

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

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

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

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

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: PA-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 application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	No	No
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	Yes	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	No
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	No
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	No
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	No
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Local Foundations	Yes	Yes

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

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

The CoC is structured to continuously build on stakeholder input. The governing board (HAB) holds public bi-monthly meetings and is supported by committees that meet monthly and have open membership. Meeting notices are publicly posted online and reminders are emailed across the CoC. Agendas and materials are shared in advance to prepare attendees for participation. HAB meetings include an open comment portion and there is public comment prior to any HAB vote. Further, the HAB coordinates with several workgroups engaged in specialized topics tied to homelessness, e.g., healthcare, to align planning efforts and build capacity. Finally, in developing the CoC’s 5-year plan to prevent and end homelessness, the HAB gathered broad input through a series of community meetings, focus groups and surveys. This input was instrumental in identifying priorities and designing system solutions. These processes allow the CoC to both gather new ideas and receive feedback on proposed plans/activities

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

The CoC is open to anyone interested in contributing to & productively shaping the delivery of homeless services. Membership is always open & information is posted on the CoC webpage. The CoC’s governing board (HAB) accepts new members annually through a nomination process that is publicly posted, distributed via email & announced at the bi-monthly public CoC meeting. During the annual nomination process, the HAB also considers CoC stakeholder involvement & conducts targeted outreach to bolster participation of any group that may be under involved. This outreach has been effective in establishing cross-sector engagement (e.g., the HAB includes the Assistant Chief of Police). The CoC emphasizes the importance of consumer voice in creating a responsive system and utilizes the relationships of service providers to engage & support homeless/formerly homeless individuals; such individuals serve on the board, participate in committee meetings & were active in the strategic planning process

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must

**include the date(s) the CoC made publicly knowing they were open to proposals.
(limit 1000 characters)**

The CoC uses a formal, open and competitive procurement process to identify new projects for both reallocation and bonus funds. After analyzing local needs, the CoC issues a public RFP, open to any organization. It includes detailed instructions for submission and is broadly distributed: posted online (CA's website & www.PAbidsystem.com), emailed to service providers across the region and posted in multiple newspapers. Proposals are reviewed by a diverse review committee, including CoC board members, and are scored based on the criteria outlined in the RFP. For the FY17 Competition, the RFP was distributed on 4/19/17 and included evaluation criteria around organizational capacity, ability to implement Housing First and plans to meet program standards including working with coordinated entry and HMIS.

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	No
Temporary Assistance for Needy Families (TANF)	No
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

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

The CoC has 2 ESG recipients: Pittsburgh City Planning Department and the Allegheny County Office of Economic Development. Both recipients work collaboratively with the CoC’s lead administrative organization and CA (DHS),

to plan and allocate the funds. Final funding decisions are reached together and factor in CoC policy and funding priorities. ESG also leverages DHS funding for behavioral health, child welfare and other supports for shared clients. This year ESG used the CoC performance-based ranking tool to evaluate ESG applicants. The other 2 Con Plan jurisdictions (4 total in CoC) are McKeesport and Penn Hills. The CoC provides PIT, HIC and HMIS data on projects by area to all 4 Con Plans. All 4 jurisdictions have representatives on the CoC's governing board (HAB) and actively participate in committees. This ensures that their Consolidated Plans are aligned with CoC knowledge and vision for the homeless system.

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

The CoC has 3 VAWA-funded emergency shelters that also receive ESG and state funds. Two of these have CoC-funded RRH. All 3 participate in Coordinated Entry (CE). Through CE, individuals and families fleeing DV can choose to be referred to only victim service agencies, non-victim service agencies, or both. CE staff make referrals to non-victim service providers through HMIS; victim service providers receive referrals through a warm transfer via phone. Clients may also call the DV crisis lines directly. CE & DV staff are trained to protect client confidentiality, the location of DV facilities, and any information collected about the individuals 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 and CE staff upon request on DV safety issues. Finally, DV providers are active in the CoC planning, include representation on the governing board.

