

## 1A. Continuum of Care (CoC) Identification

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 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:** CA

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

## 1B. Continuum of Care (CoC) Engagement

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.**

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	No
Local Jail(s)	No	No	No
Hospital(s)	Yes	Yes	Yes
EMT/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	No	No
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Yes	No	No
Non-CoC Funded Victim Service Providers	Yes	No	No
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	No	No
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Foundations (Local)	Yes	Yes	Yes
Medical Outreach Teams Operation Safety Net	Yes	No	No
United Way	Yes	No	No

**1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.**

Membership in the CoC is open to any individual interested in contributing to and productively shaping the delivery of homeless services who attends one meeting of the CoC (meets bi-monthly) and provides contact info. Information about how to become a member of the CoC is posted on the Collaborative Applicant (DHS)'s website. Any member of the CoC can serve on the Homeless Advisory Board (HAB) Executive Committee or a HAB sub-committee. Each November, the HAB invites CoC members to join via nomination (self or by others). A street outreach rep. co-chairs a committee and guides planning around effective responses for the unsheltered, exemplifying partnerships outside of homeless services. Law enforcement, government officials, and the Housing Authorities (HA) are also actively engaged, with some serving on the HAB. HA input particularly assists the CoC in linking clients with Public Housing options so that clients can move quickly to permanent housing.

**1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
ACTION Housing	No	Yes	Yes
Auberle	No	No	No
FamilyLinks	Yes	Yes	Yes
Homeless Children Education Fund	No	Yes	Yes

**1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member**

**or sits on the CoC Board.**

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Alle Kiski Hope Center	No	No
Center for Victims	Yes	Yes
Women's Center and Shelter	No	No

**1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)**

If the HAB chooses to reallocate funding, they ask the Collaborative Applicant (DHS) to facilitate a formal, open & competitive procurement process. The CA drafts a RFP & communicates the opportunity to the public by: posting to its website, emailing an announcement to all providers (including sub-recipients), staff and anyone who has requested to receive notifications via the CA's website, posting in 3 newspapers & posting on www.PAbidsystem.com. While the solicitation is open, the CA receives questions from proposers & posts the answers on the website for public view. The CA assembles a diverse Evaluation Committee of stakeholders, including HAB members, who review responses to the RFP, after signing a Conflict of Interest statement. After they review & discuss, the Evaluation Committee submits a recommendation to the HAB. Any organization that meets the eligibility criteria outlined in the RFP can submit a response & potentially receive a project award.

**1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation?** Bi-Monthly

## 1C. Continuum of Care (CoC) Coordination

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.**

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	No
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

**1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.**

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	4
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	4
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	4
How many of the Con Plan jurisdictions are also ESG recipients?	2
How many ESG recipients did the CoC participate with to make ESG funding decisions?	2
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2

**1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)**

The CoC's Homeless Advisory Board (HAB) (meets bi-monthly) has representation from 3 out of 4 Con Plan jurisdictions. Con Plan jurisdictions also serve on the CoC Program Committee (meets monthly, Planning & Data Committee(meets monthly) and Evaluation Committee (meets as needed). The CoC shares data collected on PIT & HIC with Con Plan jurisdiction representatives (beyond those who serve on the HAB). The CoC pulls additional information from HMIS for Ad Hoc reports and for performance evaluation reports, which they share with the Con Plan jurisdictions as requested. Evaluation reports are generated yearly for ESG/Con Plan jurisdictions receiving ESG funds. All jurisdictions participate in PIT counts and request data from CoC for their Con Plans. The CoC fulfills the Con Plan data requests. Evaluation Worksheets are jointly developed by CoC & ESG & utilize the same measures.

**1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)**

The HAB CoC Program Committee establishes the performance standards & evaluation outcomes used to evaluate both ESG & CoC projects. These measures are the same for both projects & there is a regular exchange of information on issues (program & administrative) that arise. An ESG funder and sub-recipient co-chair the CoC Program Committee. The same evaluation criteria/data (approved by the HAB) is pulled from HMIS and used for both ESG & CoC outcomes. In addition, ESG participates on the HAB Planning and Data Committee which reviews data to determine the effectiveness of projects & plans for the development of further standardized reports across systems. HAB receives bi-monthly score cards on systems outcomes. Con Plan jurisdictions & ESG providers participate on the HAB and receive the reports.

**1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)**

The CoC has 3 VAWA-funded emergency shelters that also receive ESG and state funds. Two of these have CoC-funded TH that will be reallocated to RRH (increasing units from 15 to 32). All 3 participate in Coordinated Entry (CE). Through CE, individuals and families fleeing DV can choose to be referred to

only victim service sub-recipients, non-victim service sub-recipients, or both. CE staff make referrals to non-victim service sub-recipients through HMIS; victim service sub-recipients receive referrals through a warm transfer via phone. Clients may also call the DV crisis lines directly without going through CE. CE & DV staff are trained to protect client confidentiality, the location of DV facilities, and any information collected about the individual or family. DV providers often provide counseling and support to clients accessing housing at non-victim service providers. DV providers also provide training to homeless providers upon request on DV safety issues.

