

## Before Starting the CoC Application

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

The Collaborative Applicant is responsible for reviewing the following:

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

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

### Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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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**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	No	No	No
LGBT Service Organizations	Not Applicable	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 organizations and individuals committed to ending homelessness throughout the region. Board membership includes ESG/CoC-funded providers, PHAs, affordable housing, 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. The CoC's 20 counties are divided into two regions. Regional meetings provide the CoC with opportunities to solicit/consider input & opinions from additional members & stakeholders. CoC Committees provide leadership with input for improving services for specific subpops.

2) Information about semi-annual CoC meetings, CoC training, or other opportunities are advertised via email, Workplace by Facebook and 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. Social media is used to advertise services. CE staff have access to Language Line which provides translation in 240 languages including ASL. Offices are in accessible buildings/locations. TTY phone services are available. SDHP and Disability Option Network participate in local housing meetings and provide TA around disability accommodations.

## **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 and included on CoC emails. Due to the CoC's large and rural geography, CoC membership can be established through county, regional or CoC-wide participation. CoC staff attend county & regional housing/homeless meetings each month in order to share CoC updates/info, as well as soliciting new CoC & Committee members.

3) CoC-providers' staff are trained to engage those w/ disabilities & provide materials in large print, Braille & in multiple languages. Accessible materials (PDF) are available on the CoC website. Social media is used by agencies to advertise services. CE staff have access to Language Line which provides translation services in 240 languages including ASL. Offices are in accessible buildings/ locations. TTY phone services are available. 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 Committee/CoC membership.  
5) The CoC's Board includes two individuals who were formerly homeless. 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) The CoC released an RFP for new permanent housing project funding for RRH or PSH projects (under CoC Bonus) on August 6, with applications due August 21. The CoC released an RFP for new DV Bonus funding for RRH on August 6, with applications 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.

## 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 Collaborative Applicant and 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. Input received from CoC members in April 2018 was used to revise the ESG application to better align with CoC priorities. The input included incorporating a Housing First model, evaluation of projects, coordination of systems, and prioritization of ESG eligible activities- Street Outreach, Housing Locator services & RRH. In 2018, DCED participated in an ad-hoc committee to develop the CoC's written standards for RRH & all other ESG-funded services, which was adopted by ESG grantees in 2019.

Washington & Westmoreland counties are the CoC's other ESG recipients. Washington Co's Housing/Homeless Services Coord is responsible for local ESG/CoC coordination & is a member of the CoC Board.

2) DCED & the CoC Board developed an evaluation checklist for ESG applicants 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 in the 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.

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. Washington & Westmoreland counties are the CoC's other Con Plan jurisdictions. 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) In order to provide safe, trauma-informed, victim-centered services, the CoC has designed its Coord Entry (CE) System to provide a DV Assessment Center (DV AC) in all 20 counties. If an individual who presents in a General Assmt Center identifies as 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 and CE; 2) Warm Handoff to the DV AC of any individual who identifies as feeling unsafe or afraid.

The CoC has adopted an amended version of the HUD Emergency Transfer Plan, which directs the 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 within 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 and DOJ. The CE system will work quickly to refer, house & relocate HH based on their preferences. During the assmt, survivors have the opportunity to ID their preferences for housing locations, to maximize client choice.

Gov Board includes rep from Victim Services Provider, and CE committee is co-chaired by a Victim Services Provider, who ensure that the CoC's policies & operations are implemented to ensure the choice, safety, and confidentiality of DV survivors.

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

**Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:**

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

**(limit 2,000 characters)**

1) The CoC provides annual training for CoC project staff on safety and best practices in serving survivors of domestic violence. The CoC provided required training for all CoC funded agencies on March 5th and 6th, 2019 on CoC eligibility, in partnership with PA Coalition on Domestic Violence (PCADV), which included training on identifying and serving individuals under category 4 of the homeless definition (persons fleeing domestic violence), lethality and danger risk assessments for persons fleeing DV, and best practices in DV assessments. In addition, the CoC and PCADV provided training to all CoC members and stakeholders on 9/12/18 on best practices for serving DV survivors, including safety & planning protocols. The training was required for all ESG/CoC-funded organizations. In addition, PCADV is implementing a Domestic Violence Housing First system, which will include significant training & technical assistance for DV CoC area project staff. DV Housing First expands/complements best practices in use by all providers within the CoC, while increasing the CoC's overall capacity to serve survivors, prioritizing safety & while maximizing client choice.

