1A. Continuum of Care (CoC) Identification

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
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1A-1. CoC Name and Number: PA-600 - Pittsburgh, McKeesport, Penn Hills/Allegheny County CoC

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

1A-3. CoC Designation: UFA

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

1B. Continuum of Care (CoC) Engagement

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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1B-1. CoC Meeting Participants.

 For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:
 1. participated in CoC meetings;
 2. voted, including selecting CoC Board members; and
 3. participated in the CoC's coordinated entry system.

Organization/Person	Participates in CoC Meetings	Votes, including selecting CoC Board Members	Participates in Coordinated Entry System
Local Government Staff/Officials	Yes	Yes	No
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	No
Law Enforcement	Yes	Yes	No
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	Yes	No
EMS/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	No
Substance Abuse Service Organizations	Yes	Yes	No
Affordable Housing Developer(s)	Yes	Yes	No
Disability Service Organizations	Yes	No	No
Disability Advocates	Yes	No	No
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No

Youth Advocates	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	No	No
Domestic Violence Advocates	Yes	Yes	No
Street Outreach Team(s)	Yes	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
LGBT Service Organizations	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	No
Mental Illness Advocates	Yes	No	No
Substance Abuse Advocates	Yes	No	No
Other:(limit 50 characters)			
Foundations	Yes	Yes	No

1B-1a. CoC's Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.

Applicants must describe how the CoC:
1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2. communicates information during public meetings or other forums the CoC uses to solicit public information;
3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and
4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF. (limit 2,000 characters)

(1) The CoC is structured to continuously build on stakeholder input. CoC membership is broadly representative, including individuals who are homeless/formerly homeless, service agencies (homeless and non-homeless specific), planning and advocacy bodies, local government, and funders. This representation is also reflected in the governing board (HAB) and its Committees. To effectively engage stakeholders the HAB holds regular meetings, with materials shared in advance and comment collected both in advance of and during meetings. Meetings are open to the full CoC and the public, with the HAB meeting bi-monthly and the Committees, which focus on key topic areas essential to the facilitation of the CoC, meeting monthly. Additional engagement opportunities are scheduled pursuant to specific planning efforts. For example, in developing the CoC's 5-year plan, the HAB convened focus groups, community meetings and interviews, in addition to the standing meetings. In addition, presentations and trainings are held throughout

the year, further engaging other systems, including but not limited to: behavioral health professionals, crisis intervention teams, food assistance providers, health insurance advocates, aging providers. (2) Communications about meetings, forums and input opportunities occur through multiple channels, including email via the CoC distribution list and partnering groups' lists, posting on the CoC webpage, an e-share information bulletin for CoC providers, and announcement at CoC meetings. (3) Input is documented and reviewed by the HAB and used to guide the priorities and direction of the CoC—e.g., stakeholder input has guided the design, implementation and ongoing refinement of Coordinated Entry, the CoC's commitment to Housing First, and the CoC's Strategic Plan. (4) All materials are available in PDF format; interpretation and translation services, including ASL, are available as needed for meetings, and meetings are held in ADA compliant locations

1B-2. Open Invitation for New Members.

Applicants must describe:
1. the invitation process;
2. how the CoC communicates the invitation process to solicit new members;
3. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;
4. how often the CoC solicits new members; and
5. any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)

(1) The CoC is open to anyone interested in contributing to and productively shaping the delivery of homeless services. Membership requires participating in a CoC meeting and providing contact information. (2,4) Membership is always open, and information is posted on the CoC webpage, in addition to being shared through partners' distribution lists and contacts. The CoC's governing board (HAB) accepts new members annually through a nomination process that is publicly posted, distributed via email, and announced at the bi-monthly public CoC meetings. During the annual nomination process, the HAB also considers CoC stakeholder involvement and conducts targeted outreach to bolster participation of any group that may be underrepresented, helping to ensure the necessary array of organizations and individuals are involved. This outreach has been effective in establishing cross-sector engagement (e.g., representation from Law Enforcement). (3) To ensure effective communication with individuals with disabilities, interpretation and translation services, including ASL, are available as needed for meetings, and meetings are held in ADA compliant locations, including the ability for people with hearing devices to link directly into the audio system. (5) The CoC emphasizes the importance of consumer voice in creating a responsive system. With this recognition in mind, the HAB has collaborated with homeless services providers to engage and support homeless/formerly homeless individuals in participating in the CoC; such individuals serve on the board, participate in committee meetings, and were active in the strategic planning process. Currently, the CoC is exploring models to increase the voice of people with lived experienced in the work of the CoC's board. Additionally, the CoC has developed a Youth Action Board and meets monthly with youth who have experienced or are currently experiencing

homeless to solicit their ideas to improve the delivery of homeless services.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded.

Applicants must describe:
1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;
2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;
3. the date(s) the CoC publicly announced it was open to proposal;
4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and
5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.
(limit 2,000 characters)

(1) The CoC uses a formal, open and competitive procurement process to identify new projects for both reallocation and bonus funds. After analyzing local needs, the CoC issues a public RFP, open to any organization. The RFP includes detailed instructions for submission and is broadly distributed, including publicly posting online at both the Collaborative Applicant's website (which is used across the county for all funding through the Allegheny County Department of Human Services (DHS), and is regularly reviewed by service providers) and www.PAbidsystem.com, emailed to service providers across the region and posted in multiple newspapers. (2) Proposals are reviewed by a diverse review committee, including CoC board members, and are scored based on the criteria outlined in the RFP. Criteria include but are not limited to: organizational experience and capacity, implementation strategy, ability to implement Housing First and plans to meet program standards including working with coordinated entry and HMIS. Based on the score results and analysis of local needs, the review committee puts forth a recommendation to the CoC's board, who then review the recommendation and justification and make a final decision on projects to include in the application. For the FY19 Competition, the RFP for bonus funds was released on August 8, 2019. (4) To ensure effective communication with individuals with disabilities, all materials are available in PDF format; in addition, interpretation and translation services, including ASL, are available, and board meetings are held in an ADA compliant location that allows people with hearing devices to link directly into the audio system.

1C. Continuum of Care (CoC) Coordination

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1C-1. CoCs Coordination, Planning, and Operation of Projects.

  Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.

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

1C-2. CoC Consultation with ESG Program Recipients.

Applicants must describe how the CoC:
1. consulted with ESG Program recipients in planning and allocating ESG funds;
2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and
3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.
(limit 2,000 characters)

(1) The CoC has 2 ESG recipients, Pittsburgh City Planning Department and the Allegheny County Office of Economic Development, both of whom work collaboratively with the CoC to plan and allocate funds. Representatives from the ESG recipients are active in the CoC planning bodies, serving on both the governing board (HAB) and having a leadership position on the HAB's Analysis and Planning Committee. Additionally, ESG recipients, sub-recipients, and DHS (the CoC's administrative lead) participate in a bi-monthly planning meeting used for real-time review of ESG program performance and planning. As such, ESG is incorporated into CoC planning-at-large and the CoC is incorporated into ESG specific planning. This results in collaborative and mutually reinforcing planning for funds across the CoC, whether CoC Program or ESG funded. (2) A key responsibility of the Analysis and Planning Committee (co-chaired by an ESG recipient) is developing the annual performance reviews and ranking tool. The same tool is used for both ESG sub-recipients and CoC program sub-recipients, utilizing data from HMIS. The DHS analytics team also pulls the data for the CAPER reports needed by ESG. As such the CoC is fully involved in the evaluation and performance reporting of ESG Program Recipients. Further, there is cross-funding representation on the evaluation committees that review and rate CoC projects and make final ESG funding decisions. (3) PA-600 has four Consolidated Plan jurisdictions, the 2 ESG recipients plus 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 HAB and actively participate in committees. The existing CoC governance structure and the collaborative structure of work between the entities, facilitates strong communication and ensures the Consolidated Plans updates reflect local homeless information and the CoC vision.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions.   Yes to both

Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions.   Yes

Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it can be addressed in Consolidated Plan updates.

