Before Starting the CoC Application

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

 The Collaborative Applicant is responsible for reviewing the following:

 1. The FY 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
 2. The FY 2019 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
 3. All information provided to ensure it is correct and current.
 4. Responses provided by project applicants in their Project Applications.
 5. The application to ensure all documentation, including attachment are provided.
 6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

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-509 - Eastern Pennsylvania CoC

1A-2. Collaborative Applicant Name: Commonwealth of Pennsylvania - Department of Community and Economic Development

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Commonwealth of Pennsylvania - Department of Commu

1B. Continuum of Care (CoC) Engagement

Instructions:

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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	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	No
Local Jail(s)	Yes	Yes	No
Hospital(s)	Yes	Yes	Yes
EMS/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Disability Service Organizations	Yes	Yes	Yes
Disability Advocates	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes

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

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 organizational structure of the Eastern PA CoC includes a Governing Board, 5 Regional Homeless Advisory Boards (RHABs) each covering a portion of the CoC's 33 counties, Committees & Subcommittees. Two co-chairs of each RHAB are also on the Governing Board, ensuring a two-directional top-down & bottom-up communication structure for soliciting input, considering opinions from a broad array of organizations/ individuals & communicating decisions back out to the CoC. Each RHAB includes a diverse range of members working to prevent & end homelessness in their communities, including veteran services, DV providers, local/county government, service providers, PHAs, people with lived experience, among others.
2-The CoC hosts two annual membership meetings, events & trainings throughout the year. The RHABs also meet monthly. Public meetings & other CoC-sponsored events/trainings are announced during these meetings. In addition, meetings/events of the CoC are posted on the CoC website,

announced via email & posted on Workplace by Facebook, which is used by CoC members/stakeholders.
3-The full CoC meetings, RHAB structure & Committees provide Board members with monthly opportunities to gather information from the CoC. Board members use this input to inform the CoC's direction/ operation. Input also informs training priorities to ensure the CoC leadership/members/stakeholders have the opportunity to learn about best practices for preventing & ending homelessness.
4-CoC providers' staff are trained to engage those w/ disabilities & provide materials, including leases in large print, Braille & in multiple languages. All materials are circulated in PDF & are available on the CoC website. Reasonable accommodations are provided as needed. CE staff have access to Language Line & TTY phone services. CE marketing materials include QR codes to direct users to relevant information. Offices & CE access sites are accessible, which is required for approval of an access site.

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-Membership is established via a membership form, available year-round on the CoC website. Upon registering as a member, individuals are connected to the CoC's Workplace by Facebook page & added to the CoC's email distribution list (Mailchimp). In addition, membership can be established through participation at the regional level via the (5) Regional Homeless Advisory Board meetings.
 2-Membership is announced/ encouraged at semi-annual CoC meeting & frequently discussed during monthly regional meetings. The five RHABs solicit for new members, based on local/regional gaps in representation. CoC staff attend local RHAB and community meetings to share about the CoC including membership information. Additionally, CE regional managers are continually growing system capacity by engaging referral partners who are then also brought into the CoC's fold & encouraged to become members.
 3-The CoC's membership form is available on the CoC website, which can be made accessible online based on the user's accessibility needs. All CoC materials are provided on the CoC website in an accessible format (PDF). CoC announcements are distributed using MailChimp's accessible formatting. The CoC will honor accessibility requests.
 4-New members are solicited year-round through announcements, local RHAB meetings, semi-annual CoC meetings, and outreach to local stakeholders who are actively recruited as part of a local/regional response to homelessness.
 5-The CoC's membership form asks about current/prior homelessness. This information has been used to ID & engage individuals with lived experience for

leadership positions at both the regional & Board level. The CoC's Board includes five voting positions for individuals with lived experience, which allows for one representative from each of the CoC's five regions. The Chair of the CoC's Governance & Membership Committee conducts special outreach to ensure the Board always has at least one member with lived experience at all times.

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 issued three RFPs for the FY2019 CoC Competition. Each RFP was posted on the CoC's website, announced on the CoC's Workplace by Facebook page & distributed via email. CoC members/partners were encouraged to share the RFP materials with other local agencies who may be interested. Two of the three RFPs were specific to the DV Bonus. The state's DV Coalition (PCADV), the DV RRH Bonus project applicant shared the RFP for RRH subrecipients with their membership. RFP's included instructions to submit the completed application via Survey Gizmo website. All three RFPs included language "Additional consideration will be given to agencies that have not previously received CoC funding". Tech Asst was made available to new applicants to submit a competitive application for eligible activities & eligible households. The FY2019 Consolidated Application includes two orgs under the CoC Bonus not currently receiving CoC funding, as well as four subrecipients for the DV RRH Bonus not previously funded through the CoC.
2-The process to determine if a new project application will be included in the CoC's FY2019 Consolidated Application is implemented by the CoC's Funding Committee. Preliminary Applications were reviewed by the CoC consultant. Applicants were given an opportunity to address any concerns prior to the Funding Committee's review & scoring of the application. A standardized scoring tool is used, which includes an evaluation of organizational outcomes. If an applicant is not CoC-funded, other data is pulled from HMIS (e.g. ESG, SSVF, etc) to score the application where possible.
3-The CoC announced the availability of funding via three RFPs on August 16th with applications due August 30th.
4-Accessible materials (PDF) are available on the CoC website, distributed via

email and posted on the CoC's Workplace by FaceBook social media page. If technical assistance is needed to apply for new project funding, reasonable accommodations are provided as needed.
5-N/A

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)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

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

Applicants must describe how the CoC:
1. consulted with ESG Program recipients in planning and allocating ESG funds;
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-DCED is the State ESG Recipient, serves as the CoC's Collaborative Applicant and holds a seat on the CoC Board. DCED facilitated an ESG application workgroup in 2019 to further align ESG with the CoC established priorities. The input included how best to incorporate a Housing First model, evaluation of projects, coordination of systems, and the prioritization of ESG eligible activities- Street Outreach, Housing Locator services & Rapid Rehousing. DCED is a member of the CoC's ad-hoc committee working on CoC/ESG written standards.
The City of Allentown is the CoC's other ESG recipient. A rep of the City's ESG program attends meetings of the Lehigh Valley RHAB. Coordination between Allentown's ESG funding & the CoC occurs at the regional level, where reps present the plan to RHAB/CoC members for input & sign-off.
2-DCED developed an evaluation checklist for ESG applicants that apply for competitive funding within the CoC's jurisdiction. Board members complete the checklist, which reviews & evaluates each applicant's performance & participation in the CoC. The checklist generates a score that is incorporated in the applicant's overall score & ranking. DCED also uses performance data generated from HMIS in the evaluation of projects. In 2019, the Data Committee updated the CoC's project monitoring plan, which includes performance goals for ESG/CoC projects & a process for quarterly evaluation.
3-To inform the Con Plan, DCED reviewed statewide and regional needs and programmatic changes with Regional Housing Advisory Committees (RHACs). RHAC members are appointed by the PA DCED Secretary & include members of the CoC's Gov Board. DCED regularly engages CoC membership to identify community needs & priorities for the Con Plan. As the Coll App & HMIS Lead, DCED has access to all data needed for the Con Plan. The CoC provides county-level HIC & PIT data to the other 12 Con Plan jurisdictions. Con Plan meetings are attended by CoC providers in those jurisdictions.

