

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

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

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: PA-601 - Western Pennsylvania CoC

1A-2. Collaborative Applicant Name: Commonwealth of PA Department of Community and Economic Development

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Commonwealth of PA Dept of Comm & Economic Dev

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

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

Veteran providers	Yes	Yes
Faith-based organizations	Yes	Yes
Agencies serving older adults	Yes	Yes

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

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

The CoC shares & solicits information at CoC meetings, Regional Homeless Advisory Board meetings & local housing/homeless coalition meetings. In addition to homeless assistance providers, these meetings are attended by county human service agencies, aging, PHAs, managed care organizations, landlords, re-entry specialists, etc.

Before Board-level decisions are made, feedback is often solicited from homeless assistance providers and other stakeholders who attend Northwest & Southwest Regional Homeless Advisory Board meetings. This two-way communication helps to ensure decision makers have an understanding of the diverse needs, resources, barriers & opinions of those throughout the CoC's 20-county geographic area.

In addition, the CoC's Governing Board includes a broad range of members, including State Probation, Homeless School Liaison, VAMC Homeless Certified Peer Specialist, etc. This ensures that a diverse set of opinions and ideas are considered in all CoC planning efforts.

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

Due to the large & rural nature of the CoC, membership can be established based on county, regional, or CoC participation. CoC Staff attend county-level housing/homeless meetings each month in order to share CoC-related information with local stakeholders. This includes information about CoC meetings, CoC-sponsored training, the development of coordinated entry, opportunities to participate in CoC subcommittees, etc. Regional meetings occur several times per year & are led by the co-chairs of the CoC Board. In addition, the CoC widely advertises for its semi-annual full CoC meetings. Attendees who are not already members of the CoC are invited to join.

Because there are no homeless youth organizations within the CoC, special outreach was conducted in order to recruit for the CoC's recently established Youth Subcommittee. Including reaching out to orgs located outside of CoC in hopes of engaging new members that would provide expertise around youth & LGBT homelessness.

**1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals.
(limit 1000 characters)**

The CoC issued 2 RFPs (1 specifically for regional youth RRH & 1 "general" RFP) through the CoC's large email distribution list of members, stakeholders & individuals who have attended CoC/regional meetings, trainings, etc. The RFPs were also distributed by the other 15 PA CoCs. In addition, the youth RFP was sent directly to all orgs in the Pittsburgh/Allegheny County that serve homeless youth.

Information distributed included the RFPs, Preliminary Applications, deadline & instructions for submission. Language in the RFPs indicated that the RFP was open to any organization with capacity & expertise, regardless of history of receiving CoC funding.

Of the 16 total apps received, 7 were submitted by orgs that had never received funding from our CoC. The CoC's Funding Committee reviewed & scored each app using a standardized scoring tool. Their recs were presented to the CoC Board for approval. One org not previously awarded funded was among the new project applicants selected.

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
US Dept of Labor funded projects	Yes

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

DCED, the CoC's CA is also the primary ESG recipient. DCED is a member of the CoC Board & has integrated policies & priorities of the CoC into the planning & allocation of ESG funds. For example, ESG recipients must follow

Housing First & RRH is a prioritized activity. In addition, the FY17 ESG priorities included funding activities to support CE (eg outreach & hsg locators).

Washington & Westmoreland counties are the other ESG recipients. Washington Co Hsg/Homeless Services Coord is Board member & responsible for local ESG/CoC coordination.

DCED is both CA & the entity responsible for the PA Con Plan & therefore has access to all data. CoC members participate in the State's Regional Housing Advisory Committee meetings to provide input on Con Plan.

The other 3 Con Plan jurisdictions include Washington Co, Westmoreland Co & the City of Sharon. HIC & county-level PIT data is provided annually & on CoC website. CoC members w/in local jurisdictions provide input to the Con Plan.

