

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-509 - Eastern 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 Community & 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	No
Local Jail(s)	Yes	Yes
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	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	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)		

Faith-based organizations and shelters	Yes	Yes
Employment organizations	Yes	Yes
Community Resource Centers	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 includes 33 counties, which are divided into 5 regions. CoC meetings occur monthly in each region with each Regional Homeless Advisory Board (RHAB). Each of the five RHABs includes a broad array of organizations and individuals who are engaged in preventing/ending homelessness in their local community.

Each RHAB has two co-chairs, who are also members of the Governing Board. Information discussed at the Board level is presented to the RHAB & the local input is used to inform future dialogue and votes at the Board level. Similarly, local issues are raised for discussion/action by the Board.

In addition, ideas are shared across RHABs during semi-annual full CoC meetings that include all 5 RHABs, during CoC training, etc.

The CoC also utilizes Committees/Sub-Committees to conduct business. Committees include a diverse array of members who often bring new ideas/approaches that strengthen the CoC to the local RHABs and/or Governing Board for consideration.

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

In addition to semi-annual full CoC meetings, the local RHAB chairs/members encourage CoC/RHAB membership among individuals within their local community who are engaged in work that is directly or indirectly related to preventing/ ending homelessness.

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. When a formerly homeless board member resigned from the CoC board earlier this year, a Board member/RHAB Chair conducted outreach within the RHAB to identify a formerly homeless veteran RHAB member, who has since been nominated to the Board.

When membership was declining in the Northern Tier RHAB, the co-chairs held a Homelessness Forum on 6/7/16. Current & former RHAB members were invited, as well as a wide range of community members not yet engaged in the RHAB but identified through outreach to other community stakeholders.

**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 maintains a large email distribution list of members, stakeholders & individuals who have attended a CoC meeting/training/etc. The CoC also communicates through Wiggio, a website that facilitates group messages & info sharing.

The CoC issued a new project RFP on 8-3-17 through its distribution list, Wiggio & posted on the CoC website. The RFP was also shared with the other 15 PA CoCs who were asked to share with their members/stakeholders. Information distributed included the RFP, Preliminary Application, deadline, instructions for submission, etc.

Language in the RFP indicated that the RFP was open to any organizations with capacity & expertise, regardless of history of receiving CoC funding. 5 of 23 apps received were from orgs never received funding from CoC.

All new project applications were reviewed, scored & prioritized by the CoC's Funding Committee in an all-day face-to-face meeting on 8-22-17. These recommendations were presented to the CoC Board for approval.

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)	Yes
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)	
CareerLink & Workforce Development Boards	Yes
211 service provider	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 CA, is also the primary ESG recipient. DCED is a CoC Board member & has integrated CoC policies & priorities into ESG planning & allocation of funds. For ex, 2017 ESG recipients must follow Housing First. In

addition, FY17 ESG priorities include activities to support CE, including street outreach, housing locators & RRH.

City of Allentown is the CoC's other ESG recipient. They are a CoC & Lehigh Valley RHAB member. The RHAB provides input on needs/priorities to inform Allentown's ESG planning/allocation process.

In addition to PA, the CoC has 12 other Con Plan jurisdictions. DCED as the CA & responsible entity for the PA Con Plan & can access all PIT & HIC data. PA DCED incorporates CoC activities/priorities into PA Con Plan. HIC & county-level PIT data is distributed throughout the CoC & posted on CoC's website. Data is provided to all jurisdictions upon request. CoC members in Con Plan jurisdiction coordinate locally to carry out activities which inform Con Plans.

**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)**

HHs fleeing DV may enter the CoC thru CE or DV provider. CE intake includes screening for DV. HH is connected to DV hotline, if desired. Once safe, HH will be assessed for needs, w/attention to abuse-related issues & connected to eligible resources. This may include DOJ-funded resources thru DV orgs or ESG/CoC/HHS/other resources thru DV & non-DV providers. Protocols are in place to ensure client confidentiality from 1st encounter w/CE thru hsg placement.