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 has adopted an amended version of the HUD Emergency Transfer Plan Template. The CoC's Transfer Plan prioritizes safety and incorporates trauma-informed, victim-centered services, directing the provider to act as quickly as possible to address the Households request. As needed, the case mngr working with the Survivor HH will contact Coord Entry (CE) to request an emergency transfer. The CE Manager will work with the case mngr to ID an opening within the immediate community and/or a different location within the CoC's 33-counties.
CE operators are trained on providing trauma-informed, victim-centered services. CE staff will work expeditiously to address the survivor's safety needs by providing connections to new housing resources, based on individual's circumstances, needs & preferences. CES has DV intake protocol to ensure all entry points are consistently confidentially assisting survivors.
2-CE operators work in partnership w/ DV providers throughout the CoC. In order to maintain confidentiality CE conducts an anonymous DV Intake, which allows for no PII to be collected & secures additional client consent (a non-IDing number & optional password are assigned to the record). This process also allows for the person to be contacted through a third-party (eg. DV case manager). In addition to resources available through the DV system, this established process adds DV survivors to the CE Community Queue, ensuring equal access to all ESG/CoC/DOJ/HHS or other homeless asst. CE operators refer HHs to DV shelters as needed through established protocols.
After a successful CE/DV integration pilot, the CoC created a dedicated DV CE Specialist in 2019, which has furthered the CoC's efforts to provide safety-focused victim-centered services. DV Providers on the CoC Gov Board & CE Committee ensure that the CoC's policies, procedures & operations are planned/ implemented in consideration of the safety & confidentiality of DV survivors.

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)

1-The CoC provides annual training for CoC project staff on safety & best practices in serving survivors of DV. The CoC provided required training in two locations for all CoC funded agencies on May 21+22, 2019 on CoC eligibility in partnership with PA Coalition on Domestic Violence (PCADV), which included training on identifying & serving individuals under category 4, lethality & danger risk assessments for persons fleeing DV & best practices in DV assessments. In addition, the CoC & PCADV provided training to all CoC members/stakeholders on 9/12/18 on best practices for serving DV survivors, including safety & planning protocols. The training, to be provided annually with the next training provided this Fall, was required for all ESG/CoC-funded organizations. In addition, PCADV presented on the CoC's PIT webinar on 12/12/18 to provide training on best practices for engaging individuals during the PIT count who indicate that they are fleeing DV. PCADV is implementing a DV Housing First system, which will include significant training & tech asst for DV project staff throughout the CoC, including trainers from NASH on 9/23/19. DV Housing First expands/complements best practices in use by all providers within the CoC, while increasing the CoC's overall capacity to serve survivors, prioritizing safety & while maximizing client choice.
2-CE staff also participated in the above referenced trainings & receive DV specific training annually. CE is operated in partnership with DV orgs. Through existing protocols, CE staff & DV providers work together to provide confidential trauma-informed victim-centered services. In addition, ongoing training is provided around CE protocols for DV. The Coordinated Entry Consultant provides ongoing training & revisions to CE policies/procedures to ensure operations/protocols protect survivors of DV. The DV Housing Specialist from PCADV serves on the CoC CES Committee and provides annual training recommendations for CE Specialists.

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)

De-identified data from a comparable database is used to: add households to the CE Community Queue for access to resources; evaluate CoC-funded projects; track service delivery of ESG funding; provide data for the CAPER; and has most recently been used to provide data to inform the 2019 CoC application. The CoC has entered into partnerships with several DV providers in the service region to field the VI-SPDAT CE screening tool outside of HMIS & provide scores/relevant notes on specific needs of Survivors to CE Regional Managers. These Managers then use anonymous client profiles in HMIS to ensure DV Survivors are prioritized on the on the Queue for housing placement.

Through an analysis of data pulled from DV comparable databases, as well as an analysis of CE data, the CoC has the ability to better understand the needs of DV survivors. Examples include the following:
- the # of DV survivors in shelter in each region of the CoC
- the rate at which DV survivors receiving services are also in shelter
- the rate at which DV survivors access services through CE & the rate of housing placement through the CE Queue
- the # of survivors presenting with disabilities, including physical & cognitive/intellectual disabilities
- areas where additional coordination may be needed to address specialized needs, such as aging, children & youth, LGBT
- additional opportunities to meet the needs & expand available housing options, for example if the survivor is also a youth, veteran or family HH, there may be specialized resources available.

As DV RRH is implemented throughout the CoC, data from comparable databases will be examined to determine if changes to the CoC's written standards are needed to better serve survivors.

The CoC is committed to continuing & expanding the use of de-identified survivor data to inform community needs. PCADV was awarded funding is being used to further increase CoC-DV data sharing efforts for more integrated planning.

*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
Monroe County Housing Authority	44.00%	Yes-Both	No
Housing Authority of Centre County	21.00%	Yes-HCV	No

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)

There are 36 PHAs throughout CoC. The CoC has relationships with many of

these PHAs. PHAs are the Applicant for 14 of 79 projects included on 2019 Priority Listing.

In addition to the PHAs listed in the chart above, 10 additional PHA's reported a homeless preference for HCV or Public Housing (Cumberland County PHA, Clinton County PHA, Franklin County PHA, Lycoming County PHA, Schuylkill County PHA, Snyder County PHA, Union County PHA, Northumberland County PHA, Mifflin County PHA, Tioga and Bradford County PHA). Two large PHAs also reported significant new admissions of people experiencing homelessness during FY18:
1- Clinton County HA reported 17% of new admissions were experiencing homelessness at entry.
2- Lycoming County HA reported 16% of new admissions were experiencing homelessness at entry.

Many other PHAs also have preferences for DV, vets & displaced persons, under which people experiencing homelessness often qualify. Expanding PHA partnerships & homeless preferences is a priority in the CoC's Strategic Plan, including the development of Move-On Strategies. Cumberland County currently has a Move On Strategy/preference for people exiting permanent housing into neighborhood based housing. Schuylkill PHA, Clinton County PHA, Lehigh County PHA, and Northampton County PHA) have expressed interest in developing their Move On Strategy.

CoC-funded providers throughout the CoC have working relationships w/local PHAs, resulting in significant benefits to both systems. This includes partnerships on affordable housing projects; administering rental assistance; eviction prevention efforts; re-entry housing programs; and more.

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)

The CoC currently has a Moving On Strategy with Cumberland County Housing Authority. Preference for Housing Choice Vouchers is given to persons transitioning out of transitional or permanent housing operated by homeless providers into neighborhood based permanent housing. The CoC strategic plan (2017-2021) includes goals and strategies to further expand the availability of affordable housing resources including opportunities with HUD-funded multi-family housing providers and those funded through other sources. Through this strategy, the CoC will work with the Pennsylvania Housing Finance Agency (PHFA) in order to determine how to obtain and maximize available affordable housing resources, including partnerships with existing multi-family housing providers and developers. Schuylkill PHA, Clinton County PHA, Lehigh County PHA, and Northampton County PHA) have expressed interest in developing their Move On Strategy.

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)

The CoC's Coordinated Entry System Policy Manual includes a Non-Discrimination and Equal Access Policy, which requires all System Operators and Referral Partners, regardless of funding source, to comply. In addition, anti-discrimination language is included throughout Coordinated Entry Policies and Procedures to ensure non-discrimination and equal access to all housing resources. In addition, the CoC has passed a policy requiring compliance with all HUD regulations and notices, including anti- discrimination language from the Equal Access in Accordance with Gender Identity Final Rule, Equal Access to Housing Final Rule, and HUD Notice CPD-15-02 Appropriate Placement for Transgender Persons in Single-Sex Emergency Shelters and Other Facilities.

The CoC provided training on 9/19/17 regarding the requirements and expectations of CoC providers for implementing HUD's Equal Access Rule. In 2018, the Self-Determination Housing Project facilitated Fair Housing training for CoC provider.   In 2018 the Governing Board membership included Fair Housing Officer from County Government who informed on relevant policy as needed. This person was also on the written standards subcommittee. Valley Youth House (from the Eastern PA CoC) provided four trainings in spring 2019 on serving youth, which included a training on "The Ins and Outs of Working with Diverse Populations on March 26, 2019.

*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:		X
5. No strategies have been implemented:		
6. Other:(limit 50 characters)		
Criminal Justice Advisory Board mtgs.		X

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 operates CES to coordinate & manage access, assessment, prioritization & referral to housing & services for any person experiencing or at imminent risk of homelessness throughout 100% of the 33-county CoC region. CES is accessible through a Call Center operated by PA 211, providing a 24/7 live voice and a texting option. 18 CES Access Sites are operated by a wide variety of providers that deliver face-to-face screening & referral. Five dedicated managers oversee CES operations across the CoC's 5 regions.