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

Applicants must describe:
1. the CoC's protocols, including protocols for coordinated entry and the CoC's emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and
2. how the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

(1) The CoC prioritizes safety and trauma-informed, victim-centered services across the system. Through CE, individuals and families fleeing DV can choose to be referred to only victim service agencies (via a warm transfer), non-victim service agencies (via HMIS), or both. The assessment includes the important screening domains for those with trauma histories including: trauma related symptoms, past and present mental disorders, substance use, social supports and coping styles. Additionally, shelters work directly with law enforcement and use a lethality assessment to ensure safety of those most at risk of violence/harm when presenting for service. When an emergency transfer is needed the provider or client notifies CE and parties work together to respond to the immediate safety needs to develop a plan, with placement taking priority over other households until resolution. If the family plan includes separation and relocation, CE will make accommodations for new units for each eligible member. Finally, DV providers are active in CoC planning, including serving on the governing board and committees, to integrate the needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors into planning processes. (2) Client choice is incorporated across the entire service process from the assessment, program matching, and housing preferences. Clients direct what types of eligible services they are seeking, and referrals are made based on client need at assessment. CE staff discuss safety relating to participation in the assessment process and the program matching process. The CoC has 3 DV emergency shelters and a fourth VAWA-funded provider that collaborate to provide a county-wide coordinated RRH program, DV-UP. This program maximizes the client's choice of housing through the 4 providers while still ensuring safety and maintaining confidentiality. Once housed through the CoC, services are survivor driven to regain safety and obtain self-sufficiency.

1C-3a. Training–Best Practices in Serving DV Survivors.

Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:
1. CoC area project staff that addresses safety and best practices (e.g.,

trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and
2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence.
(limit 2,000 characters)

Collaborating with the CoC's four VAWA-funded agencies, DV trainings are provided to CE staff and service providers on a rolling basis, including trainings on identification, intervention, referrals, and safety issues. DV providers offer specialized counseling and work collaboratively with non-victim service providers to support clients accessing housing. This relationship not only utilizes the expertise of the DV providers, but also expands the opportunity for non-victim service provider staff to see and learn from that expertise. DV providers also provide training to homeless providers and CE staff upon request on DV safety issues. The CoC's Core Training Collaborative also offers trauma informed care training, including a two-day training offered by the Trauma Think Tank, a human services wide initiative to ensure staff and partner organizations are informed and comfortable around the topics of trauma, resiliency, and wellness. Mental health first aid trainings, relating to both adult and youth populations, are also made available multiple times a year. Further supporting service delivery best practice for survivors of domestic violence, CE and DV staff are trained to protect client confidentiality and privacy, the location of DV facilities, and any information collected about the individuals or family, including ensuring ongoing communication is agreed upon when planning for safety. CE staff ensure the client can share information safely and are transparent about information collection and storage.

1C-3b. Domestic Violence–Community Need Data.

Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking.
(limit 2,000 characters)

The CoC has four domestic violence service providers which provide emergency shelter, rapid rehousing and support services for singles and families affected by domestic violence. These providers enter client level data into an HMIS-comparable database and provide de-identified aggregate data to the CoC and HMIS lead agency (DHS) for additional analysis. Facilitating the analysis of data is DHS's dedicated analytic unit focused on homelessness and housing, and the CoC Analysis and Planning Committee—a committee of the CoC's board (HAB) that meets monthly and provides ongoing analysis to support the planning of the CoC, at both the provider and system level. DV, HMIS and CE data are reviewed to better understand the needs of this population. This includes examining household composition, additional supportive services this population is receiving and employment needs. The analyses also identify gaps in service for this population. This involves quantifying the volume of households experiencing domestic violence and their needs for longer term housing and the rate at which units become available to meet the demand. This information informs CoC planning for this population. This analysis, along with discussion with domestic violence providers, allowed the CoC to accurately quantify the unmet need for rapid rehousing services for this affected population. This information informed the planning and application

for a DV-specific CoC Bonus project last year, for which the CoC was awarded.

*1C-4. PHAs within CoC. Attachments Required.

Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC's geographic area.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On
Allegheny County Housing Authority	8.10%	Yes-Both	Yes-Both
Housing Authority of City of Pittsburgh		Yes-Both	Yes-Both

1C-4a. PHAs' Written Policies on Homeless Admission Preferences.

Applicants must:
1. provide the steps the CoC has taken, with the two largest PHAs within the CoC's geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference–if the CoC only has one PHA within its geographic area, applicants may respond for one; or
2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)

The CoC has an established homeless admission preference through the Housing Choice Voucher program with the two largest housing authorities in the geographic area. Both PHAs sit on the CoC governance board (HAB), allowing for a close working relationship. The Homeless Admission Preferences were created five years ago and are an important part of the CoC Move On strategy. The CoC also collaborates with both PHAs on other voucher types including Mainstream Vouchers, Family Unification Program, and Fostering Youth to Independence vouchers. The preference allows participants of PSH, RRH, and transitional programs that will require a housing subsidy to maintain stability to move to the top of the HCV waiting list. The CoC makes referrals on an on-going basis to these two housing authorities so that program participants can have access to affordable, subsidized housing options. These preferences have enabled the CoC to open the back door of the homeless system into permanent housing, and create space in the system for newly identified homeless individuals and families to take their place. The CoC is strengthening its Move On strategy by providing pre-screening and eligibility review for HCV, application and housing search assistance, aftercare, and more effective communication to ensure a higher success rate in people obtaining and leasing up with vouchers.

1C-4b. Moving On Strategy with Affordable Housing Providers.

Applicants must indicate whether the CoC has a Moving On Strategy with

affordable housing providers in its jurisdiction.

Yes

If "Yes" is selected above, describe the type of provider, for example, multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs.
(limit 1,000 characters)

DHS, the CoC's administrative organization and Collaborative Applicant, has established a homeless preference with two local housing authorities in their housing choice voucher program and six HUD multi-family housing providers. In all of these preferences, clients must be ready to move on from an existing CoC permanent supportive, rapid, or transitional housing program and have a referral from the Collaborative Applicant. Referred clients will move to the top of the waiting list at each program. These preferences have enabled the CoC to open the back door of the homeless system and allow newly identified homeless individuals and families to take their place in permanent, rapid, and transitional housing units. The CoC is strengthening the move on strategy by providing after-care, application and housing search assistance, and more effective communication to ensure a higher success rate in people successfully obtaining vouchers and multi-family assistance.

1C-5. Protecting Against Discrimination.

Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.
(limit 2,000 characters)

DHS, the CoC's administrative organization and UFA, monitors admissions for all homeless providers to ensure they further fair housing by providing housing and supportive services to persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability. Any denial of service is reviewed and if a denial of admission is deemed to be a fair housing violation, it is invalidated, and the sub-recipient is required to admit the household; all CoC providers receive an explanation of fair housing protections. In instances where clients believe they are experiencing housing discrimination, referrals are made to the local fair housing agency. Additionally, in 2019, DHS hired two housing navigators who have launched a comprehensive training curriculum for homeless providers that includes training on housing discrimination and the Fair Housing Act and Equal Access. Providers also are offered a landlord/tenant training which includes fair housing and equal access discussions. DHS staff also serve on Pittsburgh's Affirmatively Furthering Fair Housing Task Force, which promotes fair housing. In addition, DHS includes the Office of Equity and Inclusion with six full-time staff members who support equity and inclusion initiatives across the agency, including Immigrants and Internationals and sexual orientation, gender identity and expression. In addition to managing the existing efforts of these initiatives, the office is also charged with developing the department's first agency-wide equity plan. This effort is being supported by the Government Alliance for Racial Equity (GARE), a national network of government agencies working to achieve

racial equity and advance opportunities for all. In addition to planning, the Office of Equity and Inclusion is available to support staff in all DHS offices in advancing equity with trainings, case consultations, resource development and special projects management.

*1C-5a. Anti-Discrimination Policy and Training.

Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act?	Yes
3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing?	Yes

*1C-6. Criminalization of Homelessness.

Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area.

1. Engaged/educated local policymakers:	X
2. Engaged/educated law enforcement:	X
3. Engaged/educated local business leaders:	X
4. Implemented communitywide plans:	
5. No strategies have been implemented:	
6. Other:(limit 50 characters)	

1C-7. Centralized or Coordinated Assessment System. Attachment Required.

