

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: PA-600 - Pittsburgh, McKeesport, Penn Hills/Allegheny County CoC

1A-2. Collaborative Applicant Name: Allegheny County Department of Human Services

1A-3. CoC Designation: UFA

1A-4. HMIS Lead: Allegheny County Department of Human Services

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

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

Other:(limit 50 characters)		
Local Foundations		

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

(1) The CoC is structured to continuously build on stakeholder input. CoC membership is broad in its representativeness, including individuals who are homeless/formerly homeless, service agencies (homeless and non-homeless specific), planning and advocacy bodies, local government, and funders. This broad representation is also reflected in the governing board (HAB). To effectively engage the perspectives of stakeholders and utilize their knowledge and experiences, the HAB holds regular meetings, with materials shared in advance and comment collected both in advance of and during meetings. HAB meetings are open to the full CoC and the public and are held bi-monthly, while HAB Committee meetings, which focus on key topic areas essential to the facilitation of the CoC, are held monthly. Additional engagement opportunities are set up as needed. For example, in developing the CoC’s 5-year plan, the HAB convened focus groups, community meetings and interviews, supplementing information gathered through the regular meetings. Additionally, ad hoc presentations and trainings are held throughout the year, providing information and gathering feedback from a wide array of sectors, including but not limited to: behavioral health professionals, crisis intervention teams, food assistance providers, health insurance advocates, aging providers. (2) Communications about meeting, forums and/or input opportunities occur through multiple channels, including email notification via the CoC distribution list and partnering groups’ distribution lists, posting on the CoC webpage, an e-share information bulletin for CoC providers, and announcement at CoC meetings. (3) Input gathered is documented and reviewed by the HAB, who then guide the priorities and direction of the CoC. Stakeholder input has been instrumental in the design, implementation and ongoing refinement of the Coordinated Entry System, the CoC’s commitment to Housing First, and the development of the CoC’s Strategic Plan.

1B-2.Open Invitation for New Members. Applicants must describe:

- (1) the invitation process;**
 - (2) how the CoC communicates the invitation process to solicit new members;**
 - (3) how often the CoC solicits new members; and**
 - (4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.**
- (limit 2,000 characters)**

(1) The CoC is open to anyone interested in contributing to and productively shaping the delivery of homeless services. Membership requires participating in

a CoC meeting and providing contact information. (2,3) Membership is always open, and information is posted on the CoC webpage, in addition to being shared through partners' distribution lists and contacts. The CoC's governing board (HAB) accepts new members annually through a nomination process that is publicly posted, distributed via email, and announced at the bi-monthly public CoC meetings. During the annual nomination process, the HAB also considers CoC stakeholder involvement and conducts targeted outreach to bolster participation of any group that may be under represented, helping to ensure the necessary array of organizations and individuals are involved. This outreach has been effective in establishing cross-sector engagement (e.g., the HAB includes the Assistant Chief of Police). (4) The CoC emphasizes the importance of consumer voice in creating a responsive system. With this recognition in mind, the HAB has collaborated with homeless services providers to engage and support homeless/formerly homeless individuals in participating in the CoC; such individuals serve on the board, participate in committee meetings, and were active in the strategic planning process. Additionally, the CoC has developed a Youth Action Board and meets weekly with youth who have experienced or are currently experiencing homeless to solicit their ideas to improve the delivery of homeless services to that population.

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

(1) The CoC uses a formal, open and competitive procurement process to identify new projects for both reallocation and bonus funds. After analyzing local needs, the CoC issues a public RFP, open to any organization. The RFP includes detailed instructions for submission and is broadly distributed, including publicly posting online at both the Collaborative Applicant's website (which is used across the county for all funding through the Allegheny County Department of Human Services, and is regularly reviewed by service providers) and www.PAbidsystem.com, emailed to service providers across the region and posted in multiple newspapers. (2) Proposals are reviewed by a diverse review committee, including CoC board members, and are scored based on the criteria outlined in the RFP. Criteria include but are not limited to: organizational experience and capacity, implementation strategy, ability to implement Housing First and plans to meet program standards including working with coordinated entry and HMIS. Based on the score results and analysis of local needs, the review committee puts forth a recommendation to the CoC's board, who then review the recommendation and justification and make a final decision on projects to include in the application. For the FY18 Competition, the RFP for reallocated and regular bonus funds was released on May 24, 2018, and the RFP for domestic violence bonus funds was released on July 9, 2018.

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

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

(1) The CoC has 2 ESG recipients, Pittsburgh City Planning Department and the Allegheny County Office of Economic Development, both of whom work collaboratively with the CoC to plan and allocate funds. Representatives from the ESG recipients are active in the CoC planning bodies, serving on both the

governing board at large (the HAB), as well as having a leadership position on the HAB's Analysis and Planning Committee. Additionally, ESG recipients, sub-recipients, and DHS (the CoC's administrative lead and collaborative applicant) participate in a bi-monthly planning meeting used for real-time review of ESG program performance and planning. As such, ESG is incorporated into CoC planning-at-large and the CoC is incorporated into ESG specific planning. This results in collaborative and mutually reinforcing planning for funds across the CoC, whether CoC Program or ESG funded. (2) A key responsibility of the CoC's Analysis and Planning Committee, which is co-chaired by an ESG recipient, is developing the Evaluation Tool for annual performance reviews and ranking. The same tool is used for both ESG sub-recipients and CoC program sub-recipients. The tool pulls HMIS data and the DHS data analytics team is central to reporting on each recipients' performance. The DHS analytics team also pulls the data for the CAPER reports needed by ESG. As such the CoC is fully involved in the evaluation and performance reporting of ESG Program Recipients. Further, there is cross-funding representation on the evaluation committees that review and rate CoC projects and make final ESG funding decisions. The two remaining Consolidated Plan jurisdictions, McKeesport and Penn Hills, are not ESG recipients. The CoC provides PIT, HIC and HMIS data on projects by area to all 4 Con Plans. All 4 jurisdictions have representatives on the HAB and actively participate in committees. This ensures that their Consolidated Plans are aligned with CoC knowledge and vision for the homeless system.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area? Yes to both

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

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

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

(1) The CoC prioritizes safety and trauma-informed, victim-centered services across the system scope. The CoC has 3 VAWA-funded emergency shelters that also receive ESG and state funds. Two of these also have CoC-funded RRH. All 3 actively participate in Coordinated Entry (CE). Through CE,

individuals and families fleeing DV can choose to be referred to only victim service agencies (via a warm transfer phone call and/or client calling the DV crisis line directly), non-victim service agencies (via HMIS), or both in an effort to address safety concerns as quickly as possible. The assessment includes the important domains to screen for those with trauma histories including: trauma related symptoms, past and present mental disorders, substance use, social supports and coping styles. Additionally, shelters work directly with law enforcement and use a lethality assessment to ensure safety of those most at risk of violence/harm when presenting for service. When an emergency transfer is needed the provider or client notifies CE and involved parties work together to respond to the family's immediate safety needs to develop a plan. The family's placement takes priority over other households until resolution. If the family needs to be separated, CE will make accommodations for new units for each eligible member. Finally, DV providers are active in the CoC planning, including representation on the governing board, integrating the needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors into planning processes. (2) Client choice is also incorporated across the entire service process. Through CE, clients direct what types of eligible services they are seeking and referrals are made unique to the client's needs at the time of assessment. Once enrolled in a program, planning and services are survivor directed. Finally, as described above, any emergency transfer planning involves all parties working together to identify the best available response.