2) 211 has translation services & provide access for people who are deaf/hearing impaired. CES tools and marketing materials are available in English & Spanish. CoC partners including local govt, law enforcement, mental health orgs, education partners & more have been educated about CES & refer households. These partnerships help to connect individuals who otherwise may not request homeless assistance. CES Regional Managers and Specialists deploy to DV shelters, Code Blue shelters and outdoor encampments to reach vulnerable populations who may not present to CE.

3) All CE Specialists use a Triage/Safety Protocol and a Pre-Screen Interview to determine homeless status & the VI-SPDAT screening tool which assessed households for vulnerability to prioritize households with the highest needs. CE

Specialists make direct referrals to homeless prevention/diversion, Shelter & TH programs using a matrix of all community programs. CE Specialists place people in need of RRH or PSH on a Community Queue (CQ) prioritization list. Providers enroll people into RRH/PSH programs from the CQ based on their VI-SPDAT score and additional info. CE Managers monitor the CQ to ensure providers follow CoC policies/prioritization. The CoC's 33 counties are divided into 10 CE zones. Representatives from each zone meet regularly to discuss & address the housing needs of households on the CQ in order to provide assistance quickly & based on needs.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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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

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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competition/#nofa-and-notices

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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 specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking and rating projects includes:
- "Severity of Needs" calculation (criteria 15a) based on each Head of Household's Health Barriers and provides an average of the number of disabilities per person for the overall project. The calculation takes each client, adds their total health barriers together (a person could have 0 through 6 barriers reported) and divides by the number of clients to get the Severity of Need Score (i.e. all Heads of Households).
- "Project Participant Eligibility" (criteria 7) to ensure projects are serving households who are literally homeless.
- "Percent of households with zero income at program entry" (criteria 15b). This was reviewed in the FY18 ranking/rating process, although not scored this first year.
- "Percent of chronically homeless households at entry" (criteria 15c).
- "Housing First Approach" (criteria 16) to ensure households are rapidly placed and stabilized in housing with preconditions and are not required to participate in services as a condition of retaining their housing.

2) In order to ensure that projects are serving the most vulnerable, and to weight projects that are serving chronic and other households with severe needs, the CoC's renewal scoring/ranking tool incorporates the above-listed criteria. In total, these criteria account for 37 of 100 possible points. These measures, among others like non-earned income, are included to ensure that projects serving households w/ highest vulnerabilities are evaluated fairly against projects serving less vulnerable populations.

DV projects were exempted from criterion on returns to homelessness & instead scored criteria related to improving survivors' safety.

Moving forward, as already communicated to the CoC, the project review and ranking will incorporate data collected through Coordinated Entry to measure client vulnerability.

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.)	X	5. Social Media (Twitter, Facebook, etc.)	X
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: 31%

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) The CoC uses annual project scoring to determine which projects should continue to receive funding based upon performance, meeting CoC needs and furthering HUD priorities.

Low performing projects will be considered for reallocation and projects scoring the least number of points for two consecutive years will be considered for

reallocation. A project is considered to be low performing when the project's score places the project in the bottom 5 projects of the projects scored. To be considered for reallocation, a project would need to have operated long enough to be competitively ranked for two years.

The renewal scoring process includes the evaluation of a project's cost effectiveness. If a project's budget exceeds the typical costs of similar projects, additional info to explain the higher costs may be requested from the grantee. The Funding Committee may determine that a partial reallocation of CoC-funds is appropriate.

The CoC will also consider reallocation of projects for other reasons, including: 1) Lack of need for the project; 2) Funds needed to respond to an urgent/emerging issue; 3) Monitoring indicates serious problems with the project.
Projects subject to reallocation will be provided with an opportunity to submit an appeal, as indicated within the CoC's appeal policy.
2) The CoC Board approved the process.
3) The CoC informed applicants of the reallocation policy via email on 9/6/19.
4) The CoC identifies projects that were low performing via the annual project evaluation/scoring process.
5)The CoC determines whether projects that were deemed low performing would be reallocated if they scored the least number of points for two consecutive years. A project is considered to be low performing when the project's score places the project in the bottom 5 projects of the projects scored. To be considered for reallocation, a project would need to have operated long enough to be competitively ranked for two years.

DV Bonus

Instructions

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1F-1   DV Bonus Projects.

Applicants must indicate whether the CoC is requesting DV Bonus projects which are included on the CoC Priority Listing: Yes

1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.

1. PH-RRH	X
2. Joint TH/RRH	
3. SSO Coordinated Entry	X

*1F-2. Number of Domestic Violence Survivors in CoC's Geographic Area.

 Applicants must report the number of DV survivors in the CoC's geographic area that:

Need Housing or Services	1,197.00
the CoC is Currently Serving	1,363.00

1F-2a. Local Need for DV Projects.

Applicants must describe:
1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).
(limit 500 characters)

1. The CoC combined 2 data points from July 2019: 1) the # of individuals from HMIS on the CE Prioritized List who self-reported DV (363), and 2) the # of adult victims served by DV shelters within the CoC in ETO (834). Because of the confidential nature of DV data, it was not possible to de-duplicate between HMIS data & ETO data; therefore, it is possible that this # may include duplicates. 2. HMIS and ETO (comparable database) were used as the data sources to calculate this number.

1F-3. : SSO-CE Project–CoC including an SSO-CE project for DV Bonus funding in their CoC Priority Listing must provide information in the chart below about the project applicant and respond to Question 1F-3a.

DUNS Number		120544259
Applicant Name	Transitions of PA	

1F-3a. Addressing Coordinated Entry Inadequacy.

Applicants must describe how:
1. the current Coordinated Entry is inadequate to address the needs of survivors of domestic violence, dating violence, or stalking; and
2. the proposed project addresses inadequacies identified in 1. above.
(limit 2,000 characters)

1. Through the 2018 CoC Competition, the CoC was awarded funding to operate DV-specific CE assessment services within 2 of the 5 regions in the CoC. An additional DV CE Specialist is needed to address the housing needs of survivors across the entire CoC. Assessing DV survivors through the existing CE process puts a strain on staff who are trying to balance their CE duties while also meeting the unique, immediate needs of households experiencing DV.

The proposed DV CE Specialist will cover the 3 remaining regions within the CoC. The CE specialist will ensure that DV survivors across the entire 33 county region of the Eastern PA CoC receive timely, victim-centered, trauma-informed CE assessment and referrals. Having a dedicated DV CE Specialist for the 3 regions noted above will make the process of accessing homeless assistance through CE smoother for survivors, and will ensure a consistent focus on survivor safety.

2. Transitions of PA provides services to victims of domestic and sexual violence, teen dating violence, stalking and human trafficking, and is actively involved with the Pennsylvania Coalition Against Domestic Violence and DV providers in the CoC. Transitions currently operates DV CE assessment in two regions of the CoC, and this project will allow them to expand to cover the entire

CoC. Transitions is acutely aware that survivors often need individualized support to safely exit shelter, as well as after they exit shelter to ensure stability and safety. DV survivors who have experienced trauma may find the process to access services through CE confusing and overwhelming, and the CE specialist will provide specialized support to navigate this process. The DV CE Specialist will: complete assessments for DV assessments; assist with managing DV records on the Community Queue; assist with collecting necessary eligibility documentation; ensure compliance with Housing First; provide TA to housing programs in serving DV survivors.

1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.

Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing–using the list feature below.

Applicant Name	DUNS Number
Pennsylvania Coal...	156527588

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

DUNS Number:	156527588
Applicant Name:	Pennsylvania Coalition Against Domestic Violence
Rate of Housing Placement of DV Survivors–Percentage:	63.00%
Rate of Housing Retention of DV Survivors–Percentage:	94.00%

1F-4a. Rate of Housing Placement and Housing Retention.