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

Collaborating with the CoC's VAWA-funded agencies, DV trainings are provided to CE staff & service providers on a rolling basis, including trainings on identification, intervention, referrals, & safety issues. The CoC's Core Training Collaborative also offers trauma informed care (e.g., TIC during assessment) and mental health first aid trainings multiple times a year. DV data from HMIS, CE, & the DV providers' comparable summaries are used to assess the level of need & unit availability for DV beds across the CoC. This analysis guided the decisions on the number of DV RRH beds to target in FY16 reallocation and to maintain DV beds for the FY17 Competition. CE staff assisting survivors of DV confirm that a safety plan is in place; if not, immediate safety issues are discussed & the client is connected to a DV provider for ongoing safety

planning. CE staff ensure that the client can share information safely during the contact and are transparent about information collection & storage

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

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Allegheny County Housing Authority	1.76%	Yes-HCV
Housing Authority City of Pittsburgh	7.92%	Yes-HCV
McKeesport Housing Authority		No

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

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

The CoC has an active working relationship with the McKeesport Housing Authority (MHA). They have had multiple productive conversations about beginning a HCV homeless preference program. Currently, however, MHA is not admitting new voucher holders due to over-allocation. MHA has committed to re-initiating the conversation once they have the ability to issue new vouchers. It is important to note, that in comparison to the City of Pittsburgh and the Allegheny County Housing Authorities, MHA is small and accordingly, less critical to the overall needs of the CoC. Further, the other two HA's have waived their residency requirements for people on Section 8, enabling those vouchers to be used in McKeesport.

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

**implementation of an anti-discrimination policy.
 (limit 1000 characters)**

In 2015, the CoC's lead administrative agency (DHS) issued Standards of Practice addressing sexual orientation, gender identity and expression (SOGIE). The standards apply to DHS and its contractors, which include all CoC agencies. Included is guidance on housing and placement, recognizing that for LGBTQ individuals, access to appropriate housing is critical to ensuring well-being. Quarterly SOGIE trainings are available for homeless service providers and the SOGIE project manager & CoC program staff are currently developing technical assistance for shelters to address physical space and staff issues. SOGIE's monthly electronic resource newsletter is available to the CoC. In January 2016, a series of focus groups were conducted to capture the experiences of transgender youth in shelter regarding safety, gender identity experiences, disclosure and client needs. SOGIE also developed a resource called Homeless Service Provider Tips for Trans-Inclusivity.

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

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

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

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>

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

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

Instructions

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

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

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

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

1E-2. Severity of Needs and Vulnerabilities

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

In developing the FY17 review and ranking process the CoC considered the most recent analysis of system-wide needs and beds, the CE prioritization of the most vulnerable, and the CoC's dedication to high performing services. The ranking tool evaluated programs using standard metrics by program type for utilization rates, housing outcomes, income & benefits outcomes, recidivism, cost effectiveness, data quality and housing first performance. Programs could provide written explanation for why it may have had lower outcomes in a specific area; i.e., Programs serving large percentages of clients with substance abuse disorders, serious MH diagnoses, CH, youth with histories of abuse, and criminal histories could explain the impact of these vulnerabilities on their outcomes. The review committee took these considerations into account when establishing the final scores. Of note, some of the highest scoring programs serve clients with serious mental illness and co-occurring disorders.

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

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

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

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

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

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

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

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

Reallocation: Option 2

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

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 06/06/2017

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

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 09/01/2017

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

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

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. Governance Charter page 2- 3, page 14 Appendix B

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

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

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

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

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	521	79	416	94.12%
Safe Haven (SH) beds	40	0	40	100.00%
Transitional Housing (TH) beds	531	25	443	87.55%
Rapid Re-Housing (RRH) beds	442	0	417	94.34%
Permanent Supportive Housing (PSH) beds	2,181	0	1,775	81.38%
Other Permanent Housing (OPH) beds	58	0	0	0.00%

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

The CoC is dedicated to data-driven, quality informed decision making, and as such is continuously active in engaging providers to participate in HMIS. The rate for PSH is significantly impacted by 388 HUD VASH beds that are not in HMIS. The CoC has been in talks with the local VA for 2 years on utilizing HMIS; these discussions are ongoing, and promising movement is being made towards implementation. The remaining 16 beds that are not currently in HMIS will be starting in October 2017. The 58 beds of OPH are a single program operated by a private faith based organization that chooses not to participate in HMIS. The CoC continues to engage this provider and coordinate with them in a number of other systematic ways, including their participation in CoC meetings and their inclusion in the annual HIC and PIT counts.

