would address xx% of the total need (xxx), which represents the average # of survivor HHs waiting on the CE priority list each month.

NOTE: this response is still be finalized.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

According to the Nat Law Center on Homelessness & Poverty, DV is a leading cause of homelessness nationally; 1 in 4 women experiencing homelessness is homeless due to DV. Given the increased cost of hsg, low affordable hsg stock & DV shelters often at capacity, other responses to this crisis are necessary. No survivor should have to choose between homelessness & staying in an abusive home. Flexible interventions, like those allowed through the DV Bonus, will make those responses possible.

The Western PA CoC seeks to follow the mission of the National Alliance for Safe Housing (NASH) to create a culture where safe housing is a right shared by everyone, which requires improved access, increased resources & innovative solutions for survivors. In 2017, NASH completed the Safe Housing Needs Assmt, which included two findings key to the posed question:
1-Provide additional resources to adequately meet survivors' needs for safe hsg through victim-specific hsg programs, particularly for ES, TH & RRH. Funding should be provided & increased from traditional sources (including HUD, OVW, OVC) & be made available through additional, new resources.
2-Partnerships between DV/SA programs & their local/regional CoCs are

essential to ensuring that HUD-funded programs & processes designed to individuals & families are equipped to address survivors needs as well.

Each year, hundreds of request for DV shelter go unmet due to lack of capacity. While confidentiality of location is often sought after by survivors, the need for safe PH is far more integral to a survivor's autonomy & dignity. The DV Bonus allows the CoC to directly respond to this need by increasing the amount & type of DV housing options available. Paired, with on-going partnership between PCADV, local VSPs & the CoC, the additional resources of flexible, interventions (RRH) & systems responses (CE) allow for a considerable increase in capacity to meet the unique needs of survivors within the CoC.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:

- (1) rate of housing placement of DV survivors;**
 - (2) rate of housing retention of DV survivors;**
 - (3) improvements in safety of DV survivors; and**
 - (4) how the project applicant addresses multiple barriers faced by DV survivors.**
- (limit 4,000 characters)**

PCADV-RRH: Founded in 1976, the Pennsylvania Coalition Against Domestic Violence (PCADV) is the oldest statewide domestic violence coalition in the nation. Each year, a network of 59 community-based programs provide free and confidential services to nearly 90,000 survivors of domestic violence and their children in all 67 counties of the commonwealth. The local programs and Coalition form interconnecting links in a chain of services and support to help survivors and survivors find safety, obtain justice, and build lives free of abuse.

PCADV administers the statewide contract for domestic violence services, directing more than \$22 million from the Pennsylvania Department of Human Services (DHS) and other federal funding sources to community-based programs each year. Through its administration of the contract for domestic violence services in Pennsylvania, PCADV annually executes subcontracts for statewide delivery of services, monitors subcontractor performance, manages funds from DHS to subcontractors, coordinates the development of new programs in underserved areas of the state, and provides technical assistance and program development training on a wide variety of issues relevant to service delivery and the safety of survivors. PCADV develops and implements statewide program standards, and initiates and manages planned growth and expansion of services.

TRANSITIONS OF PA- SSO-CE: Transitions of PA (Transitions) is a crisis center that provides advocacy, empowerment, and education to victims, survivors, families, and communities to end patterns of violence and abuse. We provide client-centered, free, and confidential direct services to victims of domestic violence, sexual assault, child abuse, human trafficking, and other serious crimes in Snyder, Union, and Northumberland counties. We operate two safe houses for victims (and their children) of domestic violence and human trafficking. Transitions has been providing direct and indirect services to victims for over 42 years. Transitions of PA has been successfully awarded and has successfully managing federal funds for victim services since the organization's

inception.

As a victim service organization, Transitions has been participating in the Eastern PA Continuum of Care's coordinated entry process since inception and has been providing access site services to victims of domestic violence for the last nine months. Transitions has dedicated housing staff who are familiar with the required screening tools, and process for safety getting victim/survivor information through the coordinated entry process and onto the community queue so that appropriate housing interventions can be identified for each household. Transitions staff also works to engage in systems advocacy to ensure that all victims we are serving have access to all appropriate and available housing options while still maintaining their confidentiality and working to increase and/or maintain their safety.

NOTE: this response is still be finalized.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;**
- (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and**
- (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Centre County Housing Authority	41.00%	Yes-Both	No
Clinton County Housing Authority	22.00%	Yes-Public Housing	No
Lycoming County Housing Authority	43.00%	Yes-Both	No
Housing Authority of Monroe County	38.00%	Yes-Both	No
Schuylkill County Housing Authority	23.00%	Yes-Both	No

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

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)

There are 36 PHAs throughout CoC. The CoC has relationships with many of these PHAs. PHAs are the Applicant for 14 of 79 projects included on 2018 Priority Listing.

In addition to the PHAs listed in the chart above, two large PHAs also reported significant new admissions of people experiencing homelessness during FY17:
1- The Cumberland/Perry Housing & Redevelopment Authority has a homeless preference and 19% of new admissions were experiencing homelessness at entry.
2- The Lehigh County PHA reported 21% of new admissions were experiencing homelessness at entry.