Applicants must:
1. demonstrate the coordinated entry system covers the entire CoC geographic area;

2. demonstrate the coordinated entry system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach; and
3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner. (limit 2,000 characters)

(1) The CoC employs a centralized approach to CE that covers the entire CoC geographic area. CE can be accessed in multiple ways: by phone (35,000+ calls per year), walking into the office in downtown Pittsburgh (2,900+ per year), by email (400 per year), or through a mobile Field Unit that meets homeless individuals wherever they are (2,000+ contacts per year). Other call centers and community service providers (e.g. 211, Aging SeniorLine, food pantries) also assist connecting households to CE through warm transfers, emails, and connection to the Field Unit. (2) The CE Field Unit is particularly effective at reaching people who are otherwise unlikely to call for assistance. It consists of staff who partner with street outreach teams to bring CE to those who are unsheltered. Additionally, the Field Unit has regular hours at many of the day drop-in centers, medical clinics, and libraries where people experiencing homelessness may visit. Since adding the Field Unit, the percentage of people enrolled in RRH or PSH that reported "place not meant for human habitation" as their prior living arrangement has increased from 10% in 2015 to 24% in 2018. (3) The CE assessment process prioritizes based upon chronic homeless status, vulnerability (VI-SPDAT score) and length of time homeless. It also takes into consideration special populations: veterans, youth and those fleeing DV. This results in the people most in need of assistance being prioritized. For example, of the 563 people that entered PSH in 2018, 61% reported a mental health disability, 41% a substance abuse disorder and 21% had a physical disability. By placing chronic homeless at the top of our waitlist, our CE ensures they receive housing assistance first and as quickly as possible. (4) CoC's standard assessments are attached.

1D. Continuum of Care (CoC) Discharge Planning

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1D-1. Discharge Planning Coordination.

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

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1E. Local CoC Competition

Instructions

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*1E-1. Local CoC Competition–Announcement, Established Deadline, Applicant Notifications. Attachments Required.

Applicants must indicate whether the CoC:

1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition;	Yes
2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline;	Yes
3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and	Yes
4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline.	Yes

1E-2. Project Review and Ranking–Objective Criteria.

Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:

1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served);	Yes
2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and	Yes
3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served.	Yes

1E-3. Project Review and Ranking–Severity of Needs and Vulnerabilities.

Applicants must describe:
1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and
2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.
(limit 2,000 characters)

(1) The review, ranking and rating of projects considered the following severity of needs and vulnerabilities: chronic homelessness; multiple disabilities; zero income; and living in places not meant for human habitation. (2) These severities of needs were incorporated into the performance-based, data-driven process used to review, rate, and rank projects. Each year, a performance evaluation outcome tool (the Ranking Tool) is used to review, rate and rank all renewal projects. The tool is developed through the Analysis and Planning Committee (a Committee of the CoC's governing body) and informed by an assessment of score statistics from previous ranking tools, a review of system performance across measures, and input from CoC stakeholders to make point values reflect CoC performance benchmarks and priorities. The 2019 Ranking Tool reviewed and rated projects on metrics around: utilization; housing performance; income, health and non-cash benefits; program time; recidivism; data quality and timeliness; fiscal administration and effectiveness; programmatic monitoring results. In addition, the final section of the tool contributes points to projects based on the percentage of particularly hard to serve consumers they served. Based on entry assessment data in HMIS and comparable DV databases, projects received additional points based on the percentage of households served that: were chronically homeless; had person(s) with 2 or more disabilities; had adults with zero income; came from places not meant for human habitation. This incorporation of particularly vulnerable service participants into the ranking tool allows the CoC to place an objective rating on each program that considers both performance and the severity of client needs.

1E-4. Public Postings–CoC Consolidated Application. Attachment Required.

Applicants must:
1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or
2. check 6 if the CoC did not make public the review and ranking process; and
3. indicate how the CoC made public the CoC Consolidated Application–including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected–which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or
4. check 6 if the CoC did not make public the CoC Consolidated Application.

Public Posting of Objective Review and Ranking Process	Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing, Project Listings

1. Email	X	**1. Email**	X
2. Mail	☐	**2. Mail**	☐
3. Advertising in Local Newspaper(s)	☐	**3. Advertising in Local Newspaper(s)**	☐
4. Advertising on Radio or Television	☐	**4. Advertising on Radio or Television**	☐
5. Social Media (Twitter, Facebook, etc.)	☐	**5. Social Media (Twitter, Facebook, etc.)**	☐
6. Did Not Publicly Post Review and Ranking Process	☐	**6. Did Not Publicly Post CoC Consolidated Application**	☐

1E-5. Reallocation between FY 2015 and FY 2018.

Applicants must report the percentage of the CoC's ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.

Reallocation: 40%

1E-5a. Reallocation–CoC Review of Performance of Existing Projects.

Applicants must:
1. describe the CoC written process for reallocation;
2. indicate whether the CoC approved the reallocation process;
3. describe how the CoC communicated to all applicants the reallocation process;
4. describe how the CoC identified projects that were low performing or for which there is less need; and
5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.
(limit 2,000 characters)

(1) Each year the CoC assesses service needs, gaps, priority areas and project performance to develop a reallocation strategy that strengthens the CoC. For the FY19 NOFA, the reallocation process was as follows: 2019 Renewal Project Performance Outcome Tools (2019 Ranking Tool) were completed for every renewal project; the lowest performing project was identified for reallocation; and funds were directed to an expansion of the CoC's Coordinated Entry System. (2) The CoC approved the reallocation process via a vote by the board (HAB). (3) The reallocation process was distributed to the full CoC, including all subrecipients, through multiple emails and posting on the CoC's webpage. A public comment period was open to gather feedback before it went to the HAB for final approval. (4) Low performing projects were identified through the CoC's performance based and data driven review and ranking process. The 2019 Ranking Tool is organized around key performance measures (e.g., unit utilization; housing performance; recidivism; data quality; fiscal administration; etc.) and is populated with data from HMIS, fiscal data maintained through the

CoC's administrative lead, and monitoring results. Point values within the tool are set through an analysis by the HAB's Analysis and Planning Committee, which included a review of score statistics from previous ranking tools, a review of system performance across measures, and input from CoC stakeholders to make point values reflect CoC performance benchmarks and priorities. The Ranking Tool is objective and consistent across projects, enabling the CoC to systematically identify low performing projects. (5) The lowest scoring project was further assessed for year over year trends, indicating the low performance was a pattern and that the project has been underspending. This additional analysis further supported the rationale to reallocate funds so they could available for other resources to strengthen the performance of the CoC overall

DV Bonus

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1F-1   DV Bonus Projects.

Applicants must indicate whether the CoC is requesting DV Bonus projects which are included on the CoC Priority Listing: No

Applicant Name	DUNS Number
This list contains no items	

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
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2A-1. HMIS Vendor Identification.   Deloitte ACDHS HMIS Custom Software

Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.

2A-2. Bed Coverage Rate Using HIC and HMIS Data.

Using 2019 HIC and HMIS data, applicants must report by project type:

Project Type	Total Number of Beds in 2019 HIC	Total Beds Dedicated for DV in 2019 HIC	Total Number of 2019 HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	487	95	392	100.00%
Safe Haven (SH) beds	7	0	7	100.00%
Transitional Housing (TH) beds	169	0	169	100.00%
Rapid Re-Housing (RRH) beds	691	69	592	95.18%
Permanent Supportive Housing (PSH) beds	2,376	0	1,910	80.39%
Other Permanent Housing (OPH) beds	0	0	0	

2A-2a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-2.

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-2., applicants must describe:

1. steps the CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2. how the CoC will implement the steps described to increase bed coverage to at least 85 percent.
(limit 2,000 characters)

The CoC has complete bed coverage in HMIS across Emergency Shelter, Safe Haven, and Transitional Housing project types, and near complete coverage for Rapid Rehousing (RRH) projects. The RRH beds not in the CoC's HMIS are SSVF beds which are entered into the Balance of State HMIS because those projects serve clients in multiple SWPA counties. (1) The CoC's HMIS bed coverage for PSH is at 80% because the VA HUD VASH program (466 beds) does not currently participate in HMIS. The CoC and VA have been discussing this data challenge for over five years and this past year the VA agreed to start entering VASH beds into the CoC HMIS. However, the CoC is in the middle of switching HMIS vendors, a process that has proven to be extensively difficult and time consuming. All parties have agreed to wait until the new vendor is in place to train the VA VASH program staff in HMIS in order to keep the process as easy as possible. While the launch of the new HMIS has been potentially delayed until July 2020, the CoC believes it will begin to capture data on VASH beds within the next 12 months and will exceed the 85 percent coverage rate. (2) The CoC will implement the steps to increase bed coverage by completing the HMIS update and training VA VASH program staff on effectively using the system.

*2A-3. Longitudinal System Analysis (LSA) Submission.

Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0.   Yes

*2A-4. HIC HDX Submission Date.

Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)   04/01/2019

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

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
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**2B-1. PIT Count Date.
Applicants must enter the date the CoC
conducted its 2019 PIT count (mm/dd/yyyy).** 01/30/2019

**2B-2. PIT Count Data–HDX Submission Date.
Applicants must enter the date the CoC
submitted its PIT count data in HDX
(mm/dd/yyyy).** 04/01/2019

2B-3. Sheltered PIT Count–Change in Implementation.

 **Applicants must describe:
 1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
 2. how the changes affected the CoC's sheltered PIT count results; or
 3. state "Not Applicable" if there were no changes.
(limit 2,000 characters)**

 Not Applicable

*2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.

**Applicants must select whether the CoC
added or removed emergency shelter,** No

transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC's 2019 sheltered PIT count.

2B-5. Unsheltered PIT Count–Changes in Implementation.

Applicants must describe:
1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC's unsheltered PIT count results; or
3. state "Not Applicable" if there were no changes.
(limit 2,000 characters)

(1) A new strategy for more effectively covering the geographic region of the CoC was used for the 2019 PIT. Homeless providers, including street outreach teams, were asked to adopt a specific geographic area of the CoC and form a team. Each team then deployed specific strategies to canvas the geographic area they were responsible for. This approach enabled a more systematic and efficient coverage plan, that ensured responsibility for designated areas and helped avoid duplication of regions. Additionally, the approach allowed teams to think about canvasing approaches that were most appropriate to the specific area they were responsible for. This was further bolstered by the fact that team leads were familiar with the areas they were responsible for because they are providers serving those areas day to day. Training for team leaders was held on January 8, 2019. Team leaders then recruited and trained volunteers. In addition to the recruitment done by team leads, the CoC sought volunteers broadly and then matched them to teams needing additional volunteers. This approach bolstered the number of participants involved in conducting the count. (2) The new approach for the 2019 PIT resulted in the CoC more effectively covering the geographic area of the CoC. While results from the 2019 PIT indicate a fewer number of unsheltered people (48 in 2019; 56 in 2018), the CoC did identify people in new locations from previous years. For example, a person was found under a bridge in the southern edge of the CoC by a team lead by a collaboration of police and a homeless service provider serving that area.

*2B-6. PIT Count–Identifying Youth Experiencing Homelessness.

Applicants must:

Indicate whether the CoC implemented specific measures to identify youth experiencing homelessness in their 2019 PIT count.   Yes

2B-6a. PIT Count–Involving Youth in Implementation.

Applicants must describe how the CoC engaged stakeholders serving

youth experiencing homelessness to:
 1. plan the 2019 PIT count;
 2. select locations where youth experiencing homelessness are most likely to be identified; and
 3. involve youth in counting during the 2019 PIT count.
(limit 2,000 characters)

(1) The CoC has a strong group of youth-serving organizations that has been meeting around the needs of unaccompanied youth since 2014. Through this group, summer YOUth Counts were conducted in 2015 and 2016 in an effort to better identify youth experiencing housing instability, including identifying locations these youths live and documenting their needs. The YOUth Counts incorporated lessons learned from national initiatives with the same goal, and direct input from youth, gathered through youth advisory groups and focus groups with homeless youth. The CoC aimed to leverage best practices from the summer YOUth Counts to improve the annual PIT; results from the YOUth Counts demonstrated support for not doing a separate youth count, and rather integrating a concerted effort to identify youth into the full PIT. As such, the annual PIT sought to build on the engagement of youth serving agencies from the YOUth Counts into the full PIT. In 2019, this included key youth service organizations, including the County's one-stop drop-in center for homeless youth and the RHY funded youth street outreach team participating in the count. (2) The CoC relied on the expertise of our participating organizations to identify locations where youth experiencing homelessness were most likely to be counted. This expertise includes a youth-dedicated street outreach team, that is devoted to building positive, trusting relationships with runaway, homeless and street youth. This team conducts weekly outreach efforts and is directly linked to Pittsburgh's National Safe Place program, both of which position the team to plan key location points for the count. (3) The CoC got direct input from youth experiencing/formerly experiencing homelessness when planning and implementing the two YOUth Counts, and youth street outreach teams work with youth regularly; however, we are continuing to explore ways of effectively engaging more community members, including youth, in the counting process.

2B-7. PIT Count–Improvements to Implementation.

 Applicants must describe the CoC's actions implemented in its 2019 PIT count to better count:
 1. individuals and families experiencing chronic homelessness;
 2. families with children experiencing homelessness; and
 3. Veterans experiencing homelessness.
(limit 2,000 characters)

PIT sheltered count is generated from HMIS, with DV projects providing data from their comparable reporting systems. The CoC has implemented measures to support data quality, including establishing a dedicated staff member who reviews data quality monthly and works with providers to meet data quality standards. This includes the accurate documentation of CH, household composition, and veteran status. The unsheltered count methodology was strengthened for 2019, enabling the CoC to systematically cover more of the CoC's geographic area by having homeless providers, including those that serve veterans (including VA representatives), families with children and CH individuals and families, adopt a specific geographic area of the CoC and form a team to canvas that region. In addition, the CoC has implemented a number of

on-going practices to strengthen the identification and documentation of those who are experiencing homelessness and are CH, families with children and/or veterans: (1) The CoC's street outreach teams meet weekly to discuss the most vulnerable individuals, including those that are CH, and develop engagement and housing plans. Additionally, the CoC has provided TA and training around effectively documenting CH. (2) The CoC has always prioritized ensuring no families with children under 18 are living on the street. The Child Welfare system coordinates with the CoC to address family homelessness and has funded a number of family services, including prevention and family shelters. This approach is well established and has maintained a high level of accountability regarding the identification and response to families with children experiencing homelessness. (3) Allegheny County has received designation from USICH that it has ended homelessness among veterans in the CoC. This was accomplished in part by establishing a bi-weekly case conferencing for all homeless veterans, which maintains a by-name list of all identified homeless veterans.

3A. Continuum of Care (CoC) System Performance

Instructions

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*3A-1. First Time Homeless as Reported in HDX.

 Applicants must:

Report the Number of First Time Homeless as Reported in HDX.	3,302

3A-1a. First Time Homeless Risk Factors.

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

 (1) The CoC is very interested in continuing to strengthen its homeless prevention capacity. Currently, the CoC works closely with other systems and institutions to identify those at risk of homelessness and develop discharge planning protocols to ease the flow into homelessness. For example, child welfare case workers are trained to note risk factors such as families behind on rent or utilities and being precariously doubled-up, and the jail assesses housing needs before the release of inmates. The CoC is also working on a predictive risk model that utilizes administrative data (e.g. behavioral health, child welfare, criminal justice, public housing, aging, public benefits) and machine learning to identify human services clients that are at a high risk of

becoming homeless. (2) The CoC strategy to address risk factors is multi-faceted. This year we worked with Child Welfare to develop a new homeless prevention service specific to families active in that system so housing instability can be addressed early and homelessness avoided. We also created a mobile Housing Specialist to work with families in the community so they can address housing issues before they become crises. The CoC also has a Housing Navigation Unit that assists with referrals to affordable housing and a Diversion Specialist that provides direct assistance to participants in emergency shelter to exit rapidly. In addition, the CoC's CE identifies persons who are not literally homeless but at-risk and diverts them from the homeless system by referring to services such as rental assistance, landlord mediation, budget counseling, public benefit navigation, subsidized childcare, and early intervention programs. Finally, the CoC partners with housing authorities to prevent evictions in subsidized housing. (3) DHS, the CoC's lead administrative agency and home of CE, oversees these strategies.

*3A-2. Length of Time Homeless as Reported in HDX.

Applicants must:

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.	98

3A-2a. Strategy to Reduce Length of Time Homeless.