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

Collaborating with the CoC's four VAWA-funded agencies, DV trainings are provided to CE staff and service providers on a rolling basis, including trainings on identification, intervention, referrals, and safety issues. DV providers often provide specialized counseling and work collaboratively with non-victim service providers to support clients accessing housing. This relationship not only utilizes the expertise of the DV providers, but also expands the opportunity for non-victim service provider staff to see and learn from that expertise. DV providers also provide training to homeless providers and CE staff upon request on DV safety issues. The CoC's Core Training Collaborative also offers trauma informed care training, including a two-day training offered by the Trauma Think Tank, a DHS wide initiative to ensure staff and partner organizations are informed and comfortable around the topics of trauma, resiliency, and wellness. There are also mental health first aid trainings, relating to both adults and youth populations, multiple times a year. DV data from HMIS, CE, and the DV providers' comparable summaries are used to assess the level of need and unit availability for DV beds across the CoC. CE and DV staff are trained to protect client confidentiality and privacy, the location of DV facilities, and any information collected about the individuals or family, including ensuring ongoing communication is agreed upon when planning for safety. CE staff ensure the client can share information safely and are transparent about information collection and storage.

1C-3b. Applicants must describe the data the CoC uses to assess the

scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

As required by current HUD directives and guidance to coordinated entry, all members of the CoC screen for incidence of domestic violence, dating violence, sexual assault, and stalking. Information gathered from CE and general service providers is maintained in HMIS, while victim service providers maintain data in a comparable reporting system and provide aggregate data to the CoC to information statistical reporting and planning. To ensure the data is accurate several measures have been put in place: trainings are provided to CE staff and service providers on a rolling basis, including trainings on DV identification, intervention, referrals, and safety issues; a dedicated staff member reviews data quality monthly and works with providers to meet data quality standards, including accurate documentation; and the CoC's standard entry assessment includes important domains to screen for those with trauma histories. In total these measures across CE, general service providers, and victim service providers allow the CoC to assess the volume of households who are seeking homeless services are in need of victim services and compare those numbers to the capacity across the system. In addition, the CoC's 4 VAWA funded agencies, 3 of which provide housing supports, consider the experiences and needs of their consumers beyond the homeless system. For example, many of the survivors they work with report staying in abusive and potentially lethal settings to avoid homelessness or due to the lack of safe and affordable housing options but may not otherwise reach out to the homeless system for supports. These reports supplement the homeless data (via HMIS and DV provider comparable systems), to inform CoC planning and service design.

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

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

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

1C-4b. Applicants must describe:

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

(1) In FY17, the CoC served 1046 households (1494 persons) currently fleeing domestic violence. This included 772 households in both DV and non-DV emergency shelters. Beyond shelter, the CoC served 141 households in RRH, 23 households in transitional/bridge housing, and 102 households in PSH that

reported as currently fleeing DV. In terms of serving persons who report being domestic violence survivors, whether currently fleeing or the DV experience happening in the past, the CoC served 1921 households (2450 people) in FY17 across DV and non-DV specific homeless programs. (2) This data includes households served by DV providers of shelter and RRH as well as general homeless providers of shelter, RRH, TH and PSH. (3) The CoC collected this data from HMIS for the non-DV specific providers. The 3 DV providers each have an HMIS comparable data base and provide the CoC with aggregate data on a regular basis through quarterly and annual required reports.

1C-4c. Applicants must describe:

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

(1) In the CoC’s geographic area, there are 4 victim service agencies (3 of which provide housing supports). Collectively, they serve 20,000 survivors of domestic violence each year. This represents our region’s overall need for DV services. Many of these survivors report staying in abusive and potentially lethal settings to avoid homelessness or due to the lack of safe and affordable housing options. As described above, approximately 800 households each year end up staying in an emergency shelter. For planning purposes, our CoC used the number of survivors on our waitlist for RRH/PSH as a proxy for those in need of permanent housing. In the past year, there were 651 households assessed by our coordinated entry system for RRH, TH or PSH who reported as currently fleeing domestic violence. (2 and 3) The 4 DV agencies provided the data on the number of domestic violence survivors in the region based upon their logs of calls (and reported annually to their state DV funder). The waitlist data is tracked within our CoC’s Coordinated Entry System.

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

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

(1) Per 1C-4C, approximately 650 households currently fleeing DV (singles or families) seek permanent housing in the CoC in a year. The CoC, however, has only two RRH programs specific to victims of domestic violence with a total of 32 units. Approximately 35 households exit these DV-specific RRH programs in a year, while 70 survivor households exit non-DV specific RRH programs in a year, or a total of 105 currently fleeing DV households exiting RRH programs annually. With approximately 650 households currently fleeing DV seeking permanent housing each year, and only approximately 105 units becoming available through normal turnover of households exiting programs in a year, the

CoC has identified an unmet annual need of approximately 545 households fleeing DV in need of permanent housing. The CoC believes DV survivors would be best served by a DV-specific program and therefore, is seeking this bonus for DV-specific RRH. (2) The CoC currently is unable to offer RRH to approximately 545 households each year that would benefit from this service. The CoC tries to assist many of them through other programs that provide short-term financial assistance (e.g. assistance with security deposits or utility arrears) and intensive case management. (3) The data source is the coordinated entry system for the waitlist numbers and a combination of HMIS data and DV providers' data on households in RRH. (4) Our CoC took a conservative approach to its calculation of unmet housing needs by focusing on the need for RRH among households fleeing domestic violence. We noted the number of households on the RRH waitlist at a given time and compared that to the current supply of RRH units for the same timeframe.

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

Alle Kiski HOPE Center, Center for Victims, Crisis Center North and Women's Center and Shelter are collectively proposing to meet the needs of 50 households at a time through RRH. This is a collaborative project of the region's 4 DV providers that will address needs across the entire CoC. These providers routinely work together to address DV issues within the continuum and this will represent an expansion of their effort to address the homelessness needs of survivors. The proposed RRH program will expand on the provision of a survivor-centered and cost-effective means to provide safe, affordable, and sustainable housing options to victims of domestic violence and their families. While other RRH programs provide a means to housing for victims of domestic violence, this collaborative project meets the specialized needs of survivors and offers the confidential and informed supports necessary to rebuild their lives. The four providers have a long, collaborative history of providing a safety net of services to victims across Allegheny County. The "team" is experienced in sharing resources and building programming that complements one another rather than duplicates. Through this safety net of services, victims are served across the County. This type of response encourages survivors to lead the process, choose their own goals, and define their safest options. Case managers in this model respect survivors' decisions, offer options, and build off the strengths of each survivor. They have the necessary skills and training to safely work in the community and understand the impacts of trauma, are aware of potential triggers, and engage in trauma informed practices.

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

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

(limit 4,000 characters)

(1) The lead project applicant, Alle Kiski HOPE Center, has demonstrated a strong capacity to successfully place its program participants in permanent housing. Their RRH program has successfully placed 100% of participants exiting their program into permanent housing situations. (2) The lead project applicant has been able to successfully retain its clients that have participated in RRH programs. All project leavers stayed at least 30 days in the program, and all had successful exits to permanent housing destinations as already noted. (3) The lead project applicant (Alle Kiski HOPE Center) has demonstrated a strong capacity to improve the safety of DV survivors. By embracing Housing First practices, they provide the short term financial assistance that will support long-term safety and stability. It allows victims and victims with children to find and secure safe and affordable housing and provides financial assistance as they work to increase their stability. Safety planning becomes an integral part of each interaction between the participant and the case manager. As participants begin to routinely review safety planning and situations, they report an overall increase in feelings of safety and general well-being; and begin to view safety as a condition they have the ability to control. Satisfaction information from HOPE's participants in its existing RRH program indicates that 85% of participants report feeling safer and more secure. 95% report the absence of domestic violence after six months. With case management support in rental property selection and inspection, participants also report increased knowledge about the process for selecting and maintaining safe and secure housing. (4) The proposed project addresses the multiple barriers faced by DV survivors by following HOPE's existing model that is trauma-informed, strengths-based, and solution-focused. The model is predicated on the understanding that finding and sustaining safe and affordable housing is a complex and time-consuming endeavor that relies on the expressed and assessed needs of the survivor. Case managers are expected to employ a "whatever it takes" philosophy of service. The project begins with goal planning that is a fluid plan that is flexible to emerging needs/opportunities. It is survivor directed. Survivors choose the area to look for housing – usually they choose areas that includes potential natural supports and access to other services and amenities that will support housing retention and advancements in quality of life. In addition to the weekly scheduled telephone calls and monthly home-based appointments, case managers are available to survivors on a daily basis for telephone support and consultation. Each contact includes a discussion of safety planning, review of the goals and any emerging needs, and an action plan to address needs and continue progress. This project relies on community relationships among survivors, domestic violence services providers, and community supports and amenities available to achieve safety, security, and quality of life.