**1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Allegheny County Housing Authority	7.00%	Yes-Both
City of Pittsburgh Housing Authority	1.00%	Yes-Both

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

**1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)**

In addition to the Section 8 preference, the CoC has worked with the local HUD field office and subsidized housing providers to create a homeless preference in 6 project based Section 8 properties in the county. Other projects without the preference send the Collaborative Applicant (CA), the Allegheny County Department of Human Services (DHS), e-mails when they have vacancies or wait list openings and CoC sub-recipients are given this information so that clients can apply for those openings. The CA is also a "Local Lead Agency" for Low Income Housing Tax Credit projects, which has a set aside for target populations served by the CA, including individuals and families experiencing homelessness. The CA takes a lead role in serving as a clearinghouse between affordable housing providers and people experiencing homelessness and is recognized as an intermediary between affordable housing providers and those

seeking housing.

**1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
<b>Other:(limit 1000 characters)</b>	
CIT Training for Police Officers	<input checked="" type="checkbox"/>
Central Recovery Center is drop off for summary offenses in lieu of jail	<input checked="" type="checkbox"/>
Smart Phone App for Police Officers to connect homeless youth to services	<input checked="" type="checkbox"/>



## 1D. Continuum of Care (CoC) Discharge Planning

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.**

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

**1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.**

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

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons**

**discharged are not discharged into homelessness.  
(limit 1000 characters)**

## **1E. Centralized or Coordinated Assessment (Coordinated Entry)**

### **Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.**

**1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.  
(limit 1000 characters)**

The Coordinated Entry staff are available by phone, walk in or on site at Emergency Shelter, Drop in Centers & with Street Outreach to further assist those with significant barriers to access CE, as part of a larger effort to remove barriers to accessing housing. CE process matches people who are homeless with projects to meet their needs through adherence to CPD-14-012 & prioritization of those who are chronically homeless & with the highest service needs. Whenever possible and when appropriate, people are diverted from the homeless system. At CE, staff use the VI-SPDAT & additional questions to determine the project-type most appropriate for that household. An algorithm does a further match for project eligibility based on household size, disability, veteran status & other factors to ensure that households are referred to the projects that will best meet their needs. Street outreach, police & volunteers assist the unsheltered population to access CE.

**1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list, enter the information in the blank text box, click "Save" at the bottom of**

**the screen, and then select the applicable checkboxes.**

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aging and Disability Resource Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSBG Providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
211	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

### Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	51
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	9
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	42
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

### 1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

<b>Performance outcomes from APR reports/HMIS:</b>	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
<b>Monitoring criteria:</b>	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>

Need for specialized population services:

Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)**

The CoC scored all projects on performance before placing them in categories that prioritized the severity of needs and vulnerability of clients. The CoC ranked PSH projects that serve the chronically homeless (housing first) highest, followed by RRH projects that prioritize the chronically homeless (housing first), PSH & RRH that partially prioritize the chronically homeless (housing first), and lastly any non-housing first projects. This ranking approach provided special consideration of the most vulnerable (including those with health challenges, time on the street, criminal records, low/no income and vulnerability to victimization) by prioritizing projects that serve the chronically homeless; are housing first (reducing barriers to entry); & PSH. The HAB Evaluation Committee confirmed that projects serving focus populations, such as DV, youth & substance use, were in higher ranking categories. Attached is Project Ranking policy.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached. (limit 750 characters)**

The CoC posted Local Competition Review, Ranking & Selection criteria, Final Ranking List & info about the Appeals Process to the CA's website on August 16, 2016. The CA sent an email with the info above to ranked sub-recipients (all who applied for renewal and selected for reallocation) on Aug 16, 2016. Agencies who applied for reallocation (responded to an RFP) were notified before August 16. To determine which projects received reallocations, HAB asked the CA to issue 2 RFPs and abide by an open & competitive procurement process. RFPs were posted on the CA's website, the CA notified all providers, staff & agencies who signed up for RFP info via email, social media, by posting in 3 newspapers, and by posting to www.PAbidsystem.com

**1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached).** 09/08/2016

**1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)** Yes

**1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)** 06/02/2016

**1F-6. In the Annual Renewal Demand (ARD) Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW?** Yes

# 1G. Continuum of Care (CoC) Addressing Project Capacity

## Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The CA is responsible for monitoring all projects with the performance measures determined by the Homeless Advisory Board (HAB). The CA monitors performance using HMIS data & APRs as well as annual onsite visits (programmatic & fiscal) and reports the results to the HAB. The HAB, CA & sub-recipients all have access to a Tableau Dashboard to track performance, which offers up to date daily reports and compares project performance to the overall system. CA receives complaints from clients & reviews these as a part of performance. When performance does not meet the CoC established benchmarks, sub-recipients must submit a corrective action plan & receives additional TA from the CA and HAB on a case by case basis. The HAB has also developed an aggregate CoC performance scorecard to track trends over time. An individual score card is under development.