Many other PHAs also have preferences for DV, vets & displaced persons, under which people experiencing homelessness often qualify. Expanding PHA partnerships & homeless preferences is a priority in the CoC's Strategic Plan, including the development of Move-On Strategies, with Schuylkill PHA requesting CoC assistance on developing their Strategy.

CoC-funded providers throughout the CoC have working relationships w/local PHAs, resulting in significant resources.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)? No

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

The CoC provided training on 9/19/17 regarding the requirements and expectations of CoC providers for implementing HUD's Equal Access Rule. Training is also scheduled for October 2018. In addition, the CoC has passed a policy requiring compliance with all HUD regulations and notices, including anti-discrimination language from the Equal Access in Accordance with Gender Identity Final Rule, Equal Access to Housing Final Rule, and HUD Notice CPD-15-02 Appropriate Placement for Transgender Persons in Single-Sex Emergency Shelters and Other Facilities.

The CoC's Coordinated Entry System Policy Manual includes a Non-Discrimination and Equal Access Policy, which requires all System Operators and Referral Partners, regardless of funding source, to comply. In addition, anti-discrimination language is included throughout Coordinated Entry Policies and Procedures to ensure non-discrimination and equal access to all housing resources.

In the Lehigh Valley, one of the CoC's five regions, the Bradbury-Sullivan LGBT Community Center is partnering with the Regional Homeless Advisory Board (one of five under the CoC) to provide housing and services to youth

experiencing homelessness, as well as toiletry supplies and other products to homeless and housing-insecure LGBT youth in the Lehigh Valley.

As part of the CoC's 18/19 Training schedule, Valley Youth House is providing quarterly youth training, which includes a focus on educating non-youth providers on best practices for serving youth, including LGBT youth.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

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 implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Other:(limit 50 characters)	
Criminal Justice Advisory Boards	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1C-8. Centralized or Coordinated Assessment System. 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 homelessness assistance in the absence of special outreach;
 (3) demonstrate the assessment process prioritizes people most in need

**of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)**

The CoC operates the Connect To Home: Coordinated Entry System of Eastern PA (CES) to coordinate and manage access, assessment, prioritization and referral to housing and services for any person experiencing or at imminent risk of homelessness throughout the entire 33-county CoC region.

1) CES is accessible through a Call Center operated by PA 2-1-1, providing a 24/7 live voice as well as a texting option. In addition, 17 CES Access Sites are operated by a wide variety of providers that deliver face-to-face screening & referral. Five dedicated managers oversee CES operations across the CoC's five regions.

2) 211 has translation services for people who speak ESL & provide access for people who are deaf/HoH. CES assessment tools are available in English & Spanish. CoC partner agencies including local government, law enforcement, mental health organizations, education authorities & more have been educated about CES & refer households experiencing a housing crisis. These partnerships help to connect individuals who otherwise may not request homeless assistance. Community outreach to vulnerable populations, including DV, is conducted by CES regional managers & mobile outreach.

3) All CE Specialists use a Triage/Safety Protocol (and make direct referral to DV hotlines), Pre-Screen Interview to determine homeless status & VI-SPDAT screening tool. CE Specialists make direct referrals to homeless prevention/diversion, Shelter & TH programs using a matrix of all community programs. CE Specialists place people in need of RRH or PSH on a Community Queue (CQ) prioritization list. Providers enroll people into RRH/PSH programs from the CQ based on their VI-SPDAT score. CE Managers monitor the CQ to ensure providers follow CoC policies/prioritization.

The CoC's 33 counties are divided into 10 CE zones. Representatives from each zone meet regularly to discuss and address the housing needs of households on the CQ in order to provide assistance as quickly as possible.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

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

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

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

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

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

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:

- (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and**
- (2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.**

(limit 2,000 characters)

- 1) The specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking and rating projects includes:
- "Severity of Needs" calculation (criteria 17a) based on each Head of Household's Health Barriers and provides an average of the number of disabilities per person for the overall project. The calculation basically takes each client, adds their total health barriers together (a person could have 0 through 6 barriers reported) and divides by the number of clients to get the Severity of Need Score (i.e. all Heads of Households).
 - "Project Participant Eligibility" (criteria 7) to ensure projects are serving households who are literally homeless.
 - "Percent of households with zero income at program entry" (criteria 17b). This was reviewed in the FY18 ranking/rating process, although not scored this first year.
 - "PSH beds dedicated for chronically homeless" (criteria 18).
 - "Housing First Approach" (criteria 19).

2) In order to ensure that projects are serving the most vulnerable, and to

weight projects that are serving chronic and other households with severe needs, the CoC's renewal scoring/ranking tool incorporates the above listed criteria. In total, these criteria account for 18 of 100 possible points. These measures, among others like non-earned income, are included to ensure that projects serving households w/ highest vulnerabilities are evaluated fairly against projects serving less vulnerable populations.

Moving forward, as already communicated to the CoC, the project review and ranking will incorporate data collected through Coordinated Entry to measure client vulnerability.