As the CoC has reallocated TH, ongoing discussions have taken place w/DV providers to encourage RRH. The CoC has funded 2 DV-RRH projects & is applying for a 3rd. These DV-RRH projects will facilitate maximum client choice. DV providers are also partnering w/RRH providers to provide services for DV HHs.

2 DV providers are on the CoC Board. DV providers are also involved in the planning & implementation of CE. The CoC has also reached out to National Alliance for Safe Housing for TA/training on Housing First & RRH for DV orgs.

**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)**

Training is provided to CE operators annually & periodically during the year, including trauma-informed care, person-centered care & DV protocols for CE. CoC training will ensure all providers know basic safety precautions, as DV HHs will be served by DV & non-DV providers, based on client choice & available

resources.

If a HH fleeing DV contacts CE, they are offered to be connected to DV hotline. Once safety is ensured, the HH is assessed. A unique ID & confidential methods of communication are used to coordinate services & housing placement. A full range of housing & services is offered, regardless if HH is in homeless or DV system. Highest priorities are safety & client choice.

The CoC's Strategic Plan, finalized 6-19-17, includes a 5-year goal to achieve functional zero for HHs fleeing DV, using PIT data to measure progress. 2017 PIT: 392 persons reported history of DV. CoC-level DV data will also be requested from PCADV to more accurately track progress & unmet needs.

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
Monroe County Housing Authority	52.00%	Yes-Both
Schuylkill County Housing Authority	25.00%	Yes-Both
Clinton County Housing Authority	16.00%	Yes-Public Housing
Centre County Housing Authority	12.00%	Yes-HCV
Cumberland County Housing Authority	10.00%	Yes-Both

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)

There are 37 PHAs in the CoC's 33-county geography. The CoC has relationships w/several of these PHAs. PHAs are the Applicant for 14 of 79 projects included on the 2017 Priority Listing. In addition to the above, 6 PHAs also provided documentation of homeless preference. Many other PHAs also have preferences for DV, vets & displaced persons, under which homeless often qualify. Expanding PHA partnerships & homeless preferences is a priority in the CoC's new Strategic Plan.

CoC-funded providers throughout the CoC have working relationships w/local

PHAs, resulting in significant resources. Additional examples of homeless new admissions during FY16 include: Bethlehem PHA = 30% for PH; Lehigh Co PHA = 15% HCV & 5% PH; Altoona PHA = 1.51% HCV & 8.27% PH.

Jeff Rich, CoC Gov Board President & Executive Director of the Clinton Co. PHA, conducted a workshop at the PA PHA Conference in Sept. 2017 on PHA-CoC partnership. This conference also included a presentation on the CoC's CE.

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)

Valley Youth House is operating the 1st LGBT homeless project in the CoC. This project provides rent asst & affirming supportive services specific to the needs of LGBT youth, including hsg locators that ID LGBT-friendly landlords & communities.

Throughout the CoC, the needs of LGBT HHs are addressed using a person-centered care approach. Orgs are required to serve all HHs, regardless of sexual orientation or gender identity.

12-19-16: The CoC Board passed a policy to inform all CoC providers of their obligations to follow fair housing laws, HUD Equal Access Rule & other requirements.

1-3-17: CE policies took effect, which include "Inclusivity of All Populations" & "Fair & Equal Access" policies. CE operators are trained at least annually on anti-discrimination, Equal Access Rule & person-centered care.

9-19-17: CoC-wide training on HUD Equal Access Rule was provided. Training will be regularly provided to ensure all HHs have equal access to housing referrals & placements.

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)	
Participation on Criminal Justice Advisory Boards	<input checked="" 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 renewal ranking criteria uses a 100-point scale, which includes a "Severity of Need" measure. This criteria creates a vulnerability score based on the avg # of total disabilities of each head of household. Disabilities included are: Physical, Developmental, Chronic Health Condition, HIV/AIDS, MH & SA.

The "Severity of Need" criterion constitutes 7.5 points. In addition, the CoC also scores on participant eligibility, using a Housing First approach, and additional points only available to projects with 100% chronic designated beds. This measure, among others like non-earned income, are included to ensure that projects serving HHs w/ highest vulnerabilities are weighted & competitive against projects serving less vulnerable populations.