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

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Allegheny County Housing Authority	7.00%	Yes-HCV	Yes
Housing Authority City of Pittsburgh	9.46%	Yes-HCV	Yes
McKeesport Housing Authority	80.50%	No	No

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

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

There are 3 housing authorities within the CoC and two have homeless preferences. The smallest of the three, McKeesport Housing Authority (MHA), does not currently have a preference, however, it reports a very high rate of new admissions who were experiencing homelessness at entry. It reported 80.5% of all new admissions in FY17 were experiencing homelessness at entry. The CoC approaches them every year to start a preference but MHA has not indicated a willingness to do so, citing a closed waiting list and lack of turnover as primary reasons. The two housing authorities that have preferences have waived their residency requirements within the CoC, so participants who want to live within the MHA jurisdiction are able to do so despite the lack of a preference because of their ability to immediately port another HA's voucher to McKeesport. To date, none of the formerly homeless clients who have received a voucher have been unable to live within any housing authority jurisdiction within the CoC.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)? Yes

Move On strategy description. (limit 2,000 characters)

DHS, the CoC's administrative organization and Collaborative Applicant, has established a homeless preference with two local housing authorities in their housing choice voucher program and six HUD multi-family housing providers. In all of these preferences, clients must be ready to move on from an existing CoC permanent supportive, rapid, or transitional housing program and have a referral from the Collaborative Applicant. Referred clients will move to the top of the waiting list at each program. These preferences have enabled the CoC to

open the back door of the homeless system and allow newly identified homeless individuals and families to take their place in permanent, rapid, and transitional housing units. The CoC is strengthening the move on strategy by providing after-care, application and housing search assistance, and more effective communication to ensure a higher success rate in people successfully obtaining vouchers and multi-family assistance.

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

The CoC’s lead administrative agency (DHS) has Standards of Practice addressing sexual orientation, gender identity and expression (SOGIE). The standards apply to all DHS staff and its contractors, which include all CoC agencies. The Standards include guidance on housing and placement, recognizing that for LGBTQ individuals, access to appropriate housing is critical to ensuring well-being. In addition, quarterly SOGIE trainings are available for homeless service providers and technical assistance is offered to specific programs as needed. For example, a series of focus groups were conducted to capture the experiences of transgender youth in shelter regarding safety, gender identity experiences, disclosure and client needs. SOGIE also developed a resource called Homeless Service Provider Tips for Trans-Inclusivity. Finally, SOGIE’s monthly electronic resource newsletter is distributed to the CoC for on-going guidance, updates and additional training opportunities. To support the fair and appropriate treatment of all clients, DHS monitors all referrals to services in the CoC through coordinated entry, and reviews and makes final determination on any denial of service. If the reason for denial is based on the client’s sexual orientation or gender identity, the referral is sent back to the provider and the client is required to be served.

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

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	No
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual’s Gender Identity (Gender Identity Final Rule)?	No

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

Engaged/educated local policymakers:	
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	<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"/>

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC’s standard assessment tool.
(limit 2,000 characters)

(1) The CoC employs a centralized approach to CE that covers the entire CoC geographic area. CE can be accessed in multiple ways: by phone (33,000 calls per year), walking into the office in downtown Pittsburgh (2,750 per year), by email (2,400 per year), or through a mobile Field Unit that meets homeless individuals wherever they are (2,000 contacts per year). Other call centers and community service providers (e.g. 211, Aging SeniorLine, food pantries) also assist connecting households to CE through warm transfers, emails, and connection to the Field Unit. (2) The CE Field Unit is particularly effective at reaching people who are otherwise unlikely to call for assistance. It consists of staff who partner with street outreach teams to bring CE to those who are unsheltered. Additionally, the Field Unit has regular hours at many of the day drop-in centers, medical clinics, and libraries where people experiencing homelessness may visit. Since adding the Field Unit, the percentage of people enrolled in RRH or PSH that reported “place not meant for human habitation” as their prior living arrangement has increased from 9% in 2015 to 19% in 2018. (3) The CE assessment process prioritizes based upon chronic homeless status, vulnerability (VI-SPDAT score) and length of time homeless. It also takes into consideration special populations: veterans, youth and those fleeing DV. This results in the people most in need of assistance being prioritized. For example, of the 557 people that entered PSH in 2017, 64% reported a mental health disability, 42% a substance abuse disorder and 24% had a physical disability. By placing chronic homeless at the top of our waitlist, our CE ensures

they receive housing assistance first and as quickly as possible. (4) CoC's standard assessments are attached.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

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

Instructions

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

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

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

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

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

(1) The review, ranking and rating of projects considered the following severity of needs and vulnerabilities: chronic homelessness; multiple disabilities; zero income; and living in places not meant for human habitation. (2) These severities of needs were incorporated into the performance-based, data-driven process used to review, rate, and rank projects. The CoC’s Analysis and Planning Committee developed a performance evaluation worksheet that reviewed and rated projects on metrics around: utilization; housing performance; income, health and non-cash benefits; program time; recidivism; data quality; fiscal efficiency; housing first compliance; and file completeness. This evaluation worksheet generated a base performance score, and severity of needs were then incorporated by awarding additional points to projects serving particularly vulnerable clients. Based on entry assessment data in HMIS and comparable DV databases, one additional point was added to projects for each of the following entry thresholds: 50% or more of households served were chronically homeless; 60% or more of households served had person(s) with 2 or more disabilities; 50% or more of households served had adults with zero income; and 40% or more of households served came from places not meant

for human habitation. As such, if a majority of households served by a project were chronically homeless and had zero income at entry, that project received 2 additional points, improving their place in the overall ranking. This ranking process allows the CoC to place an objective rating on each program that considers both performance and the severity of client needs.

1E-3. Public Postings. Applicants must indicate how the CoC made public:

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

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

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

Reallocation: Yes

- 1E-5. Local CoC Competition. Applicants must indicate whether the CoC:**
- (1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;**
 - (2) rejected or reduced project application(s)—attachment required; and**
 - (3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required. :**

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

2A-1a. Applicants must: Governance Charter page 2-3, page 14 Appendix B
(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

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

2A-3. HMIS Vender. What is the name of the HMIS software vendor? Deloitte ACDHS HMIS Custom Software

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

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

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	509	79	430	100.00%
Safe Haven (SH) beds	6	0	6	100.00%
Transitional Housing (TH) beds	186	0	186	100.00%
Rapid Re-Housing (RRH) beds	710	40	639	95.37%
Permanent Supportive Housing (PSH) beds	2,354	0	1,849	78.55%
Other Permanent Housing (OPH) beds	98	0	40	40.82%

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

The CoC has complete bed coverage in HMIS across Emergency Shelter, Safe Haven, and Transitional Housing project types, and near complete coverage for Rapid Rehousing (RRH) projects. The RRH beds not in the CoC’s HMIS are through SSVF-Veterans Leadership Program of Southwest Pennsylvania (SWPA), and those beds are covered through the Balance of State HMIS because that projects serves clients in multiple SWPA counties. The VA requested that the SSVF program input into the balance of state because of this multiple county issue. The majority (485) of Permanent Supportive Housing (PSH) beds not covered are through HUD VASH; the CoC has engaged the VA over several years and this year the VA has agreed to have their clients entered into HMIS; DHS, the HMIS Lead for the CoC, is coordinating with the VA to schedule trainings and is projected to start data entry in FY18-19. The remaining 20 PSH beds are part of a new project awarded under the HUD 2017 CoC process, which became operational on September 1, 2018 and was therefore not active in HMIS at the time of the HIC. Finally, 40 beds categorized under OPH are not covered in HMIS because the agency has elected not to participate. The agency is a privately funded, faith-based organization that participates in the annual point-in-time count but does not exclusively serve people who are experiencing homelessness. The organization does accept warm referrals from coordinated entry and the CoC engages with the organization quarterly to verify the number of beds dedicated to homelessness. During each point of contact, the CoC encourages HMIS participation, emphasizing the benefit to timely and effective service coordination across the continuum, and highlighting data quality and efficiency.