- 1E-3. Public Postings. Applicants must indicate how the CoC made public:**
- (1) objective ranking and selection process the CoC used for all projects (new and renewal);**
 - (2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and**
 - (3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.**

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	<input type="checkbox"/>	CoC or other Website	<input type="checkbox"/>
Email	<input type="checkbox"/>	Email	<input type="checkbox"/>
Mail	<input type="checkbox"/>	Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>	Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>	Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>	Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: Yes

- 1E-5. Local CoC Competition. Applicants must indicate whether the CoC:**
- (1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;**

**(2) rejected or reduced project application(s)–attachment required; and
(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline–attachment required. :**

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required. Yes

2A-1a. Applicants must:
(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA). R & R are found on page 2 of the attached MOU (page 3 of attachment w/ cover page)

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required. Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor? ClientTrack HMIS Software from Eccovia Solutions

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area. Regional (multiple CoC)

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	1,279	350	609	65.55%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	756	79	406	59.97%
Rapid Re-Housing (RRH) beds	583	23	560	100.00%
Permanent Supportive Housing (PSH) beds	1,370	0	942	68.76%
Other Permanent Housing (OPH) beds	101	0	55	54.46%

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months. (limit 2,000 characters)

ES: The CoC's HMIS participation rate has increased from 40% to 65% over the last year. This increase is largely associated with the rollout of Coordinated Entry and ES providers better understanding their role in CE & the importance of the system having access to their bed inventory & availability. As we strive for further increases in bed coverage, additional outreach to ES projects will continue. Specifically, this includes ongoing efforts to have shelters funded through state dollars, United Way & other sources from CoC partners to require HMIS participation.

TH: As the CoC has eliminated CoC-funded TH, TH capacity has been reduced across the CoC. Many of the TH beds no longer operating were those participating in HMIS. Similar to the ES providers, those TH providers that have never been on HMIS are beginning to understand how their participation in CE needs to include HMIS participation. Specific strategies to increase participation includes again working with CoC partners - United Way, State of PA, others to require CE & HMIS participation for all homeless assistance programs. In addition, the 2019 renewal scoring process for ranking will incorporate an incentive for CoC-funded organizations to include all homeless assistance projects in HMIS (e.g. those funded with funding beyond ESG/CoC/RHY/SSVF/PATH, etc.).

PSH: 424 of the 428 (99%) PSH beds not on HMIS are VASH-funded. This remains a priority for the HMIS Lead Agency & the Veterans Leadership Engagement Comm (VLEC). VLEC has been working very closely with the VAMCs allocating VASH resources. This has lead to increased collaboration in the allocation of VASH vouchers to reduce veterans homelessness. Future efforts will continue focus on HMIS integration/participation of these resources.

OPH: OPH beds not on HMIS were all previously funded through CoC. Providers will be engaged to enter beds on HMIS. These providers are participating in CE & will understand the value in having their beds online.

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept?

12

2A-7. CoC Data Submission in HDX. 04/30/2018
Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).
(mm/dd/yyyy)

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy). 01/24/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 04/30/2018

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC’s sheltered PIT count results.
 (limit 2,000 characters)**

The only change was related to providers contributing data for the count. Throughout the year the CoC updates our list of homeless assistance projects. The following changes occurred between the 2017 & 2018 sheltered PIT counts:

- Five Emergency Shelter projects included in 2017 were removed in 2018 (not operational)
- Eight ES projects were added in 2018, which include hotel motel beds with zero occupancy in 2017
- Twelve Transitional Housing projects included in 2017 were removed in 2018 (reallocated CoC-funded TH projects no longer operating as TH)
- Four TH projects were added to the sheltered PIT count in 2018, which includes one project that was temporarily closed during 2017 PIT count.

These changes are reflected in the change in the number of beds added/removed reported below in 2C-2a.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? Yes

2C-2a. If “Yes” was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	136
Beds Removed:	268
Total:	-132

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a No

Presidentially declared disaster, resulting in a change to the CoC’s 2018 sheltered PIT count?

2C-3a. If “Yes” was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidential declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable. No

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count? Yes

2C-5a. If “Yes” was selected for question 2C-5., applicants must describe: (1) how stakeholders serving youth experiencing homelessness were engaged during the planning process; (2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count. (limit 2,000 characters)

The PIT planning process occurs on two levels: CoC-wide and county-level for each of the CoC's 33 counties. CoC-wide efforts included: providing contact information for youth serving organizations; sharing information with local homeless education liaisons/McKinney-Vento; youth-focused training to the county-level unsheltered coordinators; and the establishment of PIT count standards for counting homeless youth, which include engaging local youth in the planning process.

"Standards for counting youth" include: coordination w/systems serving youth; engage youth in planning; ID "hot spots"; safety planning; provide training to all PIT volunteers. The CoC provided training materials for all PIT volunteers. Training is available on CoC website from youth RHY street outreach staff.