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. 09/13/2017

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. All pages of Attachment # 10 = MOU

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	1,490	386	444	40.22%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	983	103	669	76.02%
Rapid Re-Housing (RRH) beds	612	0	612	100.00%
Permanent Supportive Housing (PSH) beds	1,396	0	926	66.33%
Other Permanent Housing (OPH) beds	14	11	0	0.00%

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. Through the CoC's CE-expansion efforts, conversations are taking place with state agencies to require CE participation for all state-funded homeless assistance efforts. In addition, United Way of PA has been engaged & is in discussion to require the same for projects they fund. As the CoC's CE system largely operates through HMIS, these requirements would increase the ES HMIS bed coverage to 80%. The CoC has already begun meeting with shelters operated by FBOs to encourage HMIS participation.

State HAP funds are also used for many non-HMIS participating TH projects. The above-mentioned requirement would increase TH beds above 85% coverage.

93% of PSH beds not on HMIS are VASH. The Vet Committee is working closely with VASH beds & will encourage HMIS participation.

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. Throughout the year the CoC updates our list of homeless assistance projects.

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

- Five Emergency Shelter projects were removed
- Two ES projects were added
- Eight Transitional Housing projects were removed
- One TH project was 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:	30
Beds Removed:	220
Total:	-190

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 “come and be counted” type of events to draw in youth. In addition, the CoC provided enhanced training in 2017. The PIT training included:

- presentation of the overall PIT count & engaging the broader community in the PIT count
- youth-serving organization presenting tips to ID locations of youth who may be homeless; engaging youth when IDed; engaging youth volunteers for planning/conducting the count
- DV provider presentation on maintaining the safety of HHs that may include an abuser or trafficker.

The CoC also created “Standards for Counting Youth” to ensure each communities within our 33-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)

As stated above, the CoC created "standards for counting youth". This document indicated that expectations for each of the CoC's 33 counties included:

- 1-coordinate with other systems serving youth
- 2-engage youth in the planning process
- 3-identify "hot spots"
- 4-plan with safety in mind
- 5-provide local training to all PIT volunteers

A CoC webinar was provided for county-coordinators that included training by Valley Youth House. The CoC provided training materials for all PIT volunteers, including instructions to interview all youth encountered during the PIT. While not all youth encountered were homeless, this allowed the CoC to maximize the # of homeless youth IDed & collect data on at-risk youth. Some communities held "come & be counted" events for youth on the PIT date. The CoC increased coordination with school district homeless liaisons & child welfare staff in order to ID youth & known locations. In some communities, youth participated in planning the PIT count.

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/tweaks the PIT interview forms annually. A major focus of the 2017 PIT forms were the questions designed to ID individuals/HHs who are chronically homeless. The CoC engaged shelter providers & unsheltered coordinators in this process. We believe there was an improvement in the text between 2016 & 2017.

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

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

Through enhanced local coordination, more known locations for youth were known to those conducting the unsheltered count.

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 CoC reduced the % of 1st time homeless entering ES, TH & PH by 0.66% between the FY15 & FY16 SPM. To ID those at risk, the CoC reviewed CE data from 211 & AHAR and obtained input from providers throughout the CoC. Strategies in place include:

1-As CE expands from pilot to CoC-wide, diversion training will be provided to all CE operators in late 2017. Data shows that 14% of persons in families entering ES came from a unit they owned/rented & 57% came from friends/family. Through expanded training & resources, CoC intends to divert more of these families. The CoC will be applying for discretionary diversion funding as part of a CoC-wide application for HTF.

2-While discharge planning & local coordinator occurs, multiple TH projects serve persons exiting substance use facilities & correctional settings. The CoC will work to enhance discharge planning in those communities.

The CoC's CE & SPM Committees are each responsible for implementing & overseeing the above strategies.