2) CE staff also participated in the above referenced trainings and receive training annually. In addition, in partnership with PCADV, ongoing training is provided around CE protocols for DV. The CoC Coordinated Entry operations are directed through the planning and policy making of the Coordinated Entry Committee, which includes several staff operating DV Assessment Centers, as well as a representative from PCADV who provides input regarding best practices and additional trainings needed. A CE Domestic Violence Subgroup was created and is facilitated by PCADV. This sub-group has worked to identify training needs and push out related information and 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 Queue for access to resources; evaluate CoC-funded projects; track service delivery of ESG funding; provide data for CAPER; and recently to provide data to inform the 2019 CoC application. In 2019, the CoC DV

Coordinated Entry workgroup, which is led by staff from statewide DV coalition, analyzed PIT data to identified geographic service gaps for DV survivors, to be better able to target new resources.

Through analysis of data from July 2018 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, has applied for funding that would further increase CoC-DV data sharing efforts for more integrated planning.

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

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On
McKean County Housing Authority	28.00%	Yes-HCV	No
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)**

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, City of Dubois PHA, and Jefferson County PHA each have a homeless preference. Several PHAs also have preferences that benefit households served within the CoC. This includes veterans, households fleeing domestic violence, displaced households, and veterans.

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 implement Foster Youth Initiative vouchers.

One of the two Co-Chairs of the Governing Board is employed by the McKean County Housing Authority. Another 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.

**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" and "Fair and Equal Access Policy". These policies are included in the Coordinated Entry Policies & Procedures Manual and the CoC Written Standards and are applicable to all providers participating in the CoC, regardless of funding sources.

The CoC provided training on 9/19/17 regarding the requirements and expectations of CoC providers for implementing HUD's Equal Access Rule & Gender Identify rule. Valley Youth House (from the Eastern PA CoC) provided four trainings in spring 2019 on serving youth, which included a training on "The Ins and Outs of Working with Diverse Populations on March 26, 2019.

Attorneys from Southwestern PA Legal Services are active in the Coordinated Entry Committee and as a CE referral partner, working to resolve claims of reported discrimination. SWPA Legal Services has also provided local training throughout the CoC and they have raised concerns when appropriate about discrimination or equal access concerns. Staff from Fair Housing Law Center regularly attend local housing/homeless coalition meetings to provide information on fair housing and equal access laws and offer TA. Fair Housing Law Center and Self Determination Housing Project staff assist counties in prepping for landlord engagement workshop and present to landlords around fair housing and equal access.

**\*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"/>
	<input 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 Western PA CoC Coord Entry System (CES) covers and serves the 20 Counties claimed by the CoC. Each county has a CE Center (also known as the General Assessment Center - GAC). The center's role is to direct all households needing homeless assistance to the appropriate provider by making connections to the most appropriate intervention, while also maintaining client choice. In addition, households fleeing DV, dating violence, sexual assault, stalking and/or human trafficking are directed to separate entry points (Domestic Violence Assessment Center - DVAC) for completion of the CoC's coordinated assessment & placement on the Prioritization List. Auxiliary Agencies, which include 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 and ensure

that individuals who are least likely to engage in services or present at an assessment center and/or do not know how/where to access homeless assistance 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.

3) Upon the completion of the CE Assessment Tool, eligible individuals & families are scored and added to the CE Prioritization List. The score incorporates vulnerabilities such as income, DV, young children, physical/BH conditions, etc. Households are prioritized for housing based on vulnerability. All ESG/CoC-funded providers are required to fill all openings through the prioritization list.

To increase housing options & therefore timely assistance, resources through other funding sources also pull HHs from the CES list. Efforts are being made to add Low Income Tax Credit Units & other affordable housing units to the CES referral process as well.



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

### Instructions:

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#### Resources:

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<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

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### 1D-1. Discharge Planning Coordination.

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

Foster Care:	<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.

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

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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;	No
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 (i.e. all Heads of Households).
- "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 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 project evaluation/scoring to determine reallocation in order to determine which projects should continue to receive funding based upon performance, meeting CoC needs and furthering HUD priorities.

Low performing projects and projects scoring the least number of points for 3 consecutive years will be considered for reallocation. A project is considered to be low performing when the project’s score places the project in the bottom 10% of the projects scored.

The CoC’s renewal scoring process also includes the evaluation of a project’s cost effectiveness. If a project’s budget exceeds the typical costs of similar

projects, additional information to explain the higher costs may be requested from the grantee. The Funding Committee may determine that a partial reallocation of CoC-funds is appropriate.

The CoC will also consider reallocation of projects for other reasons, including:  
1) To allow Renewal Projects to convert from one project type to another, based on local priorities; 2) Lack of need for the project; 3) Funds needed to respond to an urgent/emerging issue; 4) Monitoring indicates serious problems with the project.

Projects subject to reallocation will be provided with an opportunity to submit an appeal.

- 2) The CoC Board approved the process.
- 3) The CoC informed applicants of the reallocation process by distributing the 2019 CoC Funding Process and Policies via email on 9/6/19.
- 4) The CoC identifies projects that were low performing via the annual project evaluation/scoring process.
- 5) The CoC determines whether projects that were deemed low performing would be reallocated if they scored the least number of points for two consecutive years. A project is considered to be low performing when the project's score places the project in the bottom 10% of the projects scored. To be considered for reallocation, a project would need to have operated long enough to be competitively ranked for two years.