1) Efforts on the county-level include coordination w/ youth-serving stakeholders, including: services providers; Children & Youth; McKinney-Vento

School Liaisons and/or LEA contacts; other relevant partners. These stakeholders were engaged in county-level planning meetings to: identify hot spots where youth gather; identify youth to volunteer in the count; and provide youth-focused training to PIT count volunteers.

2) Through coordination with CoC stakeholders, county coordinators were able to receive input on locations where youth would most likely be identified. This included places to congregate and places to sleep. This information was incorporated into planning meetings & volunteer teams were deployed to these areas during the PIT count.

3) The role of youth varied throughout the CoC's 33 counties. At a minimum, counties consulted with youth directly or indirectly through youth-serving stakeholders in order to determine locations to target during the PIT count. Some communities also engaged youth for conducting the count and/or to help share information on social media about the PIT count. In addition, some counties held "come & be counted" events for youth on the PIT date.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 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)

The 2018 PIT count was the first to be conducted since Coordinated Entry became operational CoC-wide. Through the implementation of CE, providers are now more aware of locations where unsheltered households are located.

1) Due to increased coordination with PATH & ESG prioritization of outreach services, the CoC's outreach capacity has increased over the last couple of years. Outreach teams visit soup kitchens, food pantries, 24 hour stores, laundromats & other locations. As such, communities are more familiar with locations where chronically homeless households may be, as well as being more familiar with these individuals. The CoC modifies the data collection tool each year in order to ensure an accurate counting of chronically homeless households.

2) The CoC's strategic plan (released in 2017) includes a goal of zero unsheltered families. This is a priority to ensure unsheltered families with children are diverted to a more appropriate setting or connected to shelter immediately and PH as quickly as possible. Coordination with community stakeholders who serve vulnerable families has increased the CoC's ability to identify and connect to families each year.

3) As a result of the leadership and participation of the Veterans Committee, the CoC has never had a stronger relationship with veteran serving organizations. SSVF & other Veteran serving orgs conduct year-round outreach and participate in the unsheltered count. They help identify locations where veterans are known to be unsheltered, as well as other non-veterans households identified through regular outreach.

One way that we improve the PIT count each year is to increase post-count

follow-up. Rural communities that lack regular outreach teams struggle to follow-up with unsheltered households, so more communities are providing transportation to shelter/hotels and other opportunities for immediate engagement. We will also be looking to use CE data to inform planning for the 2019 PIT count.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	4,261
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3A-1a. Applicants must:

- (1) describe how the CoC determined which 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) Across the entire geographic area (33 counties), the CoC identified risk factors through the analysis of data collected through the Coordinated Entry process, as well as the HMIS data of individuals and families who enter a homeless assistance program.

On the local/regional level, county housing coalitions and regional CoC groups identify and discuss emerging trends, which is addressed locally and filtered up to the Governing Board as needed.

2) The CoC sponsored a two-day Diversion Training in June 2018, as well as a third-day to "Train the Trainers". Coordinated Entry staff attended this training, as well as CoC-funded orgs, and others well positioned to implement diversion strategies. Individuals operating prevention programs learned new strategies to expand their efforts to include individuals/families who are in need of immediate assistance (diversion or shelter). The CoC will build on this training through the development of a CoC-wide diversion strategy, using CE operators and Access Sites. In addition, by 9/28/18 the CoC will submit an application to the Federal Home Loan Bank of Pittsburgh and PA Housing Finance Agency for funding to implement CoC-wide diversion strategy.

3) The Governing Board will be responsible for overseeing the CoC's strategies.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:

- (1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);

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

- 1) The data regarding average length of time homeless is 140 bed nights, per Metric 1a, row 2.

- 2) The CoC has implemented and continues to implement many strategies to reduce to the length of time individuals and families remain homeless. Strategies include:
 - In 2016 & 2017 the CoC reallocated all TH resources to reduce the LOTH. Further, this strategy significantly increased RRH capacity.
 - prioritizing vulnerable households. 100% of CoC-funded PSH beds are chronic dedicated. If no chronic households can be identified at the time of a bed opening, CoC policy requires providers to follow Notice CPD 16-11.
 - as stated above, the CoC has provided diversion training and is working to implement a CoC-wide diversion strategy
 - 100% of CoC-funded projects operate using a housing first approach, per CoC policy. To support this requirement, the CoC has provided multiple training opportunities over the last 3 years, including 2 days of HF training with OrgCode, webinars around motivational interviewing, harm reduction and trauma-informed care, as well as a full day of Housing Focused Case Management in May 2018.
 - the CoC's Collaborative Applicant is also the State ESG recipient and has prioritized resources to support street outreach and housing navigation services, both of which have been expanded over the last year.
 - The CoC has partnered with the Rural Supportive Housing Institute to provide landlord engagement training on 10/2/18. This will help to inform and expand the landlord strategies already in place in many communities, which include landlord focus groups, landlord education training, etc.

- 3)The CoC's CE assessment includes questions about the length of time homeless, which impacts how households are prioritized for assistance on the Community Queue. CE operators regularly meet to review the CQ and connect households to housing. The CoC follows Notice CPD 16-11.