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 12

2A-7. CoC Data Submission in HDX. 04/11/2018
Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data

**Exchange (HDX).
(mm/dd/yyyy)**

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

Instructions:

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

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy). 01/31/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 04/11/2018

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

Instructions:

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

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

As was the case in 2017, all PIT data was generated from HMIS, with the exception of DV providers which prepared data from their comparable system and reported data via paper forms. The CoC, through the HMIS lead agency (DHS), has instituted a number of process steps to ensure high data quality. An ongoing data quality review process has been implemented, utilizing a dedicated employee who reviews data quality monthly for all providers and meets with providers not meeting the established data quality standards. In addition, specific actions were taken to ensure accuracy for the PIT. Following the HUD Notice for Housing Inventory Count HIC and PIT Data Collection for CoC Program and the ESG Program issued 9-30-17, HMIS was reviewed for all required data elements and project categories. A test PIT was run and assessed for accuracy, and all projects were reviewed to ensure they were operating proper classifications. In advance of the PIT, projects participated in a training to review the PIT process and expectations, enabling an additional review by projects of their data before the pull. For the actual PIT, the data was reviewed by DHS’s specialized homeless data analytics team. Any data that was considered questionable resulted in a coordinated review with the associated project and if inaccuracies were identified, corrections were made in HMIS. In 2018, 100% of the beds for ES, TH and Safe Haven were in HMIS vs. 94.12% for ES in 2017 and 87.55% for TH in 2017. When comparing changes in PIT results from 2017 to 2018, the CoC believes in the accuracy of the data and is confident the changes can be attributed to system changes (e.g., the transition away from TH).

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

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

Beds Added:	14
Beds Removed:	379

Total:	-365
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2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC's 2018 sheltered PIT count? No

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

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

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

(1) The CoC has a strong group of youth-serving organizations that has been meeting around the needs of unaccompanied youth since 2014. Through this group, summer YOUTH Counts were conducted in 2015 and 2016 in an effort to better identified youth experiencing housing instability, including identifying locations these youths live and documenting their needs. The YOUTH Counts incorporated lessons learned from national initiatives with the same goal, and direct input from youth, gathered through youth advisory groups and focus

groups with homeless youth. The CoC aimed to leverage best practices from the summer YOUth Counts to improve the annual PIT; results from the YOUth Counts demonstrated support for not doing a separate youth count, and rather integrating a concerted effort to identify youth into the full PIT. As such, the annual PIT sought to build on the engagement of youth serving agencies from the YOUth Counts into the full PIT. In 2018, this included key youth service organizations, including the County’s one-stop drop-in center for homeless youth and the RHY funded youth street outreach team participating in the count. (2) The CoC relied on the expertise of our participating organizations to identify locations where youth experiencing homelessness were most likely to be counted. This expertise includes a youth-dedicated street outreach team, that is devoted to building positive, trusting relationships with runaway, homeless and street youth. This team conducts weekly outreach efforts and is directly linked to Pittsburgh’s National Safe Place program, both of which position the team to plan key location points for the count. (3) The CoC got direct input from youth experiencing/formerly experiencing homelessness when planning and implementing the two YOUth Counts, and youth street outreach teams work with youth regularly; however, we are continuing to explore way of effectively engaging more community members, including youth, in the counting process.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:

- (1) individuals and families experiencing chronic homelessness;**
 - (2) families with children experiencing homelessness; and**
 - (3) Veterans experiencing homelessness.**
- (limit 2,000 characters)**

PIT sheltered count is generated from HMIS, with DV projects providing data from their comparable reporting systems. The CoC has implemented measures to support data quality, including establishing a dedicated staff member who reviews data quality monthly and works with providers to meet data quality standards. This includes the accurate documentation of chronic homeless (CH), household composition, and veteran statuses. The unsheltered count is strategically conducted by the Homeless Outreach Coordinating Committee of the CoC’s governing body. Volunteers were trained and went out with formerly homeless and outreach workers. In addition, the CoC has taken steps to ensure those who are experiencing homelessness that are CH, families with children and/or veterans are identified and counted. (1) The CoC’s street outreach teams meet weekly to discuss the most vulnerable individuals, including those that are CH, and develop engagement and housing plans. Additionally, the CoC has provided technical assistance and training, through both CE staff and program monitors, around effectively documenting CH. (2) The CoC has always prioritized ensuring no families with children under 18 are living on the street. The Child Welfare systems coordinates with the CoC to place families temporarily in hotels if there is no shelter space available. This approach is well established and has maintained a high level of accountability regarding the identification and response to families with children experiencing homelessness. (3) Allegheny County has received designation from USICH that it has ended homelessness among veterans in the CoC. This was accomplished in part by establishing a bi-weekly case conferencing for all homeless veterans, which maintains a by-name list of all identified homeless veterans. Additionally, VA representatives participate in the unsheltered count.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

Number of First Time Homeless as Reported in HDX.	3,726
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3A-1a. Applicants must:

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

(1) The CoC maintained the percentage of first-time homeless in the system from 2016 to 2017: 90% in shelter/TH (metric 5.1) and 89% including PH (metric 5.2). It accomplished this by working closely with other systems/institutions to identify households with risk factors of homelessness and develop discharge planning protocols to mitigate the flow from other systems into homelessness. For example, child welfare case workers take note of risk factors such as falling behind on rent, being precariously doubled-up, and/or utility shut-off. The County Jail assesses housing needs of convicted offenders before their scheduled release. In addition, the CoC has been working with a research partner to assess the viability of a predictive analytics model that will utilize administrative data from the Allegheny County data warehouse to help prioritize the most vulnerable for permanent housing services; preliminary results indicate the use of data from sources such as county behavioral health, child welfare, criminal justice, public housing, aging, public benefits, and several other sources to effectively identify and prioritize those in need of homeless services.

(2) The CoC strategy to address these risk factors is multi-faceted. When other systems identify someone at high risk for homelessness, they work to connect them to resources such as subsidized housing, shallow rent programs, budget counseling, and utility assistance. To help, the CoC has a Housing Navigation Unit which serves as a clearinghouse of information and can assist with referrals. In addition, the CoC's CE also identifies persons who are not literally homeless but at-risk when they call CE. The CE will divert them from the homeless system by referring them to services such as rental assistance, landlord mediation, budget counseling, public benefit navigation, subsidized childcare, and early intervention programs.

