

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.

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

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

1A-1. CoC Name and Number: PA-601 - Western Pennsylvania CoC

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Commonwealth of Pennsylvania

1B. Continuum of Care (CoC) Engagement

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

1B-1. CoC Meeting Participants.

For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:

- 1. participated in CoC meetings;**
- 2. voted, including selecting CoC Board members; and**
- 3. participated in the CoC’s coordinated entry system.**

Organization/Person	Participates in CoC Meetings	Votes, including selecting CoC Board Members	Participates in Coordinated Entry System
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	Yes	Yes
EMS/Crisis Response Team(s)	Yes	Yes	No
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	Yes
Substance Abuse Advocates	Yes	Yes	Yes
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) CoC membership includes a broad array of orgs/individuals committed to ending homelessness throughout the geo area. Board/CoC membership includes ESG/CoC-funded orgs, PHAs, affordable hsg, VAMC, Corrections, DV & human trafficking, Homeless Liaison, mental illness advocates, local/state govt officials, people with lived exp, and more. This diversity is also represented within CoC membership. CoC semi- annual meetings includes both info sharing & solicitation of info relevant to CoC operation. The CoC's 20 counties are divided into two regions. Monthly regional meetings provide the CoC with time for more in-depth discussion & solicit/consider input from additional members/stakeholders. CoC Committees provide leadership w/ input for improving CoC operation, as well as services for specific subpops.

2) Info re: semi-annual CoC meetings, CoC training, or other opportunities are advertised via email, Workplace by Facebook & CoC website. Agendas are provided in advance and meeting minutes are provided on CoC website. CoC

updates are provided during county-level housing/homeless meetings.
3) The CoC structures meetings to solicit feedback to ensure decision makers understand the diverse needs throughout the CoC. For example, the Spring membership meeting (April 2019) included soliciting new Board members, reviewing the CoC strategic plan, updates on coordinated entry and veterans initiatives, and discussion of diversion strategies. Ideas were generated to improve system performance, strengthen CoC operations, address unmet needs & set priorities.

4) CoC-providers are trained to engage those w/ disabilities & provide accessible materials in large print, Braille & multiple languages. Accessible materials (PDF) are available on the CoC website. Meetings are held in accessible buildings/locations. SDHP and Disability Option Network participate in local housing meetings & provide TA around disability accommodations. CoC mtgs are streamed via Workplace Live (by Facebook).

1B-2. Open Invitation for New Members.

Applicants must describe:

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

1) The CoC has an open invitation to join at any time. The CoC does a membership push prior to Fall meeting of the full CoC. To become a member, individuals complete a survey on the CoC website or complete a paper membership form, which are made available during CoC meetings.

2) Information about membership is available on the CoC website & included in CoC emails. Membership is discussed at semi-annual CoC meetings. CoC staff attend county & regional hsg/homeless meetings each month in order to share CoC updates/info, as well as soliciting new CoC & Committee members.

3) CoC membership form is online & can be provided in alternate formats as requested. Accessible materials (PDF) are available on the CoC website. Workplace by Facebook social media, Mailchimp email service & CoC website each provide accessible electronic formats. Meetings are held in accessible buildings/locations & live-streamed and recorded. TTY phone services are available. CoC-providers' staff are trained to engage those w/ disabilities & provide materials in large print, Braille & in multiple languages. SDHP and Disability Option Network participate in local housing meetings and provide TA around disability accommodations.

4) New members are solicited annually prior to the Fall CoC meeting & forms are made available. In addition, new members are solicited throughout the year to advance CoC initiatives. For example, in order to strengthen and expand the CoC's Youth Committee, members contacted organizations providing specific types of youth services to encourage CoC/Committee membership.

5) The CoC Gov Board includes two individuals who were formerly homeless, including one individual on Executive Committee. The CoC's membership base

includes persons who were currently/formerly homeless. In August 2019 the CoC launched a Youth Advisory Board made up of 13 youth adults with lived exp. of homelessness who provide guidance and leadership on youth initiatives throughout the CoC.

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 two RFPs for the FY19 Competition. Each RFP was posted on the CoC website, announced on the CoC's Workplace by Facebook page, sent via email to all members/stakeholders & forwarded to local housing coalitions. CoC partners were encouraged to share the RFP materials with local agencies who may be interested. The state's DV Coalition forwarded RFPs to their membership. RFP's included instructions to submit the completed application via Survey Gizmo website.

Both RFPs included language that the CoC would accept applications from organizations not currently receiving CoC funding. The RFP included the language, "Additional consideration will be given to agencies that have not previously received CoC funding". TA was made available to new applicants to ensure they had support to submit a competitive application for eligible activities. The FY2019 Consolidated Application includes an application from one organization under the CoC Bonus not currently receiving CoC funding.

2) Funding Committee members reviewed new project applications using a standardized scoring tool. The scoring tool includes an evaluation of organizational outcomes. If an applicant is not CoC-funded, other data is pulled from HMIS (e.g. ESG, SSVF) to score the application where possible. New project applicants are recommended by the Funding Committee to the Non-Conflicted Members of the Governing Board for final approval.

3) On August 6, 2019, the CoC released two RFPs for new permanent housing projects: RRH or PSH under CoC Bonus and DV RRH under DV Bonus. All proposals were due August 21.

4) Accessible materials (PDF) are available on the CoC website and are distributed via email. Social media is used by agencies to advertise new project funding. If technical assistance is needed to apply for new project funding, reasonable accommodations are provided. CoC's new project application was hosted on SurveyGizmo, which is compatible with user's accessibility readers.

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)	Not Applicable
Head Start Program	Yes
Funding Collaboratives	Not Applicable
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)	

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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 CA & holds a seat on the CoC Board. DCED engages CoC membership to provide input for the Con Plan, including the ID of community needs & priorities for ESG. In April 2018, input provided during semi-annual CoC mtg was used to revise the ESG app to better align w/ CoC priorities, including: Housing First requirements; evaluation of projects; coordination of systems & prioritization of ESG eligible activities- Street Outreach, Housing Locator services & RRH. In 2019, DCED facilitated an ad-hoc workgroup, which included CoC members, to update/streamline/revise the ESG app. In 2018/19, DCED participated in an ad-hoc committee to develop the CoC/ESG written standards.

Washington & Westmoreland are the CoC's other ESG recipients. Washington Co's ESG/CoC coordinator is a member of the CoC Board. Coord b/w Westmoreland Co ESG & CoC members occurs locally & includes members of CoC Board.

2) DCED & the CoC Board developed an evaluation checklist for ESG apps that apply for competitive funding within the CoC's jurisdiction. Board members complete the checklist, which evaluates each applicant's performance & participation in the CoC. The checklist generates a score that is incorporated into applicant's overall score. DCED also uses performance data generated from HMIS in evaluating projects.

In 2017, the CoC finalized a new monitoring plan, which includes performance goals for ESG/CoC projects & a process for quarterly evaluation. Monitoring plan being revised by SPM Committee, which is responsible for implementation.

3) DCED regularly engages CoC membership to provide input for the Con Plan, including the ID of community needs & priorities for CDBG, HOME, ESG, HTF & HOPWA. 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 Washington & Westmoreland for their Con Plans. Con Plan meetings are attended by CoC providers in these counties.