**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)**

Comparing the FY15 & FY16 SPM, the CoC reduced the avg # days in ES+TH by 38 days. Primary actions taken to improve this SPM include:

- CoC has reallocated all TH (22 projects in FY16+17)
- Expansion of RRH/PSH/CE/HMIS capacity thru TH reallocation & prioritization of RRH by state ESG recipient
- Requiring 100% of CoC-funded projects to comply w/CoC's Housing First policy, which is also required for ESG-funded projects beginning w/ FY17. CoC provided 4 full days of in-person training & 2 webinars to support Housing First & RRH implementation
- CE uses VI-SPDAT/HMIS data to assess & prioritize HHs by vulnerability, including by LOT homeless & match HHs w/housing & services that meets their needs
- CoC coordinated w/State ESG recipient to prioritize FY17 funds for housing navigation services & street outreach. In Oct, CoC will request ESG funds for housing navigation & street outreach for CE access sites.

Ongoing progress is overseen by the CoC's CE & System Performance Committees.

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)

The CoC increased PH placement/retention by 711 people. Persons w/successful outcomes in FY16 SPM = 3,494, up from 2,783 in FY15 SPM. This includes a 2% increase in the # exited ES, TH & RRH to PH.

The CoC uses & will continue implementation of strategies discussed in 3A-2, esp. ongoing expansion of PSH/RRH capacity, housing navigation services & enhancement of the CE system to ensure HHs are assessed, prioritized & matched w/resources according to need.

CoC providers engage w/landlords to ID housing options to quicken PH placement & mediate issues w/clients to avoid evictions.

The CoC's new monitoring plan, approved by the Board 6/19/17, will review projects performance quarterly, including HF compliance. Thru monitoring, CoC will ID training & TA needed to improve placement rates &/or PH retention (i.e. motivational interviewing).

These activities will be overseen by the Data & System Performance Committees, w/reports provided to the Governing Board.

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)

Returns to homelessness increased by 0.91% b/t FY15 & FY16 SPMs.

4 primary strategies to reduce returns include:

1-CoC is expanding CE operations across the CoC, w/plans for 11 access sites & 211. Refined CE processes will further facilitate the CoC's ability to match each HH w/appropriate resource. HHs at risk of losing their housing contacting CE will receive prevention or diversion asst. CoC has IDed a trainer to provide diversion training to all CE staff/operators.

2-Increasing RRH capacity. Highest rates of return are from HHs exiting ES. Additional RRH beds will help these HHs exit to PH & receive hsg stabilization services.

3-CoC will apply for state HTF & ESG to expand housing navigation services to assist HHs to ID housing they can afford.

4-Working w/PHAs & HUD MF properties to request set-aside units and/or HL preference.

The CoC's Data Committee will monitor project-level returns to HL & the SPM Committee will monitor CoC-level implementation of these strategies.

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)

When comparing the FY15 & FY16 SPMs, the # of people (stayers+leavers) to increase total income (non-employment+earned) increased from 483 people to 502 people.

The CoC has provided a webinar & encouraged all CoC-funded projects to become SOAR trained & a significant # of orgs now provide SOAR. CareerLink & other employment specialists participate in regional CoC meetings. The CoC encouraged providers to submit comments for the state's WIOA plan & participate in the development of regional WIOA plans. CoC leadership has engaged Workforce Dev Boards in 2 of CoC's 5 regions.

CoC-funded providers also work closely with OVR. Some CoC orgs provide job coaching, transportation if public transit does not exist. Some CoC-funded orgs also operate employment programs. Individuals have also been hired by CoC providers & stakeholders.

The CoC's Data Committee will monitor project-level income growth & SPM Committee will monitor CoC-level progress & develop additional 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). No

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)

n/a

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 use 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.	308	871	563

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	890
Total	890

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 checked="" 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 worked aggressively for the last 2 years to reduce the length of time families w/ children experience homelessness. The 2015 HIC included 892 TH beds for families, largely funded thru 26 CoC-funded TH projects. LOT in TH was 317 days. As such, the CoC reallocated all TH projects in FY16+17, allowing for significant expansion of RRH & CE.

100% of CoC-funded projects are HF, as will ESG beginning w/2017 awards. Implementation of HF & housing-focused CM will further reduce the LOT families are homeless.