 Applicants must describe:
 1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

1. Applicant calculated rate of housing placement of DV survivors by pulling rate of placements for leavers from all programs. Applicant calculated the rate of housing placement of DV survivors by pulling the rate of retention for all PH stayers (not including RRH), which mirrors SPM data for housing retention. Since applicant (PCADV) programs serve survivors across the CoC, data was pulled for programs across the CoC.
2. HMIS was the data source for housing placement/retention rates.

1F-4b. DV Survivor Housing.

 Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing.
(limit 2,000 characters)

Pennsylvania Coalition Against Domestic Violence (PCADV) is the oldest statewide DV coalition in the nation with a network of 60 local DV programs in PA. In FY 2018, nearly 90,000 people were served by PCADV's network of DV agencies. PCADV and its member programs are highly experienced in supporting survivors to quickly move to permanent housing, including providing rental assistance, security deposit assistance, and relocation funds. In FY18, over $36,000 in rental assistance for 61 HH and over $40,000 in security deposits for 60 HH in Relocation Funds were provided for survivors in Eastern PA. PCADV uses Relocation Funds to support survivors to resolve issues such as debt or temporary financial issues, maintain a current safe housing option, or quickly resolve a barrier to obtaining safe housing. PCADV programs in the Pocono and Lehigh Valley regions- where this program will be located- have developed strong partnerships with local landlords to quickly ID safe, affordable units. Other DV programs across the CoC work with landlords to quickly house survivors. For example, PCADV member Women's Resource Center (WRC) in Susquehanna works with the local Housing Authority and housing provider Trehab to identify landlord contacts and works with landlords on an individual basis to quickly house survivors.

PCADV created a Housing Specialist staff position in 2018 who works with member programs, and mainstream housing providers, to further support access to PH for survivors. For example: providing training for the CoC on serving survivors and eligibility for CoC resources, assisting in the development/implementation of a CoC wide Emergency Transfer Policy, serving on the Eastern CoC CES committee and providing TA to CE Regional Managers and 211 regarding housing needs of survivors, and serving on the RRH Standards Committee for the CoC. This training and TA has led to increased coordination between the CoC and DV programs.

1F-4c. DV Survivor Safety.

 Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
 (a) training staff on safety planning;
 (b) adjusting intake space to better ensure a private conversation;
 (c) conducting separate interviews/intake with each member of a couple;
 (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
 (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
 (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
 2. measured its ability to ensure the safety of DV survivors the project served.
(limit 2,000 characters)

a) All PCADV program staff are required to have 40 hrs of training that covers extensive safety planning, survivor driven trauma informed services, including trauma informed intakes and assessments. PCADV provides ongoing training regarding safety planning.
b) Intake into services is done in a private space, either a private office or location that meets the needs of the survivor– that may be a park where survivor's children can play, safe relative's home, or location where the survivor receives other services.
c) It is very rare that a couple presents for DV services together; however, if so the programs take precautions to conduct interview separately. DV programs also take special caution to not conduct interviews in the presence of minor children.
d) Advocates use a housing assessment to help survivors ID potential housing barriers; location/type of housing that is most safe and preferred (close to school, transportation). Process is driven by client choice.
e) DV programs assure that physical security measures are in place (alarm systems, key coded entry, security cameras). While bars on windows are sometimes necessary, it is not considered a trauma informed practice. DV programs pay special attention to lighting (rooms are well lit), space configuration and ability to provide privacy.
f) Survivors rental locations are kept confidential. While there is no requirement to keep the location of one's own rental unit confidential, advocates assist survivors in the ID of safe visitors and safe ways to disclose their address.
2. Upon exit, survivors are given a questionnaire and asked: "The services I received helped me plan for my safety". The survivor reports an answer from 1 (strongly disagree) to 5 (strongly agree). The program follows up monthly for

one year afte exit. Other DV RRH programs have seen success with monthly calls after exit, as it allows the survivor to process any current/residual trauma, and discuss barriers to maintain housing.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

 Applicants must describe:
 1. project applicant's experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
 2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
(a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
(b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
(c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
(d) placing emphasis on the participant's strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
(e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
(f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
(g) offering support for parenting, e.g., parenting classes, childcare.
 (limit 4,000 characters)

1) PCADV was founded in 1976, and since its inception has pioneered a trauma- informed, victim-centered approach. All PCADV member agencies staff are trained on trauma informed services, victim-centered approaches and practice this with survivors from intake into the program to exit into permanent housing. PCADV practices DV Housing First (DVHF) to ensure that survivor centered services and Housing First principles are centered in the work to support survivors' access to permanent housing. Services are flexible and tailored to survivors needs.
a) A core tenant of DVHF, survivor driven trauma informed mobile advocacy means that survivor and advocate agree upon a time/ place to meet to ease the burden of travel for the survivor. It includes services that are voluntary and based on what the survivor identifies they need. Trauma informed practice means that the needs of the survivor may vary due to the trauma they have experienced, so uniform models of practice won't work. Every survivor receives uniquely tailored services.
b) Through the lens of survivor driven, trauma informed practice, the advocate and survivor discuss challenges to stability--like housing or utility debt, lack of savings, criminal background, poor credit, or lack of ID. The participant and advocate then develop a plan that builds on strengths, addresses barriers, and lays out achievable, time-specific steps. All services are voluntary. Advocates emphasize developing trust in the relationship; this trust facilitates a problem-solving approach to challenges that arise.

c) DV programs integrate opportunities to share the impacts of trauma with survivors on a consistent basis. PCADV programs have also identified a need for more training. PCADV has partnered with the National Center on DV, Trauma, and Mental Health to assist programs in sustaining survivor driven, trauma informed services. A key component of this training is providing tools for advocates to share in with survivors regarding the impacts of trauma on their lives.

d) The DVHF approach is strengths-based. An advocate and the participant work together on a plan to identify strengths and resources--like income, good credit, current job, prior employment history, education/training, positive rental or landlord experiences, and support systems. The plan is tailored to what participants want, what they see as achievable, and what support they need. Sometimes safety and stability entail remaining in their own community to increase access to support; other times it involves moving to a new community. The DVHF approach centers offering choice for survivors.

e) Trauma informed, survivor centered approaches are included throughout PCADV training for member programs, both in online modules and classroom based training. Specific training modules focus on ethics in advocacy, cultural competence, and providing non-biased, inclusive services. PCADV's Training Institute offers trainings for advocates to develop these skills, including LGBTQ+ advocacy, advocacy for underserved communities, trauma sensitivity, and working with survivors who have experienced brain injury.

f) Opportunities for connection among survivors are prioritized by member programs, as programs offer support groups, parenting support, and other opportunities to break isolation and build authentic connection, as we know that supportive community is often a part of the solution to living a life free of violence.

g) DV programs support parents by doing the following: 1) Offering children's support group/childcare during adult DV support groups and court hearings. 2) Providing info on alternatives to spanking. 3) Coaching regarding age-appropriate ways to talk to children about what is going on in their lives and providing info/referrals about child development. 4) Providing referrals to head start, WIC, public benefits, parenting classes, diaper banks. 5) Assisting with enrollment for school/arranging transportation.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

PCADV funds all member programs to provide services to survivors. DHS and VOCA funds support basic services for survivors in each county, such as legal services, counseling, education/employment.

Legal Services: The Civil Legal Representation (CLR) Project of PCADV provides: 1) Assistance with complex legal issues i.e. custody, divorce, child and spousal support); 2) Legal advice/representation; 3) Attorneys skilled in representing survivors of DV in family law and other civil matters. The CLR Project has 18 sites within local DV agencies in PA, serving 22 counties.

Financial Empowerment: PCADV's facilitates the Investing in Survivors' Financial Independence Initiative since 2012, which provides: 1) financial education training; 2) tax assistance; 3) credit repair/building; 4) job readiness programs and connections to education; and 5) long-term asset building information and matched savings programs. Member programs also connect program participants to community economic supports including assisting households to enroll in public benefits.