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) To provide safe, trauma-informed (TIC), victim-centered services, the CoC has designed its Coord Entry (CE) to provide a DV Assessment Center (DV AC) in all 20 counties. If an individual who presents in a General Assmt Center IDs feeling unsafe or afraid, the assmt is stopped & the local DV AC is engaged. This ensures DV providers, who have been trained in TIC, conduct the assmt & immediately connect the household (HH) to victim-centered services, including shelter if needed. The CoC's CE DV Policy outlines protocols for serving those fleeing DV including: 1) Confidential, immediate access to emergency services & CE; 2) Warm Handoff to the DV AC of any HH who IDs as feeling unsafe/afraid.

The CoC has adopted an amended version of the HUD Emergency Transfer Plan, which directs provider to act as quickly as possible to assist the HH to move to another unit. If the HH does not receive TBRA, the provider is instructed to transfer the HH to another unit w/in their own inventory or to contact CE to request emergency transfer. Under confidentiality protocols, the CE Liaison will work with the Survivor HH to ID a safe available unit.

2) Through coordination of the DV AC, survivor's de-identified data is entered on the CE Prioritized List using a confidential code. Survivors have access to all CoC/ESG-funded projects for which they are eligible. In addition, resources are available through county/state/fed funded programs including HHS & DOJ. The CE system works quickly to refer, house & relocate HH based on their preferences. During the assmt, survivors ID preferences & safety needs for hsg locations to maximize client choice.

Gov Board includes rep from Victim Services Provider (VSP) & CE committee is

co-chaired by VSP, who ensures that the CoC's policies/operations are implemented to ensure the choice, safety & confidentiality of survivors. DV CE workgroup meeting over the last year to further coordinate/streamline CE operation & housing needs of 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 March 5+6, 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 orgs. In addition, PCADV presented on the CoC's PIT webinar on 12/12/18 to provide training on best practices for engaging individuals who indicate that they are fleeing DV during the PIT count. PCADV is implementing a DV Housing First (DVHF) system, which will include significant training & tech asst for CoC's DV project staff. DVHF expands/complements best practices in use by all providers w/in the CoC, while increasing the CoC's overall capacity to serve survivors, prioritizing safety & maximizing client choice.

2) CE staff also participated in the above referenced trainings & receive training at least annually. In addition, in partnership with PCADV, ongoing training is provided around CE protocols for DV. The CoC CE operations are directed through the planning & policy making of the CE Committee, which includes several staff operating DV Assmt Centers, as well as a rep from PCADV who provides input regarding best practices & additional trainings needed. A CE DV workgroup, facilitated by PCADV, was created to ID training needs & push out related info/policies. The CE Liaison provides monthly webinars to keep CE staff up to date on all topics, including DV protocols.

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 Priority List for access to resources; evaluate CoC-funded projects; track service delivery of ESG funding; provide data for CAPER; & to provide data to inform the 2019 CoC application.

Through analysis of data pulled from ETO, the comparable database for DV providers, as well as analysis of CE data from April 2018 to March 2019, the CoC can better understand the scope of housing need & to assess the specialized needs of DV survivors. Examples include the following:

- the number 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, and the rate of housing place through the CE Queue
- the number of survivors presenting with disabilities, including physical and 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.

DV agencies participating at the leadership level of the CoC have worked to ensure the needs of DV survivors are represented at all times, as evidenced by goals in the CoC's strategic plan that reference DV survivors. The CoC is committed to continuing & expanding the use of de-identified survivor data to inform community needs. Pennsylvania Coalition Against Domestic Violence, a CoC partner, was awarded VOCA funding to support a data analyst & will be using comparable database to review data quality, prioritize resources & create a platform to track housing retention more efficiently. Data will be shared w/ CoC, which will be used to evaluate project performance & inform modifications to project design for survivors, if needed.

***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
McKean County Housing Authority	28.00%	Yes-HCV	Yes-HCV
Westmoreland County Housing Authority	25.00%	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)

1) The CoC has positive relationships with many of the 24 PHAs in the geographic area. In addition to the data presented above, Mercer County PHA, Lawrence County PHA, City of Dubois PHA & Jefferson County PHA each have a homeless preference. Several PHAs also have preferences that benefit households served within the CoC, including veterans, households fleeing domestic violence & displaced households.

Many PHAs are members of the CoC and coordinate with the CoC in several ways. This includes: coordination/implementation of special purpose vouchers; recent Mainstream & FUP applications; VASH vouchers (Butler PHA, Indiana PHA & Lawrence PHA); CoC-funding (currently Dubois PHA, McKean PHA, Butler PHA; previously Mercer PHA). McKean County PHA created a program for families and youth at risk of homelessness who are child welfare involved and has a preference for transition aged youth experiencing homelessness. Several PHAs are working with their local child welfare agencies to apply for Foster Youth Initiative vouchers.

One of the two Co-Chairs of the Governing Board is employed by the McKean County Housing Authority. Another CoC Governing Board member also serves as a member of the Lawrence County Housing Authority's Board.

The CoC is working to encourage additional preferences. McKean County PHA currently has a Move On preference for individuals transitioning from permanent supportive housing. Butler County HA is currently working with CoC partners to develop a Move On Strategy. Much of this work is conducted on the county-level through county housing/homeless coalitions where PHA staff often attend and/or partner with coalition members on various local initiatives.

The CoC's 5-year strategic plan includes specific strategies around partnerships with PHAs, including adoption of preferences and creating a CoC move-on strategy.

2) n/a

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)

McKean County PHA currently has a Move On preference for individuals transitioning from permanent supportive housing, which was approved in

September 2019. Butler County HA is currently working with CoC partners to develop a Move On Strategy, and CoC members are currently working with other PHAs to encourage and develop a Move On Strategy. Much of this work is conducted on the county-level through county housing/homeless coalitions where PHA staff often attend and/or partner with coalition members on various local initiatives. 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.

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 has implemented a CoC-wide "Non-Discrimination and Affirmative Fair Housing Policy" & "Fair and Equal Access Policy". These policies are included in the CE Policies & Procedures Manual & the CoC Written Standards & are applicable to all providers participating in the CoC, regardless of funding sources.

The CoC provided training on 9/19/17 regarding Fair Housing & the requirements/expectations of CoC providers for implementing HUD's Equal Access Rule. In 2018, the Self-Determination Housing Project (SDHP) facilitated Fair Housing training for CoC providers. The CoC contracted with Valley Youth House to provide four trainings on serving youth in Spring 2019, which included a training on "The Ins and Outs of Working with Diverse Populations" on 3/26/19. The Housing Alliance of PA has provided Fair Housing training through their lunchtime webinar series, including "Advancing Racial Equity in the Fight to End Homelessness", presented by Joe Savage of USICH on 4/24/19 and "Accommodations in Housing: Protections, Practices and Solutions" on 7/17/19. Training information/ registration were circulated to the CoC membership. The CoC will provide its next Fair Housing/ Equal Access Rule training in Fall 2019. The CA is also the ESG Recipient & has included requirements for compliance w/ Fair Housing, ADA, Equal Access Rule & other discrimination-related laws w/in the ESG app.