**1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?** Yes



## **2A. Homeless Management Information System (HMIS) Implementation**

**Intructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit.** Yes

**2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA.** Both CoC & HMIS are in CoC Governance Charter pages 2-7 & pages 14-15.

**2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.** Yes

**2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)?** Yes

**2A-4. What is the name of the HMIS software** Deloitte ACDHS HMIS Custom Software

**used by the CoC (e.g., ABC Software)?**

**2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?** Deloitte

## 2B. Homeless Management Information System (HMIS) Funding Sources

### Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2B-1. Select the HMIS implementation Single CoC coverage area:**

**\* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

### 2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$351,192
ESG	\$100,000
CDBG	\$0
HOME	\$0
HOPWA	\$0
<b>Federal - HUD - Total Amount</b>	<b>\$451,192</b>

### 2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
<b>Other Federal - Total Amount</b>	<b>\$0</b>

### 2B-2.3 Funding Type: State and Local

Funding Source	Funding
----------------	---------

City	\$0
County	\$82,732
State	\$393,651
<b>State and Local - Total Amount</b>	<b>\$476,383</b>

**2B-2.4 Funding Type: Private**

Funding Source	Funding
Individual	\$0
Organization	\$0
<b>Private - Total Amount</b>	<b>\$0</b>

**2B-2.5 Funding Type: Other**

Funding Source	Funding
Participation Fees	\$0
<b>Other - Total Amount</b>	<b>\$0</b>

<b>2B-2.6 Total Budget for Operating Year</b>	<b>\$927,575</b>
---	------------------

## 2C. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy):** 04/26/2016

**2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.**

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	444	79	346	94.79%
Safe Haven (SH) beds	57	0	57	100.00%
Transitional Housing (TH) beds	752	52	700	100.00%
Rapid Re-Housing (RRH) beds	232	0	232	100.00%
Permanent Supportive Housing (PSH) beds	2,005	0	1,566	78.10%
Other Permanent Housing (OPH) beds	40	0	40	100.00%

**2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)**

For PSH beds, the HMIS lead is working with the Veterans Administration to include HUD VASH beds as a part of HMIS. In the last HIC/PIT count, the VA had 439 beds that were a part of HUD VASH. The VA is considering assigning a person to receive HMIS training and to begin inputting data into HMIS. Another possible consideration is a data sharing agreement between the VA HOMES system and HMIS.

**2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.**

VA Grant per diem (VA GPD):	
FY2016 CoC Application	Page 21 09/13/2016

	<input type="checkbox"/>
<b>VASH:</b>	<input checked="" type="checkbox"/>
<b>Faith-Based projects/Rescue mission:</b>	<input type="checkbox"/>
<b>Youth focused projects:</b>	<input type="checkbox"/>
<b>Voucher beds (non-permanent housing):</b>	<input type="checkbox"/>
<b>HOPWA projects:</b>	<input type="checkbox"/>
<b>Not Applicable:</b>	<input type="checkbox"/>

**2C-4. How often does the CoC review or assess its HMIS bed coverage?** Quarterly

## 2D. Homeless Management Information System (HMIS) Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.**

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	7%	0%
3.3 Date of birth	0%	0%
3.4 Race	5%	2%
3.5 Ethnicity	3%	1%
3.6 Gender	1%	0%
3.7 Veteran status	5%	4%
3.8 Disabling condition	3%	6%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	12%	0%
3.15 Relationship to Head of Household	1%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	36%	0%

**2D-2. Identify which of the following reports your HMIS generates. Select all that apply:**

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>
Systems Performance Report	<input checked="" type="checkbox"/>

None	<input type="checkbox"/>
------	--------------------------

**2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?**

12

**2D-4. How frequently does the CoC review data quality in the HMIS?**

Monthly

**2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both.**

Both Project and CoC

**2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.**

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date. (limit 750 characters)**



## **2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count**

### **Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.**

**2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?** Yes

**2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)** 01/27/2016

**2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD?** Not Applicable

**2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy)** 04/26/2016

## 2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:**

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

**2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

**2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)**

All shelter data for the PIT was generated from HMIS with the exception of DV & other projects that do not report in HMIS. These projects utilized a standardized paper form, that collects data comparable to the data in HMIS.