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

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 03/21/2017

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

Instructions:

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

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

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 03/21/2017

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

Instructions:

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

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

The CoC sheltered PIT decreased by 16 from 2016 to 2017. The collection methodology and data quality - HMIS data for all programs except DV and the severe weather shelter, which complete individual interview forms – were unchanged. Most of the changes in the sheltered PIT count results were due to changes in programs. From 2016 to 2017, CoC shifted funds away from TH and SH (resulting in 146 fewer TH and 32 fewer SH consumers). At the same time, the CoC opted to keep its “severe weather” shelter open the entire winter rather than only on coldest days in an effort to better engage chronic street homeless. The result was an increase of 162 consumers in ES.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? Yes

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

Beds Added:	77
Beds Removed:	255
Total:	-178

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

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

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

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

2017 PIT saw an increase in the number of teams participating, and an expanded area of coverage. Previous PIT counts did not cover the Allegheny or Mon Valley areas and instead concentrated efforts in the city of Pittsburgh. This year saw expansion into the river towns and boroughs. The Homeless Outreach and Coordinating Committee of the CoC's governing board coordinated the effort as they have in previous years, but recruited more individuals and faith based groups to participate. The result was a slight increase in the number of persons counted. In addition the SWES was open the entire winter (November through March) so more persons were housed the night of the survey than in previous years.

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

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

The CoC has a strong group of youth-serving organizations that has been meeting as an Unaccompanied Youth Taskforce for over 4 years. In past years, it conducted 2 summer YouthCount surveys (online and in-person) to better identify locations youth live, and to document their needs. Focus groups of youth were used to design the surveys. Input from the surveys and members of the Taskforce informed this year’s PIT planning. A broad scope of youth serving organizations, including Youth Taskforce members and child welfare staff, participated in collecting unsheltered PIT data at the locations where they

engage with youth, including the county's one-stop-shop drop-in center for homeless youth. The RHY-funded youth outreach team led the street effort, utilizing their relationships and knowledge from conducting weekly street outreach.

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

CoC has successfully focused on ending Veteran Homelessness for the past several years. This year, the use of a by-name-list and close tracking of homeless Veterans resulted in fewer total homeless Veterans (as they've been housed) but a slight increase in unsheltered Veterans due to the increased knowledge about who and where they are. Similarly, the CoC's street outreach teams meet weekly to discuss the most vulnerable individuals (often CH) and develop engagement and housing plans. The collective knowledge of these groups was used to develop the 2017 unsheltered PIT plan. Street outreach teams also now do direct data entry into HMIS, increasing the efficiency and accuracy of the count. The CoC has always prioritized ensuring no families with children under 18 are living on the street. The Child Welfare system coordinates with the CoC to place families temporarily in hotels if there is no shelter space available. This approach is well established and reiterated by the 2017 PIT.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

From FY15 to FY16, the number of first time homeless for those entering ES, SH and TH projects (SPM metric 5.1), decreased by 295 persons. Similarly, for those entering ES, SH, TH and PH (SPM metric 5.2), the CoC saw a decrease of 394 persons who were homeless for the first time. CE is used to identify those at-risk and to provide resources to avoid homelessness. Persons are screened and only those with no options are referred to housing or placed in shelter. Persons who are not homeless, but are at-risk due to factors such as doubling up, pending eviction, or loss of employment, are diverted to prevention resources. These include rental assistance, landlord mediation, budget counseling and public benefit navigation. Coordination with other systems, such as hospitals, behavioral health, education and criminal justice is also utilized to prevent homelessness for those at-risk. DHS, the CoC's lead administrative agency and home of CE, oversees these strategies.

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

From FY15 to FY16, the CoC experienced an increase of 15 days in the average length of time (LOT) homeless for persons in ES and SH projects (SPM metric 1.1). When including TH projects (SPM metric 1.2), the average LOT homeless only increased by 3 days. The CoC believes the increase in LOT in ES is mostly due to temporary growing pains as the CoC shifts from TH to

RRH. Many new RRH projects started in 2016 and took time to gear up and improve their ability to place clients quickly. The CoC works with all RRH to share best practice and closely tracks outcomes including LOT to residential move-in. To identify and house those with longest LOT homeless, CE uses HMIS data on ES and street outreach clients and factors that into prioritization. The CoC's lead administrative agency, DHS, oversees this strategy and the CoC governing board reviews outcome data.

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

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

From FY15 to FY16, the CoC experienced a 4% increase in successful exits for street outreach programs (SPM metric 7a-1), a 2% decrease (from 37% to 35%) in successful exits from ES, SH, TH and RRH (SPM metric 7b.1) and a 5% increase (from 83% to 88%) in successful exits and retention in all other PH projects (SPM metric 7b.2). The CoC's strategy (past year and moving forward) focuses on effective case management that provides linkages to supports to increase income & non-cash benefits and connects persons to community supports for MH, D&A, physical health and childcare. Trainings are held which assist providers on evaluating & accessing these supports. The CoC's lead administrative agency, DHS, oversees this strategy. Additionally, the CoC's new 5-year strategic plan includes a priority around increasing supply of and access to affordable housing, including strategies to establish additional homeless set-asides and expand relationships with PHAs.