- 4) The Gov Board will be responsible for overseeing the CoC's strategies.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:

- (1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and**
- (2) provide 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.**

Percentage

Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	57%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	95%

3A-3a. 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; and (2) 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.

(limit 2,000 characters)

- 1) The CoC has already implemented & continues to implement/refine several strategies to ensure exit to PH from ES/TH/RRH, as evidenced by a 4% increase for this outcome. Strategies include:
- Diversion strategies are used to ensure PH resources are allocated to households that could otherwise not end their homelessness.
 - Reallocation of TH resources in order to increase PH-RRH capacity.
 - Case managers and/or housing navigators assist households to identify PH units that are affordable after RRH assistance ends, as well as other practices such as connections to other systems (e.g. employment) to ensure long term housing stability.
 - Training to ensure RRH providers utilize best practices. Additional training provided by CoC in last 18 months includes: Housing First, Housing Focused Case Management, Harm Reduction, Motivational Interviewing & more.
 - The CoC refers individuals/families for assistance based on the recommended intervention following their CE Assessment (VI-SPDAT).
 - 100% of CoC-funded projects use a housing first approach, removing barriers to entering PH.
- 2) The CoC has increased the percentage of PSH retention/exits to other PH by 2%. Strategies in use include:
- Use of housing first approach to ensure more households retain housing.
 - Training to support housing first approach & other client engagement techniques such as harm reduction, motivational interviewing & housing focused case management with a significant focus on maintaining housing stability. This has lead to more case management occurring within the client's home, which can help to identify issues earlier.
 - Providers have developed stronger relationships with landlords. Landlords often contact the case manager with concerns, prior to moving towards eviction.
 - Looking forward, the CoC's Governing Board is considering how to implement a Move On Strategy, which will increase PSH availability while ensuring current households successfully exit to other PH settings.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

Percentage

Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	6%
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3A-4a. Applicants must:

- (1) describe how the CoC identifies common factors of 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 returns to homelessness. (limit 2,000 characters)**

1) The CoC uses the VI-SPDAT for Coordinated Entry, which collects data on history of homelessness, disabilities, MH/BH/SA issues, income, presence of children, evictions, etc. This data is used to understand which families have factors that puts them at higher risk for returning to homelessness. In addition, the exit destination of households returning to homelessness is examined.

2) The CoC's strategies to reduce the rate of additional returns to homelessness include:

- Through the CoC-wide implementation of Coordinated Entry, the CoC is more effectively connecting households in Emergency Shelter with RRH resources. This should further reduce the % of households returning to homelessness, which are highest among those exiting ES.
- ensuring that assistance is appropriate based on the households needs. For example, if the household cannot sustain housing the provider can extend RRH assistance (up to 24 months).
- RRH providers attempt to connect households to affordable units that can be sustained upon exiting RRH project.
- Diversion training & implementation of diversion strategy.
- County Human Service Departments & Community Action Agencies throughout the CoC that operate and/or partner with CoC-funded providers are also instrumental in connecting clients to prevention assistance, mainstream resources, workforce development, transportation, child care & other resources that promote long term housing stability.
- In addition, the CoC is submitting an application to the FHLB-Pittsburgh and the PA Housing Finance Agency for additional resources for implementation of the CoC's strategic plan. The CoC has prioritized funding to provide financial resources to support diversion and prevention assistance, specifically targeting households that would otherwise become homeless.

3) The Governing Board will be responsible for overseeing the CoC's strategies.

3A-5. Job and Income Growth. Applicants must:

- (1) describe the CoC’s strategy to increase access to employment and non-employment cash sources;**
- (2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
- (3) provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase job and income growth from employment.**

(limit 2,000 characters)

1) The CoC's strategic plan, finalized in June 2017 includes the goal to "Increase the Economic Security of Households". This goal includes strategies such as: effectively collaborating with the workforce development system; connecting clients to mainstream income supports, which includes employment and non-employment sources of income; addressing barriers to obtaining and maintaining employment; and working with local employers to expand employment opportunities.

2) CoC membership includes representatives from workforce development, CareerLink and other employment and education focused providers. Cross-system collaboration largely occurs on the county-level as well as within the five regions of the CoC. Representatives from these other systems attend regional homeless meetings of the CoC. CareerLinks across the CoC have partnered with CoC-funded providers to outreach to clients, expand services for individuals experiencing homelessness, pursue additional funding opportunities for expanding services, and more. In addition, many CoC-funded organizations provide employment supports and opportunities, especially the many Community Action Agencies engaged across the CoC's 33 counties. These partnerships also increase access to child care & transportation resources, which are essential to obtaining employment.

The CoC has provided training & information on the benefits of the SOAR program and encourages CoC-funded providers to become SOAR-trained and/or partner with a SOAR-trained organization.

3) The Governing Board will be responsible for overseeing the CoC's strategies.