The CoC reviews the PIT data annually. HMIS data provides the most up to date and accurate account of all sheltered information and provides an overall perspective of how the CoC is functioning in relationship to first time homeless, average length of time in shelter, etc. Sheltered PIT uses real-time, complete data from HMIS.

**2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)**

In 2015, the CoC used both paper and HMIS to generate the sheltered count. CA staff matched paper forms against HMIS to ensure accuracy. In 2016, the CA only used HMIS data if the sub-recipient participated in HMIS. The CA provided training to ensure that all sub-recipients entered data into HMIS in a timely and accurate manner. Non contracted providers and DV providers that do not enter into HMIS received training on proper completion of paper forms. The CA trained all sub-recipients around how and who to count in the PIT.

**2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? Yes**

**2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)**

Prior to the 2016 PIT, when family shelters were at capacity, households with children were temporarily placed in motels (numbers varied greatly). By January 2016, an Overflow Shelter was established with 20 units/beds varied based upon family size. RHY funded 8 TH units/beds and were added to the CoC PIT count in 2016. Seven State funded Penn Free Bridge Housing Project units/beds were moved to RRH. TH projects that were ending due to reallocation in January through March were under capacity or totally removed from the PIT count, due to no persons in the project and the project no longer in existence.

## 2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:**

Training:	<input checked="" type="checkbox"/>
Follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

**2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)**

HMIS was utilized to complete the HIC and PIT counts for 2016. This was the first year where no paper forms were utilized for HMIS sub-recipients. Non HMIS agencies/programs completed paper forms and the data was added to the HMIS data. All HMIS and all non HMIS data was reviewed by HMIS administrator for data quality and for accuracy of bed counts. All non HMIS agencies/programs were trained on the forms, timely submission and the importance of reporting data as accurately as possible.

## 2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.**

**2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes

**2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/27/2016

**2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD?** Not Applicable

**2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 04/26/2016

## 2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:**

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

**2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology. (limit 1000 characters)**

Homeless Outreach Coordinating Committee of the CoC managed the street count for 2016. HOCC is a committee of the CoC and has the best knowledge of the street counts and issues. HOCC members conduct street outreach weekly throughout the year and meet to case conference on specific consumers. Documented sites as well as any new reported sites were a part of the count. In addition new partners were added such as building inspectors, day programs, soup kitchens in an effort to identify new locations. Over a 3 day period, encampments & other locations were visited. Data was cross checked against shelter data from 1/27/16 to ensure no consumers were duplicated.

**2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015)**

**to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)**

The forms and basic format for administering the count remained the same. The area of coverage expanded between 2015 and 2016. The HOCC included outlying areas of the county and identified individuals living in abandoned houses (with the help of building inspectors), individuals experiencing homelessness at soup kitchens/food pantries and identified persons living in cars. The HOCC street outreach teams assumed a leadership role in conducting the count. Outreach teams now meet weekly to case conference and discuss encampments, as part of the CoC's overall effort to end chronic homelessness.

**2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count?** Yes

**2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)**

Multiple youth service providers are a part of and inform the work of the CoC. Further, the Unaccompanied Youth Task Force meets monthly to identify gaps in the availability of youth services, plan new services, forge connections among existing services, and improve quality of services. Through the efforts of this Task Force, an annual YOUth Count survey is administered each summer, seeking to identify all youth in the county who are unstably housed. In 2016, over 35 agencies engaged in the YOUth Count, including homeless providers, youth service providers, street outreach teams, and community organizations (i.e. libraries, churches and employment centers). The survey is designed so that counts can be compared to the annual PIT results for homeless youth, in addition to also identifying youth who are more broadly unstable, such as those who are doubled-up or staying in an unsafe location.

## 2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey questions:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)**

New partners were asked to address the count and the areas of coverage expanded. Outreach teams, which normally go out nightly, took a leadership role in training and gathering all information. They engaged clients and interviewed them to the degree that the person would answer questions. Volunteers used a standard format of questions that were developed from the HUD standards for the PIT. Clients could refuse to answer all or some of the questions; however, the client was still included in the count utilizing the questions they did answer.



## 3A. Continuum of Care (CoC) System Performance

### Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

#### \* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1,424	1,156	-268
Emergency Shelter Total	440	460	20
Safe Haven Total	69	54	-15
Transitional Housing Total	877	594	-283
Total Sheltered Count	1,386	1,108	-278
Total Unsheltered Count	38	48	10

#### 3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	4,274
Emergency Shelter Total	2,819
Safe Haven Total	87
Transitional Housing Total	1,566

### 3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

**(limit 1000 characters)**

According to the CoC’s most recent FY analysis, 88% of clients are first-time homeless. The CA (Allegheny County Department of Human Services) research staff has begun to examine its existing prevention projects that focus on short-term rental assistance and eviction prevention to determine if they are targeting the highest risk populations. The CA is also considering adopting a predictive analytics approach to targeting prevention services that could draw on its integrated data warehouse. In addition, the CoC’s Coordinated Entry (CE) emphasizes diversion by routinely asking callers to rely on natural supports or landlord mediation. Callers are also connected to one-time payments of arrearage or security deposits and a comprehensive database of over 400 subsidized housing projects. Finally, the CoC works closely with the county’s child welfare system to ensure families and older foster youth do not end up homeless.