CoC will submit applications for ESG & HTF \$ to support CE expansion: increasing hsg locators, CE access sites throughout CoC & discretionary funding for diversion.

The CoC's new strategic plan (approved 6-19-17) includes the following 5-year goals:

- 50% reduction in # of families
- zero unsheltered families w/ children
- functional zero for families w/ children fleeing DV
- reducing the LOT homeless to 30 days

These efforts are overseen by Data & SPM Committees.

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.	53	117	64

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)**

ESG-funded shelters & RRH providers are required to certify that they adhere to HUD Equal Access Rule.

In Dec. 2016 the CoC passed a policy acknowledging compliance w/ HUD regs & notices. This policy was created to ensure all projects were aware of requirements to follow fair housing, prohibition against involuntary family separation, Equal Access Rule & Notice CPD-15-02.

In Jan. 2017, CE policies & procedures, including anti-discrimination policy took effect w/ CE pilot. As CE is expanded CoC-wide, all CE operators will be trained to ensure understanding with policies. Further, CE will inform the CoC of the specific aspects of these policies providers are failing to adhere to. The CoC provided formal training on Equal Access Rule on 9-19-17. Addnt'l targeted training will be provided to address issues IDed.

In June 2017 the CoC approved a monitoring plan, which will be expanded to include compliance with CE, which will help to ID when HHs referred are not accepted & why.

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 checked="" 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's strategic plan includes the goal to reduce youth homelessness by 50% by 2022. Implementation of CE, piloted in Lehigh Valley (1 of 5 CoC regions), is yielding data on # of youth experiencing housing crises & informing the intervention types required, including immediate access to housing, RRH & non-time limited supp housing.

The CoC has youth projects in 4 of 5 regions. CoC-funding provides 15 RRH youth units & a new TH/RRH joint component project (TH/ 6 youth, RRH/ 27 youth units), which will provide immediate access to housing. RHY provides funding for 3 Basic Centers, 2 Maternity Group Homes, 2 Transitional Living & a Street Outreach Program. HTFs are being used in Wayne Co. to provide non-time limited housing for TAY & in the Lehigh Valley for LGBT youth housing. Valley Youth House's LGBT youth project is the CoC's first targeting this subpop. Private funding was used to conduct a youth count in 2016 & to establish a Collective Impact cross-sector initiative that will develop a plan to reduce & prevent youth homelessness in the Valley in 2018.

The CoC was selected for Phase 1 of Rural Youth Peer Network. Wayne Co. Human Services was selected for Phase 2 of this initiative to assess & build capacity to increase hsg for vulnerable youth in rural communities.

A statewide interagency Youth Council will be established in the coming year. Success of these efforts will be measured thru increased placement of youth in PH & thru Board monitoring of projects.

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 regularly coordinates with the SEA, regional EHCY coordinators, LEAs & school district homeless liaisons.

The SEA conducted a webinar for the CoC on 5/24/17. In addition, the SEA & HMIS Lead Agency are in the process of developing a data sharing agreement.

Regional CoC meetings are attended by regional EHCY coordinators & school district homeless liaisons. Additionally, most of the CoC's 33 counties operate county-level housing/homeless meetings, which also benefit from the attendance of educational reps. CoC members also attend cross-systems meetings lead by schools & school districts. These partnerships have led to cross-system referrals, increased access to transportation, training for schools & increased ID/outreach.

The CoC has a policy that requires adherence to HUD rules & regulations. This policy reinforces the requirement that all CoC-funded projects must inform project participants about their eligibility for educational services.

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
Early Care	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 Veterans Leadership Engagement Committee (VLEC) developed Operational Policies during 2017, which have been adopted by the CoC Board. VLEC continues to work with HUD TA toward meeting USICH Benchmarks.

The VLEC members include HUD TA, DCED, DMVA, VISN, SSVF Regional Coordinator & program managers, VAMC homeless prevention, community orgs & CoC staff.