Community Partnerships: DV Providers partner with community agencies to ensure that survivors retain permanent housing. Ex. Multiple DV agencies partner with local non profits and thrift stores offering vouchers to survivors for furniture and beds. United Way in the Susquhanna Valley partners with a DV agency to provide assistance for a vehicle, given lack of public transportation in the area. Treehab and Careerlink, non profits in the CoC, offer workforce dev, job training and connections to employers, and partner with DV programs to assist survivors in finding employment. Centre Volunteers in Medicine and Amerihealth, through the Department of Health, offer free doctor's visits and programs on healthy living. DV programs link survivors to these services, and others (e.g. D&A treatment, childcare, etc) to assure needs are met i to increase safety and maintain permanent housing.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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2A-1. HMIS Vendor Identification.	ClientTrack HMIS Software from Eccovia Solutions
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	1,312	373	618	65.81%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	577	69	326	64.17%
Rapid Re-Housing (RRH) beds	1,021	78	943	100.00%
Permanent Supportive Housing (PSH) beds	1,099	0	904	82.26%
Other Permanent Housing (OPH) beds	89	0	84	94.38%

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)

ES: The CoC's HMIS participation rate has increased from 40% to 66% over the past two years. This increase is largely associated with the rollout of Coordinated Entry and ES providers better understanding their role in CE & the importance of the system having access to their bed inventory & availability. As we strive for further increases in bed coverage, additional outreach to ES projects will continue. Specifically, this includes ongoing efforts to have CoC partners that provide funding - state agencies, United Way & others – to require HMIS participation among shelters they fund.

TH: As the CoC has eliminated CoC-funded TH, TH capacity has been reduced across the CoC. Many of the TH beds no longer operating were those participating in HMIS. Similar to the ES providers, those TH providers that have never been on HMIS are beginning to understand how their participation in CE needs to include HMIS participation. Specific strategies to increase participation includes working w/ CoC partners - United Way, State of PA, others - to require CE & HMIS participation for all homeless assistance programs.

PSH: 185 of the 195 (95%) PSH beds not on HMIS are VASH-funded. This remains a priority for the HMIS Lead Agency & the Veterans Leadership Engagement Comm (VLEC). While not on HMIS, the VA HOMES assessments are uploaded & tracking of VASH vouchers occurs through veterans by name masterlist.

OPH: OPH beds not on HMIS were all previously funded through CoC. Providers will be engaged to enter beds on HMIS. These providers are participating in CE & the CoC will continue to provide education on the value in having their beds online, particularly as it relates to CE.

*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)   04/30/2019

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

Instructions:

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2B-1. PIT Count Date.   01/23/2019
Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).

2B-2. PIT Count Data–HDX Submission Date.   04/30/2019
Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).

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)

1) For the first time in the 2019 PIT Count, the CoC used an app to collect surveys during the Count (in addition to paper surveys). Service providers participating in the Count were able to choose whether to use the app or paper surveys, depending on what worked best in their community. Another change was that the PIT surveys for 2019 did not include date of birth (only age). This change was implemented due to use of the PIT app across the CoC- the structure and the flow of the questions was from the PIT app developer. Some counties reported that this made de-duplication more difficult.
2) Use of the app for data collection improved accuracy of data collection as the

app ensured that all required questions were answered and collected location information about where the survey was conducted. Use of the app made conducting surveys easier and more convenient for some service providers rather than having to carry around paper surveys. Change to the date of birth question made de-duplication more difficult. The CoC will consider adjusting the age/date of birth question in future counts to aid de-duplication.

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

Applicants must select whether the CoC   No
added or removed emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC's 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) For the first time in the 2019 PIT Count, the CoC used an app to collect surveys during the Count (in addition to paper surveys). Service providers participating in the Count were able to choose whether to use the app or paper surveys, depending on what worked best in their community. The app utilized geotagging of survey locations, to improve accuracy of the unsheltered count and allows the CoC to more accurately map out the coordinates of unsheltered individuals which aids in year-round outreach efforts. Another change was that the PIT surveys for 2019 did not include date of birth (only age). This change was implemented due to use of the PIT app across the CoC- the structure and the flow of the questions was from the PIT app developer. Some counties reported that this made de-duplication more difficult.
2) Use of the app for data collection improved accuracy of data collection as the app ensured that all required questions were answered and collected geotagged location information about where the survey was conducted. Use of the app made conducting surveys easier and more convenient for some service providers rather than having to carry around paper surveys. Change to the date of birth question made de-duplication more difficult. The CoC will consider adjusting the age/date of birth question in future counts to aid de-duplication.

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

Applicants must:

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

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)

The PIT planning process occurs on two levels: CoC-wide and county-level for
each of the CoC's 33 counties. CoC-wide efforts included: providing contact
information for youth serving organizations; sharing information with local
homeless education liaisons/McKinney-Vento; youth-focused training to the
county-level unsheltered coordinators; and the establishment of PIT count
standards for counting homeless youth, which include engaging local youth in
the planning process.

Standards for counting youth include: coordination w/systems serving youth;
engage youth in planning; ID "hot spots"; safety planning; provide training to all
PIT volunteers. The CoC provided training materials for all PIT volunteers.
Recorded training from youth RHY street outreach staff is available on CoC
website.

1) Efforts on the county-level include coordination w/ youth-serving
stakeholders, including: services providers; Children & Youth; McKinney-Vento
School Liaisons and/or LEA contacts; other relevant partners. These
stakeholders were engaged in county-level planning meetings to: identify hot
spots where youth gather; identify youth to volunteer in the count; and provide
youth-focused training to PIT count volunteers.

2) Through coordination with CoC stakeholders, county coordinators were able
to receive input on locations where youth would most likely be identified. This
included places to congregate and places to sleep. This information was
incorporated into planning meetings & volunteer teams were deployed to these
areas during the PIT count.

3) The role of youth varied throughout the CoC's 33 counties. At a minimum,
counties consulted with youth directly or indirectly through youth-serving
stakeholders in order to determine locations to target during the PIT count.
Some communities also engaged youth for conducting the count and/or to help
share information on social media about the PIT count.

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)

The CoC's sheltered PIT count is conducted in a complete & consistent way each year.

Through the implementation of CE, providers are more aware of locations where unsheltered households are located.
1) Due to increased coordination with PATH & ESG prioritization of outreach, the CoC's outreach capacity has increased over the last few years. Outreach teams visit soup kitchens, 24 hour stores, laundromats, etc. As such, communities are more familiar with locations where chronically homeless households may be, as well as more familiar with these individuals. The CoC modifies the data collection tool each year to ensure an accurate count of chronically homeless households. The CoC implemented use of an app for the 2019 count to conduct surveys, which increased the ability of service providers to identify and engage individuals experiencing homelessness, including chronic homelessness.
2) The CoC's strategic plan (released in 2017) includes a goal of zero unsheltered families. This is a priority to ensure unsheltered families are diverted to a more appropriate setting or connected to shelter immediately and PH as quickly as possible. Coordination with community stakeholders who serve vulnerable families has increased the CoC's ability to identify and connect to families each year.
3) As a result of the leadership of the Veterans Committee, the CoC has never had a stronger relationship with veteran serving orgs. SSVF & other Veteran serving orgs conduct year-round outreach and participate in the unsheltered count. They help ID locations where veterans are known to be unsheltered, as well as other non-veterans households ID'ed through regular outreach.
One way the CoC improves the count each year is to increase post-count follow-up. Non-urban communities that lack regular outreach teams struggle to follow-up with unsheltered households, so more communities are providing transportation to shelter/hotels and other opportunities for immediate engagement.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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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.	4,300

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) Across the entire CoC (33 counties), the CoC ID'ed risk factors through analysis of data collected through the CE process and HMIS of households who enter a homeless program. Risk factors include institutional discharge w/ no home plan; loss of employment; family with young children.
On the local level, county housing coalitions & regional CoC groups ID & discuss emerging trends, which is addressed locally & filtered up to the Governing Board.
2) The CoC is implementing a diversion strategy to reduce first time homelessness. In June 2018, two days of CoC-sponsored Diversion Training occurred, as well as 3rd day "Train the Trainers". CE staff and CoC-funded orgs

attended this training. Individuals operating prevention programs learned new strategies to expand efforts to support individuals/families in need of immediate assistance (diversion or shelter). The CoC is building on this training through development of a CoC-wide diversion strategy, using CE operators and Access Sites. The CoC received funding in 2019 to implement CoC-wide diversion strategy, which includes discretionary funds to help keep people in their homes when possible. The CoC has a formal partnership with 211 in which 211 staff are trained to screen callers for homelessness risk, and refer to resources including CE.