**3A-3. Performance Measure: Length of Time Homeless.**

**Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.**

**(limit 1000 characters)**

The CoC has worked hard to reduce the average length of time homeless. The current average for ES, SH & TH is 160 days. By prioritizing chronic homeless with long lengths of homelessness, CE places these individuals & families first when openings occur. This year, the CoC decided to reallocate CoC funds away from all TH (17 projects) & into RRH and PSH. This is complemented by a strong CoC-wide effort to recruit landlords for RRH, Section 8, & other tenant based subsidy projects to reduce length of time clients spend in housing search. The CoC currently has 250 Section 8 vouchers with a homeless preference, which has allowed households to transition quickly from homelessness to PH through these partnerships. The HAB’s Data & Planning Committee uses HMIS data to track average length of time homeless (and other stats) in bi-monthly CoC scorecards. On-going efforts include work with emergency shelters to increase their focus on housing placement.

**\* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

**In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.**

**3A-4a. Exits to Permanent Housing Destinations:**

**Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the**

**retention of program participants in CoC Program-funded permanent supportive housing.**

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	1,566
Of the persons in the Universe above, how many of those exited to permanent destinations?	986
<b>% Successful Exits</b>	<b>62.96%</b>

**3A-4b. Exit To or Retention Of Permanent Housing:**  
 In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	2,258
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	1,875
<b>% Successful Retentions/Exits</b>	<b>83.04%</b>

**3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)**

CoC's HMIS system collects data on clients' homeless incidences and allows the CoC's Homeless Advisory Board (HAB) to track returns to homelessness by project type and system-wide. FY15-16 data on those that exited to permanent destinations showed 9% of ES returned within 2 years and 4% of TH and PSH. To reduce these returns, the CoC has several strategies. For families in shelter, the CA (DHS) has 5 case managers who work with clients to access services and rebuild natural/family support networks while they transition into PH. For both families and individuals that struggle with income, the CoC has homeless preferences for 6 HUD subsidized communities and 250 section 8 vouchers, all of which allow a household to move into and retain permanent housing. Finally, the CoC stresses income growth & linkages to services in project ranking criteria, so projects work closely with clients to ensure that they are able to sustain housing when they exit the CoC system.

**3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-**

**employment non-cash sources.  
(limit 1000 characters)**

The CA (DHS) employs a Community Resources Specialist whose responsibilities include connecting employment and training agencies with homeless providers. Representatives from both sectors meet regularly to discuss new projects and work to better coordinate services. The CoC also collaborates with the local Workforce Investment Board and its one-stop job center, CareerLink, to improve services for job-seekers with barriers to employment. A 2015 Community Services Block Grant created a partnership with CareerLink which provided supportive services designed to address needs such as transportation, child care, and other needs for persons with low income who are interested in accessing job placement services and career training programs. Sub-recipients utilized SOAR and utilize the PA COMPASS System to apply & access non cash benefits.

**3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.  
(limit 1000 characters)**

The Employment & Training Board (ETAB), staffed by CA's (DHS') Community Resources Specialist, meets bi-monthly to expand opportunities for homeless providers to connect their clients to various employment & training resources. In 2016, ETAB organized a day-long Homeless and Employment Services Forum which brought together over 60 providers. The ETAB collaborates with the local Workforce Investment Board and its one-stop job center, CareerLink, to improve services for job-seekers with barriers to employment. An email newsletter, e-SHARE, distributes specific information regarding employment and training opportunities such as Bidwell, Goodwill, AC Employment & Training, and others. The Resources Specialist is also able to address employment related issues with the entire provider network at the quarterly provider meetings.

**3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?  
(limit 1000 characters)**

Street Outreach Teams, which go out 5 days a week, 52 weeks a year, have an established list of areas where individuals experiencing homelessness congregate. In addition, the CoC notified building inspectors and police and asked them to contact the street outreach teams with information regarding locations and encampments on an ongoing basis. On tips from these sources and in specific areas known (by location and history), the street outreach teams go out routinely to engage individuals experiencing homelessness.