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

The CE Committee Chair is the ED of local DV org. CE was designed from the ground-up to ensure that HHs fleeing DV could request asst from a DV provider in all 20 counties. All DV staff are required to complete significant training each year through PCADV. The CoC will provide training to all CE operators & homeless asst providers to ensure any org serving DV is adhering to victim-centered practices w/in the CE procedures.

Safety & client choice are paramount. An asst is conducted once the safety of the HH has been established. Based on eligibility & prioritization, HHs fleeing DV are provided a full range of hsg & service options. DV professionals work w/each HH to evaluate this range of options for safety provisions & client preference, including resources funded by DOJ/ESG/CoC/HHS.

HHs fleeing DV are added to the CE Community Queue using a safe & confidential unique code. When a resource becomes available, the DV org is notified & connects the HH to the community provider.

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

CE provides CoC-wide access to asst from general & DV-specific providers. This approach leverages the expertise of DV orgs around safety planning & maintaining confidentiality. DV services are provided through a trauma-informed lens. PCADV provides ongoing training on DV best practices.

The CoC currently examines PIT, HMIS & data provided thru DV orgs. Data demonstrating the scope of DV history has been used to inform resource allocation discussions. Beginning in 2018 through CoC-wide CE expansion, the CoC will have real-time access on # of HHs seeking asst due to DV. This data will be entered into the CE-portal of HMIS using methods approved by PCADV, the HMIS Lead & CoC leadership.

Safety protocols in place include immediate screening for DV. If fleeing DV, HH is offered a handoff to DV CE provider. If the individual opts to receive services from non-DV specific CE provider, their data will still receive the same protections & the HH will have access to full range of resources.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Mercer County Housing Authority	56.00%	Yes-Both
Westmoreland County Housing Authority	53.00%	Yes-HCV
Housing Authority of the County of Lawrence	3.00%	Yes-Public Housing
Butler County Housing Authority	15.00%	No
Fayette County Housing Authority	14.00%	No

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

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

The CoC has positive relationships with many of the 23 PHAs in geographic area. One of the two Gov Board co-chairs is employed by a PHA. The CoC is working to encourage preferences & several PHAs throughout the CoC have preferences that benefit specific homeless subpops eg. veterans, HHs fleeing DV & displaced HHs. In addition, the CoC's Veteran Committee works closely with PHAs operating VASH.

In addition to the data presented above, the CoC received the following data regarding homeless % of new entry: Washington Co= PHA 5% HCV & 13% PH;

Indiana Co PHA=7% HCV; McKean Co PHA= 4% HCV & 3% PH.

CoC leadership participated in a presentation this month at the statewide PHA association's annual conference on CoC-PHA partnership.

The CoC finalized a 5-year strategic plan on 6-29-17 that includes specific strategies around partnerships with PHAs, including preference to facilitate a CoC move-on strategy. That work will begin this fall upon the submission of the CoC Application.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)

The needs of LGBT HHs are addressed using a client-centered approach. Orgs are required to serve all HHs, regardless of sexual orientation or gender identity. The CoC has partnered with SW PA Legal Services as a CE referral partner. This org will help resolve claims of discrimination reported.

10-5-16: The CoC established "CoC Program Operating Standards". These Standards, require adherence to policies & regs, including: anti-discrimination, Equal Access Rules, HUD Notice CPD-15-02 & Fair Housing.

9-19-17: SW PA Legal Services provided CoC-wide training on HUD's Equal Access Rule. Additional training will be provided as CE expands CoC- wide. Ongoing training will also be provided as the CE system identifies barriers experienced by LGBT HHs.

Fall 2017: During the Fall 2017 full CoC meeting, the CE policies & procedures will be presented to the Governing Board for approval and adoption. These policies and procedures include CE anti-discrimination policy.