3A-6. System Performance Measures Data 05/31/2018
Submission in HDX. Applicants must enter
the date the CoC submitted the System
Performance Measures data in HDX, which
included the data quality section for FY 2017
(mm/dd/yyyy)

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:**
- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and**
 - (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.**

Total number of beds dedicated as DedicatedPLUS	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	875
Total	875

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required. Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>
Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Applicants must:

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

1) The CoC has implemented several strategies to reduce the length of time families with children remain homeless, including the reallocation of 26 TH projects. Reallocated funding has allowed the CoC to significantly increase RRH resources. In addition, ESG funding prioritizes RRH & housing locator services. With the implementation of Coord Entry throughout the CoC, all providers now have the ability to quickly identify households in need of assistance.

Coord Entry Managers monitor the length of time between engagement and housing placement. This information will be used to identify barriers to rapidly moving families into PH units. To address the need for increased landlord engagement, the CoC will be receiving Landlord Engagement Training through the Rural Supportive Housing Initiative on 10/2/18, which follows training provided in 2017 about the importance of landlord relationships to implement RRH & Housing First approach.

2) Case Managers focus on connecting families with permanent housing & providing housing stabilization services. Long term housing stabilization includes connections to relevant mainstream services that can provide support upon the conclusion of RRH services. Mainstream supports include child care assistance, employment support, behavioral health, TANF & other benefits.

3) The Governing Board will be responsible for overseeing the CoC's strategies.

3B-2.3. 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 supportive 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 age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	<input type="checkbox"/>
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	<input type="checkbox"/>

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth

Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

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

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

3B-2.6. Applicants must describe the CoC's strategy to increase:
 (1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
 (2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
 (limit 3,000 characters)

The CoC's strategic plan includes the goal of reducing youth homelessness by 75% by 2022. In addition, the CoC will be providing quarterly training to share best practices for working with youth experiencing homelessness.

1) The CoC currently funds three youth-dedicated projects: Blair CAA's Journey RRH 2 project (\$186,288); Valley Youth House RRH (\$284,072); and Valley Youth House TH/RRH (\$479,930), which was just funded through the FY2017 CoC Competition. In 2018, the CoC is submitting a new project application (\$85,657) to expand the Valley Youth House RRH project. The CoC provided letters of support for each PHA within the CoC that applied for FUP Vouchers. In addition, CoC providers have been awarded funding to support youth specific housing, services and outreach through RHY, state Housing Trust Fund (LGBT youth), private foundations, and other sources. A representative from Wayne County Human Services is participating in the Rural Supportive Housing Initiative's Rural Youth Peer Network.

A significant number of youth identified through Coordinated Entry have been concentrated within the Lehigh Valley & specifically the City of Allentown. As such, the Lehigh Valley Youth Task Force has been developed to drive cross-sector systems change in order to impact issues that lead to increased risk among youth. Membership includes: C&Y; City Council; schools; LGBT comm center; and others. Examples of expanded collaboration stemming from this Task Force include youth street outreach working with both LV Health Network street medicine program & a health education program receiving funding through a healthcare foundation. Additional support from a foundation has facilitated the development of a “rapid proto-typing” effort to address youth homelessness.

2) Valley Youth House will be included in the CoC’s application (due 9-28-18) for Home4Good funding (through the PA Housing Finance Agency & FHLB-Pittsburgh) to support an expansion of youth street outreach services within the City of Allentown. The newly funded TH/RRH project in the Lehigh Valley will provide resources for immediate housing placement (TH), while youth are enrolled in RRH, find a unit, etc.

#couchesdontcount pop-up events have helped to bring awareness to youth homelessness.

The Community Queue Youth Outreach Project is a group of providers meeting monthly in the Lehigh Valley to review a by-name list of youth experiencing homelessness, in order to maximize the availability of housing & services for youth. This group contacts each individual to begin the development of a housing stability plan.

3B-2.6a. Applicants must:

- (1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. 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 the strategies; and**
 - (3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC’s strategies.**
- (limit 3,000 characters)**

1) The CoC measures the success of the above strategies in the following ways:

- Increase in total dollars dedicated to resources to address homelessness among youth
- Increase in beds/units dedicated to youth experiencing homelessness
- Reduction in the number of youth requesting homeless assistance

2) Measures tracked to determine the effectiveness of strategies include:

- increased allocation of CoC-funding dedicated to serving youth experiencing homelessness
- increase in non-CoC funding to increase resources for youth
- increased beds/units dedicated to youth on the CoC's Housing Inventory Chart
- reduction in the number of youth on the Community Queue
- reduction in the number of youth counted in the PIT count

3) Reducing & ending youth homelessness will require a myriad of responses, including: increased discharge planning for youth in systems of care; family reunification services; positive youth development; independent living programs that prepare youth for sustaining housing; and youth-centered strategies for prevention & diversion efforts. While these strategies will be critical to reducing the flow of youth into the homeless system, increased funding & additional beds/units will be critical to addressing current need & to have the resources needed to act quickly to address the ongoing inflow of youth.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:

- (1) youth education providers;**
 - (2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);**
 - (3) school districts; and**
 - (4) the formal partnerships with (1) through (3) above.**
- (limit 2,000 characters)**

1) Several organizations that provide ESG/CoC-funded homeless assistance also provide youth education services to young children, such as Early childhood & Head Start. Youth Development programs through Workforce Development Boards operate in collaboration with the CoC to provide educational services focused on literacy, GED & vocational needs for older youth.