Attorneys from Southwestern PA Legal Services Fair Housing Law Center (FHLC):

- are active in the CE Committee & as a CE referral partner, working to resolve claims of reported discrimination
- has provided local training throughout the CoC & have raised concerns when appropriate about discrimination or equal access
- regularly attend local housing/homeless coalition meetings & offer TA to provide information on fair housing & equal access laws

-assist counties in prepping for landlord engagement workshop & present to landlords around fair housing & equal access, as does SDHP

***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:	<input checked="" type="checkbox"/>
2. Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
3. Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
4. Implemented communitywide plans:	<input checked="" type="checkbox"/>
5. No strategies have been implemented:	<input type="checkbox"/>
6. Other:(limit 50 characters)	
Criminal Justice Advisory Board mtgs.	<input checked="" type="checkbox"/>
Mental Health First Aid	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

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 Coord Entry System (CES) covers & serves all 20 counties w/in CoC. Each county has a General Assessment Center (GAC) to direct all households (HHs) needing homeless asst to the appropriate intervention, while also maintaining client choice. In addition, HHs fleeing DV, dating violence, sexual assault, stalking and/or human trafficking are directed to separate entry points, DV Assessment Centers (DVAC) for completion of the CoC's coordinated assessment & placement on the Prioritization List. Auxiliary Agencies (e.g. PHAs, CAP agencies, BH providers, etc) also provide connections to CES. Centers are also available by phone.

2) The CoC's street outreach providers are an extension of the CES & ensure HHs least likely to engage in services or present at a GAC/DVAC and/or do not know how/where to access homeless asst are engaged/connected to resources. Among other locations, outreach targets soup kitchens, food pantries, libraries, etc.

The CES uses Language Line, which provides telephone-based translation services for 240 languages. CES Marketing materials are available in Spanish & English.

211 call services have been contracted, set to begin this Fall, which will refer/direct HHs throughout the CoC to homeless assistance by providing 24 hour prescreening & referrals to the GAC, DVAC & shelters.

3) Upon the completion of the CE Assessment Tool, eligible HHs are scored & added to the CE Prioritization List. The score incorporates vulnerabilities such as income, DV, young children, physical/BH conditions, etc. HHs are prioritized for hsg based on vulnerability & LOTH. All ESG/CoC-funded providers are required to fill all openings through the prioritization list. To increase hsg options & timely assistance, resources through other funding sources also pull HHs from the CES list, e.g. PA Homeless Asst Program, local funding, Veterans programs. Efforts are being made to add LIHTC units & other affordable hsg units to the CES referral process as well.

1D. Continuum of Care (CoC) Discharge Planning

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:

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

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

1E. 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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*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.

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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:

- "Vulnerability/Severity of Needs" calculation (criteria 2) 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.
- "Vulnerability/Percent Zero Income at Entry" (criteria 3).
- "Project Participant Eligibility" (criteria 4) to ensure projects are serving households who are literally homeless.
- "Housing First Approach" (criteria 5) to ensure households are rapidly placed and stabilized in housing with no 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 26 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. 100% of PSH projects are chronic dedicated & as such, PSH project type is awarded maximum points. DV projects are exempt from returns to homelessness, but scored on improving safety.

In future years, 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	<input checked="" type="checkbox"/>	1. Email	<input checked="" type="checkbox"/>
2. Mail	<input type="checkbox"/>	2. Mail	<input type="checkbox"/>
3. Advertising in Local Newspaper(s)	<input type="checkbox"/>	3. Advertising in Local Newspaper(s)	<input type="checkbox"/>
4. Advertising on Radio or Television	<input type="checkbox"/>	4. Advertising on Radio or Television	<input type="checkbox"/>
5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>	5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>
6. Did Not Publicly Post Review and Ranking Process	<input type="checkbox"/>	6. Did Not Publicly Post CoC Consolidated Application	<input type="checkbox"/>

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: 29%

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 & furthering CoC/HUD priorities. Low performing projects considered for reallocation are those projects scoring in the bottom 10% of projects scored for 3 consecutive years. In addition, reallocation may be considered based on a project’s cost effectiveness, where additional info may be requested of project recipient if the project’s budget exceeds the typical costs of similar projects. Additionally reallocation may be considered based on: a lack of need for the project; funds needed to respond to an urgent/emerging issue; project monitoring identifies serious problems with the project; or a history of underspending CoC funding.

The Funding Committee may determine that a partial or full reallocation of CoC funds is appropriate. 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 process within the FY2019 CoC-funding Process and Policies document, which was circulated via email and posted on the CoC's website.

4)The CoC identifies projects that were low performing and underspending via the annual project evaluation/scoring process. Needs are identified in the CoC's gaps analysis, which informs the reallocation & new project selection process.

5) To be considered for reallocation, a project would need to have operated long enough to be competitively ranked for three years. Reallocation considerations of low performing project include the availability of other projects & the capacity of other providers in that local community & the level of TA provided to help provider improve performance.

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

*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	775.00
the CoC is Currently Serving	1,119.00

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 two data points from July 2019: 1) the # of individuals from HMIS on the CE Prioritized List who self-reported DV (288), and 2) the # of adult victims served by DV shelters within the CoC reported in ETO (487). 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	184049567
Applicant Name	Lawrence County Social Services, Inc.

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) Since Jan 2018, DV assessment centers (DVACs) have assessed more than 1100 HHs. Currently, there are 199 active DV records on the CoC prioritization list (22% of active records). Great care is taken to ensure DV survivors are provided equal access, in a trauma informed, victim-centered, confidential way. Each county is covered by at least one entry point for households fleeing DV. However, many of the DVACs receive no CoC funds/no other funding to cover costs of the additional tasks needed to support DV survivors through the CE process. Survivors often face numerous barriers to establishing safe/stable hsg & survivors' safe access to & participation in housing services often requires CES modifications, including: a) implementing protocols for privacy & safety of client info including de-identification; b) discussing safest way to contact survivors for housing placement, follow survivors' directives when making contact & IDing alternate safe contact methods (e.g. safe family/friends, client calling CE system w/passcode to access referral status, etc.) & c) ensuring client choice when making program referral. Given the significant number of HHs fleeing DV, geographic size of the CoC and stringent confidentiality standards that must be followed, additional dedicated staffing/support is needed.

2) The DV specialist will work directly with DVACs and will: complete

assessments for survivors; assist w/managing DV records w/in CE & making referrals (including follow up w/survivors); assist w/collecting eligibility documentation; ensure compliance w/Housing First; provide TA to CE assessors and DV providers. The DV Specialist will allow DVACs to quickly assess households, provide immediate referrals, and expedite permanent housing move in—all while prioritizing confidentiality and client choice. The DV CE specialist will ensure that survivors receive timely, confidential, victim-centered, trauma-informed CE assessments, follow up, and referrals.