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

Engaged/educated local policymakers:	<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)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

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

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

n/a

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

Foster Care:	<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 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

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

1E-2. Severity of Needs and Vulnerabilities

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

The CoC's 2017 Renewal Scoring Sheet uses a 100-point scale, which includes an 8 pt "Severity of Need" measure. This criterion creates a vulnerability score based on the avg # of total disabilities of each head of HH. Disabilities included are: Physical, Developmental, Chronic Health Condition, HIV/AIDS, MH & SA. Renewal scoring also includes % literally homeless (6 pts) & zero income at entry (2 pts).

In addition, the CoC also scores on: project type, w/PSH receiving most points & using a Housing First approach . This is done to ensure that those projects serving households with the highest vulnerabilities are weighted in order to competitively score well against projects serving less vulnerable populations.

New & renewal projects were not selected for inclusion in the CoC's priority

listing unless they commit to compliance with serving those highest prioritized in the CoC's CE process, follow a Housing First approach & dedicate all PSH beds for chronic.

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

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

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

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

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

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

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs

reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 2

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 09/11/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 09/13/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

Attachment Required: If “Yes” is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. MOU = p. 2-5 of Attachment # 10

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was “Yes”, attach a copy of the HMIS Policies and Procedures Manual. Yes

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

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

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

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	769	238	295	55.56%
Safe Haven (SH) beds	38	0	38	100.00%
Transitional Housing (TH) beds	417	72	302	87.54%
Rapid Re-Housing (RRH) beds	368	0	368	100.00%
Permanent Supportive Housing (PSH) beds	1,064	76	775	78.44%
Other Permanent Housing (OPH) beds	0	0	0	

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

Nearly 100% of the CoC's ES projects not on HMIS are funded through: state dollars, United Way & faith-based initiatives. Conversations are taking place with state agencies to require HMIS & CE participation for all state-funded homeless assistance efforts. In addition, United Way of PA received their 1st line item allocation in the State's 17/18 budget. As such, the CoC will work with United Way towards this same requirement. If these efforts are successful, the bed coverage rate for ES beds would increase to nearly 85%.

Because the CoC's process for allocating resources will occur through the CE community queue, we believe that we will be able to better engage rescue missions & other FBOs more effectively than in the past.

Of the 213 PSH beds not on HMIS, 205 of these are VASH-funded beds. Coordination with VAMCs & PHAs engaged in VASH occurs through the CoC's Veteran Committee. HMIS coverage of VASH beds will continue to be an ongoing request of these partners.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 12

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/28/2017

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

Instructions:

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

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

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 04/28/2017

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

Instructions:

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

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

The only change was related to providers contributing data for the count. The CoC updates our list of homeless assistance projects throughout the year. In addition, the CoC confirms all providers & asks for information on any new/closed projects prior to the annual PIT date.

The following changes occurred between the 2016 & 2017 sheltered PIT counts:

- Four Emergency Shelter projects were removed
- Five ES projects were added
- Ten Transitional Housing projects were removed
- Two TH projects were added to the sheltered 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 2017 sheltered count? Yes

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

Beds Added:	26
Beds Removed:	189
Total:	-163

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

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

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017? Yes

CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

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

The CoC has conducted street-based & service-based counts for many years. In 2017, however, some communities added youth-oriented “come and be counted” events to better count youth. In addition, the CoC provided enhanced training in 2017. This included a webinar with a presentation of the overall PIT count & engaging the broader community in the PIT count. In addition, a youth-serving organization (from a neighboring CoC) presented tips for identifying locations of youth who may be homeless & engaging youth identified, including the use of youth volunteers. A DV provider also presented on maintaining safety for a household that may include an abuser or trafficker.

The CoC also created “Standards for Counting Youth” to ensure each communities within our 20-county CoC make an effort to identify and engage youth who may be experiencing homelessness.

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

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

11-21-16: PIT training for county-coordinators included RHY provider from

neighboring CoC.

12-14-16: CoC distributed "standards for counting youth" to established baseline for conducting youth-enhanced PIT count, including: coordination w/systems serving youth; engage youth in planning; ID "hot spots"; safety planning; provide training to all PIT volunteers.