2) Representatives from each of the six SEA regions covering the CoC participate regional CoC mtgs or through county housing/coalition mtgs. The SEA in each region has built a strong partnership w/ homeless service providers.

Joint training from PA Head Start State Collaboration Office & The PA Education for Children/Youth Experiencing Homelessness Program entitled "Community Collaborations to Improve Services to Children & Families Experiencing Homelessness" occurred on 6/20/18.

3) Many communities across the CoC have developed joint-protocols with their school district. Efforts may range from collaboration to help children remain in their home school district, receive additional support, provide necessary school supplies, etc. In addition, providers & school districts often collaborate through joint efforts, including the annual PIT count.

4) Formal partnerships. In several counties there is a Unified Family Services Systems or a Healthy County Coalition for Schools bringing schools, agencies and community members together to identify community needs and to collaborate in offering high-quality, uninterrupted services to children and families. Specifically, formal partnerships have joint grant applications & cross system letters of support for grant applications. The SEA & HMIS Lead Agency have discussed formal collaboration through a data sharing agreement, which is being reviewed by the Collaborative Applicant's Legal Department. In addition, both homeless & educational services are provided through ESG/CoC-funded providers including Human Services Departments & Community Action Agencies.

3B-2.7a. Applicants must describe the 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 CoC has a policy that requires adherence to HUD rules and regulations. This policy reinforces the requirement that all CoC-funded projects must inform project participants about their eligibility for educational services.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”. Applicants must select “Yes” or “No”, from the list below, if the CoC has written formal agreements, MOU/MOA’s or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	Yes
Head Start	Yes	Yes
Early Head Start	Yes	Yes
Child Care and Development Fund	Yes	Yes
Federal Home Visiting Program	Yes	Yes
Healthy Start	No	Yes
Public Pre-K	Yes	Yes
Birth to 3 years	Yes	Yes
Tribal Home Visting Program	No	Yes
Other: (limit 50 characters)		
WIC	Yes	Yes
Early Care	Yes	Yes

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 2,000 characters)

The CoC's Veterans Leadership Engagement Committee (VLEC) has taken significant actions to ensure that all veterans are identified, assessed and refereed for resources. As such, the CoC plans to submit a declaration to USICH by the end of 2018 that Veterans' homelessness is rare, brief & one-time within the Eastern PA CoC! (The CoC's Lehigh Valley region received this designation in 2017.)

1) IDENTIFY: The CE system intake questions around past military service. If yes, CES policy requires CES Intake Specialists to make referrals to SSVF grantees & VAMC staff. Veterans are screened for eligibility in veteran housing programs by SSVF & VAMC due to their unique eligibility requirements.

If a veterans enter shelter, without going through CE, s/he is identified through a veteran-specific filter within the CES Community Queue.

Veterans are also IDed through SSVF street outreach, which covers every county.

2) ASSESS: Assessment occurs through CE, using the VI-SPDAT & then veterans are prioritized on the CE CQ. Individuals with past military service are also assessed for eligibility to receive VA-funded services/resources.

3) REFER: The CE staff & veteran serving organizations collaborate to connect Veterans to housing resources as quickly as possible. This includes connections to HUD-VASH, SSVF - prevention & RRH, GPD, HCHV, CWT, as well as programs that programs that serve all populations.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? Yes

3B-5. Racial Disparity. Applicants must: Yes
 (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
 (2) if the CoC conducted an assessment, attach a copy of the summary.

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	<input type="checkbox"/>
There are no racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>

The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	<input checked="" type="checkbox"/>
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3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	<input type="checkbox"/>
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	<input type="checkbox"/>
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	<input type="checkbox"/>
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	<input type="checkbox"/>
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	<input type="checkbox"/>
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	<input type="checkbox"/>
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	<input type="checkbox"/>
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	<input type="checkbox"/>
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	<input type="checkbox"/>
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	<input type="checkbox"/>
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:**
- (1) assists persons experiencing homelessness with enrolling in health insurance; and**
 - (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.**

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

- 4A-1a. Mainstream Benefits. Applicants must:**
- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;**
 - (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and**
 - (3) 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) Enrollment in mainstream benefits occurs online through the state's COMPASS system. COMPASS is an online single application system for many health & human service programs. This includes: health care coverage (CHIP, Medical Assistance, Medicaid for Former Foster Care Youth, Mental Health/Substance Abuse, Health Insurance Marketplace); SNAP; free/reduced school meals; Child Care Works; Cash Assistance. All CoC-funded providers are proficient users of COMPASS.

In addition, many Community Action Agencies throughout the CoC's 33 county geographic area are also the providers for WIC, LIHEAP, transportation and other TANF-funded services. Partnership w/ the CAAs ensures individuals

experiencing homelessness have accessible assistance to apply for and receive mainstream benefits.

Representatives from the County Assistance Offices also attend regional/county meetings w/ homeless assistance providers.