**3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that** Yes

**there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)?**

**3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?  
(limit 1000 characters)**

Street Outreach teams are out 5 days a week, 52 weeks per year to continually outreach to the entire county. When clients are identified by other sources (i.e. police, building inspectors, general public) outreach teams are dispatched to engage the client. With this method, outreach teams have identified areas where homeless are located and keep an up-to-date list of locations for the PIT. This list is kept weekly and discussed at the regular HOCC meetings.

**3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached.  
(mm/dd/yyyy)** 08/11/2016

**3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data.  
(limit 1500 characters)**

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

### Objective 1: Ending Chronic Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.**

- 1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;**
- 2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and**
- 3. The highest needs for new and turnover units.**

**3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).**

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	152	139	-13
Sheltered Count of chronically homeless persons	136	119	-17
Unsheltered Count of chronically homeless persons	16	20	4

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.  
 (limit 1000 characters)**

The total number of chronically homeless people decreased in the past year. Street Outreach teams meet regularly to discuss and compare location, case conference on specific clients and to track clients. These meetings occur at least monthly but more frequently when specific issues surface (e.g. street sweeps). Inputting into HMIS has enabled the CoC to better track chronic homeless status. In addition, the CoC is striving to move towards RRH. Over the past year, 9 projects have been reallocated to 7 RRH projects under the HUD 2015 grant. As a result, the CoC has reduced the number of TH projects in this HIC, which impacts the PIT.

**3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.**

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	464	585	121

**3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)**

To better serve clients with the highest needs and longest length of homelessness, the CoC has adopted the prioritization notice of CPD 14-012. The implementation of this prioritization at Coordinated Entry (CE) has resulted in the need for the CoC to increase dedicated beds to end chronic homelessness. Projects with high barriers are required to decrease barriers and adopt a housing first model to support and serve vulnerable individuals and families. Additionally, projects awarded in previous years have opted to increase dedicated chronic homeless beds. New PSH projects are dedicated solely to chronic homeless. Together these strategies have increased the CoC's total dedicated CH beds.

**3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?** Yes

**3B-1.3a. If "Yes" was selected for question** pages 1, 5-6,9

**3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.**

**3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?** Yes

This question will not be scored.

**3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)**

CoC has adopted the Prioritization for PSH outlined in CPD-14-012 and has also prioritized CH households for TH and RRH projects as outlined in the attached written standards. The COC has dedicated staff out in the community working with Street Outreach, the Severe Weather Emergency Shelter, and other service providers to extend the front door of CE for individuals with barriers and to ensure frequent, consistent offers of housing. New SAMHSA grant will increase Street Outreach capacity and increase timely access to Mental Health and D&A services. The Outreach committee of the HAB has prioritized creation of a by name list and case conferencing. These initiatives help in preventing episodic homelessness from becoming chronic and in moving CH persons to housing more quickly. CA is increasing staff capacity to ensure CH referrals are appropriate, correct, and timely.



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

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

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.**

**3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).**

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)**

The CoC has taken concrete steps to rapidly house families with children within 30 days. CE ensures only those with no other resources access the system and uses the VISPDAT to ID families & refer them to RRH & PSH, as appropriate. Once in the shelter work begins immediately with families through the shelter case managers and homeless services and supports coordinators. CE is adding an additional staff to expedite and facilitate the referral process for families from ES to RRH or PH quickly. CoC is working jointly with ESG to utilize RRH resources and to increase the number of RRH through the reallocation of TH in 2016 NOFA. CoC has also adopted a housing first approach across the CoC. RRH providers maintain lists of landlords/units willing to participate in RRH & continue to engage new landlords on an ongoing basis which is a key strategy to RRH. CoC has committed child welfare funding to programs serving families so they can rapidly move from ES to RRH or PH within 30 days.

**3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.**

	2015	2016	Difference
RRH units available to serve families in the HIC:	42	87	45

**3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)**

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
Monitoring of all referral thru coordinated entry & review of all denials by Collaborative Applicant on an daily basis	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).**

**PIT Count of Homelessness Among Households With Children**

	2015 (for unsheltered count,		
FY2016 CoC Application		Page 42	09/13/2016

	most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	196	132	-64
Sheltered Count of homeless households with children:	196	132	-64
Unsheltered Count of homeless households with children:	0	0	0

**3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)**

The CoC decreased by 64 the # of homeless families in the PIT. In part, this is due to an increased emphasis on Rapid Re-Housing over the past 2 years. In 2015 9 TH projects were reallocated to 7 RRH projects. ESG also increased RRH funding and several state-funded TH projects became RRH. In addition, DHS provides Family Resource Specialists to work with families in shelters to move quickly to PH and to retain that PH. The # of unsheltered families in the PIT remains 0 because of the CA commitment to keep families with children off the streets. Child welfare dollars supplement the CoC to make this possible.