1-7-17: Volunteer training materials provided; instructions to interview all youth encountered during PIT. (While few youth encountered were homeless, this maximized the # IDed & collect data on at-risk youth.)

Eg. Indiana Co conducted a youth count. Youth providers from several systems & 60 youth participated in planning. On PIT night, 6 youth were interviewed; all were unstably housed, zero were unsheltered.

Thru CoC, coordination increased w/ school liaisons & child welfare staff to ID youth & known locations. Some communities held focus groups w/youth prior to PIT to determine where to focus youth-counting efforts.

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

The CoC revises/edits the PIT interview forms annually. A major focus of the 2017 PIT forms was fine tuning the questions designed to identify individuals/households who are chronically homeless. The CoC engaged shelter providers & unsheltered coordinators in this process on 11-17-16. We believe there was an improvement in the text between 2016 & 2017 to make questions more understandable & less invasive.

Each community is encouraged to engage individuals current/formerly homeless in their PIT count. Many communities partner with SSVF providers and local VA Medical Centers to better engage veterans. Furthermore, the SSVF & VAMCs help to ID veteran peer specialists to participate in the PIT count and/or provide training in advance of the PIT count.

As referenced above, the CoC also provided training in order to minimize safety risks for households that may be currently fleeing or experiencing DV, as well as those who may be current/former victims of human trafficking.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

The # of 1st time homeless persons entering ES/SH/TH in FY16 (1464) declined from FY15 (1498).

In March 2017, the CoC's Strategic planning process engaged a broad range of stakeholders serving both homeless & at risk HHs. Input related to prevention strategies indicated that risk factors include: history of DV; exiting from other systems (criminal justice, child welfare, MH/hospital); lack of employment, transportation, &/or child care; low/no income.

Full implementation of the CoC's CE system will increase data regarding risk factors.

Strategies: Each county has access to prevention funds thru state HAP & SSVF, others also use ESG & state HTF; CoC provided input into ESG priorities, including use for prevention; CE Committee working to re-purpose SSVF prevention assessment tool for broader use in CoC; CoC engaging in CJ re-entry strategy; CoC set annual goal to reduce 1st time homelessness by 10%.

Overseen by Data Committee (project-level) & SPM Committee (system-level).

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

Avg LOT persons in ES/SH/TH declined from 139 in FY15 to 126 in FY16. CoC developed Strategic Plan w/goal to reduce LOT in ES to 29 days & TH to 89 days.

Data showed that 2 SH projects had longest length of stay in CoC. Safe Havens were reallocated in FY16 & FY17; funding created new PSH to serve these vulnerable HHs. TH also reallocated to PH.

CoC's CE uses assmt tool to prioritize HHs for hsg/services based on need/vulnerability/LOTH using priorities established by CoC & CPD Notice 16-11. Expanded CE will increase available data & access to resources (prevention/PH) throughout CoC to reduce LOT homeless.

CoC provided HF & RRH training to assist providers in moving to low-barrier & housing-focused case mngmt.

Many CoC providers have strong relationships w/local landlords, reducing placement time. Thru ESG/CoC Coordination, 2017 ESG prioritizing hsg locator services, which will help expedite hsg placement.

Overseen by Data Committee & SPM Committee.

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

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

Total PH Placement/Retention increased by 9% b/w FY15 & FY16: (Metric 7b.1+2) FY15 = 2308/3263, 71%; FY16 = 2381/3307, 80%.

CoC has allocated resources to expand PH, CE & HMIS; Resources are prioritized by need/vulnerability to increase the rate of PH placements. 2 SH projects w/very high exits to homelessness were reallocated to create PSH in those communities.

CoC has created policies & conducted training to support providers in implementing the following to ensure placement & retention in PH: CE participation; low-barrier/Hsg 1st; housing-focused & in-home case management; assisting HHs to increase income & stability thru accessing mainstream resources (TANF, SSI/SSDI, SNAP) & community services (local MH/BH & employment services). Policies will be refined & addtl training will be provided.