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

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

From FY15 to FY16, the CoC experienced a 2% increase (from 105 to 155) in the number of homeless returning within 2 years (SPM measure 2). The CoC supports multiple strategies to reduce these returns. First, while in RRH, progressive engagement supports housing maintenance while encouraging participants to self-sufficiency. Prior to exit, participants are connected to subsidized housing, income and community resources such as MH, childcare, healthcare and benefits. For some, resource connections also include participation in CSBG self-sufficiency programs or referrals to Home Visiting (supports families around child development). In general, these strategies are successful at keeping returns to homelessness low. If someone returns to homelessness, CE can identify this in the HMIS history. Moving forward, CE will flag individuals and families that are returning for enhanced case management.

The CoC's lead agency, DHS, oversees the strategy to reduce the rate of return to homelessness.

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

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

From FY15 to FY16, the CoC experienced an increase from 7% to 39% in adult stayers with increased total income (SPM metric 4.3); an increase from 43% to 49% in adult leavers with increased total income (SPM metric 4.6); and increases in earned, non-employment & total income for both stayers & leavers. The Employment & Training Board (ETAB), staffed by CA's Community Resources Specialist and including the local WIOA agency & the one-stop CareerLink Service, meets bi-monthly to expand opportunities for CoC providers to connect their clients to employment & training resources. In 2016, ETAB held its 2nd annual Homeless and Employment Services Forum, bringing together over 74 participants. In addition, a monthly newsletter provides employment & training opportunities/information; trained SOAR staff assist CoC clients; and the Consumer Health Coalition & DHS are partnering to assist eligible inmates apply for SSI/SSDI who are being released from County Jail & are at risk of homelessness.

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

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

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

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

Instructions

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

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	585	759	174

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

Total number of beds dedicated as Dedicated Plus	109
Total number of beds dedicated to individuals and families experiencing chronic homelessness	972
Total	1,081

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

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

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

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

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

The CoC’s initial strategy, completed this past year, was reallocating all TH for families into RRH. As of the 2017 HIC, the CoC has 390 beds for family RRH, a 72% increase from 2015. The current strategy, led by the CoC’s administrative agency (DHS), is multi-faceted: CE diverts any family it can from homelessness by connecting them to resources and benefits. When diversion is not possible, families go to shelters where they immediately begin to work on a housing plan. Most have referrals to RRH or PSH. Extra case-managers are staffed at family shelters to help with housing. New RRH projects have struggled to place families in units within the CoC’s 30 days goal. To assist, DHS created a RRH Community of Practice to share best practice, offer peer support, and review both system and each RRH provider performance data monthly. Further, the CoC’s new 5-year strategic plan includes a Housing Navigator that will engage landlords and help all households across the CoC find units quicker.

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	87	100	13

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

The CoC’s anti-discrimination policies do not allow providers to deny admission, or separate family members, based on age, sex, gender, LGBT status, marital status or disability. These policies are included in the CoC’s HMIS manual, Policy and Procedures manual and program contracts. All program denials must be approved by DHS’s Bureau of Homeless Services (DHS is the lead

administrative agency for the CoC). The only acceptable reasons to deny admission are: (1) unable to contact client or (2) clients are no longer homeless or in need of service. If a provider attempts to deny admission to a client for reasons that are not in compliance with the anti-discrimination policy, the Bureau rejects the denial and provides technical assistance on how to best to serve that client.

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

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

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

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

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

The CoC secured RHY funding for a youth street outreach program and a transitional living program, and child welfare operates a drop-in center for youth. The CoC funds 80 RRH, 5 PSH, and 18 shelter beds for youth experiencing homelessness. The CoC began tracking all homeless youth by name on a Master List on 5/1/17 and started case conferencing in June 2017. The master list tracks youth from initial contact through move into PH, including offers of PH, contact information, service provider assigned, and PH destination. At case conferencing, each client on the list is discussed, including removing barriers to

PH, where to find the youth, other housing options available outside of the CoC, possibilities for family reunification, and other info that may lead to successful housing outcomes. Case conferencing begins with youth who have been on the active list the longest. Those who are CH are prioritized. The CoC also uses the TAY VI-SPDAT to prioritize youth with significant vulnerabilities for PSH. Youth who score outside of the PSH range are offered RRH or other mainstream housing services. While the CoC is waiting for a full year's data to claim success, the efforts are beginning to show results, as housing placements are increasing and the time youth remain in shelter or on the street decreasing. The CoC is able to offer shelter or other temporary housing to any homeless youth who requests it, which should also support a very small number of unsheltered youth.