(3) DHS, the CoC's lead administrative agency and home of CE, oversees these strategies.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC’s strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

(1) For ES/SH, the average length of stay was 82 days (metric 1.1) and for ES/SH/TH it was 144 days (metric 1.2). (2) The CoC is very focused on strategies to reduce the length of time people remain homeless. This year it successfully reduced metric 1.2 by 19 days mostly due to a strong RRH strategy and coordinated landlord outreach to expand access to affordable housing. Average length of time in shelter (metric 1.1) increased by 1 day from 2016 to 2017. The median (47 days) remained unchanged. The CoC has multiple strategies to reduce time in shelter moving forward. These include: emphasizing the CoC-wide goal of a median of 30 days in shelter and regularly monitoring shelters’ performance against that goal; providing intensive case management in family shelters to help connect to housing and related services; offering short-term financial assistance for security deposits and first month rent; and improving the capacity of all programs to complete faster housing searches by conducting a CoC-wide landlord engagement campaign including a Risk Mitigation fund to encourage landlord participation. The Housing Navigation Unit will work with all programs to overcome barriers to finding permanent housing quickly. There are also formal case conferences for those long stayers in family shelters to try to work through barriers relating to rehousing that are led by the intensive case managers. The CE field unit is also reviewing long stayers in shelter or known on the street for potential individual case conferencing as needed. (3) Our CE prioritization process includes length of time homeless in its placement algorithm, so the long-time homeless individuals or families will be referred to a housing program before a household with similar vulnerabilities but less time on the street or in shelter. Chronic homeless are prioritized above everyone for housing. (4) DHS, the CoC’s lead administrative agency and home of CE, oversees these strategies.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	42%

Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	95%
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3A-3a. Applicants must:

- (1) describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and**
- (2) describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.**

(limit 2,000 characters)

(1) Our CoC is very focused on improving the rate at which households in shelter, bridge housing and RRH exit to permanent housing. Our rate was 42% (metric 7b.1), an increase of 7% from 2017. Analysis shows that exits from emergency shelters most negatively affect this rate; our RRH programs alone had a 70% success rate in FY17 and currently have a 89% success rate. The CoC uses case conferencing and a by-name list to ensure that individuals and families in shelter or on the street have accessed the coordinated entry system, especially for those who are likely not able to self-resolve. For those that can self-resolve, the CoC has started a short-term rental assistance/security deposit program, landlord and family mediation program, and housing navigation unit that can assist clients with a basic housing search of subsidized and affordable market rate units. The CoC is also providing technical assistance to all shelters on data completeness and quality so when someone does exit to a permanent housing destination, it is successfully documented in HMIS. (2) The CoC has been extremely successful at making sure individuals and families in PSH retain their housing or exit to permanent housing destinations. Of PSH households, 95% were successfully retained or exited. This is due mostly to staffing and training strategies that provide for effective case management in these programs. Staff are trained in Motivational Interviewing and Trauma Informed Care and help participants to increase income and non-cash benefits and to link to community supports for mental health, substance abuse, physical health, employment and childcare. In 2018, our CoC has launched a pilot Moving On initiative to identify households that have been in PSH for a long time and may no longer need that level of service. As households are identified, the strategy is to connect them to housing choice vouchers through the homeless preference or other subsidized housing options in the community.

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

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	4%

3A-4a. Applicants must:

- (1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;**
- (2) describe the CoC’s strategy to reduce the rate of additional returns to**

homelessness; and

(3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families returns to homelessness.

(limit 2,000 characters)

(1) The CoC has a very low rate of return to homelessness for those who exited to a permanent housing destination. Only 4% return in the first 6 months after exit and only 6% total return over a 2-year period. Using a combination of HMIS data and administrative data from DHS, we know common factors of those that do end up returning include individuals and families that exited shelters (56% of those who return), people who struggle to stabilize in the first 6 months (60% of those who return do so in the first 6 months) and 63% have experienced behavioral health challenges. (2) The CoC continues to work to ensure that people exiting TH and PH do not return to homelessness and is putting new efforts into making sure those most likely to return (shelter clients) are supported in their transition to permanent housing. The first category of approaches for those exiting TH and PH includes connecting them, prior to exit, to all of the community services and supports that they may need such as subsidized housing, financial opportunity centers, mental health services, childcare subsidies, healthcare and other public benefits. Families with young children are offered home visiting programs that support child development and others choose to participate in CSBG self-sufficiency programs which provide up to 2 years of additional case management. In addition to these approaches, strategies in Shelter include additional case management provided by DHS focused on housing. These workers engage individuals and families in shelter and can continue working with them in the community to ensure their stability. The CoC also has some financial assistance available to help with security deposits and first month rent. Finally, collaboration with the local housing authorities, and their commitment to homeless preference vouchers has enabled us to reduce returns to homelessness by ensuring housing is affordable. (3) DHS, the CoC’s lead administrative agency, oversees this strategy.

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

(1) describe the CoC’s strategy to increase access to employment and non-employment cash sources;

(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and

(3) provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase job and income growth from employment.

(limit 2,000 characters)

(1) In FY17, 38% of adult system stayers increased their total income through both employment and non-employment cash income (metric 4.3). To continue to increase this rate for stayers, as well as to assist adults exiting the system to maintain sustainable income, the CoC runs a collaboration called the Employment & Training Board (ETAB). ETAB meets bi-monthly to expand opportunities for CoC providers to connect their clients to employment and training resources. They regularly disseminate information to homeless providers about job opportunities, how to access different benefits, networking options and employment trainings. In addition, a CoC agency has trained SOAR

staff that assist CoC clients to apply for SSI/SSDI. (2) The CoC's ETAB is made up of both homeless service providers and mainstream employment organizations including the local WIOA agency and the county's one-stop service centers (CareerLink). Through this regular collaboration, the CoC and the mainstream employment organizations know the resources and challenges that each face. In 2017, ETAB also launched a human-centered design initiative to identify ways homeless services providers could better integrate mainstream employment-related resources into their programs. (3) DHS, the CoC's lead administrative agency, oversees this strategy.

3A-6. System Performance Measures Data 05/30/2018
Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)

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

Instructions

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

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

Total number of beds dedicated as DedicatedPLUS	30
Total number of beds dedicated to individuals and families experiencing chronic homelessness	1,125
Total	1,155

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

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

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

3B-2.2. Applicants must:

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

(1) The CoC has established a system goal to rehouse every family with children within 30 days of becoming homeless. To accomplish this, first, the CoC has a policy not to have any unsheltered families with children. When a family reports not having anywhere safe to sleep, CE works with them to look for alternative solutions (diversion process) and if they have no options, they are referred to shelter. Once in shelter, they are offered case management through our Homeless Services Support Coordinators (HSSCs) which augment family shelter staff’s efforts to help search for permanent housing options and overcome barriers to housing. The CoC has also created a Housing Navigator unit which is building a network of affordable housing landlords to facilitate rehousing households quickly. Many families in shelter have referrals to RRH or PSH programs, whose staff are also held to a goal of housing families within 30 days. (2) In addition to rehousing assistance, HSSCs and the staff from RRH and PSH programs continue to work with families once they are housed to make sure they are stabilized in the community. This can include connections to mainstream services and supports such as education, employment, and physical and behavioral health. If interested in pursuing a long-term educational or employment goal, a head of household is also referred to our Self-Sufficiency program which provides 2 years of intensive case management to achieve those goals. (3) The main organization responsible for this strategy is the CoC administrative agency, DHS. It employs a Data Performance Monitor who tracks average/median length of time homeless for all shelters and time from enrollment to move-in date for all RRH. She provides this data monthly to the providers with suggestions for improvements. DHS also runs Shelter, RRH and PSH “communities of practice” for peer-to-peer learning on how to better serve households.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

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

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied homeless youth includes the following:

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

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

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

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

(1-2) The CoC launched an effort to end homelessness among youth in 2017 and, as part of that effort, reviewed its system resources and earmarked areas to develop new resources. In addition, the CoC conducts regular system needs assessments to inform its planning, including reallocation decisions, project targeting for bonus funds, and efforts to seek resources beyond CoC Program funds. In recent years, the CoC secured RHY funding for a youth street outreach program and a transitional living program (8 units) and operates a drop-in center for homeless youth. The drop-in center is funded with a mix of child welfare, foundation, and state funding and forms a hub of services, including an entry point to the CoC’s coordinated entry system, to homeless youth. The CoC funds 75 RRH units, 5 PSH units, and 18 shelter beds exclusively for youth experiencing homelessness. The CoC plans to add to these resources by applying for funding for new and expanded projects under

the Youth Homeless Demonstration Program, seeking additional local and state resources for host homes and additional projects aimed at youth, and to work with a HUD TA provider to refine our overall strategy to end youth homelessness. Until additional funding and resources are secured, the CoC will ensure that its current resources are used effectively. To this end, the CoC began tracking all homeless youth by name on a Master List on May 1, 2017 and started case conferencing in June 2017. The master list tracks youth from initial contact through move into PH, including offers of PH, contact information, service provider assigned, and permanent housing destination. At case conferencing, each client on the master list is discussed, including removing any barriers to PH, where to find the youth if housing is available, other housing options available outside of the CoC, possibilities for family reunification, and other information that may lead to successful housing outcomes. Case conferencing begins with youth who have been on the active list the longest. Those who are chronically homeless are prioritized. The CoC also uses the VI-SPDAT to prioritize youth with significant vulnerabilities for PSH. Youth who score outside of the PSH range are offered RRH or other mainstream housing services. These efforts are proving to be effective, with housing placements increasing, the time youth remain in shelter or on the street decreasing, and resources going to those most in need of services. The CoC is also able to offer shelter or other temporary housing to any homeless youth who requests it. Finally, this process informs the CoC planning around service need and the targeting of resources. It provides real life evidence of programs and strategies that work and where we have found the need for additional resources to fill in identified gaps in service, all of which can be taken to funders to secure additional support.

3B-2.6a. Applicants must:

(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;

(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and

(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC’s strategies.

(limit 3,000 characters)

(1) The CoC measures its success in increasing the availability of resources for homeless youth by tracking the number of programs and services available to those youth. As noted above, the CoC has increased RRH units, PSH units, and street outreach services available to these youth over the last several years. It has also opened a youth drop in center and added an access point to the coordinated entry system at that center to improve access to housing services available through the CoC. (2) The CoC tracks outcomes for homeless youth on a bi-weekly basis. All homeless youth, including parenting and unaccompanied youth, are placed on a master list from our HMIS system. Any head of household between 16 and 24 who is enrolled in emergency shelter, street outreach, or transitional housing is placed on the list with their enrollment date recorded. Youth are then tracked on the list until they secure permanent housing. We measure our success by the total number of active/homeless youth on the list (which has been decreasing), the time they remain on the list (which we hope to get below 90 days-- it is currently 99 days), any returns to the list after they are permanently housed. We also track any unsheltered youth to

ensure that they are offered a shelter bed and are being engaged and encouraged to take permanent housing offers. We have also mapped the flow of youth in and out of the homeless system (including residence prior to entry and exit destinations) and are tailoring our services to meet our community's needs. We have found that most youth enter homelessness as the result of family conflict and many self resolve with a roommate, partner, or family member. Finally, the CoC has analyzed the connections that homeless youth have to other systems, including child welfare, behavioral health and drug and alcohol, and juvenile justice and has begun work to divert youth exiting those systems from homelessness to reduce the incidence of first time homeless among youth. (3) The CoC developed these benchmarks based on guidance developed by the US Interagency Council on Homelessness to measure a community's effectiveness in ending youth homelessness and we believe that in meeting these benchmarks, our community is ensuring that homelessness among youth in our CoC will be rare, brief, and non-recurring.

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

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

(1, 3) The CoC requires all HUD and state funded programs that serve families with minor children to have an Education Liaison on staff to ensure that the educational and developmental needs of preschoolers and school aged children are met. These staff ensure that children are enrolled in school and assist with transportation, paperwork, immunizations, and other school requirements. The CoC also mandates that all homeless infants and toddlers are referred to agencies that assess the child's development in accordance with state law. CE is the Coordinated Referral line for the home visiting programs serving pregnant families and children 0 to 6; as such, all families reaching out for homeless assistance are assessed and referred to these programs, which include: early intervention, maternal children health programs, EHS/Head Start. Additionally, the CoC participates in the Bridges collaborative which brings providers and educators together to improve access to early care and education programs for families experiencing homelessness. (2, 3) The CoC participates in the long standing Homeless Children's Education Network (HEN), a community of nonprofits, universities/colleges, medical providers, foundations, LEA's/local school districts, Homeless and Education Liaisons, local governments and community leaders who are committed to addressing youth homelessness by meeting the housing, educational and health/wellness needs of youth. A key member of the HEN steering committee is the local LEA Coordinator for the Education for Children & Youth Experiencing Homelessness Program at the Allegheny Intermediate Unit who communicates directly with the State Education Agency (SEA). The quarterly HEN meetings focus on policies and procedures to ensure that homeless children have access to school, pre-school, and after school activities. HEN meetings also include trainings on rights of homeless children and best practices seen locally and nationally to foster connections to school.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services. (limit 2,000 characters)

The CoC requires that every program that provides housing or services to families must designate a staff person to be responsible for ensuring that children being served in the program are enrolled in school and connected to appropriate services in the community, including early childhood programs such as Head Start. They also assist with paperwork, immunizations and coordinating transportation to the school of choice. That position is called an Education Liaison. Each program sends the CoC’s administrative agency (DHS) the staff person’s name that will fill this role on an annual basis – during the application or contracting process. The staff person’s name is documented in DHS’s contract database and a list of all Education Liaisons is shared with the regional coordinator of all school-based Homeless Liaisons in order to facilitate communication about transportation, truancy and other concerns. Additionally, all CE staff are trained to connect all homeless families with the homeless liaison for the school district in which they are currently residing and educate them on how to best connect children to education. In addition, the CoC’s Family Shelter Standards of Care documents: the requirement to offer the opportunity for developmental screening for children experiencing homelessness; the need for basic knowledge about Head Start, Early Head Start, early intervention, preschool, child care subsidy programs, preschool, and other early care and learning programs; the importance of publicly posting enrollment materials for, referring families to, and encouraging participation in these educational programs; and the rights of children and youth experiencing homelessness under the McKinney-Vento Homeless Assistance Act.

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

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

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe

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

Allegheny County has received designation from USICH that it has ended homelessness among veterans in the CoC. This was accomplished in part by establishing a coordinated entry process where all VA funded programs are listed as available resources for veterans. Veterans who call/walk-in to coordinated entry are screened for VA eligibility and, if eligible, referred to VA funded programs. A Veteran Navigator program has recently been implemented as a coordinated effort among Veteran serving programs and CE, quickly connecting homeless Veterans to a navigator, experienced in getting Veterans to the appropriate resources. The CoC also has bi-weekly case conferencing meetings for all homeless veterans. Homeless veterans are placed on a master list and each is discussed at case conferencing. Any veteran who accesses shelter, street outreach, and transitional housing is placed on the master list from HMIS. Veterans who are served through VA funded programs that do not use HMIS are placed on the master list as well via the conferencing. The local VAMC, housing authorities, and SSVF, GPD, and HUD funded homeless providers participate in the case conferencing and can add names to the list at that time if they are not identified through these methods prior to the meeting. The VA eligibility for every veteran is included on the master list and is discussed at these bi-weekly meetings. Veterans who are eligible for VA funded services are offered services through the VA first. The CoC then typically serves non-VA eligible veterans in the HUD and state funded programs and prioritizes non-eligible veterans for those programs through its coordinated entry system. The CoC uses the VI-SPDAT to determine the appropriate level of need for each homeless veteran. Veterans who are chronically homeless with high service needs are offered permanent supportive housing, including VASH, and those who have less need are offered rapid re-housing or transitional housing, including SSVF and GPD.