**3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.**

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

**3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.**

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>

Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
412 Youth Zone- Comprehensive Service Center for Homeless & Foster Youth; RHY Street Outreach	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)**

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).**

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	0	0	0

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)**

N/A

**3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.**

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$1,573,508.00	\$1,590,562.00	\$17,054.00
CoC Program funding for youth homelessness dedicated projects:	\$1,054,638.00	\$1,071,692.00	\$17,054.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$518,870.00	\$518,870.00	\$0.00

**3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?**

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	10
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	4
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	18

**3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)**

The Homeless Education Network (HEN) is a long standing workgroup of Homeless Liaisons, homeless providers, local government, and foundation partners, which meets regularly to address the unique educational needs of homeless youth. HEN holds a Summit each year and sponsors meetings quarterly. This group also holds bi-monthly work group meetings to address problems such as transportation, enrollment barriers, school supplies, and communication between homeless providers and educators to increase the effectiveness of services. HEN also works to ensure that the needs of preschoolers are met, including increasing access to Head Start and Early Head Start and tracking the developmental progress of infants and toddlers who are homeless. Ongoing collaboration is also supported between school districts, school liaisons and homeless services through a dedicated Resource Services Manager and an analytic team assessing data on homelessness among school aged youth.

**3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and**

**procedures that homeless service providers (CoC and ESG Programs) are required to follow.  
(limit 2000 characters)**

In addition to system-level meetings between education and homeless providers, CoC & ESG programs are required to have an Education Liaison on staff who is responsible for ensuring that the educational and developmental needs of children enrolled in their program are being met. The Education Liaisons and the school Homeless Liaisons meet bi-monthly to problem solve and work on common barriers like transportation, enrollment & attendance. These groups also engage in cross training activities including presentations on coordinated entry, accessing the homeless system, trauma & poor educational outcomes experienced by homeless children. Information among these various groups is shared via an e-Share newsletter. These activities create a knowledge base of the resources available and position both Homeless and Education Liaisons to be able to inform participants of services available to them, and effectively connect them to those resources. Also available at emergency shelters are Homeless Services and Supports Coordinators who are able to assist families with enrolling children in school, setting up the foundation on which children can access the education they are entitled to. Additionally, 19 school districts have a Data Sharing Agreement with the CA, allowing the tracking and analysis of social service involvement, school attendance, grades & other data which increases objectivity & evidence base for understanding and responding to the unique needs of homeless children. Information gained through this data is used to develop additional methods for ensuring access to services for homeless individuals and families.

**3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?  
(limit 1000 characters)**

DHS, as the Collaborative Applicant for the CoC, is able to connect homeless families to a number of contracted service providers for infants and young children. For example, all homeless families with children under 6 are offered a developmental screening through providers. If an area of concern is identified, they are referred to the appropriate Early Intervention provider. They often come to family shelters to do assessments on-site. The DHS Homeless Services and Supports Coordinators also assist families to enroll in Head Start, child care and public pre-K and perform developmental screenings for children. Coordinated Entry (CE) for the CoC, also screens all families with children ages 0-5 for early intervention services and refers families to Home Visiting programs. Families that call or walk in to CE for shelter also connect to Home Visiting supports.

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

### Objective 3: Ending Veterans Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.**

**3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).**

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	216	167	-49
Sheltered count of homeless veterans:	207	164	-43
Unsheltered count of homeless veterans:	9	3	-6

**3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)**

CoC decreased the number of homeless veterans due to the comprehensive efforts of the Veteran Boot Camp over the past year. Street Outreach and the VA worked endlessly to identify street homeless. The CoC also has a veteran focused drop in center which assisted with identifying and housing veterans. CoC yearly is a part of the planning for the annual veteran Stand Down event. This event annually identifies homeless veterans and the CoC jointly works to connect identified veterans to appropriate housing and services. In August 2015, 405 veterans (355 males and 55 females) were identified at the Stand Down. The 2016 Stand Down will be September 24.

**3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)**

The CE system incorporates VA funded programs, including Grant per Diem, VASH, SSVF and some private funded programs for veterans, so that veterans who call CE can still be referred to VA funded services. CE staff also ask each veteran their discharge status and try to direct those who are eligible for VA services to access VA services. If the veteran cannot or will not call the VA for housing or homeless resources, CE staff will refer to the CoC funded system. The VA and the CoC regularly meet to share information on available resources. VA staff also go directly to shelters, drop in centers and participate in street rounds to identify and engage veterans who are eligible for VA funded services. VA is a member of Homeless Advisory Board (HAB).

**3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).**

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	83	167	101.20%
Unsheltered Count of homeless veterans:	29	3	-89.66%

**3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016.** Yes

This question will not be scored.