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

CoC requires all HUD and state funded programs that serve families with minor children to have an Education Liaison on staff to ensure that the educational and developmental needs of pre-schoolers and school aged children are met. This staff ensure that children are enrolled in school and assist with transportation, paperwork, immunizations, and other school requirements. Housing Support Service Coordinators provide additional support in family shelters, assisting families in understanding their educational rights, streamlining access to school and connecting to other education professionals. All homeless infants and toddlers are also referred to agencies that assess the child's development in accordance with state law. Finally, the CoC has a Homeless Children's Education Network (HEN) quarterly meeting, which includes policy and procedure development, trainings (e.g., rights of homeless children; fostering school connections) and networking between the Homeless and Education Liaisons.

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

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	Yes
Head Start	Yes	No
Early Head Start	Yes	No
Child Care and Development Fund	Yes	Yes
Federal Home Visiting Program	Yes	Yes
Healthy Start	Yes	Yes
Public Pre-K	No	Yes
Birth to 3	Yes	Yes
Tribal Home Visiting Program	No	No

Other: (limit 50 characters)		

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

The CoC has a coordinated entry (CE) process in place where all VA funded programs are listed as available resources for veterans. Veterans who call or walk-in to CE are screened for VA eligibility and, if eligible, referred to VA funded programs. The CoC also has bi-weekly case conferencing meetings for all homeless veterans. The local VAMC, housing authorities, and SSVF, GPD, and HUD funded homeless providers participate in these meetings. The VA eligibility for every veteran is discussed at these bi-weekly meetings and those veterans who are eligible for VA funded services are offered services through the VA first. The CoC then typically serves non-VA eligible veterans in the HUD and state funded programs and prioritizes non-eligible veterans for those programs through CE.

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

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

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

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

Instructions:

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

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

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

4A-1a. Mainstream Benefits

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

DHS, the CoC’s lead administrative agency and operator of CE, is responsible for overseeing the use of mainstream benefits to supplement CoC programs. Through CE, clients are connected to a number of resources: health navigators for health insurance enrollment assistance; a local anti-hunger agency for assistance in accessing Food Stamps, SSI, and TANF; local SOAR specialists for SSI/SSDI; and the county’s Office of Behavior Health for substance use programs. To ensure program staff have current information, DHS:

- partners with a SHIP program to host an educational series on eligibility, application, and coordination processes for Medicaid and Medicare;
- runs an annual Medicare Basics event, 3-4 events focused on varied timely issues, and an overview of upcoming Medicare products;
- presents regularly to providers how to access various subsidized housing

programs in the county; and
 •publishes a monthly electronic bulletin for program staff on mainstream benefits and opportunities

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

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	68.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	68.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

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

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	68.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	68.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

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

The CoC's outreach teams go out 5 days every week, and coordinate with volunteer groups who engage clients on weekends. They attempt to cover the entire geographic area; however, the county has wooded, secluded areas that are hard to reach and areas with abandoned buildings that are sometimes used by homeless individuals but difficult to discover. When CoC partners, including CE, law enforcement, local governments or community representatives identify a new location, outreach teams are dispatched. The CoC is also working to increase mechanisms to better reach those least likely to request assistance: police, city workers and librarians directly contact outreach teams through a web-app (BigBurgh) when they encounter someone in crisis; CE has mobile workers that go with street outreach to make sure those least likely to call are assessed and receive referrals; and the CoC has a SAMHSA grant that pays for additional outreach workers specifically for people with serious mental illness.

**4A-5. Affirmative Outreach
 Specific strategies the CoC has implemented that furthers fair housing as**

detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.

Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

CoC has implemented coordinated entry through a central phone number and drop in center, the Allegheny Link. CE has a contract for language translation services (including sign language) and has produced its marketing material in English and Spanish. Staff from DHS (the CoC's administrative lead agency and operator of CE) attend meetings to explain access to the homeless system; these meetings include the Immigrants and Internationals Task Force, Disability Task Force, and other meetings that serve people with disabilities, racial and sexual minorities, and other protected classes. CE also employs 2 Field Service Coordinators who go into the streets, shelters, and drop in centers to assist homeless individuals who are reluctant to call or drop in to the central location. DHS also serves on the City's Affirmatively Further Fair Housing Task Force, which promotes fair housing and is advocating for adding homelessness as a protected class in the city's Human Relations Act.