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

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

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

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

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

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

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

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

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

Instructions:

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

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

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

- 4A-1a. Mainstream Benefits. Applicants must:**
- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;**
 - (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and**
 - (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits. (limit 2,000 characters)**

(1) Through the CoC’s Coordinate Entry (CE), clients are connected to a number of resources: health navigators for health insurance enrollment assistance; a local anti-hunger agency for assistance in accessing Food Stamps, SSI, and TANF; local SOAR specialists for SSI/SSDI; and the county’s Office of Behavior Health for substance use programs. CE is also the front door for home visiting programs within Allegheny County and all families with children age 0 through 6 are prescreened and referred to programs such as the maternal child health programs, Head Start/Early Head Start, and Family Support Centers throughout the CoC. Connections to these programs can focus on strengthening families’ networks within the community and to resources. CE staff work diligently to build partnerships and formalize referral processes with

community programs to ensure connection with clients are made. (2) CE staff attend a variety of trainings to keep up-to-date on resources within the community attending resource fairs, webinars, and in-person trainings. To ensure program staff have current information, the CoC's lead administrative agency and operator of CE, DHS: partners with our PA SHIP program, APPRISE through Wesley Family Services, to host an educational series on eligibility, application, and coordination processes for Medicaid and Medicare; runs an annual Medicare Basics event with an overview of upcoming Medicare products; presents regularly to providers how to access various subsidized housing programs in the county; publishes a monthly electronic bulletin for program staff on mainstream benefits and opportunities; creates linkages and education forms to service providers through quarterly provider meetings; and provides up to date resource guides to CoC providers and provider community at large on housing search resources, employment resources, clothing/food/drop in center resources (3) DHS is responsible for overseeing the strategy for mainstream benefits.

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

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

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	66
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	66
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:

- (1) describe the CoC's outreach;**
- (2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;**
- (3) describe how often the CoC conducts street outreach; and**
- (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)**

(1) The CoC's street outreach is a strong network of more than 10 publicly and privately funded teams. The network includes specialty teams to ensure every need is met, including: medical street outreach (Dr. Jim Withers of Operation Safety Net is internationally recognized for his work in street medicine), D&A outreach that incorporates harm reduction strategies; youth outreach; and a SAMHSA funded effort for individuals with behavioral health. In addition to a regular schedule checking of camps, abandoned buildings, cars and hidden

locations across the county, outreach teams receive information on where people are located from BigBurgh (a web-app for homeless services), CE, 311, police and community groups. Street Outreach also engage people at drop-in centers, shelters and food line and ask where other people are staying to ensure that persons not utilizing services are found and served. The CoC facilitates a weekly provider meeting to review a by-name list of unsheltered homeless and to strategize effective engagement approaches. In addition, the Homeless Outreach Coordinating Committee (HOCC), a subcommittee of the CoC's advisory board, meets twice a month to discuss ways the teams can better identify, engage, and serve the unsheltered homeless. (2) The network of street outreach teams covers 100% of the CoC's geographic area. (3) Teams are out every day of the week. Certain areas where homeless populations are known to congregate and live are visited multiple times each week. (4) Outreach is tailored to engage unsheltered populations who are unlikely to ask for help by using evidence-based practices such as Motivational Interviewing, Trauma Informed Care, and Peer Support. All outreach workers strive to engage individuals by meeting their basic human needs, developing trust, and fostering deep, personal connections. The CoC's CE also has a mobile unit that meets individuals wherever they are to assess their needs and provide referrals to housing.

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

- (1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and**
- (2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.**
(limit 2,000 characters)

(1) DHS, the CoC's administrative agency, monitors admissions for all homeless providers to ensure that providers further fair housing by providing housing and supportive services to persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability. Any denial of service is reviewed for appropriateness by DHS staff and if a denial of admission is deemed to be a fair housing violation, it is invalidated, and the sub-recipient is required to admit the household. DHS staff provide an explanation of fair housing protections to the provider. Fair housing training is made available to provider agencies as in landlord/tenant training which includes fair housing discussions. In instances where clients believe they are experiencing housing discrimination, DHS staff makes referrals to the local fair housing agency. DHS staff also serve on the City's Affirmatively Furthering Fair Housing Task Force, which promotes fair housing and in 2017 made recommendations to expand fair housing protections in the City. Staff also are engaged in efforts lead by the city housing authority to implement small area FMR strategies which are designed to decrease racial and poverty concentrations. (2) The CoC has taken steps to communicate effectively with persons with disabilities and limited English proficiency. CE has a contract for language translation services (including sign language) and has produced its marketing material in English and Spanish. DHS staff conduct outreach in a variety of community settings including the Immigrants and Internationals Task Force, Disability Task Force, and other meetings that serve people with

disabilities, racial and sexual minorities, and other protected classes. CE also employs 2 Field Service Coordinators who go into the streets, shelters, and drop in centers to assist homeless individuals who are reluctant to call or go to the central location for accessing the system.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	442	710	268

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

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

Attachment Details

Document Description: Allegheny County Housing Authority Plan is provided first, with preference information in section 5.2 (pg 2 of attachment), and City of Pittsburgh Housing Authority Plan starts on page 3, with preference information on page 9 of the attachment

Attachment Details

Document Description: In addition to the homeless preferences through the housing authorities, preferences are included with six HUD multi-family housing providers; this document has those agreement plans

Attachment Details

Document Description: PA 600 utilized the VI-SPDAT with additional local considerations; the zip file contains the VI-SPDAT for Families, Singles, and Youth, along with the local consideration supplements. The zip file also contains the CE policies and procedures document.

Attachment Details

Document Description: Zip file contains the process, along with the tool used to review and rank based on objective criteria (Appendix A document) and the appeal form for the review and ranking (Appendix B)

Attachment Details

Document Description:

Attachment Details

Document Description: Attachment shows the posting on the CoC website of the ranking list, along with the process description and appeal form and instructions. These documents were additionally emailed to the full CoC and the specific provider agencies.

Attachment Details

Document Description: 2018 Reallocation Process

Attachment Details

Document Description: Email notification to all projects about their ranking; in addition to the public posting

Attachment Details

Document Description: Correspondence with each project being reduced or eliminated

Attachment Details

Document Description: Attachment contains both the deadline notice to renewal projects and the deadline notice for new/expansion projects

Attachment Details

Document Description: CoC and HMIS Governance Charter

Attachment Details

Document Description: HMIS Policies and Procedures Manual

Attachment Details

Document Description: PA 600 HDX Competition Report

Attachment Details

Document Description: Order of Priority

Attachment Details

Document Description: Racial Disparity Assessment Summary

Attachment Details

Document Description:

Attachment Details

Document Description: PA 600's Strategic Plan to Prevent and End Homelessness

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/11/2018
1B. Engagement	09/14/2018
1C. Coordination	09/14/2018
1D. Discharge Planning	09/11/2018
1E. Project Review	09/14/2018
2A. HMIS Implementation	09/14/2018
2B. PIT Count	09/14/2018
2C. Sheltered Data - Methods	09/14/2018
3A. System Performance	09/14/2018
3B. Performance and Strategic Planning	09/14/2018
4A. Mainstream Benefits and Additional Policies	09/14/2018
4B. Attachments	Please Complete

Submission Summary

No Input Required

Allegheny County Continuum of Care (PA-600)
2018 Continuum of Care Program NOFA
Priority Ranking