 Applicants must:
 1. describe the CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
 2. describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
 3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

(1) To reduce lengths of time homeless, the CoC is committed to a robust diversion effort at CE, a strong RRH strategy, and coordinated landlord outreach to expand access to affordable housing. With these strategies the CoC has seen a reduction in both average and median LOT homeless from FY17 to FY18 (e.g., median LOT has decreased from 47 to 38 days for persons in ES and safe haven, and 68 to 46 days when including persons in TH). Specific efforts include: continuing to emphasize the CoC goal of a median of 30 days in shelter and monitoring shelters' performance against that goal; providing intensive case management in family shelters to help connect to housing and related services; offering short-term financial assistance for security deposits and first month rent; and improving the capacity of all programs to complete faster housing searches by conducting a CoC-wide landlord engagement campaign including a Risk Mitigation fund. This fund has been successfully utilized and led to landlord retention as well as boosted participation. The CoC's Housing Navigation Unit also works with all programs to overcome barriers to finding permanent housing quickly. The move-in times for RRH participants have gone down from 49 to 25 days since implementation of this service. (2)

Using shelter performance data, CE identifies long stayers in shelters and conducts regular case conferences to work through barriers to rehousing. Similarly, the CE field unit and street outreach workers regularly review a by-name list of individuals on the street for potential case conferencing and reassessment. The CE process includes length of time homeless in prioritization, so the long-time homeless individuals/families will be referred to a housing program before a household with similar vulnerabilities but less time on the street or in shelter. Chronic homeless are prioritized above everyone for housing. (3) DHS, the CoC's lead administrative agency and home of CE, oversees these strategies.

*3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.	58%
2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	95%

3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

Applicants must:
1. describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
2. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
3. describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations; and
4. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

(1) The CoC is committed to connecting households to PH and has achieved increases. RRH exits to PH has increased from 70% in FY17 to 81% in FY18, while shelter exits to PH increased from 34% to 46% over the same period. Strategies used include: case conferencing to review long-term stayers in family shelter to provide specialized plans for successful exits to PH; a Diversion Specialist position was created to provide direct assistance to single shelter participants to become document ready, locate housing, and exit to PH; and

implementation of a process for RRH providers to submit a referral for reassessment for households that need additional supports to maintain housing stability—the referral is reviewed for case management suggestions as well as eligibility for CoC PSH or Housing Choice Voucher. For those that can self-resolve, the CoC provides rental assistance for subsidized or affordable market rate units. (3) The CoC has been extremely successful at making sure individuals and families in PSH retain their housing or exit to PH destinations. Of PSH households, 95% were successfully retained or exited. This is due mostly to staffing and training strategies that provide for effective case management in these programs. Staff are trained in Motivational Interviewing and Trauma Informed Care, helping participants to increase income and non-cash benefits and to link to community supports for mental health, substance abuse, physical health, employment and childcare. In 2018, the CoC piloted a Moving On initiative to identify PSH households that no longer need that level of service. As households are identified, they are connected to housing choice vouchers through the homeless preference or other subsidized housing options in the community. In 2019, DHS launched a PSH Community of Practice to help all PSH providers implement Moving On tools and strategies. (2, 4) DHS, the CoC's lead administrative agency, oversees these strategies.

*3A-4. Returns to Homelessness as Reported in HDX.

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.	3%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	4%

3A-4a. Returns to Homelessness–CoC Strategy to Reduce Rate.

Applicants must:
1. describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness;
2. describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families return to homelessness.
(limit 2,000 characters)

(1) The CoC has a very low rate of return to homelessness for those who exited to a permanent housing destination. Only 3% return in the first 6 months after exit and only 5% total return over a 2-year period. Using a combination of HMIS data and administrative data from DHS, the CoC's administrative agency and HMIS lead, we know common factors of those that do end up returning include: individuals and families that exited shelters (46% of those who return); people who struggle to stabilize in the first 6 months (52% of those who return do so in the first 6 months); and 63% have experienced behavioral health challenges. (2) The CoC works to ensure that people exiting shelter, RRH and PH do not return

to homelessness by supporting people most likely to return (shelter clients) in their transition to permanent housing. Prior to exit, case management is provided and linkages to community services and supports such as subsidized housing, employment resources, physical and behavioral health services, childcare subsidies and other public benefits they may need are provided. Families with young children are offered home visiting programs that support child development as well as connections to their local Family Support and Early Learning Resource Centers. In addition, strategies in Shelter include additional housing-specific case management from Homeless Supports and Services Coordinators (HSCCs). HSSCs engage individuals and families in shelter continue to work with them in the community after exit to ensure household stability. The CoC also offers financial assistance to help with security deposits and first month rent through RA programs. Finally, collaboration with the local housing authorities, and their commitment to homeless preference vouchers, mainstream vouchers and Family Unification Program vouchers has enabled us to reduce returns to homelessness by ensuring access to affordable housing. (3) DHS, the CoC's lead administrative agency, oversees this strategy.

*3A-5. Cash Income Changes as Reported in HDX.

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.	20%
2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.	28%

3A-5a. Increasing Employment Income.

 Applicants must:
 1. describe the CoC's strategy to increase employment income;
 2. describe the CoC's strategy to increase access to employment;
 3. describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
 4. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase jobs and income from employment.
(limit 2,000 characters)

(1, 2, 4) The CoC uses a multi-faceted strategy to increase employment income and access to employment for homeless service participants. DHS, the CoC's administrative organization, is responsible for overseeing the strategy to increase jobs and income from employment, including convening the Employment & Training Advisory Board (ETAB), a collaboration of homeless providers and workforce development professionals that expand opportunities for CoC providers to connect their clients to employment and training resources. ETAB members utilize their expertise to: improve integration between the

homeless and employment systems; directly identifying job opportunities and benefits access; and create networking opportunities to establish further linkages across the systems. This work aids CoC providers in having the knowledge, resources and connections to effectively support service participants in increasing employment income and access. (3) Mainstream employment organizations are directly involved in the CoC's work to increase cash income and employment. ETAB worked with Partner4Work, the local workforce development board, to offer tours, info sessions, and customized tools for CoC providers at the local one-stop American Job Center, PA CareerLink. This led to more effective utilization of PA CareerLink by individuals experiencing homelessness. With these partners, ETAB also assessed homeless services providers' utilization of mainstream employment-related resources and developed strategies to increase use, such as increasing providers' knowledge of employment resources, providing basic needs assistance to clients during job search, and increasing clients' job readiness. Additionally, in 2019, DHS and Partner4Work received a 2-year competitive grant as part of a national initiative to integrate the homeless and workforce development systems. The initiative is strengthening collaborative leadership, shared data, and facilitating the cross training of staff from both systems

3A-5b. Increasing Non-employment Cash Income.

Applicants must:
 1. describe the CoC's strategy to increase non-employment cash income;
 2. describe the CoC's strategy to increase access to non-employment cash sources;
 3. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase non-employment cash income.

The CoC strategy to increase non-employment cash income and sources targets systemic and individual interventions. DHS, the CoC's lead administrative agency and collaborative applicant, oversees the strategy. At the individual level, DHS coordinates with the County Assistance Office, operated by the Commonwealth of Pennsylvania, to ensure that CoC clients connect with necessary TANF benefits. Additionally, DHS has a direct referral relationship with SNAP via a local community-based advocacy organization, Just Harvest, that allows us to connect clients directly with services. At the system level, homeless service provider staff are trained to assist clients with determining eligibility and applying for public benefits that can increase both non-employment cash income and sources. The CoC also promotes awareness of non-employment cash income providers with homeless service providers and offers trainings on best practices, including SOAR. It is of significance to note that in 2019, Pennsylvania unfortunately ended its General Assistance program, which was an important source of non-employment cash income for homeless individuals.

3A-5c. Increasing Employment. Attachment Required.

Applicants must describe how the CoC:
 1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies;

and
2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.
(limit 2,000 characters)

(1) DHS, the CoC's administrative organization, facilitates the Employment & Training Advisory Board (ETAB), a collaboration of public & private organizations including homeless service providers, the public workforce development system, training & education providers, and employers. ETAB provides a forum for partners to come together, share resources, and eliminate employment barriers facing individuals receiving homeless services. In 2019, ETAB organized a roundtable for homeless services providers and local private employers. Providers educated employers about the clients they serve and services they provide, and employers discussed hiring practices and how to best help clients access and maintain employment. ETAB also arranged tours for providers of PA CareerLink (PACL), the county's one-stop American Job Center. ETAB continues to work with PACL to design tools to help homeless providers and their clients maximize PACL services. The CoC also produces a monthly bulletin for homeless service providers which includes job fairs, training opportunities and other employment resources. (2) In addition to ETAB, DHS has focused on building partnerships that better connect residents of PSH and other housing programs with sustainable employment. In 2019 DHS and the local workforce development board, Partner4Work, collaborated to obtain a private, competitive grant that will enable us to strategically integrate our systems. The initiative links collaborative leadership, improved data collection and sharing, cross training for staff from both systems, and a shared case review structure to help facilitate this integration. Also in 2019, DHS launched a partnership with the University of Pittsburgh School of Occupational Therapy (OT) to pair doctoral OT candidates with homeless services providers. The teams will work together to improve service delivery and support for clients interested in education and training, on-the-job training, internship, and employment opportunities.