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...	156527558

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

Applicant Capacity

DUNS Number:	156527558
Applicant Name:	Pennsylvania Coalition Against Domestic Violence
Rate of Housing Placement of DV Survivors--Percentage:	68.00%
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. Mirroring the SPM methodology, rate of housing placement calculated as % of DV survivors in a homeless asst program in HMIS who exited (leavers) to a PH destination. Rate of housing retention calculated as % of DV survivors (stayers) in (non RRH) PH who retained PH. Since 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 FY18, nearly 90,000 people were served by PCADV's network of DV agencies. PCADV & its member programs are highly experienced in supporting survivors to quickly move to PH, including providing rental asst, security deposit & relocation funds. In FY18, 220 HHs in the CoC received support w/ Relocation Funds. Of those, 128 received rental support to obtain/maintain safe hsg. PCADV uses Relocation Funds to support survivors to resolve issues such as debt or temporary financial issues, maintain a current safe hsg option, or quickly resolve a barrier to obtaining safe hsg. In order to access safe, affordable housing options & assist survivors to move into PH quickly, PCADV member programs across the CoC partner with private landlords, PHAs, affordable housing providers, LIHTC property managers, etc. CAPSEA, for example, has been doing landlord engagement since 2006 & works closely w/ members of the Tri-County Landlord Association. PCADV was awarded \$1.1M in 2018 CoC competition to provide DV RRH in the Eastern PA CoC. In order to prepare for the implementation of that project, PCADV has prepared DV program subrecipients by providing the following:

-Training on the Domestic Violence Housing First (DVHF) model
-Established a process b/w PCADV's finance dept & subrecipient programs to quickly process deposits/rent checks to minimize/negate delays in hsg placement
-Planned a series of trainings, including: basics of RRH & how the pillars of RRH are modified for DV survivors; nuts & bolts about pulling from CES List & standardized procedures for program enrollment; landlord engagement & relationship building; HQS inspection; documentation; mobile advocacy, before lease-up & after.
The goal will be to have all subrecipients prepared to assist survivors to quickly connect survivors to RRH upon the start of the project.

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)**

1a) 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 & 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- e.g. a park where survivor's children can play, safe relative's home, or location where the survivor receives other services.

c) While very rare for a couple to present for DV services together, if this occurs, interviews will be conducted separately. Providers will also not conduct interviews in the presence of minor children.

d) Advocates use a hsg assmt to help survivors ID potential hsg barriers; location/type of hsg that is most safe & 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 & ability to provide privacy.

f) Survivors rental locations are kept confidential in comparable database & paper files stored in manner required by PCADV standards. 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 & safe ways to disclose their address.

2. Upon exit, survivors are given a questionnaire & 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 after exit. 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) Every survivor in DVHF receives uniquely tailored services. This includes housing choice. As such, DV programs will expand landlord engagement to provide choice & rapid placement. Stabilization in PH will be furthered through survivor driven trauma informed mobile advocacy, which is a core DVHF tenant. This means that survivor & advocate agree upon a time/ place to meet to ease the burden of travel for the survivor. It includes services that are voluntary & based on what the survivor identifies they need.

b) Through the lens of survivor driven, trauma informed practice, the advocate & survivor discuss challenges to stability--like housing or utility debt, lack of savings, criminal background, poor credit, or lack of ID. The participant & advocate then develop a plan that builds on strengths, addresses barriers & 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 consistently integrate opportunities to share the impacts of trauma w/ survivors. PCADV has partnered w/ National Center on DV, Trauma & MH to assist programs in sustaining survivor driven, trauma informed services. A key component of this training is providing tools for advocates to share w/ survivors regarding the impacts of trauma on their lives.

d) PCADV & subrecipients will use the Housing Stability Assessment & Stability Plan tools to assist survivors obtain/maintain hsg & pursue goals. Advocate & participant work together on a plan to identify strengths & resources--like income, good credit, current job, prior employment history, education/training, positive rental or landlord experiences & support systems. The plan is tailored to what participants want, what they see as achievable & what support they need.

e) Trauma informed, survivor centered approaches are included throughout PCADV training for member programs, both in online modules & classroom based training. Specific training modules focus on ethics in advocacy, cultural competence & providing non-biased, inclusive services. PCADV's Training Institute offers trainings for advocates to develop these skills, including advocacy around LGBTQ+ & underserved communities, trauma sensitivity, & working w/ survivors who have experienced brain injury. CoC related policies around discrimination & equal access will be followed & DV programs will attend all required/relevant trainings.

f) Opportunities for connection among survivors are prioritized by member programs, as programs offer support groups, parenting support & other opportunities to break isolation & 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 & 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 & providing child development info/referrals. 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 & VOCA funding supports 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 w/ complex legal issues i.e. custody, divorce, child & spousal support); 2) Legal advice/representation; 3) Attorneys skilled in representing survivors of DV in family law & other civil matters. The CLR Project has 18 sites w/in 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 & connections to education; 5) long-term asset building info & 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. For example, the Blackburn Center in Westmoreland partners w/ local methadone clinic to have addiction counselors on site weekly to reduce barriers to substance use treatment. Blackburn also partners with the local day labor organization for employment for survivors who need an income urgently. Blackburn partners w/ Westmoreland health clinic, making healthcare more attainable. DV providers partner with local non-profits/ thrift stores offering vouchers to survivors for furniture and beds. DV providers partner with CareerLink and Private Industry Council, which provide GED trainings/tests, and job skills training.

DV programs will partner w/ landlords to ensure criminal history & bad credit history will not create barriers to housing.

DV programs will partner w/ landlords to ensure criminal history & bad credit history will not create barriers to housing.

DV programs will partner w/ landlords to ensure criminal history & bad credit history will not create barriers to 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	762	244	185	35.71%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	294	30	205	77.65%
Rapid Re-Housing (RRH) beds	525	0	514	97.90%
Permanent Supportive Housing (PSH) beds	1,217	86	899	79.49%
Other Permanent Housing (OPH) beds	29	0	18	62.07%

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)**

To increase HMIS participation, the CoC: a)provides bonus points during annual scoring/ranking to CoC-funded orgs that voluntarily enter data into HMIS when not required by funder; b)pays for HMIS user licenses to remove barriers to participation.

1) ES-Many ES projects have not historically participated in HMIS b/c not required by funders. CoC will engage other funders to discuss benefits of HMIS participation, including faith-based orgs (FBO), State of PA, United Way. TH-City Rescue Mission operates 33 of 59 TH beds not on HMIS. This org receives CoC funding for one TH project, which is on HMIS. The CoC will leverage CoC funding to strongly encourage HMIS participation of non-funded projects, which would increase TH-HMIS participation rate to over 90%.

PSH-All 232 PSH beds not on HMIS are VASH-funded. HMIS bed coverage of VASH beds will continue to be requested of the VASH-participating PHAs & VAMCs.

OPH-11 beds not on HMIS are operated by a veterans program that is very engaged in the CoC's efforts to end veteran homelessness. The CoC will request that these beds are added to HMIS.

2) To increase bed coverage, the CoC will work to educate/engage funders about the benefits of aligning their efforts to CoC goals, including CES & HMIS participation.

-FBO: The Ex Dir of the Union Rescue Mission (CoC Board member & CE Committee Co-Chair) has volunteered to assist w/ engaging FBO in HMIS & CE implementation.

-CoC staff attends all local housing/homeless coalition meetings & discusses importance of HMIS participation.

-Through the Homelessness, Housing and Health Care Work Group, facilitated by the Governor's Policy Office, state agencies have been asked to require HMIS & CES participation of all projects receiving state funding, which includes a significant portion of the non-HMIS participating projects.