Households at risk of homelessness are referred by CE operators to prevention resources. Many communities coordinate state HAP funding for prevention efforts; ESG prevention is available in some counties. Community & mainstream benefits are leveraged to maximize resources. For example, multiple CE Access Sites are operated by CAAs who connect HHs to employment, child care, food assistance & other resources. CoC-funded orgs work with school districts to ID families at risk of homelessness to quickly link them to prevention resources and provide wrap around supports.

3) DCED, in their role as Collaborative Applicant, is responsible for overseeing the CoC's 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.	96

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) The CoC implements many strategies to reduce to the LOTH for households:
-In 2016 & 2017 the CoC reallocated all TH resources to reduce the LOTH and significantly increased RRH capacity.
-CE system prioritizes vulnerable households (e.g. households with longest LOTH). 100% of CoC-funded PSH beds are chronic dedicated.
-CoC provided 2-day diversion training and is implementing CoC- wide diversion strategy, including dedicated diversion funding in 2019.
-100% of CoC-funded projects operate using Housing First approach. The CoC has provided multiple training opportunities over the last 3 years to support orgs, including 2 days of HF training with OrgCode, webinars on motivational interviewing, harm reduction, trauma-informed care, and full day of Hsg Focused Case Mgmt.
-CoC Collab Applicant is also the State ESG recipient & has prioritized

resources for expansion of street outreach to assist in ID of those w/long homeless history & housing navigation to fill available units.
-The CoC partnered with Rural Supportive Housing Institute to provide landlord engagement training in Oct. 2018 which helped to inform and expand the landlord strategies already in place in many communities (which include landlord summits/outreach). CoC orgs use creative solutions to quickly house participants- e.g. Monroe County built online housing search platform in which landlords market properties for homeless providers.
-CoC orgs partner with mainstream benefit partners (e.g. childcare agencies who will provide childcare for families exp. housing instability while they look for work).
2)CoC CE assessment includes questions about LOT homeless, which impacts how households are prioritized for assistance. CE operators regularly meet to review the list & connect households to housing. CE system uses local "scrub calls" to review those in ES and unsheltered with longest LOTH and offer case conferencing.
3) DCED, the Coll App, is responsible for overseeing the CoC's 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.	56%
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.	96%

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 implements multiple strategies to ensure exit to PH:
-Diversion strategies to ensure PH resources are allocated to HHs that could otherwise not end their homelessness.
-Reallocation of TH resources to increase RRH capacity.
-significant expansion of RRH capacity (43% increase from 2018); increased PSH resources
-Case mngrs &/or housing navigators assist HHs to ID PH units that are affordable, as well as connections to resources (e.g. employment, childcare, benefits) to ensure long-term housing stability.
-Housing First. CoC system prioritizes housing stabilization over program rules. The CoC has provided training on Hsg First, Housing Focused Case Mgmt, motivational interviewing, trauma-informed-care. 100% of CoC-funded projects use a Housing First approach
-increasing incomes to support exits to PH
-increasing landlord activities such as an expansion of housing locator services. In October 2018 the Rural Supportive Housing Initiative provided Landlord Engagement training.
2) DCED, the Coll App, is responsible for overseeing the CoC's strategies.
3) Strategies include:
-Use of Hsg First approach to remove barriers & ensure more households retain housing.
-Training to support Housing First approach & other client engagement techniques (see list above) w/significant focus on maintaining housing stability. This has led to more case management occurring w/in client's home to help identify issues earlier.
-As a result of stronger relationships b/t providers & landlords, landlords often contact case managers w/concerns, prior to moving towards eviction.
-CoC's Governing Board is working to implement a Move On Strategy, to increase PSH availability while ensuring current HHs successfully exit to other PH settings. Cumberland County PHA currently has a move on preference for homeless households. 4 other PHA's have expressed interest in development a Move on preference.
4) DCED, the Coll App, is responsible for overseeing the CoC's 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.	4%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	6%

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 analyzes data from CE tool, which collects data on hx of homelessness, disabilities, MH/BH/SA issues, income, presence of children, evictions, etc. This data is used to understand which households have factors that puts them at higher risk for return to homelessness. The CoC also examines the exit destination of HHs returning to homelessness. Through the CE system and through HMIS, CE assessors and shelters can ID households who return to homelessness to expedite assessments and referrals, and to better ID risk factors.

2) Strategies to reduce rate of returns to homelessness include:
-Through implementation of CE, the CoC is more effectively connecting HHs in ES w/ RRH. This should further reduce the % of households returning to homelessness, which are highest among those exiting ES.
-ensuring that assistance is appropriate based on need. For example, if the household cannot sustain housing the provider can extend RRH assistance (up to 24 mos). CE screens for vulnerability to match households with most appropriate intervention, to reduce risk of return due to inappropriate match.
-RRH providers work with landlords to ID affordable units that can be sustained upon exiting RRH.
-focus on in-home housing-focused case mngmt
-increased landlord engagement. CoC trained on topic in October 2018.
-Diversion training & implementation of diversion strategy, which includes conflict mediation and dedicated funds. The CoC received funding in 2019 from FHLB-Pitts & the PA Housing Finance Agency for diversion and prevention resources, specifically targeting households that would otherwise become homeless.
-County Human Service Depts & Community Action Agencies in the CoC are instrumental in connecting clients to prevention assistance, mainstream resources, workforce dev, transportation, child care & other resources that promote long term housing stability.
3) DCED, in their role as Coll App, is responsible for overseeing the CoC's strategies.

 *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.	32%
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.	24%

 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) CoC strategies to increase employment income include: collaborating with the workforce dev system; addressing barriers to obtaining/maintaining employment; working with local employers to expand employment opps; offering incentives for employment (bus passes, on site interviews). CoC agencies and partners implement creative strategies to increase employment income: for example, Monroe County CoC providers partnered with the Visitors Bureau, Waste Authority, and United Way to offer no barrier, same day pay employment to participants experiencing homelessness. Wayne County has employed several RRH clients since 2017.
2) To increase access to employment, the CoC's strategy includes: 1) addressing barriers to obtaining/maintaining employment (transportation, child care, work attire, training), and 2) partnering with workforce dev agencies to provide resume development, job retention services, career planning, employability skills workshops, direct referrals to ESL and literacy partners, occupational skills training, on-the-Job training, apprenticeships, work experience, and transitional jobs for participants. CoC partners offer transportation assistance to participants for interviews and have facilitated on-site interviews.
3) CoC membership includes workforce development, CareerLink and other employment/education providers. Collaboration largely occurs on the county/regional level. Reps from employment/education systems attend regional homeless meetings of the CoC. CareerLinks partner with CoC-funded providers to outreach to clients, expand services for individuals exp. homelessness, pursue additional funding opportunities to expand services, and more. Many CoC-funded orgs provide employment supports, especially the many Community Action Agencies within the CoC's 33 counties. These partnerships also increase access to child care & transportation resources.
4) DCED, in their role as Coll App, will be responsible for overseeing the CoC's strategies.

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.