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

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	300	442	142

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

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

Attachment Details

Document Description: CoC's (PA 600) notice to rejected and reduced projects

Attachment Details

Document Description:

Attachment Details

Document Description: CoC's (PA 600) process and procedure for review and ranking of projects for 2017

Attachment Details

Document Description: Public Posting and Letter Notification to Projects for Ranking List and Rating and Review Procedure

Attachment Details

Document Description: CoC's (Pa 600) process for identifying funds to be reallocated and projects to receive those funds

Attachment Details

Document Description: PA 600 Governance Charter

Attachment Details

Document Description: HMIS Procedure Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PA 600 Housing Authorities Homeless Pref. Plan

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: PA 600 HDX Performance Measures

Attachment Details

Document Description: CoC's (PA 600) Community Strategic Plan to Prevent and End Homelessness (approved by the governing board July 2017)

Attachment Details

Document Description:

PA 600 Continuum of Care HUD 2017 Submission

Rankin	Agency	Project	Type of Program	UNITS	BEDS	Type	Population	Sub-Population	Address
1	UPMC/Western Psychiatric Institute & Clinic	Soteria Project	PH/RRH	17	25	Scattered	Mixed Families and Singles		5231 Penn Avenue, Pittsburgh, PA 15224
2	UPMC/Western Psychiatric Institute & Clinic	Flex 50 Families	PH/PSH	51	180	Scattered	Families		5231 Penn Avenue, Pittsburgh, PA 15224
3	UPMC/Western Psychiatric Institute & Clinic	Flex 15	PH/PSH	15	20	Scattered	Mixed Families and Singles		5231 Penn Avenue, Pittsburgh, PA 15224
4	UPMC/Western Psychiatric Institute & Clinic	Neighborhood Living Program	PH/PSH	64	97	Scattered	Mixed Families and Singles		5231 Penn Avenue, Pittsburgh, PA 15224
5	Mercy Life Center	Bridging the Gap	PH/PSH	17	17	Scattered	Singles		249 S. 9th Street Pittsburgh, PA 15203
6	Mercy Life Center	Home for Good	PH/PSH	14	14	Scattered	Singles		249 S. 9th Street Pittsburgh, PA 15203
7	Pittsburgh AIDS Task Force	CHOICE II	PH/PSH	24	37	Scattered	Mixed Families and Singles	HIV AIDS	5913 Penn Avenue, 2nd Floor, Pittsburgh, PA 15206
8	Center for Victims	CV Housing Plus Program	PH/RRH	16	38	Scattered	Mixed Families and Singles	DV	5916 Penn Avenue Pittsburgh, PA 15206
9	Gaudenzia Errie	G-PGH Phase 3	PH/RRH	14	24	Scattered	Mixed Families and Singles		2012 Centre Avenue Pittsburgh, PA 15219
10	Community Human Services Corporation	Work Towards Sustainability from Crisis	PH/PSH	20	20	Scattered	Singles		301 Third Avenue Pittsburgh, PA 15222
11	UPMC/Western Psychiatric Institute & Clinic	Flex 51	PH/PSH	51	51	Scattered	Singles		5231 Penn Avenue, Pittsburgh, PA 15224
12	YWCA	YW Bridges Rapid Re-Housing Program	PH/RRH	9	21	Scattered	Families		305 Wood Street Pittsburgh, PA 15222
13	Gaudenzia Erie	Village I	PH/PSH	10	28	Scattered	Families		2012 Centre Avenue Pittsburgh, PA 15219
14	Community Human Services Corporation	Families United	PH/PSH	22	77	Scattered	Families		2525 Liberty Avenue Pittsburgh, PA 15222