Rank	Agency	Project	Type of Program	Type of Program	UNITS	BEDS	Target Asub- Population
Tier 1							
1	UPMC/Western Psychiatric Institute & Clinic	Flex 30	PH/PSH	Scattered	37	106	Families
2	Allies for Health + Wellness	Choice I	PH/PSH	Scattered	15	24	Mixed Families and Singles
3	Gaudenzia Erie	Delores Howze Program	PH/PSH	Scattered	6	14	Mixed Families and Singles
4	Allies for Health + Wellness	CHOICE II	PH/PSH	Scattered	24	37	Mixed Families and Singles
5	Gaudenzia Erie	Village I	PH/PSH	Scattered	10	28	Families
6	Mercy Life Center	Bridging the Gap	PH/PSH	Scattered	17	17	Singles
7	UPMC/Western Psychiatric Institute & Clinic	Flex 51 plus exp	PH/PSH	Scattered	87	87	Singles
8	FamilyLinks Community Housing Program	Familylinks Community Housing Program	PH/PSH	Scattered	12	21	Mixed Families and Singles
9	UPMC/Western Psychiatric Institute & Clinic	Flex 50 Families	PH/PSH	Scattered	51	180	Families
10	Sojourner House MOMS	Sankofa	PH/PSH	Facility	12	37	Mixed Families and Singles
11	UPMC/Western Psychiatric Institute & Clinic	Flex 15	PH/PSH	Scattered	15	21	Mixed Families and Singles
12	Mercy Life Center	Generations	PH/PSH	Facility	10	10	Singles
13	UPMC/Western Psychiatric Institute & Clinic	New Foundations I	PH/PSH	Scattered	25	70	Families
14	Community Human Services Corporation	Work Towards Sustainability from Crisis	PH/PSH	Facility	20	20	Singles
15	Sisters Place	Sisters Place Permanent Housing Program	PH/PSH	facility	15	35	Families
16	Veterans Leadership Program	Liberty	PH/PSH	Scattered	8	8	Singles
17	Mercy Life Center	Home for Good	PH/PSH	Scattered	14	14	Singles
18	Allegheny Valley Association of Churches	Hospitality Homes I	PH/PSH	Scattered	20	49	Mixed Families and Singles
19	Community Human Services Corporation	Families United	PH/PSH	Scattered	22	77	Families
20	Veterans Leadership Program	HUD Independence Program	PH/PSH	Scattered	12	22	Mixed Families and Singles
21	Chartiers Center	Hestia Project	PH/PSH	Scattered	80	97	Mixed Families and Singles
22	Bethlehem Haven	Haven Homes	PH/PSH	Facility	16	16	Singles
23	Mercy Life Center	Spectrum I	PH/PSH	Scattered	65	65	Singles
24	ACTION-Housing	Housing Plus 2	PH/PSH	Scattered	11	11	Singles
25	UPMC/Western Psychiatric Institute & Clinic	Neighborhood Living Program	PH/PSH	Scattered	64	97	Mixed Families and Singles
26	Veterans Leadership Program	Valor	PH/PSH	Scattered	12	23	Mixed Families and Singles
27	YWCA	YWCA WISH Program	PH/PSH	Scattered	24	55	Families
28	Veterans Leadership Program	Victory	PH/PSH	Scattered	16	41	Families
29	Goodwill Good Start	Good Start	PH/RRH	Scattered	5	10	Families
30	Allegheny County HMIS	Allegheny County HMIS	HMIS	N/A	N/A	N/A	N/A
31	Allegheny County HMIS Expansion	Allegheny County HMIS Expansion	HMIS	N/A	N/A	N/A	N/A
32	Allegheny Link	Allegheny Link	SSO	N/A	N/A	N/A	N/A
33	Sojourner MOMS	Open Arms	PH/PSH	Facility	9	21	Mixed Families and Singles
34	Goodwill of SW PA	Northside Common Ministries Permanent Housing Program	PH/PSH	Scattered	11	11	Singles
35	Sojourner MOMS	Moms II	PH/PSH	Facility	15	45	Families
36	Mercy Life Center	Path to New Life	PH/PSH	Scattered	9	9	Singles
37	YWCA	YWCA Chrysalis	PH/PSH	Scattered	19	41	Mixed Families and Singles
38	East End Cooperative Ministry	FAITH	PH/PSH	Scattered	27	82	Families
39	Community Human Services Corporation	Community Human Services Shelter Plus Care Program	PH/PSH	Combination	47	47	Singles
40	Community Human Services Corporation	Rapid Re-Housing for Families Demonstration Program	PH/RRH	Scattered	20	54	Families
41	YWCA	YW Bridges Rapid Re-Housing Program	PH/RRH	Scattered	9	21	Families
42	UPMC/Western Psychiatric Institute & Clinic	Next Chapter	PH/PSH	Scattered	14	14	Singles
43	Center for Victims	CV Housing Plus Program	PH/RRH	Scattered	16	38	Mixed Families and Singles
44	Alle Kiski HOPE Center	SAFE-At-Home	PH/RRH	Scattered	16	36	Singles and Families
45	Mercy Life Center	Trail Lane II	PH/PSH	Facility	16	16	Singles

Allegheny County Continuum of Care (PA-600)
2018 Continuum of Care Program NOFA
Priority Ranking

Rank	Agency	Project	Type of Program	Type of Program	UNITS	BEDS	Target Asub- Population
46	Mercy Life Center	A River to Home	PH/PSH	Scattered	41	41	Singles
47	Sisters Place	Sunrise Permanent Supportive Housing Program	PH/PSH	Scattered	10	25	Families
48	Auberle	At Home	PH/RRH	Scattered	10	10	Mixed Families & Singles
49	Community Human Services Corporation	Home At Last	PH/PSH	Scattered	25	47	Singles & Families
50	ACTION Housing Inc.	MyPlace PSH	PH/PSH	Scattered	5	5	Singles
51	Bethlehem Haven	Personalized Housing Options	PH/RRH	Scattered	20	20	Singles
52	Chartiers Center	ATLAS	PH/PSH	Scattered	15	15	Singles
53	Goodwill of SW PA	Good Start 2	PH/RRH	Scattered	15	35	Families
54	Community Human Services Corporation	"Key" to Success	PH/RRH	Scattered	35	64	Singles /Families
55	ACTION-Housing	MyPlace RRH	PH/RRH	Scattered	65	70	Mixed Families and Singles
56	Goodwill of SW PA	HARBOR -2-RRH	PH/RRH	Scattered	45	45	Singles
57	Bethlehem Haven	Haven Housing	PH/PSH	Scattered	20	20	Singles
58	UPMC/Western Psychiatric Institute & Clinic	Flex 15 Expansion	PH/PSH	Scattered	25	25	Singles
59	Gaudenzia Errie	G-PGH Phase 3	PH/RRH	Scattered	14	24	Mixed Families and Singles
Tier 2*							
59	Gaudenzia Errie	G-PGH Phase 3	PH/RRH	Scattered	14	24	Mixed Families and Singles
60	Mercy Life Center	A Step Forward	PH/RRH	Scattered	12	26	Families
61	UPMC/Western Psychiatric Institute & Clinic	Soteria Project	PH/RRH	Scattered	17	25	Mixed Families and Singles
62	Community Human Services Corporation	Housing Solutions	PH/RRH	Scattered	26	77	Singles & Families
63	Veterans Leadership Program	VLP Constitution	PH/RRH	Scattered	18	18	Singles
64	Alle Kiski HOPE Center	DV Bonus	PH/RRH	Scattered	50	100	Singles & Families
65	Mercy Life Center	Bridging the Gap Expansion	PH/PSH	Scattered	40	40	Singles
66	ACTION Housing Inc.	MyPlace PSH Expansion	PH/PSH	Scattered	5	5	Singles
67	Chartiers Center	Atlas Expansion	PH/PSH	Scattered	15	15	Singles
68	Auberle	At Home Expansion	PH/RRH	Scattered	10	10	Singles
69	Allegheny Valley Association of Churches	Hospitality Homes I Expansion	PH/PSH	Scattered	6	11	Singles & Families
Not Ranked							
Not Ranked	Allegheny County Department of Human Services	Allegheny County CoC Planning Grant	Planning	N/A	N/A	N/A	N/A
Not Ranked	Allegheny County Department of Human Services	UFA	UFA	N/A	N/A	N/A	N/A

Key
Operation Projects (Rank #29-31)
Reallocated Funds (Rank #58)
Domestic Violence Bonus Funds (Rank #64)
Regular Bonus Funds (Rank #65-69)
*Tier 2 splits a program (Rank #59)