1) The CoC's strategic plan, finalized in June 2017 includes the goal to "Increase the Economic Security of Households". This goal includes connecting clients to mainstream income supports, which includes both employment and non-employment sources of income. To implement this strategy, CoC-funded

orgs work with participants to complete applications for benefits, partner with County Assistance Offices and SSI offices, and train staff to provide SSI application assistance through SOAR.
2) SOAR is a primary strategy to increase access to non-employment cash/increase access through SSI. Many orgs are SOAR trained & have seen increased SSI acceptance rates. Assistance in applying for SSI, TANF and other cash benefits is provided by CoC partners throughout the geographic area. Enrollment in mainstream benefits occurs online through the state's COMPASS system. COMPASS is an online single application system for many health & human service programs. All CoC-funded providers are proficient users of COMPASS. CoC providers work with local County Assistance offices so that participants can use agency addresses/phone numbers if they do not have a safe mailing address. Community Action Agencies (CAAs) work with participants to submit applications for benefits through the COMPASS website. These CAAs are most often the providers for WIC, LIHEAP, transportation and other TANF- funded services. This partnership with the CAAs ensures individuals experiencing homelessness have accessible assistance to apply for, receive, and utilize non-employment cash benefits. Some CoC providers have also been trained through the Central PA Food Bank to screen individuals for SNAP benefits. CoC providers also offer transportation to public benefit appointments as needed.
3) DCED, in their role as Collaborative Applicant, will be responsible for overseeing the CoC's strategies.

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) The CoC and its providers partner with many employment orgs and private employers to increase access to employment. Because of the diverse 33 county geography of the CoC, private employment orgs attend local housing/homeless coalition meetings and build partnerships at the county level. For example, CoC providers work with local employers to offer on-site interviews for participants. Monroe County providers partnered with the Visitors Bureau, Waste Authority, and United Way to offer no barrier, same day pay employment to participants. These are just a few examples of the work happening across the CoC at the county level to build partnership with private employment organizations.
2) The CoC partners with public and private orgs to provide education and training, on-the-job training, and employment opportunities for residents of PSH and other participants within the CoC. CoC providers work with OVR which provides education and employment training for people with disabilities, including participants in PSH. CoC orgs have partnered with Skills of Central PA (org serving people with disabilities) to support employment for participants through peer to peer relation building, mock interviews with specialists, and

more. Clinton County Housing Authority partnered to bring the local CareerLink mobile van directly to their facilities to offer resume building, job interviewing skills training, and other supports. Lehigh and Northampton County providers worked with CareerLink to implement a specific youth initiative to target job training and job opportunities for youth exp. homelessness. Several CoC funded orgs have WorkReady programs that provide job training and job opportunities for teens and young adults who are new to the workforce, including youth with disabilities. CoC agencies partner with local business, local CareerLink offices, and other Workforce Dev partners to connect participants to employment training and employment opps.

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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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 has implemented several strategies to reduce the LOTH for families with a goal of rapidly rehousing families within 30 days, including the reallocation of 26 TH projects. Reallocated funding has allowed the CoC to significantly increase RRH resources (46% increase in RRH for families from 2018). ESG funding prioritizes RRH & housing locator services to expedite placement. With the implementation of CE, all providers can quickly ID households in need of assistance.
The CoC is implementing a diversion strategy to help families ID housing options & return to housing more quickly. This includes dedicated funding for diversion to assist families to stay in current housing with supports, or rapidly move to safe housing.
CE Managers monitor the LOT between engagement and housing placement. This info is used to ID barriers to rapidly moving families into PH units. To increase landlord engagement, the CoC provided Landlord Engagement Training through the Rural Supportive Housing Initiative in Oct. 2018, which follows training provided in 2017 about the importance of landlord relationships to implement RRH & Housing First approach.
2) To ensure families successfully maintain housing, case managers focus on connecting families with PH & provide housing stabilization services. Long term housing stabilization includes connections to relevant mainstream services that can provide support upon the conclusion of RRH services, including child care, employment support, behavioral health, TANF, SNAP & other benefits.
RRH providers have strong partnerships with landlords, in order to ID units that are affordable in long-term, beyond asst. Hsg stabilization services are provided beyond RRH financial asst. Families exit w/ plan for maintaining housing.
"Prepared Renter Program" is offered by many providers, which include tenant rights & responsibilities.
3) DCED, in their role as Collaborative Applicant, will be responsible for overseeing the CoC's strategies.

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.	X

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.	

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's strategic plan includes the goal of reducing youth homelessness by 75% by 2022.
1) The CoC's strategies include: a) expanding housing resources; b) improving engagement; c) increasing cross-sector collaboration; d) increasing provider knowledge/skills
Expanding resources: The CoC funds three youth-dedicated projects: Blair CAA's Rapid Rehousing Consolidation (11 units are youth-dedicated); Valley Youth House RRH ($286,472, 13 units); & Valley Youth House TH/RRH ($482,906, 27 units). The CoC provided letters of support for each PHA within the CoC that applied for FUP Vouchers, and is working with PHA's and child welfare agencies who are interested in applying for new HUD Foster Youth Initiative vouchers. CoC providers have been awarded funding to support youth specific housing, services and outreach through RHY, state Housing Trust Fund (LGBT youth), private foundations, and other sources.
Improving engagement & increasing cross-sector collaboration: A significant # of youth IDed through CE have been concentrated within the Lehigh Valley & specifically the City of Allentown. As such, the Lehigh Valley Youth Task Force has been developed to drive cross-sector systems change in order to impact issues that lead to increased risk among youth. Membership includes: Children & Youth; City Council; schools; LGBT comm center; and others. Examples of expanded collaboration stemming from this Task Force include youth street outreach working with LV Health Network street medicine program & a health education program receiving funding through a healthcare foundation. Workforce dev. partners have started a youth initiative to target jobs/training for youth exp. homelessness. Additional support from a foundation has facilitated the development of a "rapid proto-typing" effort to address youth homelessness.
Increasing knowledge: The CoC provided 4 trainings in 2019 to share best practices for working with youth experiencing homelessness (Positive Youth Dev, Trauma Informed Care, Working with Diverse Populations, Commercial Exploitation). This has facilitated more effective use of existing resources by ensuring that all providers are equipped/trained to serve youth.
2) Valley Youth House was funded in 2019 through the CoC's Home4Good app (funding through PHFA & FHLB-Pittsburgh) to support expansion of youth street outreach services to unsheltered youth within Allentown, and is applying for additional funds for 2020. The TH/RRH project in the Lehigh Valley provides resources for immediate housing placement (TH) for unsheltered youth, while they find RRH unit. Youth< 18 are served in VYH BCP shelter.
#couchesdontcount pop-up events have helped to bring awareness to youth homelessness.
The Community Queue Youth Outreach Project is a group of providers meeting monthly in the Lehigh Valley to review a by-name list of youth exp. homelessness. This group contacts each individual to begin the development of a housing stability plan

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 measures the success of the above strategies in the following ways:
- Increase in total dollars dedicated to resources to address homelessness among youth
- Increase in beds/units dedicated to youth experiencing homelessness
- Increase youth access to non-youth specific resources
- Decrease overall number of youth experiencing homelessness; if/when youth do experience a housing crisis, decrease the time it takes to move to permanent housing
- Reduction in the number of youth requesting homeless assistance

2) Measures tracked to determine the effectiveness of strategies include:
- increased allocation of CoC-funding dedicated to serving youth experiencing homelessness
- increase in non-CoC funding to increase resources for youth
- increased beds/units dedicated to youth on the CoC's Housing Inventory Chart
- decreased amount of time between youth identified as homeless and placed in permanent housing
- reduction in the number of youth on the Community Queue
- reduction in the number of youth counted in the PIT count

3) The response to youth homelessness is varied across our 33-county CoC. Some communities have significant #s of youth & others do not. Some communities have homeless youth providers, but others do not. We believe these are effective strategies because we can make progress on each of these measures across the CoC. Regardless of the # of youth & the youth-specific expertise in a specific region of the CoC, CoC partners agree that reducing & ending youth homelessness will require a myriad of responses, including: increased discharge planning for youth in systems of care; family reunification services; positive youth development; independent living programs that prepare youth for sustaining housing; and youth-centered strategies for prevention & diversion efforts. These strategies will be critical to reducing the flow of youth into the homeless system & having the resources needed to act quickly to address the needs of youth experiencing homelessness.