CoC is expanding housing locator services to leverage landlord relationships & help HHs identify affordable PH options.

Overseen by Data Committee & SPM Committee.

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

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

CoC's 2-year returns decreased: FY15=17%; FY16=16%.

Returns for SH = 32 days. W/the 2 SH projects reallocated & ending, the CoC's overall exits to homelessness will continue to decline. 14% of persons exiting TH return to homelessness. The CoC has reallocated 8 TH projects in the last 2 years, which will further improve outcomes. Increased RRH & PSH will further the CoC's ability to exit more in ES to PH.

CoC will work to increase CE/HMIS participation thru CE expansion. Use of common assmnt tool will facilitate better assessment of returns & HH needs to further target resources (PH, prevention) & reduce returns.

Providers will continue to engage w/landlords to mediate conflicts w/HHs & avoid evictions. Housing locator expansion will assist HHs to ID housing options affordable beyond provision of RA.

CoC will continue work w/local systems & to connect w/mainstream benefits/income supports to increase HH stability.

Overseen by Data Committee & SPM Committee.

3A-5. Performance Measures: Job and Income Growth

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

CoC provided SOAR webinar & encouraged all CoC-funded projects to become SOAR trained; significant # of orgs now provide SOAR. CoC encouraged providers to submit comments re: state's WIOA plan & participate in developing regional WIOA plans.

CareerLink & other employment specialists participate in regional CoC meetings. CoC-funded providers connect HHs to local employment services, benefits/income application assistance, transportation & child care by leveraging resources of OVR, CareerLink, community action agencies, human services offices &/or in-house programs.

Based on provider success, CoC's Strategic Plan (adopted 6/17) IDed strategy to increase economic security by collaborating w/workforce development &

mainstream service providers to connect clients to jobs, income & benefits & to remove barriers, such as transportation & child care.

CoC Data Committee to monitor project-level income growth & SPM Committee to monitor CoC-level progress & develop strategies as needed.

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

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

The CoC's 20-county geo area (15,378 sq miles) is too large to be canvassed during the PIT count. Each county has a coordinator & works with providers & volunteers to determine the best strategy for that county, including locations to target and/or canvas. This is determined by the frequency of unsheltered homelessness, as well as the # & experience of volunteers.

In most cases, the PIT count is primarily conducted as a service-based count or only in known/ probable locations (i.e. downtown corridors, main street areas, town squares, truck stops & other 24/7 locations). Areas excluded include mountains, forests & extremely remote areas. In the most remote areas, some counties have developed partnerships with state police & park rangers, who notify the designated contact if someone is IDed as unsheltered.

In 2017 PIT count, 6 counties reported zero unsheltered; 11 counties reported 5 or less & 3 counties reported 6+ unsheltered.

3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016. (mm/dd/yyyy) 06/01/2017

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

Instructions

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

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	841	849	8

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

Total number of beds dedicated as Dedicated Plus	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	900
Total	900

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

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

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

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

The CoC has prioritized efforts to reduce the LOT homeless of families w/children in new Strategic Plan (approved 6-17), including 5-year goals to: reduce the # of HL families by 50%; have zero unsheltered families w/children & reduce the LOT homeless to 50 days, with a long-term goal of 30 days.

Family LOTH = 163 days; families in TH avg 242 days. The CoC reallocated 8 family TH projects & invested resources in RRH expansion (\$480k in FY17 CoC app). 100% of CoC-funded projects are Hsg 1st, reducing barriers to PH placement & family LOT homeless. 2017 ESG requires HF.

The CoC will submit an ESG app for youth/parenting youth RRH. Hsg locator services are prioritized in the 2017 State ESG plan, which will allow the CoC to apply for this service in order to ID hsg options & speed up placement in PH.

CE expansion will enhance access to prevention & diversion; training will be offered in CoC-wide CE curriculum.

SPM Committee will oversee implementation of strategies.