-Coordination with VAMCs is very strong through the CoC's Veteran Committee. HMIS coverage will continue to be requested of VAMC partners.

***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) The implementation of the PIT count has been consistent for the last 10+ years. However, 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.

Due to limitations within the PIT app, the CoC was unable to collect date of birth while conducting each PIT survey, instead age was collected.

2) The use of the app had no impact on the PIT count results. The only noted outcome was that volunteers conducting the unsheltered count were more easily able to collect data at the sheltered programs within their communities that require more assistance to conduct PIT interviews and/or report their data (e.g. ES mission program). As such, there were improvements around the timeliness of the data submitted by these projects.

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

Applicants must select whether the CoC 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. No

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.

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. While the date of birth question might have made de-duplication more difficult, the app was not widely used this year and it did not create an issue. The CoC intends to work with the developer in advance of the 2020 count to include DOB, as it is a datapoint previously used to check for duplication.

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

Applicants must:

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

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

Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:

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

1) The unsheltered PIT planning process occurs on two levels: CoC-wide and county-level for each of the CoC's 20 counties. In preparation of the PIT count, cross-systems planning occurred between the PIT county contact and stakeholders serving youth experiencing homelessness, including school districts. These stakeholders were engaged to help identify locations where youth were known to congregate, spread information about the PIT count, plan "come and be counted events" and advertise these events. CoC-wide efforts also included: providing contact info for youth serving orgs; sharing information with local homeless education liaisons; youth-focused training to county-level unsheltered coordinators; and the use of the CoC's PIT count standards for counting homeless youth, which include engaging local youth in the planning process.

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. In addition, PATH outreach & street outreach teams were consulted to identify known locations to identify youth.

3) The role of youth varied throughout the CoC's 20 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. In addition, some counties held "come & be counted" events for youth on the PIT date. The CoC is planning a youth-specific PIT Count for April 2020 and is partnering with Valley Youth House (who has conducted youth-specific counts in several regions across PA) and National Network for Youth to plan this count. The CoC launched a Youth Advisory Board in August 2019 and the youth leaders will be closely involved in the 2020 PIT Count and youth-specific 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 in 2018 & expansion of street outreach, providers are more aware of locations where unsheltered households (HHs) may be found.

1)Due to increased coordination with PATH, SSVF & ESG-funded street 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 w/ locations where chronically homeless HHs may be & more familiar w/ these individuals. These "known" chronic HHs IDed are assessed for CE. The CoC implemented use of an app for the 2019 count to conduct surveys, which increased the ability of providers to ID & follow-up with HHs exp. homelessness, including chronic homelessness.

2)The CoC's strategic plan (released in 2017) includes a goal of zero unsheltered families. Coord. with stakeholders who serve vulnerable families has increased the ability to ID/connect to families each year. In 2019, one unsheltered family was identified throughout the 20-county CoC, which represents a reduction from 2017 when four unsheltered families were counted and 2018 when two unsheltered families were counted.

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 HHs identified through regular outreach. The CoC effectively ended veteran homelessness in 2019.

One way the CoC improves the PIT count each year is to increase post-count follow-up. Rural communities that lack formal outreach struggle w/ consistent follow-up with unsheltered households, so more communities are providing transportation to shelter/hotels & other opportunities for immediate engagement.

3A. Continuum of Care (CoC) System Performance

Instructions

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

Applicants must:

Report the Number of First Time Homeless as Reported in HDX.	2,094
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3A-1a. First Time Homeless Risk Factors.

Applicants must:

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

1) The CoC’s first time homeless numbers have been consistently decreasing over the past several years. The CoC completed a strategic plan, finalized in 2017, which included a retreat with the Board and regional listening sessions. During these sessions risk factors ID’ed included: history of DV; exiting from institutions; and lack of employment income. While listening session feedback was anecdotal, these risk factors have been verified through HMIS data. In addition, CoC-wide CE came online in 2018 and the CoC uses CE data to further pinpoint risk factors.

2) Many of the CoC’s CE Assessment Centers are located in Community Action Agencies (CAA). These centers have diverse resources to prevent and stabilize

households prior to becoming homeless. This includes connections to benefits & using state HAP funds to provide diversion/prevention (first/last/security, eviction prevention funds). CAA's work with landlords to set up payment plans to prevent eviction or provide hotel vouchers for families while they gather eligibility documents for housing or while their current housing is having repairs done.

Diversion strategy being developed to build on Veterans Rapid Resolution pilot & two-day Diversion Training through the Cleveland Mediation Center for CE and CoC staff. 2018 Home4Good app (funding through FHLB-Pittsburgh & PHFA) awarded for host home program for youth, providing prevention asst. 2019 Home4Good includes ongoing funding for host home & a dedicated diversion fund.

CoC partners use a variety of funding to provide prevention resources including: HAP, SSVF, ESG, FEMA, BH Reinvestment Funds, HHS Opioid-Dedicated hsg funding. ESG funding, including prevention funding, is aligned to CoC priorities and is used to reduce first time homelessness.

CYS partnership to prevent homelessness among HHs w/ children.

3) The CoC's Governing Board, in their oversight of all CoC Committees, is responsible for overseeing strategies to reduce first time homelessness.

***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.	90
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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 various strategies to reduce the length of time homeless (LOTH), including:
 - \$2.6M reallocation of Safe Haven & TH to expand PH, as demonstrated through a 153% increase in RRH funding since 2015 (2015= \$805,251 – 2018 = \$2M+), as well as an additional \$1.35M applied for in 2019 to expand RRH.
 - Through Coordinated Entry, the CoC prioritizes most vulnerable pops for resources, which includes LOTH as tie-breaker for prioritization.
 - 100% of CoC-projects operate using Hsg First (HF) approach, removing barriers to entry. The CoC has provided significant training over the last 2 years to support providers in HF implementation. This includes: 2 days of HF training from Org Code; trauma-informed care; harm reduction; motivational interviewing; & hsg-focused case mngmt.
 - ESG-funding prioritizes housing locator services to develop a network for

faster hsg placement. Many providers have Housing Locators on staff & maintain database of available apts to drastically cut down on time to find a unit. CoC providers host landlord events to expand relationships.
 - ESG-funding prioritizes street outreach, allowing the CoC to provide outreach services CoC-wide & engage individuals with long histories of homelessness.
 - Diversion to preserve resources for HHs needing more intensive services, including 2019 Home4Good application for dedicated diversion funding.

2) CoC prioritizes most vulnerable pops for all resources through CE. The CE Priority List includes LOTH as a visible field. As providers review the list to fill project openings, this is considered & used as a tie-breaker for placement. LOTH is included in the CoC's written standards through the adoption of CPD Notice 16-11.

3) The CoC's Gov Board, in their oversight of all CoC Committees, is responsible for overseeing strategies to reduce LOTH.