**3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016? (limit 1000 characters)**

The CoC has had a partnership with local HUD field office, VAMC, Mayors Office, CA, and local homeless and veteran service providers that have been working to end veteran homelessness since August 2014. The group meets bi-weekly to direct this work. Efforts include development of a Master List of all homeless vets in the CoC that is populated from HMIS and HOMES, bi-weekly Case Conferencing meetings to discuss newly identified vets and those who are on the list longest, reallocating TH projects to RRH, reduction of barriers to entry in the shelter and TH projects, and moving GPD programs toward a bridge



housing model. The CoC has a draft plan ready to be submitted to USICH once the remaining 1 benchmark is met. The CoC still needs to reduce the length of time to house homeless vets to under 90 days before the plan can be submitted, which should be accomplished by the end of 2016.

## 4A. Accessing Mainstream Benefits

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients?** Yes

**4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?**

### FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	66
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	66
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

**4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)**

The CoC partners with Enroll America, the Consumer Health Coalition, APPRISE and local health care navigators to assist in enrolling homeless individuals in health insurance. Enroll America has done presentations at Quarterly sub-recipient meetings and goes on site to shelters and CoC funded projects to educate staff and clients on ways to obtain health insurance. Navigators and partners attended Stand Down and other events to assist those without insurance in the enrollment process. In December 2015, the CoC helped to launch the H2 initiative. H2 is undertaking the system changes

needed to enhance integration and collaboration between housing and healthcare systems. The CoC will use HMIS to track those clients without insurance and further incentivize healthcare enrollment through project ranking. Through these partnerships street medicine teams have seen insured rates go from 17% to 83% insured and those with a PCP identified go from 7% to 47%.

**4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?**

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

## 4B. Additional Policies

**Instructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?**

### FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	66
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	64
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	97%

**4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?**

### FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	66
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	64
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	97%

**4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?**

Direct outreach and marketing:	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">X</div>
--------------------------------	---

Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

**4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.**

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	86	154	68

**4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?** No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?**

(limit 1000 characters)

n/a

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

**4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons**

**defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)**

n/a

**4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition?** No

**4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)**

n/a

**4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application.** Yes

**4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.**

This response does not affect the scoring of this application.

CoC Governance:	<input checked="" type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input checked="" type="checkbox"/>
Rapid re-housing:	<input checked="" type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

**4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.**

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
CoC Governance	10/26/2015	5
Coordinated Entry	06/01/2016	5
HMIS	06/01/2016	5
Retooling transitional housing	05/31/2016	5
Rapid Re-Housing	05/02/2016	5

## 4C. Attachments

**Instructions:**

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	PA 600 Rejection ...	09/12/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	PA 600 Screen Sho...	09/12/2016
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	PA 600 Ranking Ra...	09/13/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	PA 600 August 16,...	09/12/2016
05. CoCs Process for Reallocating	Yes	PA 600 Reallocati...	09/09/2016
06. CoC's Governance Charter	Yes	PA 600 Homeless A...	08/16/2016
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy & Pro...	09/13/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PA Housing Author...	08/30/2016
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No	PA 600 Order of P...	08/17/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	PA 600 System Per...	08/16/2016
14. Other	No	Homeless Preference	08/27/2016
15. Other	No		



## Submission Summary

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

Page	Last Updated
<b>1A. Identification</b>	08/14/2016
<b>1B. CoC Engagement</b>	09/12/2016
<b>1C. Coordination</b>	09/13/2016
FY2016 CoC Application	Page 57
	09/13/2016

<b>1D. CoC Discharge Planning</b>	08/14/2016
<b>1E. Coordinated Assessment</b>	09/08/2016
<b>1F. Project Review</b>	09/13/2016
<b>1G. Addressing Project Capacity</b>	09/08/2016
<b>2A. HMIS Implementation</b>	09/08/2016
<b>2B. HMIS Funding Sources</b>	08/17/2016
<b>2C. HMIS Beds</b>	09/13/2016
<b>2D. HMIS Data Quality</b>	08/16/2016
<b>2E. Sheltered PIT</b>	08/14/2016
<b>2F. Sheltered Data - Methods</b>	09/13/2016
<b>2G. Sheltered Data - Quality</b>	09/12/2016
<b>2H. Unsheltered PIT</b>	08/24/2016
<b>2I. Unsheltered Data - Methods</b>	09/13/2016
<b>2J. Unsheltered Data - Quality</b>	09/12/2016
<b>3A. System Performance</b>	09/13/2016
<b>3B. Objective 1</b>	09/12/2016
<b>3B. Objective 2</b>	09/12/2016
<b>3B. Objective 3</b>	09/13/2016
<b>4A. Benefits</b>	09/12/2016
<b>4B. Additional Policies</b>	08/27/2016
<b>4C. Attachments</b>	09/13/2016
<b>Submission Summary</b>	No Input Required