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	54	70	16

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

The CoC Gov Charter includes a "CoC Program Operating Standards". These Standards, require adherence to policies & regs, including: anti-discrimination, Equal Access Rules, CPD Notice 15-02 & Fair Housing & not denying admission or separating family members. "Standards" include all subpops & include a sign off from orgs ED & CoC program manager. ESG-funded projects required to comply w/Equal Access Rule.

CE policies & procedures, to be presented at Fall CoC mtg, include anti-discrimination policy. Reports of discrimination to CoC or CE operators will be taken seriously w/additional training provided to ensure compliance . The CoC has also recently entered into a partnership w/SW PA Legal Services & will ask for their assistance if/when needed.

In June 2017 the CoC approved a monitoring plan, which will be expanded to include compliance with CE; this will help to identify when HHs referred are not accepted & why. Any issues around discrimination will be addressed appropriately.

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

Human trafficking and other forms of exploitation?	Yes
LGBT youth homelessness?	Yes
Exits from foster care into homelessness?	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-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<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 type="checkbox"/>

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

**appropriate way to determine the effectiveness of the CoC's efforts.
(limit 1500 characters)**

The CoC launched a Youth Subcommittee (YS) in 2016 to advance CoC efforts to end youth homelessness. Co-chairs are EHCY Regional Coordinator & CoC Board Member w/expertise in human trafficking & LGBT youth. YS Co-Chairs presented data on homeless & at risk youth at full CoC meeting. YS conducted survey on services across region & expanded membership. YS used HUD guidance documents to develop strategies to end youth homelessness based on best practices, including:

- Develop mechanism for youth collaboration. YS members have been conducting outreach w/youth-serving orgs to ID/engage youth.
 - Improve data collection/analysis to better target youth services across CoC. Data needed: location, HH type, age, service needs. YS activities to include: organize/conduct Youth Count; mine existing CoC & education data.
 - Increase resources: 2017 reallocation of TH created youth RRH (\$363k) covering CoC's 20 counties, YS assisted in writing Youth RRH RFP; the CoC submitted an ESG NOI for \$500k to expand Youth RRH; CoC seeking funding to create youth host homes project; \$524k in FHLB AHP for TAY housing.
 - Improve education & outreach. YS next steps include: contact county-level child welfare to better understand protocols & ID opportunities to better serve TAY.
 - ID ways to enhance CE to better serve youth.
- Success of RRH projects will be evaluated by CoC through Data & SPM Committees. CoC will use HMIS, PIT & CE data to assess whether efforts are successful in engaging more youth.

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

The "CoC Program Operating Standards" policy includes the requirement that all projects inform families of their eligibility for educational services. CoC-funded projects have a designated staff person to ensure that children are enrolled in school & receive education services as appropriate.

CoC-level collaboration: A CoC Board & Youth Committee member is a Regional Coordinator of the PA Education for Children & Youth Experiencing Homelessness (ECYEH) Program/ Educational Stability for Foster Care Youth Program. She works with Homeless Liaisons within her region (69 districts) to ID & serve eligible students.

County-level collaboration: Homeless Liaisons attend county-level housing/homeless coalition meetings & work with homeless providers to address student needs. This includes: ID homeless children/youth; ensure school enrollment; secure transportation, appropriate materials & any necessary supports are in place. Collaboration ensures resources from both systems are provided.

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

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	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	No
Public Pre-K	Yes	Yes
Birth to 3	Yes	Yes
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		
WIC	Yes	Yes
CYS/OCY	Yes	Yes

3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 1000 characters)

The CoC’s Veteran Committee has implemented a by name Veterans Master List.

Vets are IDed for the Master List in 2 ways:

- 1-HMIS pulls all homeless Vets enrolled in any project & places them on the list.
- 2-The CoC has created an online referral that has been disseminated to all service providers. This referral allows the greater community to add Vets to the Master List who are not currently being served by a VA project or HMIS-participating project.