15	UPMC/Western Psychiatric Institute & Clinic	Flex 30	PH/PSH	37	106	Scattered	Families		5231 Penn Avenue, Pittsburgh, PA 15224
16	Goodwill of SW PA	HARBOR -2-RRH	PH/RRH	45	45	Scattered	Singles		118 52nd Street Pittsburgh, PA 15201
17	Community Human Services Corporation	"Key" to Success	PH/RRH	35	64	Scattered	Singles /Families		2525 Liberty Avenue Pittsburgh, PA 15222
18	FamilyLinks Community Housing Program	Familylinks Community Housing Program	PH/PSH	12	21	Scattered	Mixed Families and Singles		401N. Highland Avenue, Pittsburgh, PA 15206
19	Pittsburgh AIDS Task Force	Choice I	PH/PSH	15	24	Scattered	Mixed Families and Singles	HIV AIDS	5913 Penn Avenue, 2nd Floor, Pittsburgh, PA 15206
20	Community Human Services Corporation	Home At Last	PH/PSH	25	47	Scattered	Singles & Families		2525 Liberty Avenue Pittsburgh, PA 15222
21	Mercy Life Center	Personalized Housing Options	PH/RRH	20	20	Scattered	Singles		249 S. 9th Street Pittsburgh, PA 15203
22	ACTION Housing Inc.	MyPlace RRH	PH/RRH	65	70	Scattered	Mixed Families and Singles	Youth	611 William Penn Place, Suite 800 Pittsburgh, PA 15219
23	UPMC/Western Psychiatric Institute & Clinic	Next Chapter	PH/PSH	14	14	Scattered	Singles		5231 Penn Avenue, Pittsburgh, PA 15224
24	Sisters Place	Sisters Place Permanent Housing Program	PH/PSH	15	35	Scattered	Families		418 Mitchell Avenue Clairton, PA 15025
25	Bethlehem Haven	Haven Homes	PH/PSH	16	16	Facility	Singles		905 Watson Street Pittsburgh, PA 15219
26	Allegheny County HMIS	Allegheny County HMIS	HMIS	0	0	n/a	All Homeless Programs	n/a	Allegheny County Department of Human Services One Smithfield Street Pittsburgh, PA 15222
27	Allegheny County HMIS Expansion	Allegheny County HMIS Expansion	HMIS	0	0	n/a	All Homeless Programs	n/a	Allegheny County Department of Human Services One Smithfield Street Pittsburgh, PA 15222
28	Allegheny Link	Allegheny Link	SSO	0	0	n/a	All Homeless Programs	n/a	Allegheny County Department of Human Services One Smithfield Street Pittsburgh, PA 15222
29	Goodwill of SW PA	Good Start 2	PH/RRH	15	35	Scattered	Families		118 52nd Street Pittsburgh, PA 15201

30	Allegheny Valley Association of Churches	Hospitality Homes I	PH/PSH	20	49	Scattered	Mixed Families and Singles		1913 Freeport Road Natrona Heights, PA 15065
31	Sojourner MOMS	Moms II	PH/PSH	15	45	Facility	Families		5524 Hays Street, Pittsburgh, PA 15206
32	UPMC/Western Psychiatric Institute & Clinic	New Foundations I	PH/PSH	25	70	Scattered	Families		5231 Penn Avenue, Pittsburgh, PA 15224
33	Chartiers Center	Hestia Project	PH/PSH	80	97	Scattered	Mixed Families and Singles		437 Railroad Street Bridgeville, PA 15017
34	Alle Kiski HOPE Center	SAFE-At-Home	PH/RRH	16	36	Scattered	Singles and Families	DV	500 E. Eighth Avenue Tarentum, PA 15084
35	Mercy Life Center	Path to New Life	PH/PSH	9	9	Scattered	Singles		700 Wood Street, Floor 1 Pittsburgh, PA 15221
36	Auberle	At Home	PH/RRH	10	10	Scattered	Singles	Youth	1101 Hartman Street McKeesport, PA 15132
37	Community Human Services Corporation	Community Human Services Shelter Plus Care Program	PH/PSH	47	47	Scattered	Singles		2525 Liberty Avenue Pittsburgh, PA 15222
38	Sisters Place	Sunrise Permanent Supportive Housing Program	PH/PSH	10	25	25	Families		418 Mitchell Avenue Clairton, PA 15025
39	Gaudenzia Erie	Delores Howze Program	PH/PSH	6	14	Scattered	Mixed Families and Singles		2012 Centre Avenue Pittsburgh, PA 15219
40	East End Cooperative Ministry	FAITH	PH/PSH	27	82	Scattered	Families		6140 Station Street Pittsburgh, PA 15206
41	Goodwill Good Start	Good Start	PH/RRH	5	10	Scattered	Families		118 52nd Street Pittsburgh, PA 15201
42	Veterans Leadership Program	VLP Constitution	PH/RRH	22	22	Scattered	Singles	Veteran	2934 Smallman Street Pittsburgh, PA 15201
43	Mercy Life Center	A River to Home	PH/PSH	41	41	Scattered	Singles		249 S. 9th Street Pittsburgh, PA 15203
44	Goodwill of SW PA	Northside Common Ministries Permanent Housing Program	PH/PSH	11	11	Facility	Singles		1601 Brighton Road Pittsburgh, PA 15212
45	Mercy Life Center	Spectrum I	PH/PSH	65	65	Scattered	Singles		249 South 9th Street Pittsburgh, PA 15203
46	YWCA	YWCA WISH Program	PH/PSH	24	55	Scattered	Families		305 Wood Street Pittsburgh, PA 15222