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 measures the success of the above strategies in the following ways:
- Increase in total dollars dedicated to resources to address homelessness among youth
- Increase in beds/units dedicated to youth experiencing homelessness
- Increase youth access to non-youth specific resources
- Decrease overall number of youth experiencing homelessness; if/when youth do experience a housing crisis, decrease the time it takes to move to permanent housing
2) Measures tracked to determine the effectiveness of strategies include:
- increased allocation of CoC-funding dedicated to serving youth experiencing homelessness
- increase in non-CoC funding to increase resources for youth
- increased beds/units dedicated to youth on the CoC's Housing Inventory Chart
- decreased amount of time between youth identified as homeless and placed in permanent housing
- reduction in the number of youth on the Community Queue
- reduction in the number of youth counted in the PIT count
3) The response to youth homelessness is varied across our 33-county CoC. Some communities have significant #s of youth & others do not. Some communities have homeless youth providers, but others do not. We believe these are effective strategies because we can make progress on each of these measures across the CoC. Regardless of the # of youth & the youth-specific expertise in a specific region of the CoC, CoC partners agree that reducing & ending youth homelessness will require a myriad of responses, including: increased discharge planning for youth in systems of care; family reunification services; positive youth development; independent living programs that prepare youth for sustaining housing; and youth-centered strategies for prevention & diversion efforts. These strategies will be critical to reducing the flow of youth into the homeless system & having the resources needed to act quickly to address the needs of youth experiencing homelessness.

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)

1a) In several counties there is a Unified Family Services Systems or Healthy County Coalition for Schools bringing schools, agencies & community together to ID community needs and collaborate in offering quality, uninterrupted services to children/families. Formal partnerships include joint grant applications & cross system letters of support for grant applications.
1b) Reps from each of the six SEA regions covering the CoC participate in regional CoC mtgs or through county housing/coalition mtgs, and are CoC members. The SEA & HMIS Lead Agency have discussed formal collaboration through a data sharing agreement, which is being reviewed by Legal

Departments.

1c) Many communities across the CoC have developed joint protocols with their school district. Efforts range from collaboration to help children remain in their home school district, receive additional support, provide necessary school supplies, etc.

2a) Several orgs that provide ESG/CoC-funded homeless assistance also provide youth education services to young children, such as Early Childhood services & Head Start. CoC providers collaborate with early childhood providers to prioritize children exp. homelessness for childcare. Youth Dev programs through Workforce Dev Boards operate in collaboration w/ the CoC to provide educational services focused on literacy, GED & vocational needs for older youth. PIT collaboration also occurs.

2b) Reps from each of the six SEA regions covering the CoC participate in regional CoC mtgs or through county housing/coalition mtgs. The SEA in each region has built a strong partnership w/ homeless service providers.

2c) Collaborative efforts with school districts include helping children remain in their home school district, access additional support, provide necessary school supplies, etc. Providers & school districts often collaborate through joint efforts, including the annual PIT count, awareness events, food pantry for student/family use, Act 80 trainings, etc.

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	Yes
Early Head Start	Yes	Yes
Child Care and Development Fund	Yes	Yes
Federal Home Visiting Program	Yes	Yes
Healthy Start	No	No
Public Pre-K	Yes	Yes
Birth to 3 years	Yes	Yes
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		
WIC	Yes	Yes
Early Care	Yes	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 has sufficient resources to ensure each veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach.   Yes

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.	
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.	
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.	
5. The CoC has identified resources available to reduce disparities in their homeless system.	
6: The CoC did not conduct a racial disparity assessment.	

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

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.
   Please submit technical questions to the HUD Exchange Ask-A-Question at
https://www.hudexchange.info/program-support/my-question/

 Resources:
 The FY 2019 CoC Application Detailed Instruction can be found at:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
 The FY 2019 CoC Program Competition Notice of Funding Availability at:
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.

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)

1) The CoC keeps program staff up-to-date on mainstream benefits through county-level homeless meetings and monthly regional meetings of the CoC. Reps from the County Assistance Offices also attend regional/county meetings. Updates are shared with program staff through posts on the CoC's social media platform (Workplace by Facebook). The Exec Housing Dir. at the PA Dept of Human Svcs is a member of the Governing Board and provides updates.
2) The CoC disseminates mainstream resource info via monthly regional meetings of the CoC and Workplace by Facebook. These meetings often include training on resources or guest speakers to discuss resources. CoC providers host guest speakers at staff meetings. Community partners who share information at these meetings include the local County Assistance Office, Social Security, Area of Aging, MH providers, Substance Abuse Providers, C&Y, Dept of Health, Medicaid/Medicare companies.
3) Enrollment in mainstream benefits occurs online through the state's COMPASS system. COMPASS is an online single application system for many benefits including health care coverage (CHIP, MA, Medicaid for Former Foster Youth, MH/SA, Marketplace). All CoC-funded providers are proficient users of COMPASS.
4) The CoC works with community partners to ensure that participants are able to effectively utilize Medicaid and other benefits. Medicaid/Medicare insurance companies may attend local homeless coalition meetings or program staff meetings to discuss benefits and how to take advantage of them. CoC agencies partner with pharmacies who can specially package and deliver medications to clients. Many Community Action Agencies (CAA) throughout the 33-county area are also the providers for WIC, LIHEAP, transportation and other TANF-funded services. Partnership w/ the CAAs ensures individuals exp. homelessness are assisted to apply for, receive, and use benefits.
5) DCED, in their role as Coll App, is responsible for overseeing the CoC's strategies.

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.	57
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.	57
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 geography includes 33 counties encompassing nearly 21,000 sq. miles. Outreach efforts occur at varying levels across the CoC. This includes year-round outreach throughout the Lehigh Valley (area with highest population of homelessness), focused on both chronic & youth homelessness. Monroe County, which has the highest unsheltered concentration, conducts ongoing year-round outreach through ESG funding. ESG funds also support outreach in the counties of Cambria, Cumberland, Franklin, and a regional outreach effort in Union, Snyder, Northumberland & Montour. These efforts cover 4 of the 5 regions & the most populated centers of the CoC.
Additional street outreach is conducted by SSVF providers, who coordinate w/ local providers when a non-Veteran is identified.
Monthly outreach is also conducted through the use of volunteers in several counties.
2) 100% of the CoC is covered by regular outreach efforts.
3) Frequency varies by community. In the Lehigh Valley & Monroe County, outreach occurs daily or several times/week. In communities with less frequency of unsheltered homelessness, outreach occurs between several times/month to monthly based on need. 100% of the counties conduct an unsheltered PIT count each year.
4) Outreach teams often visit known encampments, soup kitchens & other locations where chronically homeless individuals and individuals least likely to request assistance may be ID'ed. The Lehigh Valley outreach teams partner with a street medicine program. Many outreach teams use peer-specialists & provide survival supplies (e.g. tents, socks, food), which have been successful for effective engagement. Street outreach workers engage individuals consistently & are often able to provide tangible asst, which can be a first step to developing trust. Once relationships are established, those who are least likely to engage are more likely to allow themselves to be screened/referred for asst. LanguageLine is available if translation is needed.

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	583	1,021	438

4A-5. Rehabilitation/Construction Costs–New No

Projects.

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.

Submission Summary

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

Page	Last Updated
1A. Identification	09/17/2019
1B. Engagement	09/26/2019
1C. Coordination	09/26/2019
1D. Discharge Planning	No Input Required
1E. Local CoC Competition	09/26/2019
1F. DV Bonus	09/26/2019
2A. HMIS Implementation	09/26/2019
2B. PIT Count	09/26/2019
3A. System Performance	09/26/2019
3B. Performance and Strategic Planning	09/26/2019
4A. Mainstream Benefits and Additional Policies	09/26/2019
Submission Summary	No Input Required