The Master List is reviewed weekly via conf call. During the call, updates on the housing search of individual Vets are provided & case conferencing occurs. The Master List contains data fields that include assessment of the Vet’s eligibility for VA services & prompts referrals to VASH, SSVF, GPD & other resources when eligible. VA Homeless Teams & SSVF providers are dispatched as needed to engage & enroll Vets in the appropriate program identified.

The CoC average is currently 22 days from ID of homeless vet to PH placement.

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

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

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach? No

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

Instructions:

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

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

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

4A-1a. Mainstream Benefits

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

All CoC-funded providers are proficient users of COMPASS, PA's single application system for mainstream benefits. This includes: Medical Assistance, MAWD, CHIP & other health care benefits; TANF; SNAP; LIHEAP; free/reduced school meals; Child Care Works; Long Term Living Services & HCBS. CoC members are updated regarding program &/or system changes through communications from the Dept of Human Services.

In addition, CoC-providers have relationships with County Assistance Offices (CAO). In some cases, a rep from the CAO attends county housing/homeless meetings & provides updates regarding programs.

Through foundation funding, many CoC-funded providers completed SOAR

training. While the training is offered at no cost, foundation funding off-set the cost of staff time to complete the training.

The CoC's SPM Committee is responsible for overseeing this strategy.

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

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	73.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	73.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

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

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	73.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	73.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

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

Our very rural 20-county CoC includes over 15,000 sq/miles. The majority of outreach within the CoC is conducted by SSVF & VAMC homeless staff, including peer support staff.

CoC-funded orgs & community agencies conduct weekly outreach in Lawrence County & Butler County. Other areas conduct outreach monthly or as needed in response to reports received when someone unsheltered is observed by police, librarians, community members, etc.

Outreach staff are trained to engage with HHs that may have barriers to communication, including language and cognitive or physical disabilities. Outreach workers have access to language line through mobile phones if language is a barrier. In addition, many orgs have staff who can communicate using sign language and/or are bi-lingual. Peer support specialists help to conduct outreach, which enables better engagement of persons most likely to be resistant to services.

4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach. Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

The CoC's policy on Program Operating Standards requires all projects to follow fair housing & HUD's equal access rule.

CE will be marketed to all HHs experiencing a hsg crisis & policies/ procedures include anti-discrimination language. Legal Services participates in CE committee & is available to help resolve fair hsg & discrimination issues.

CoC-providers' staff are trained to engage those w/disabilities & many have staff who can communicate using sign-language & provide materials in large print, Braille (including leases) & in multiple languages. Offices are in buildings & locations that are accessible. TTY phone services are available.

Advertising is done through billboards, along w/ the distribution of flyers throughout the community, including in locations likely to be frequented by HHs experiencing homelessness. Social media is also used by community agencies to advertise services. Outreach services are provided if someone is unsheltered but not requesting services.

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

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	408	368	-40

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

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

Attachment Details

Document Description: PA-601 Evidence of the CoC's communication to rejected participants

Attachment Details

Document Description: PA-601 Public Posting Evidence

Attachment Details

Document Description: PA-601 CoC Rating and Review Procedure

Attachment Details

Document Description: PA-601 CoC's Rating and Review Procedure:
Public Posting Evidence

Attachment Details

Document Description: PA-601 CoCs Process for Reallocating

Attachment Details

Document Description: CoC's Governance Charter

Attachment Details

Document Description: PA-601 HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PA-601 PHA Homeless Preference
Documentation

Attachment Details

Document Description: CoC-HMIS MOU

Attachment Details

Document Description: CoC Written Standards for Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: HDX-system Performance Measures

Attachment Details

Document Description: PA-601 Renewal Ranking Calculator

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/22/2017
1B. Engagement	09/28/2017
1C. Coordination	09/28/2017
1D. Discharge Planning	09/23/2017
1E. Project Review	09/28/2017
2A. HMIS Implementation	09/28/2017
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2C. Sheltered Data - Methods	09/28/2017
3A. System Performance	09/28/2017
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Submission Summary

No Input Required