***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.	73%
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.	97%

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 various strategies to increase PH placement, including:

- significant expansion of RRH capacity (153% b/w 2015-2018) & applying for 98 new RRH units in 2019; increased PSH resources
- Housing First. CoC prioritizes housing stabilization over program rules. The CoC has provided training on Hsg First, motivational interviewing, harm reduction, trauma-informed care, hsg-focused case mngmt & housing for people w/ opioid addiction.
- many projects educate participants using strategies from the "Prepared Renters Program", which includes hsg placement & hsg retention
- increasing incomes for households in TH & RRH, to support exits to PH
- increasing landlord-related activities such as an expansion of housing locator services. On 10/3/18 the Rural Supportive Housing Initiative provided Landlord Engagement training.
- CoC-wide implementation of CES has significantly connected more HHs in ES & TH w/ PH, as all PH units are filled through the CE Priority List.

2) This strategy will be overseen by the CoC Governing Board.

3) Retention of PSH and/or exits to other PH destinations includes the above & the following strategies:

- many providers have good relationships with landlords, who can help to ID problems before eviction proceedings begin.
- in-home case management has enabled support around housing stabilization. CoC has provided hsg focused case mngmt training
- coordination with mainstream resources such as MH/BH supports
- increased income, including through SSI. In order to encourage/facilitate more case managers becoming SOAR trained, the CoC provided foundation funding to reimburse agencies for staff time to complete SOAR training.
- CoC works with PHA's to implement Move On strategies. McKean County PHA implemented a Move On preference in Sept 2019. Butler County PHA working with CoC to develop Move On preference.

4) This strategy will be overseen by the CoC Governing Board.

***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.	5%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	8%

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’s CE Tool collects the following data points: hx of homelessness; physical disabilities; MH/BH/SA issues; income; presence of children, including young children and CPS involvement; criminal history; history of DV. This data is used to understand which households (HHs) have factors that put them at risk for return to homelessness. In addition, prior exit destination of HHs returning to homelessness is examined. Through the CE system & HMIS, CE assessors & shelters can ID HHs who return to homelessness to quickly expedite assessments/referrals, & better ID risk factors.

- 2) The CoC continues to implement strategies to reduce the rate of additional returns to homelessness including:
- reallocation of two Safe Havens, which had the highest rates of return for several years. (Closed 2018.)
 - Through the implementation of CE, the CoC is more effectively connecting HHs in ES with RRH, which will reduce the % of HHs returning to homelessness.
 - ensuring that assistance is appropriate based on HHs needs. For example, if the HH cannot sustain housing the provider can extend RRH assistance (up to 24 mos).
 - RRH providers connect HHs to affordable units that can be sustained upon exiting. RRH providers have engaged landlords to build network of affordable units.
 - hsg-focused case mngmt training & emphasis on in-home CM services have helped improve retention.
 - Diversion training, which has lead to more effective use of prevention resources. August 2019 application to provide dedicated diversion funding through Home4Good.
 - County Human Service Depts & Community Action Agencies in the CoC are instrumental in connecting clients to prevention assistance, mainstream resources, workforce devt, transportation, child care, LIHEAP & other resources that promote long term housing stability.
- 3) The CoC's Governing Board, in their oversight of all CoC Committees, is responsible for the overseeing these and any other strategies identified to reduce returns homeless.

***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.	29%
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.	21%

3A-5a. Increasing Employment Income.

Applicants must:

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- 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) The CoC's strategic plan, approved 6-29-17, includes the goal of increasing economic security by working with mainstream providers to connect clients to jobs, income and benefits. The plan calls for connecting households to benefits that will assist in maintaining employment, such as childcare and transportation. Strategies to increase employment income are implemented through partnerships with CareerLink, Workforce Development, OVR & programs through the PA Dept of Human Services targeted to TANF & SNAP recipients to prepare for, find, and keep employment.
- 2) The CoC works in close partnership with Community Action Agencies (CAAs) throughout its 20- county region. Specifically, employment training, job dev, supported work, and/or youth employment are provided by CAAs in 15 counties. Transportation services are provided by CAAs in 6 counties. Day Care, Early Head Start, Head Start and/or Pre-K Counts programs are operated by CAAs in 13 counties. The CE lead agency LCCAP is co-located w/ Career link/One-stop center & OVR. Same/similar services are provided by several other CoC-funded org.
- 3) Reps from Workforce Dev attend local homeless/housing meetings to share resources. CoC providers host job fairs for participants with reps from Workforce Dev and CareerLink to share resources on available jobs, training, etc. Providers partner with OVR, Goodwill, and other local employers to help participants, including those with disabilities, find employment. Butler County United Way has worked over the past few years to develop partnerships with employers and has helped coordinate job fairs, invited partners to speak at local housing meetings, worked with employers to hire despite criminal backgrounds and work experience, and has coordinated apprenticeships.
- 4) The CoC's Governing Board is responsible for the overseeing strategies to increase cash income and access to employment.

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) To increase non-employment cash income, the CoC strategy is to increase access to SSI through SOAR and to ensure CoC partners are educated on mainstream benefits and able to quickly connect participants to those benefits. The CoC keeps program staff up-to-date regarding mainstream benefits through monthly county-level housing/homeless meetings, monthly regional CoC meetings and bi-annual full CoC meetings. Representatives from the County Asst Offices also attend regional/county meetings. Updates are shared with

CoC-program staff through posts on the CoC's social media platform (Workplace by Facebook).

- 2) SOAR is a primary strategy to increase access to non-employment cash. To increase SOAR enrollments & access to SSI benefits, foundation funding was provided to off-set the cost of 25 staff to complete SOAR training, which has increased SSI acceptance rates. Assistance in applying for SSI, TANF & other cash benefits is provided by CoC partners throughout the geo area. Enrollment in mainstream benefits occurs online through the state's COMPASS system, an online single application system for many health & human service programs. All CoC-funded providers are proficient users of COMPASS. CAAs work with participants to submit applications for benefits through COMPASS. These CAAs are most often the providers for WIC, LIHEAP, transportation & other TANF-funded services. CoC orgs offer transportation to public benefit appointments as needed. This partnership with the CAAs ensures individuals exp. homelessness have assistance to apply for, receive, and utilize non-employment cash benefits. Neighborhood Legal Service assists with appeals if individuals are denied benefits, and will speak with the state to navigate complex cases.
- 3) The CoC's Governing Board is responsible for strategies to increase non-employment cash income and access to non-employment cash income.

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 & providers partner w/ many employment orgs to increase access for participants. Because of the rural geography of the CoC, much of this work happens at the county level through local housing/homeless meetings. Private employment orgs attend these meetings & build partnerships. The CoC partners with Community Action Agencies (CAAs) through the 20-county region. Specifically, employment training, job dev, supported work, and/or youth employment are provided by CAAs in 15 counties. Transportation services are provided by CAAs in 6 counties. County CareerLink offices host job fairs, offer job training & share job opps with CoC programs. Fayette County CAA (FCCAA), who operates 5 CoC-funded programs, has partnerships with Rural LISC program which helps participants pursue careers in the medical fields. CoC agencies Dubois PHA & Community Connections partner with PARIS Cleaners to directly hire participants. Butler United Way partners with the CoC to recruit private employers to host apprenticeships, hire participants despite criminal backgrounds & past work experience & inform CoC agencies when positions are available. Temp agencies are also utilized for individuals w/ criminal records.
- 2) The CoC partners with public & private orgs to provide education/training, on-the-job training, & employment opportunities for residents of PSH. Disability Option Network, who works across the CoC, partners with OVR and Ticket to

Work to provide education/ training for people with disabilities, including PSH participants. OVR provides training/skill building & Ticket to Work provides case management, resume development & job placement. CoC agencies partner with Goodwill, local Training Centers, local CareerLink offices & other Workforce Dev partners to connect participants to employment training & jobs. The CE lead agency LCCAP operates CareerLink/OneStop OVR services out of their offices, to increase access to employment services for people with disabilities.