3A-5d. Promoting Employment, Volunteerism, and Community Service.

Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC's geographic area:

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	☐
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).	☐
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	☐
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	☐
5. The CoC works with organizations to create volunteer opportunities for program participants.	☐
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	☐
7. Provider organizations within the CoC have incentives for employment.	☐

8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	☐

3A-6. System Performance Measures Data–HDX Submission Date

05/31/2019

Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)

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

Instructions

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https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

3B-1. Prioritizing Households with Children.

 Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.

1. History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
2. Number of previous homeless episodes	X
3. Unsheltered homelessness	X
4. Criminal History	X
5. Bad credit or rental history	X
6. Head of Household with Mental/Physical Disability	X

3B-1a. Rapid Rehousing of Families with Children.

 Applicants must:
 1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;
 2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once

assistance ends; and
3. provide the organization name or position title responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of them becoming homeless.
(limit 2,000 characters)

(1) The CoC strives to rehouse every household of families with children within 30 days of becoming homeless. The CoC has a policy not to have any unsheltered families with children. When a family reports not having anywhere safe to sleep, CE works with them to look for alternative solutions (diversion process). If they have no options, they are referred to shelter where they are offered case management through our Homeless Services Support Coordinators (HSSCs) and shelter staff. HSSC and shelter staff help search for permanent housing options, assist in overcoming barriers to housing and make referrals to outside supportive service agencies. Many families in shelter have referrals to RRH or PSH programs, whose staff are also held to a standard of housing families within 30 days. If the support staff have difficulty locating a unit, the Housing Navigators provide listings of affordable housing units to facilitate rehousing quickly. (2) In addition to housing assistance, HSSCs and the staff from CoC programs continue to work with families once they are housed to ensure they are stabilized in the community. This can include connections to mainstream services such as food assistance, medical benefits, education and employment resources, as well as physical and behavioral health support. If a family is struggling to maintain housing during an RRH program, the CoC utilizes a reassessment process that determines if the family is eligible for PSH. This process reviews barriers and provides case conferencing to maintain housing in or outside the CoC. For families in PSH, case conferencing is offered for additional support to maintain housing. (3) The organization responsible for this strategy is the CoC administrative agency, DHS. By tracking average/median length of time homeless for all shelters and the time from enrollment to move-in date for all RRH programs, the CoC can monitor, provide recommendations and concerns to ensure the CoC rapidly rehouses families.

3B-1b. Antidiscrimination Policies.

Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent housing (PSH and RRH)) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.

1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics.	X
2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics.	☐
3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	X

4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance.	X

3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing Needs.

Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:

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

3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.

Applicants must check all that apply that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

1. History of, or Vulnerability to, Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
2. Number of Previous Homeless Episodes	X
3. Unsheltered Homelessness	X
4. Criminal History	X
5. Bad Credit or Rental History	X

3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.

Applicants must describe how the CoC increased availability of housing and services for:
  1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and
  2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.
(limit 3,000 characters)

The CoC launched an effort to end homelessness among youth in 2017 and, as part of that effort, reviewed its system resources and earmarked areas to develop new resources. This youth focused review was in addition to the CoC's regular system needs assessments, which inform planning, including: reallocation decisions; bonus funds decisions; and efforts to seek resources beyond CoC program funds. Based on the reviews, and the CoC's commitment to ending youth homelessness, several strategies have been implemented to increase the availability of housing and services for youth, including those who are unsheltered. One strategy has been the increase of housing through CoC program funds. In 2017 the CoC shifted away from TH within the CoC program funds. With this shift existing youth exclusive TH programs were transitioned into RRH programs, and the number of beds were able to be increased, in addition to 5 PSH beds being added. Similarly, in this year's application, the CoC is seeking bonus funds for additional youth units. Another avenue the CoC has taken is securing resources outside of CoC program funds. This includes: the CoC secured RHY funding for a youth street outreach program and a transitional living program; the CoC operating a drop-in center for homeless youth that serves as a hub for services including an entry point to the CoC's CES, and funded with a mix of child welfare, foundation, state, and other funding; and a host home network operated by a CoC partner for youth experiencing homelessness that identify as a transgender person of color. Additionally, in 2018, the CoC successfully applied for 77 Family Unification Program Housing Choice Vouchers which provide rental assistance for up to 18 months, and the CoC is also applying for 25 Foster Youth to Independence Housing Choice Vouchers which will provide rental assistance and supportive services to youth experiencing homelessness for up to 36 months. Finally, in 2019, the CoC was awarded a grant under the Youth Homelessness Demonstration Program that will enable us to add to these resources. The remaining strategy the CoC has utilized is the ongoing analyses of existing resources and needs. In particular, the CoC began tracking all homeless youth by name on a master list on May 1, 2017 and started case conferencing in June 2017. The master list tracks youth from initial contact through move into PH, and case conferencing enables a deep dive into barriers, needs and opportunities to achieve successful housing outcomes. These efforts are proving to be effective (e.g., housing placements increasing, time homeless decreasing, and resources going to those most in need of services). Additionally, this process informs the CoC planning, providing real life evidence of programs and strategies that work and where we have found the need for additional resources to fill in identified gaps in service, all of which can be taken to funders to secure additional support.

3B-1d.1. Youth Experiencing Homelessness–Measuring Effectiveness of Housing and Services Strategies.

Applicants must:
1. provide evidence the CoC uses to measure each of the strategies in question 3B-1d. to increase the availability of housing and services for youth experiencing homelessness;
2. describe the measure(s) the CoC uses to calculate the effectiveness of both strategies in question 3B-1d.; and
3. describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of both strategies in question 3B-1d. (limit 3,000 characters)

(1) The CoC has implemented several strategies for increasing the availability of housing and services for youth experiencing homelessness, and we have evidence of success. Within the CoC-funded strategy, the CoC has increased the CoC-funded PH units targeted to youth, with 75 RRH units and 5 PSH units exclusive to this population. Additionally, in this year's application the CoC is applying for bonus funds to support additional RRH units for youth. The CoC also seeks to increase housing and resources through a strategy to effectively access funding mechanisms outside of the CoC program funds. These efforts have been successful in securing: RHY funding for a youth street outreach program and a transitional living program (8 units); 77 Family Unification Program Housing Choice Vouchers which provide rental assistance for up to 18 months; access to a host home network for youth experiencing homelessness that identify as a transgender person of color; and being awarded a grant in 2019 under the Youth Homelessness Demonstration Program that will enable us to add to these resources. The strategies used are informed by multiple analyses conducted by the CoC. The CoC regularly analyzes gaps between resources and needs across the whole system, and for specific populations, including youth. Additionally, the CoC specifically mapped the flow of youth in and out of the homeless system to inform the tailoring of services to the needs of youth. These types of analyses provide important planning information, such as indicating that most youth enter homelessness as the result of family conflict and many self-resolve with a roommate, partner, or family member. Additionally, the CoC has analyzed the connections that homeless youth have to other systems, including child welfare, behavioral health, and juvenile justice and has begun work to divert youth exiting those systems from homelessness to reduce the incidence of first time homeless among youth. (2) To measure the effectiveness of our strategies to increase housing and resources, the CoC tracks outcomes for homeless youth via a Master List that was implemented on May 1, 2017 and bi-weekly case conferencing that began in June 2017. All homeless youth, including parenting and unaccompanied youth, are placed on a master list with their enrollment date recorded. Youth are then tracked on the list until they secure permanent housing. Success is measured by the total number of active homeless youth on the list, the time they remain on the list, exits to permanent destinations, and returns to the list after they are permanently housed. (3) The CoC developed these benchmarks based on guidance developed by USICH to measure a community's effectiveness in ending youth homelessness and we believe that in meeting these benchmarks, our community is ensuring that homelessness among youth in our CoC will be rare, brief, and non-recurring.

3B-1e. Collaboration–Education Services.

Applicants must describe:

1. the formal partnerships with:
   a. youth education providers;
   b. McKinney-Vento LEA or SEA; and
   c. school districts; and

2. how the CoC collaborates with:
   a. youth education providers;
   b. McKinney-Vento Local LEA or SEA; and
   c. school districts.