47	Veterans Leadership Program	Liberty	PH/PSH	8	8	Scattered	Singles	Veteran	2934 Smallman Street Pittsburgh, PA 15201
48	ACTION Housing Inc.	MyPlace PSH	PH/PSH	5	5	Scattered	Singles	Youth	611 William Penn Place, Suite 800 Pittsburgh, PA 15219
49	ACTION Housing Inc.	Housing Plus 2	PH/PSH	11	11	Facility	Singles		723 Braddock Avenue Braddock, PA 15104
50	Mercy Life Center	Trail Lane II	PH/PSH	16	16	Facility	Singles		249 S. 9th Street Pittsburgh, PA 15203
51	Veterans Leadership Program	Victory	PH/PSH	16	41	Scattered	Families	Veteran	2934 Smallman Street Pittsburgh, PA 15201
52	Chartiers Center	ATLAS	PH/PSH	15	15	Scattered	Singles		437 Railroad Street Bridgeville, PA 15017
53	Sojourner MOMS	Open Arms	PH/PSH	9	21	Facility	Mixed Families and Singles		6803 Frankstown Avenue Pittsburgh, PA 15208
54	Veterans Leadership Program	Valor	PH/PSH	12	23	Scattered	Mixed Families and Singles	Veteran	2934 Smallman Street Pittsburgh, PA 15201
55	Mercy Life Center	A Step Forward	PH/RRH	12	26	Scattered	Families		249 S. 9th Street Pittsburgh, PA 15203
56	CHS Rapid Re Housing Demonstration	Rapid Re-Housing for Families Demonstration Program	PH/RRH	20	54	Scattered	Families		2525 Liberty Avenue Pittsburgh, PA 15222
57	Sojourner House MOMS	Sankofa	PH/PSH	12	37	Facility	Mixed Families and Singles		7056 Kelly Street, Pittsburgh, PA 15208
58	YWCA	YWCA Chrysalis	PH/PSH	19	41	Scattered	Mixed Families and Singles		305 Wood Street Pittsburgh, PA 15222
59	Mercy Life Center	Through Open Doors	PH/RRH	15	15	Scattered	Singles		249 S. 9th Street Pittsburgh, PA 15203
60	UPMC/Western Psychiatric Institute & Clinic	Flex 51 EXPANSION		38	38	Scattered	Singles		5231 Penn Avenue, Pittsburgh, PA 15224
61	Bethlehem Haven	Haven Housing	PH/PSH	20	20	Scattered	Singles		1410 Fifth Avenue Pittsburgh, PA 15219
62	Veterans Leadership Program	HUD Independence Program	PH/PSH	12	22	Scattered	Mixed Families and Singles	Veteran	2934 Smallman Street Pittsburgh, PA 15201

63	Mercy Life Center	Generations	PH/PSH	10	10	Facility	Singles		700 Wood Street, Pittsburgh, PA 15221
64	Mercy Life Center	Bridging the Gap Expansion	PH/PSH	40	40	Scattered	Singles		249 S. 9th Street Pittsburgh, PA 15203
65	Pittsburgh AIDS TaskForce	CHOICE II Expansion	PH/PSH	10	10	Scattered	Singles	HIV AIDS	5913 Penn Avenue, 2nd Floor Pittsburgh, PA 15206
66	FamilyLinks	Familylinks Community Housing Program Expansion	PH/PSH	10	10	Scattered	Singles		401 Highland Avenue, Pittsburgh, PA 15206
67	Allegheny Valley Association of Churches	Hospitality Homes I Expansion	PH/PSH	6	11	Scattered	Mixed Families and Singles		1913 Freeport Road Natrona Heights, PA 15065
68	Goodwill of SW PA	Good Start Expansion	PH/RRH	5	12	Scattered	Families		118 52nd Street Pittsburgh, PA 15201
69	Goodwill of SW PA	Northside Common Ministries Permanent Housing Program Expansion	PH/PSH	5	5	Scattered	Singles		1601 Brighton Road, Pittsburgh, PA 15212
70	Veterans Leadership Program	Liberty Expansion	PH/PSH	10	10	Scattered	Singles	Veteran	2934 Smallman Street Pittsburgh, PA 15201
71	ACTION Housing Inc.	MyPlace PSH Expansion	PH/PSH	3	3	Scattered	Singles	Youth	611 William Penn Place, Suite 800 Pittsburgh, PA 15219
n/a	Allegheny County Department of Human Services	Allegheny County CoC Planning Grant	Planning	0	0	n/a	n/a	n/a	Allegheny County Department of Human Services One Smithfield Street Pittsburgh, PA 15222