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.	<input type="checkbox"/>
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).	<input type="checkbox"/>
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	<input type="checkbox"/>
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	<input type="checkbox"/>
5. The CoC works with organizations to create volunteer opportunities for program participants.	<input type="checkbox"/>
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).	<input type="checkbox"/>
7. Provider organizations within the CoC have incentives for employment.	<input type="checkbox"/>
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	<input type="checkbox"/>

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)	<input checked="" type="checkbox"/>
2. Number of previous homeless episodes	<input checked="" type="checkbox"/>
3. Unsheltered homelessness	<input checked="" type="checkbox"/>
4. Criminal History	<input checked="" type="checkbox"/>
5. Bad credit or rental history	<input type="checkbox"/>
6. Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

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 strategic plan includes a goal to reduce family homelessness by 50% by 2021. The CoC has implemented several strategies to reduce the LOTH homeless for families, including:
 -reallocation of 21 TH projects since 2014 to increase RRH inventory (153% increase in CoC-RRH between 2015-18). To be able to rapidly rehouse families w/in 30 days, an increase in DV hsg & services is significantly needed: 33% of families assessed through CE from April ‘18 to March ‘19 were confidentially coded as DV survivors. This year, Bonus dollars will support 36 new RRH units, as well as 62 units of DV-RRH under the DV Bonus.
 -ESG funding prioritizes RRH & housing locator services.
 -Vulnerable families are prioritized for assistance through vulnerabilities ID’ed in the CE Assessment Tool, including: LOTH; families w/ children (vs. single); HHs w/ children separated from the family due to inability to maintain hsg; HHs w/ school-aged children not enrolled in school or missing school due to hsg issues; current CPS Case; large family size; pregnant head of HH; young children.
 -Providers collaborate with CYS to rapidly rehouse CYS involved families exp./at risk of homelessness, including implementing CYS-funded RRH programs to prevent family separation due to housing barriers.
 -CoC provided diversion training in June 2018, which has informed changes in how prevention resources being utilized. Vet Rapid Resolution pilot underway. Aug 2019, CoC applied for dedicated diversion funding through Home4Good.
- 2) Housing Focused Case Mngmt prioritizes housing stability & connections to mainstream resources. Families are assisted to create a housing plan & to understand their risk factors for losing housing once assistance ends. Some ESG/CoC-funded projects provide case mngmt after rent asst ends to support maintaining hsg. Families are connected to benefits & community resources/supports for long term stability.
- 3) Strategies will be overseen by CoC Governing Board.

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.	<input checked="" type="checkbox"/>
2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics.	<input checked="" type="checkbox"/>

3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>

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)	<input checked="" type="checkbox"/>
2. Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
3. Unsheltered Homelessness	<input checked="" type="checkbox"/>
4. Criminal History	<input checked="" type="checkbox"/>
5. Bad Credit or Rental History	<input type="checkbox"/>

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)**

- 1) The CoC Youth Committee, comprised of youth system stakeholders, identified and implemented a number of strategies to increase/maximize housing & services for all youth experiencing homelessness:
- After identifying a lack of youth-specific resources in 2016-17, CoC prioritized youth for RRH in the FY17 competition. As a result, 2 new regional youth RRH projects are operational w/a total of 25 units. Non-youth specific RHH has also been increased & serve youth 18-24.
 - Committee created a subgroup to research & promote the Host Homes model to better serve unaccompanied youth. The Host Homes project launched in 2019 to serve youth under 18 experiencing homelessness/housing instability, and covers 3 counties, with 2 additional counties to be added. Referrals come from providers, CYS, probation, schools, or directly from youth. Project funded through 2018 Home4Good; renewal funding application submitted Aug 2019; Sept 2019 RHY BCP funding awarded to further expand project.
 - Youth Advisory Board launched in August 2019, which currently has 13 members. Members receive stipends, transportation asst, as well as mentoring from CoC partners. Members will be closely involved in planning/implementing CoC-wide initiatives, including the first youth-specific PIT Count in April 2020.
 - Committee is helping to redesign the CES to be more youth-friendly, including a youth-specific CE track & training CE staff around engaging/assessing youth.
 - Committee is working with National Network for Youth to launch a local cross-system collaboration effort to engage new partners, including juvenile justice, child welfare, LGBTQ service providers & health/mental health services, to better coordinate services for youth exp. homelessness. Kickoff scheduled 10/16/19.
- 2) The CoC identified 5 youth households 24 and under experiencing unsheltered homelessness in the 2019 PIT Count.
- The Committee knows this population is often under-identified & is currently planning a Youth Count for April 2020 to better ID youth experiencing homelessness & demonstrate the need for additional youth resources. The Committee is planning the structure & methodology for the Count, and the CoC is working with Valley Youth House street outreach staff to train CoC providers for the count. Valley Youth House street outreach team works in rural areas in other parts of PA & is experienced in engaging unsheltered youth.
 - The Host Homes project described above serves unsheltered youth <18 in addition to those who may be "couch surfing" or engaging in high risk activities to avoid foster care placement.
 - Valley Youth House provided 4 required trainings around working with youth in 2019, to increase competencies of staff across the CoC. The goal is that all staff, including outreach and emergency shelters, are equipped to serve unsheltered youth. Trainings included: Positive Youth Dev, Trauma Informed Care, Working with Diverse Populations, Commercial Exploitation.

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 using the following evidence::

- PIT Data: Provides snapshot of need, including distribution of need among unaccompanied, parenting & unsheltered youth. Provides a baseline of measurement from one year to the next.
- HIC: Measures how many youth are being served in different types of projects & where deficits may exist.
- HMIS data: Project-level performance data on youth RRH projects, including LOS, income gains, connections to mainstream benefits/insurance & positive exits.
- Education data: Used to inform housing/services needs for youth <18/used to better understand the full scope of homelessness among youth <18 in the CoC, including counties with highest prevalence.
- CE Data: Used to better understand needs and scope of youth presenting for services & need for additional resources.
- Youth Count: Youth Count survey will gather data to better understand youth housing/service needs. Youth Count methodology will include focus groups with youth leading up to the count, in addition to the street and site-based count.

2) Measures used will include:

- PIT data: # of Unaccompanied Youth, # Parenting Youth & # of Child-Only Households, including a breakout of unsheltered & sheltered along w/change from previous years.
- HIC: # of units by project type serving youth; % of units serving youth.
- HMIS project-level & system-level performance data: average # of days homeless (system-level only); LOS average # of days for youth served; # and % of youth participants w/income growth; # and % of youth connected to mainstream benefits, including health care; # and % of youth exiting to PH; # and % of youth returning to homelessness; & % of units utilized.
- Education Data: # of homeless youth reported by county, by school district & by school.
- CE Data: # of youth assessed; assessment score average and range for youth; # and % of youth that self- resolve; # and % of youth referred to each project type; # of youth referrals refused by providers; # of days from referral to housing placement. To be tracked monthly.
- Youth Count: Survey to be conducted to measure scope of youth homelessness and specific needs of youth exp. homelessness.