(limit 2,000 characters)

(1) The CoC maintains formal partnerships with school districts and other education providers to optimize access to education for homeless children/ youth. The CoC requires all homeless programs that serve families with children to have an Education Liaison on staff to ensure the educational and developmental needs of preschoolers and school-aged children are met. Every school district, in turn, has a Homeless Liaison on staff. The local LEA consults with these staff so they can ensure children are enrolled in school and assist with transportation, paperwork, immunizations, and other school requirements. The CoC also mandates that all homeless families with infants and toddlers are offered referrals to assess the child's development in accordance with state law. In addition, the CoC's CES is also the centralized access point for home visiting programs that serve pregnant families and children 0-6. This creates the opportunity to offer any family reaching out for homeless assistance to also access early intervention programs including Early Head Start. (2) The CoC participates in the long-standing Homeless Children's Education Network (HEN), a community of nonprofits, universities, colleges, medical providers, foundations, school districts, Homeless and Education Liaisons, local governments and community leaders who are committed to addressing youth homelessness by meeting the housing, educational and wellness needs of youth. A key member of the HEN steering committee is the local LEA Coordinator for the Education for Children & Youth Experiencing Homelessness Program at the Allegheny Intermediate Unit who communicates directly with the State Education Agency (SEA). The quarterly HEN meetings focus on policies and procedures to ensure that homeless children have access to school, pre- school, and after school activities. HEN meetings also include trainings on rights of homeless children and best practices seen locally and nationally to foster connections to school.

3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.

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

Families are informed of education services at several points during CoC involvement: at diversion, assessment, initial referral to/enrollment in CoC program, as well as at post-involvement transition to community. All CE staff are trained to connect all homeless families with the homeless liaison for the school district in which they are residing and educate them on how to best connect children to education. CE makes referrals for Home Visiting and linkages to community-based family support centers. Additionally, the CoC requires every program that provides housing or services to families to designate a staff person to be a Homeless Liaison. CoC staff (homeless liaisons, CE staff, Homeless Supports and Services Coordinators) provide advocacy for: school re-enrollment or registration; identification of/referral to additional supportive educational services; and support in continuation of schooling/transportation upon exit/transition. Families with youth under age 5 are offered developmental assessments/tracking from the early intervention programs. Some programs also have on-site early learning classrooms to offer additional educational services. Reconnection to school of origin or enrollment in the new feeder

school is assisted by CE staff, and parents are notified of access to additional assistance for transportation and relevant concrete goods (e.g., uniforms). Supporting these processes, the CoC's Family Shelter Standards of Care documents: the requirement to offer the opportunity for developmental screening for children experiencing homelessness; the need for basic knowledge about Head Start, Early Head Start, early intervention, preschool, child care subsidy programs, preschool, and other early care and learning programs; the importance of publicly posting enrollment materials for referring families to, and encouraging participation in these educational programs; and the rights of children and youth experiencing homelessness under McKinney-Vento).

3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

 Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and supports and may add other providers not listed.

	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	Yes	Yes
Birth to 3 years	No	Yes
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		
Early Learning Resource Center	No	Yes

3B-2. Active List of Veterans Experiencing Homelessness.

Applicant must indicate whether the CoC uses an active list or by-name list to identify all veterans experiencing homelessness in the CoC. Yes

3B-2a. VA Coordination–Ending Veterans Homelessness.

Applicants must indicate whether the CoC is actively working with the U.S. Department of Veterans Affairs (VA) and VA-funded programs to achieve the benchmarks and criteria for ending veteran homelessness. Yes

3B-2b. Housing First for Veterans.

Applicants must indicate whether the CoC Yes
**has sufficient resources to ensure each
veteran experiencing homelessness is
assisted to quickly move into permanent
housing using a Housing First approach.**

3B-3. Racial Disparity Assessment. Attachment Required.

Applicants must:
1. select all that apply to indicate the findings from the CoC's Racial Disparity Assessment; or
2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

1. People of different races or ethnicities are more likely to receive homeless assistance.	X
2. People of different races or ethnicities are less likely to receive homeless assistance.	
3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	X
4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	X
5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	
6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	
7. The CoC did not conduct a racial disparity assessment.	

3B-3a. Addressing Racial Disparities.

Applicants must select all that apply to indicate the CoC's strategy to address any racial disparities identified in its Racial Disparities Assessment:

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.	X
2. The CoC has identified the cause(s) of racial disparities in their homeless system.	X
3. The CoC has identified strategies to reduce disparities in their homeless system.	X
4. The CoC has implemented strategies to reduce disparities in their homeless system.	X
5. The CoC has identified resources available to reduce disparities in their homeless system.	X
6: The CoC did not conduct a racial disparity assessment.	X

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

Instructions:

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4A-1. Healthcare–Enrollment/Effective Utilization

Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and effectively utilizing Medicaid and other benefits.

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

4A-1a. Mainstream Benefits.

 Applicants must:
1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;
 2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;
 3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in

health insurance;
4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and
5. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits.
(limit 2,000 characters)

Multiple avenues are used to keep program staff up to date on (1) mainstream resources, (2) the availability of resources, (3) linkages to assistance with health insurance enrollment and (4) the effective utilization of benefits; and across these strategies CoC staff and participants use COMPASS, the state online tool to apply for many benefits and manage information. The CoC's CE staff provide a variety of trainings and webinars on available resources and attend resource fairs and other community events. The CoC also hosts an educational series on Medicaid and Medicare, offers regular trainings on accessing subsidized housing programs, and publishes a monthly electronic bulletin for program staff and stakeholders on mainstream benefits. In addition, quarterly provider meetings are held and include information on mainstream resources in addition to resources around housing searches, employment, and basic needs. The CoC also provides direct linkages to mainstream resources. (2,3) Through CE, clients are connected to health navigators for health insurance enrollment assistance; to a local anti-hunger agency for assistance in accessing Food Stamps, SSI, and TANF; to local SOAR specialists for SSI/SSDI; and to the county's Office of Behavior Health for substance use programs. CE is also the front door for home visiting programs, serving pregnant families and those with children aged 0-6 with options like Head Start/Early Head Start and Family Support Centers. (3) The CoC also facilitates a Housing and Healthcare group (H2) which promotes collaboration with healthcare providers. The Consumer Health Coalition participates in H2's quarterly meetings and provides members with information on enrollment. (4) The CoC partners with APPRISE, a State Insurance Assistance Program, to host an educational series on eligibility, application, and coordination processes for Medicaid and Medicare. (5) DHS, the CoC's lead administrative agency, oversees this strategy.

4A-2. Lowering Barriers to Entry Data:

Applicants must report:

1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.	62
2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	62
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

4A-3. Street Outreach.

Applicants must:
1. describe the CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are

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

(1) The CoC's street outreach effort is led by a strong network of more than 10 publicly and privately funded teams. The network includes specialty teams to ensure every need is met, including: medical street outreach (Dr. Jim Withers of Operation Safety Net is internationally recognized for his work in street medicine), D&A outreach that incorporates harm reduction strategies; youth outreach; and a SAMHSA funded effort for individuals with behavioral health issues. In addition to a regular checking of camps, abandoned buildings, cars and hidden locations across the county, outreach teams receive information on where people are located from BigBurgh (a web-app for homeless services), CE, 311, police and community groups. Street Outreach also engage people at drop-in centers, shelters and food line and ask where other people are staying to ensure that persons not utilizing services are found and served. The CoC facilitates a weekly provider meeting to review a by-name list of unsheltered homeless and to strategize effective engagement approaches. In addition, the Homeless Outreach Coordinating Committee (HOCC), a subcommittee of the CoC's advisory board, meets twice a month to discuss ways the teams can better identify, engage, and serve the unsheltered homeless. (2) The network of street outreach teams covers 100% of the CoC's geographic area. (3) Teams are out every day of the week. Certain areas where homeless populations are known to congregate and live are visited multiple times each week. (4) Outreach is tailored to engage unsheltered populations who are unlikely to ask for help by using evidence-based practices such as Motivational Interviewing, Trauma Informed Care, and Peer Support. All outreach workers strive to engage individuals by meeting their basic human needs, developing trust, and fostering deep, personal connections. The CoC's CE also has a mobile unit that meets individuals wherever they are to assess their needs and provide referrals to housing.