Homeless Vets are IDed thru SSVF & VA outreach & referrals by other agencies. An assessment of need is conducted & eligibility is determined. Referrals are provided for VA and/or HUD homeless services, including ES, SITH, GPD, HUD-VASH, VA benefits, and other permanent housing options. During monthly meetings community planning around the USICH Benchmarks takes place & VLEC manages the Veterans’ by-name master list, which is fully integrated within HMIS.

Between FY16 & FY17, the number of vets identified & placed in PH increased significantly. In addition, the avg # of days to achieve PH decreased from 37 to 33 days.

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)

The CoC's Governing Board includes the Secretary of the PA Dept of Human Services. This has resulted in increased planning & coordination between the CoC & DHS-funded initiatives. Throughout many parts of our CoC, org receiving CoC-funding also administer many other state/federal-funded initiatives. This includes programs funded through TANF, Dept of Labor, Medicaid, the VA, etc., to support employment (e.g. education, transportation & child care subsidies), LIHEAP, food & healthcare. This results in increased coordination & leveraging of resources.

The CoC has five regional meetings per month where updates are discussed. The CoC also provides training & webinars regarding benefits. For example, the CoC has provided training on SOAR & has encouraged CoC-funded projects to

either complete the training or partner org who is SOAR trained. This has helped to increase the # of SSI applications approved & decrease approval time.

This is overseen by SPM Committee.

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)	74.00
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.	74.00
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).	74.00
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.	74.00
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)

24 of the CoC's 33 counties are classified as rural by USDA. 6 counties are mostly rural w/the exception of a single non-rural City. 3 counties have a mixture of rural & non-rural areas. As such, the outreach efforts vary widely.

The Lehigh Valley (2 counties) includes the most urban areas of our CoC. Per the 2017 PIT count, 34% of the CoC's total homeless were ID'ed in the Valley. Here, street outreach occurs daily & includes youth & non-youth outreach workers. Outreach is conducted downtown in known areas & in wooded areas on foot & via 4-wheel drive vehicles. The Valley also has a street medicine program targeting most vulnerable & least likely to request/accept assistance.

In other parts of the CoC, outreach is conducted daily, weekly, monthly, or based on responses to unsheltered referrals. Outreach staff are trained to work w/those having cognitive or physical disabilities. When verbal communication is a barrier, outreach teams use a

translation hotline via mobile phones.

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 has a policy in place that requires compliance with fair housing & HUD's equal access rule. The CoC has provided training on HUD's equal access rule. CE will be marketed to all HHs experiencing a housing crisis. The CE's virtual & physical access sites will have access to bi-lingual staff and/or translation services. CE policies & procedures include a fair & equal access policy.

Legal Services frequently participate in the CoC's regional monthly meetings & partner with CoC-funded orgs when issues arise. CoC apps for ESG & HTF will be submitted Oct-17 to increase outreach & housing locator services through CE. This will further the CoC's ability to market housing & services to those least likely to request it. Additionally, housing location services will help reduce barriers to housing experienced by homeless.

Many CoC org provide all materials in Spanish/English & have access to Language Line. Some orgs also have individuals on staff who communicate through sign language.

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	284	612	328

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: Evidence of the CoC's communication to rejected participants

Attachment Details

Document Description: Public Posting Evidence

Attachment Details

Document Description: CoC Rating and Review Procedure (e.g. RFP)

Attachment Details

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

Attachment Details

Document Description: CoCs Process for Reallocating

Attachment Details

Document Description: CoC's Governance Charter

Attachment Details

Document Description: HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: 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:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/09/2017
1B. Engagement	09/26/2017
1C. Coordination	09/26/2017
1D. Discharge Planning	09/22/2017
1E. Project Review	09/26/2017
2A. HMIS Implementation	09/24/2017
2B. PIT Count	09/16/2017
2C. Sheltered Data - Methods	09/26/2017
3A. System Performance	09/26/2017
3B. Performance and Strategic Planning	09/26/2017
4A. Mainstream Benefits and Additional Policies	09/26/2017
4B. Attachments	09/26/2017

FY2017 CoC Application	Page 38	09/26/2017
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Submission Summary

No Input Required