2) The CoC keeps program staff up-to-date regarding mainstream benefits through county-level housing/homeless coalition meetings and monthly regional meetings of the CoC. As information becomes available, updates are shared with CoC-program staff through posts on the CoC's social media platform (Workplace by Facebook). In addition, the Executive Housing Director at the PA Dept of Human Services is a member of the Governing Board and provides relevant updates.

3) The CoC's strategy for mainstream benefits will be overseen by the Governing Board.

4A-2.Housing First: Applicants must report:

- (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and**
- (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.**

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	75
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	75
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:

- (1) describe the CoC's outreach;**
- (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)**

The CoC's geographic area includes 33 counties encompassing nearly 21,000 square miles. The Lehigh Valley, which includes the City of Allentown, is the most populated area of the CoC. In addition, there are smaller urban/suburban population centers throughout the CoC. However, many counties are very rural.

1) Outreach efforts occur at varying levels across the CoC. This includes ongoing year-round outreach throughout the Lehigh Valley, both focused on

chronic & youth homelessness. Monroe County, which has the highest concentration of unsheltered homeless, also conducts ongoing year-round outreach through ESG funding. ESG funds also support outreach in the counties of Cambria (Johnstown), Cumberland (Carlisle, Shippensburg), Franklin (Chambersburg), and a regional outreach effort in Union, Snyder, Northumberland & Montour. These efforts cover 4 of the 5 regions & the most populated centers of the CoC.

Additional street outreach is conducted by SSVF providers, who coordinate w/ local providers when a non-Veteran is identified.

Monthly outreach is also conducted through the use of volunteers in several counties.

2) 100% of the CoC is covered by regular outreach efforts.

3) The frequency varies by community. In the Lehigh Valley & Monroe County, outreach occurs daily or several times/week. In communities with less frequency of unsheltered homelessness, outreach occurs between several times/month to monthly to based on need. 100% of the counties conduct an unsheltered PIT count each year.

4) Outreach teams often visit any known encampments, soup kitchens & other locations where chronically homeless individuals may be identified. The Lehigh Valley outreach teams partner with a street medicine program. Many outreach teams also use peer-specialists, which has been successful for effective engagement.

4A-4. Affirmative Outreach. Applicants must describe:

(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and

**(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)**

1) All CoC-funded resources are allocated through the Eastern PA CoC's CES: Connect to Home.

The CoC's prioritization of HHs is designed to provide resources to the most vulnerable households, regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status or type of disability. This language is reflected in the CES Policy & Procedures and applies to all projects participating in the CoC's CE system, regardless of funding source.

DCED, the state's ESG recipient, includes anti-discrimination and fair housing language within their ESG contracts & require all ESG-funded organizations to have policies around anti-discrimination/ fair housing.

Fair housing & equal access training is provided annually, with the next training occurring in Oct 2018.

2) To effectively communicate w/ persons w/ disabilities & limited English proficiency, 211 can provide translation services for CES assessment. The CES pre-screen & VI-SPDAT questions have been translated into Spanish.

CoC-providers' staff are trained to engage those w/disabilities & some have staff who can communicate using sign-language. Providers may also make materials available in large print, Braille (including leases) & in multiple languages. Offices are in buildings & locations that are accessible. TTY phone services are available. Social media is also used by community agencies to advertise services. Reasonable accommodations are provided as needed.

4A-5. RRH Beds as Reported in the 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 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	612	583	-29

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-7. Homeless under Other Federal Statutes. Is the CoC 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? No

Attachment Details

Document Description: Attachment 1C-5 PHA Administration Plans - Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Eastern PA CoC CE Assessment Tools

Attachment Details

Document Description: Eastern PA CoC - 1E-1

Attachment Details

Document Description: Eastern PA CoC - 1E-3

Attachment Details

Document Description: Eastern PA CoC - 1E-3

Attachment Details

Document Description: Eastern PA CoC - 1E-4

Attachment Details

Document Description: Eastern PA CoC - 1E-5

Attachment Details

Document Description: Eastern PA CoC - 1E-5-rejected

Attachment Details

Document Description: Eastern PA CoC - Local comp deadline

Attachment Details

Document Description: CoC HMIS MOU

Attachment Details

Document Description: Eastern PA CoC HMIS Charter

Attachment Details

Document Description: Eastern PA CoC HDX Competition Report

Attachment Details

Document Description: Eastern PA CoC Prioritization Policy for PSH

Attachment Details

Document Description: Eastern PA CoC - Racial Disparities Summary

Attachment Details

Document Description:

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.

Page	Last Updated
1A. Identification	09/11/2018
1B. Engagement	09/16/2018
1C. Coordination	09/16/2018
1D. Discharge Planning	09/16/2018
1E. Project Review	09/11/2018
2A. HMIS Implementation	09/16/2018
2B. PIT Count	09/11/2018
2C. Sheltered Data - Methods	09/11/2018
3A. System Performance	09/16/2018
3B. Performance and Strategic Planning	09/16/2018
4A. Mainstream Benefits and Additional Policies	09/16/2018
4B. Attachments	Please Complete

Submission Summary

No Input Required