4A-4. RRH Beds as Reported in HIC.

Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2018 and 2019.

	2018	2019	Difference
RRH beds available to serve all populations in the HIC	710	691	-19

4A-5. Rehabilitation/Construction Costs–New Projects.

No

Applicants must indicate whether any new project application the CoC ranked and submitted in its CoC Priority Listing in the FY

2019 CoC Program Competition is requesting $200,000 or more in funding for housing rehabilitation or new construction.

4A-6. Projects Serving Homeless under Other Federal Statutes.   No

Applicants must indicate whether the CoC is requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other federal statutes.

Rank	Agency	Project	Type of Program	UNITS	BEDS	Type of Program	Target Asub- Population
		Tier 1					
1	Mercy Life Center	Bridging the Gap	PH/PSH	17	17	scattered site	Singles
2	Mercy Life Center	Path to New Life	PH/PSH	9	9	scattered site	Singles
3	Mercy Life Center	Spectrum I	PH/PSH	65	65	scattered site	Singles
4	Community Human Services Corporation	Work Towards Sustainability from Crisis	PH/PSH	20	20	Facility	Singles
5	Mercy Life Center	Home for Good	PH/PSH	14	14	scattered site	Singles
6	Mercy Life Center	Generations	PH/PSH	10	10	Facility	Singles
7	UPMC/Western Psychiatric Hospital	Flex 51 Expansion	PH/PSH	88	88	scattered site	Singles
8	Allies for Health + Wellness	CHOICE II	PH/PSH	24	37	scattered site	Mixed Families and Singles
9	UPMC/Western Psychiatric Hospital	Next Chapter	PH/PSH	14	14	scattered site	Singles
10	UPMC/Western Psychiatric Hospital	Flex 15 Expansion	PH/PSH	40	45	scattered site	Mixed Families and Singles
11	FamilyLinks	Familylinks Community Housing Program	PH/PSH	12	21	scattered site	Mixed Families and Singles
12	Gaudenzia Erie	Delores Howze Program	PH/PSH	6	14	scattered site	Mixed Families and Singles
13	Bethlehem Haven	Haven Homes	PH/PSH	16	16	Facility	Singles
14	Goodwill of SW PA	Northside Common Ministries Permanent Housing Program	PH/PSH	11	11	scattered site	Singles
15	Veterans Leadership Program	HUD Independence Program	PH/PSH	12	22	scattered site	Mixed Families and Singles
16	Chartiers Center	Hestia Project	PH/PSH	80	97	scattered site	Mixed Families and Singles
17	Alle Kiski HOPE Center	SAFE-At-Home	PH/RRH	16	36	scattered site	Singles and Families
18	Veterans Leadership Program	Liberty	PH/PSH	8	8	scattered site	Singles
19	UPMC/Western Psychiatric Hospital	New Foundations I	PH/PSH	25	70	scattered site	Families
20	ACTION Housing Inc.	MyPlace PSH	PH/PSH	5	5	scattered site	Singles
21	Veterans Leadership Program	Victory	PH/PSH	16	41	scattered site	Families
22	UPMC/Western Psychiatric Hospital	Neighborhood Living Program	PH/PSH	71	104	scattered site	Mixed Families and Singles
23	Mercy Life Center	Trail Lane II	PH/PSH	16	16	Facility	Singles
24	Community Human Services Corporation	Community Human Services Shelter Plus Care Program	PH/PSH	47	47	combination	Singles
25	Allies for Health + Wellness	Choice I	PH/PSH	15	24	scattered site	Mixed Families and Singles
26	Veterans Leadership Program	Valor	PH/PSH	12	23	scattered site	Mixed Families and Singles
27	Gaudenzia Erie	Village I	PH/PSH	10	28	scattered site	Families
28	UPMC/Western Psychiatric Hospital	Flex 50 Families	PH/PSH	51	180	scattered site	Families
29	Allegheny County HMIS	Allegheny County HMIS	HMIS	N/A	N/A	N/A	All Homeless Programs
30	Allegheny County HMIS Expansion	Allegheny County HMIS Expansion	HMIS	N/A	N/A	N/A	All Homeless Programs
31	Allegheny Link	Allegheny Link	SSO	N/A	N/A	N/A	Families and Singles
32	Mercy Life Center	A River to Home	PH/PSH	41	41	scattered site	Singles
33	Sisters Place	Sunrise Permanent Supportive Housing Program	PH/PSH	10	25	scattered site	Families
34	UPMC/Western Psychiatric Hospital	Flex 30	PH/PSH	37	106	scattered site	Families
35	Allegheny Valley Association of Churches	Hospitality Homes I	PH/PSH	20	49	scattered site	Mixed Families and Singles
36	Sojourner MOMS	Moms II	PH/PSH	15	45	Facility	Families
37	Veterans Leadership Program	VLP Constitution	PH/RRH	18	18	scattered site	Singles
38	Sisters Place	Sisters Place Permanent Housing Program	PH/PSH	15	35	facility	Families
39	Center for Victims	CV Housing Plus Program	PH/RRH	16	38	scattered site	Mixed Families and Singles
40	Bethlehem Haven	Personalized Housing Options	PH/RRH	20	20	scattered site	Singles
41	Sojourner MOMS	Open Arms	PH/PSH	9	21	Facility	Mixed Families and Singles
42	ACTION-Housing	Housing Plus 2	PH/PSH	11	11	scattered site	Singles
43	Community Human Services Corporation	Housing Solutions	PH/RRH	18	56	scattered site	Singles & Families
44	Auberle	At Home	PH/RRH	10	10	scattered site	Mixed Families & Singles
45	UPMC/Western Psychiatric Hospital	Soteria Project	PH/RRH	17	25	scattered site	Mixed Families and Singles
46	Goodwill Good Start	Good Start	PH/RRH	5	10	scattered site	Families
47	Community Human Services Corporation	Families United	PH/PSH	22	77	scattered site	Families
48	YWCA	YW Bridges Rapid Re-Housing Program	PH/RRH	9	21	scattered site	Families

49	Goodwill of SW PA	Good Start 2	PH/RRH	15	35	scattered site	Families
50	Community Human Services Corporation	Home At Last	PH/PSH	25	47	scattered site	Singles & Families
51	Community Human Services Corporation	Rapid Re-Housing for Families Demonstration Program	PH/RRH	19	53	scattered site	Families
52	Sojourner House MOMS	Sankofa	PH/PSH	12	37	Facility	Mixed Families and Singles
53	ACTION-Housing	MyPlace RRH	PH/RRH	65	70	scattered site	Mixed Families and Singles
54	Bethlehem Haven	Haven Housing	PH/PSH	20	20	scattered site	Singles
55	Alle Kiski HOPE Center	UP Project	PH/RRH	50	100	scattered site	Singles and Families
56	East End Cooperative Ministry	YWCA WISH Program	PH/PSH	24	55	scattered site	Families
57	Chartiers Center	YWCA Chrysalis	PH/PSH	19	41	scattered site	Mixed Families and Singles
58	Allegheny County Department of Human Services	Allegheny Link Expansion	SSO	N/A	N/A	N/A	Singles and Families
Tier 2							
59	Goodwill of SW PA	HARBOR -2-RRH	PH/RRH	45	45	scattered site	Singles
60	Mercy Life Center	A Step Forward	PH/RRH	12	26	scattered site	Families
61	Chartiers Center	ATLAS	PH/PSH	15	15	scattered site	Singles
62	East End Cooperative Ministry	FAITH	PH/PSH	27	82	scattered site	Families
63	Gaudenzia Erie	G-PGH Phase 3	PH/RRH	14	24	scattered site	Mixed Families and Singles
64	UPMC Western Psychiatric Hospital	Flex 30 Expansion	PH/PSH	20	50	scattered- site	Families
65	Auberle	At Home Expansion	PH/RRH	20	20	Scattered site	Singles
66	Alle Kiski HOPE Center	Almost Home	PH/PSH	12	18	Scattered site	Mixed- Families and Singles
Not Ranked							
Not ranked	Allegheny County CoC Planning Grant	Planning	N/A	N/A	N/A	N/A	N/A
Not ranked	Allegheny County Department of Human Services	UFA	N/A	N/A	N/A	N/A	N/A

Key
Projects rankied by score on 2019 Ranking Tool
Projects not operational for all of CY2018
Projects taken over by new subrecipient
Reallocated funds
Bonus Projects