3) The CoC believes these measures are appropriate as they are outcome-oriented & aligned w/ CoC's current practices in terms of assessing project & system performance, along with national best practices (incl. USICH Criteria/Benchmarks to end youth homelessness). CoC partners agree that reducing & ending youth homelessness will require a coordinated approach involving a myriad of responses, including: discharge planning for youth in care; increased housing resources; independent living services; and youth-centered prevention/diversion strategies. The strategies outlined above 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 exp. 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)

1a) Partnerships w/ youth education providers: several CoC-funded orgs also operate youth education services, which are used to leverage/match CoC-funding, and documented in an MOU.

1b-1c) The SEA & HMIS Lead Agency have established an inter-agency data sharing protocol which allows for increased service coord across homeless & education providers. Many communities across the CoC have developed joint protocols with their school district. The SEA provides services to youth in shelters during the summer. School district staff participate in local housing/homeless coalition meetings and are CoC members.

2a) Collaboration w/ youth education providers occurs through county-level housing/homeless meetings. In addition, multiple CoC-funded orgs also operate youth educational programs such as tutoring, youth employment, and life skills. Head Start providers provide on-site enrollment at shelters.

2b) A CoC Board & Youth Comm member is a Regional Coordinator of the PA Education for Children & Youth Exp Homelessness Program (SEA). She works with Homeless Liaisons within her region (69 districts) to ID & serve eligible students. Homeless Liaisons attend housing/homeless coalition meetings & work with homeless providers to address student needs. This includes: ID homeless children/youth; ensure school enrollment; secure transportation, appropriate materials & any necessary supports are in place.

2c) School district staff attend local housing/homeless coalition meetings and CoC-funded orgs attend coordination meetings hosted by the schools. CoC-funded orgs work with schools to ensure smooth transitions for children into school including coordinating transportation and supplies. Butler County works with school to host a "Blessings in a Backpack" program to provide school supplies. Coordination also occurs around the PIT count and Housing/Homeless Awareness month.

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)

All CoC-funded projects have a designated staff person that works with their LEA and regional SEA to insure all children’s educational rights are being met.

The "CoC Program Operating Standards" policy includes the requirement that all projects inform families of their eligibility for educational services. This is a set of policies that all funded projects are required to sign and adhere to. These standards instruct CoC-funded providers that they are required to “take the educational needs of children into account when families are placed in housing and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education. In addition, CoC-funded projects are required to ensure educational enrollment among all children and youth experiencing homeless, including school and early childhood education enrollment, connections to appropriate services in the community, and information about rights under the McKinney-Vento Education Act.”

SEA/LEA attend county, regional, and CoC-wide meetings in order to ensure that the CoC is up to date on relevant services and other information.

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)		

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 Yes

programs to achieve the benchmarks and criteria for ending veteran homelessness.

3B-2b. Housing First for Veterans.

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

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

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

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

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.	<input type="checkbox"/>
2. The CoC has identified the cause(s) of racial disparities in their homeless system.	<input checked="" type="checkbox"/>
3. The CoC has identified strategies to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
4. The CoC has implemented strategies to reduce disparities in their homeless system.	<input type="checkbox"/>

5. The CoC has identified resources available to reduce disparities in their homeless system.	<input type="checkbox"/>
6: The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>

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-notice>

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 monthly county-level housing/homeless coalition meetings & bi-annual CoC meetings. Reps from County Assistance Offices attend regional/county meetings. Updates are shared with CoC-program staff through the CoC's social media platform (Workplace by Facebook).
- 2) Bi-annual CoC meetings & monthly county housing meetings include training on resources or guest speakers to discuss resources. Community partners who share info include the local County Assistance Office, Social Security, Area of Aging, MH providers, Substance Abuse Providers, C&Y, Dept of Health, Medicaid, LTSS Managed Care Orgs.
- 3) Enrollment in mainstream benefits occurs online through the state's COMPASS system, an online single application system for benefits. This includes health care (CHIP, MA, Medicaid for Former Foster Youth, MH/SA, Marketplace). All CoC-funded providers are proficient users of COMPASS and work with participants to submit COMPASS applications. To increase access to SSI, funding was provided to off-set the cost of 25 staff to complete SOAR training, which has increased SSI acceptance.
- 4) To incentivize assistance, The CoC's annual renewal project review includes scoring on the project's provision of the following services: transportation asst; use of single appl form for 4+ mainstream programs; annual follow-ups w/ participants to ensure mainstream benefits are received; ensuring access to SSI/SSDI TA. The CoC works w/ Comm Action Agencies (CAAs) throughout the CoC to ensure that participants can effectively utilize Medicaid & other benefits. CAAs are most often the providers for WIC, LIHEAP, transportation and other TANF services, which ensures that individuals exp. homelessness have assistance to apply for, receive & utilize mainstream benefits.
- 5) The CoC's strategy for mainstream benefits will be overseen by the Governing Board.

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.	64
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.	64
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 has made intentional efforts to provide street outreach through a variety of methods. The CoC’s Veteran & CE Committees work to ensure that unsheltered HHs are IDed & actively engaged by providers. Through the CE & Veterans Master List Scrub process, unsheltered homeless are known by name/location. Local providers who employ street outreach workers and/or mobile case managers dispatch staff to locate & engage those persons. This outreach occurs daily (both those on the lists & new HHs who need assistance). Funding sources for street outreach workers include: SSVF, ESG, PATH & VAMC.

In addition to formal paid street outreach efforts, some counties conduct regular outreach through community agencies & volunteers.

2) Street outreach covers 100% of the CoC's geo area.

3) Weekly street outreach is conducted in 80% of the CoC's geo area through ESG & SSVF funding. Street outreach is provided in the remaining 20% of the CoC, which is largely rural, as they receive reports of unsheltered households. 100% of the CoC is covered in the annual unsheltered PIT count.

4) Street outreach providers have worked to build relationships w/ orgs within their communities (such as VFWs, 24 hour establishments, soup kitchens, police dept) to ID individuals and/or locations where unsheltered may be located. LanguageLine is available for translation. Street outreach workers engage individuals consistently & are often able to provide tangible asst (food vouchers, sleeping bags, coats, hygiene items & transportation passes), which can be a first step to developing a trusting relationship. Once relationships are established, those who are least likely to engage in services, are more likely to allow themselves to be screened/referred for asst. Street outreach workers are trained/equipped to provide CE assessments “in the field” to eliminate the need for appointments, transportation to CE centers & other obstacles that may prevent the person from seeking services.

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	480	525	45

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	09/18/2019
1B. Engagement	09/30/2019
1C. Coordination	09/30/2019
1D. Discharge Planning	No Input Required
1E. Local CoC Competition	09/30/2019
1F. DV Bonus	09/30/2019
2A. HMIS Implementation	09/29/2019
2B. PIT Count	09/29/2019
3A. System Performance	09/30/2019
3B. Performance and Strategic Planning	09/30/2019
4A. Mainstream Benefits and Additional Policies	09/30/2019
Submission Summary	No Input Required