## DV Bonus

### Instructions

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### 1F-1 DV Bonus Projects.

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

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

1. PH-RRH	<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)**

Since Jan 2018, DV assessment centers (DVACs) have assessed more than 1100 households. Currently, there are 199 active DV records on the CoC prioritization list (22% of active records). The CoC has designated sites in each of the 33 counties that assess households for the prioritization list. Great care is taken to ensure survivors of DV 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. Many of the DVACs receive no CoC funds and do not receive other funding to cover the costs of these tasks. These centers are orgs who provide services to survivors of DV, dating violence, sexual assault, stalking, and human trafficking. DVACs are tasked with 1) assessing households 2) making immediate referrals 3) following up with persons assessed 4) maintaining & updating local list of persons assessed 5) acting as primary point of contact for housing offers for individuals assessed.

Through CoC funds, Lawrence County Social Services will create a DV Specialist who will work directly with DVACs who are completing CE Assessments. The DV Specialist will: provide technical assistance, complete assessments, assist with managing DV records on the prioritization list, assist with collecting eligibility documentation, ensure compliance with Housing First, act as liaison between the CE system and Pennsylvania Coalition Against

Domestic Violence.

The DV Specialist will allow DVACs to quickly assess households, provide immediate referrals, follow up with households, collect required documentation, and expedite permanent housing move in. This is critical as the CE process is the gateway to housing for homeless households. The addition of the DV Specialist will allow the CoC to better meet the needs of survivors of DV as this person will utilize trauma informed care and will be equipped to handle confidential referrals between CE and DV providers

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

#### 1F-4b. DV Survivor Housing.

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

Pennsylvania Coalition Against Domestic Violence (PCADV) is the oldest statewide DV coalition in the nation with a network of 60 local DV programs in PA. In FY 2018, nearly 90,000 people were served by PCADV's network of DV agencies. PCADV and its member programs are highly experienced in supporting survivors to quickly move to permanent housing, including providing rental assistance, security deposit assistance, and relocation funds. DV programs in the CoC use Relocation Funds, administered by PCADV, to assist survivors in relocating to safe, stable housing. In FY2018, 220 households in the CoC received support with Relocation Funds. Of those, 128 received rental support to obtain/maintain safe housing, totaling \$63,000. CoC DV programs are experts in connecting with landlords to assure that survivors obtain safe, affordable housing. For example, CAPSEA, the DV program in Elk/Cameron Counties, began coordinating with landlords in 2006. Most landlords in Elk/Cameron are members of a Tri-County Landlord Association. The ED of CAPSEA has provided many presentations to them about housing needs for survivors, which has resulted in a strong network of landlord partners and CAPSEA quickly identifying rental units in the community through this network. DV programs in the CoC have also created a DV/CE workgroup, meeting

quarterly to evaluate how CE is meeting survivor needs, and making recommendations for system improvements. To further support access to permanent housing for survivors, PCADV created a Housing Specialist staff position in 2018 who works with member programs, and mainstream housing providers, to streamline systems/resources for survivors. For example: providing training for the CoC on serving survivors and eligibility for CoC resources, assisting in developing/implementing CoC wide Emergency Transfer Policy, serving on the CoC CES committee and providing TA to CE. This training and TA has led to increased coordination between the CoC and DV programs.

**1F-4c. DV Survivor Safety.**

**Applicants must describe how project applicant:**

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

**(limit 2,000 characters)**

- a) Each person hired by a PCADV program is required to have 40 hrs of training that covers safety planning, survivor driven trauma informed services, including trauma informed intakes and needs assessments. PCADV also provides ongoing safety planning training.
  - b) Intake into program services is done in a private space, either private office or location that meets the needs of the survivor– that may be a park where survivor’s children can play, safe relative’s home, or location where the survivor receives other services.
  - c) It is very rare that a couple presents for DV services together; if so programs take precautions to conduct interview separately. DV programs also do not conduct interviews or intakes in the presence of minor children.
  - d) Advocates use a housing assessment to help survivors ID potential housing barriers; ID location/type of housing that is most safe; and ID properties that meet the needs of the household (close to school, transportation). Process is driven by client choice.
  - e) DV programs assure 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 program staff pay special attention to lighting (rooms well lit), space configuration and ability to provide privacy in congregate spaces.
  - f) Survivors’ rental locations are kept confidential. Advocates will assist survivors in the ID of safe visitors and safe ways to disclose their address if needed.
2. Upon exit, survivors are given a feedback questionnaire and asked: “The services I received helped me plan for my safety”. The survivor reports an

answer from 1 (strongly disagree) to 5 (strongly agree). The program follows up monthly for 1 year with survivors after exited. 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 maintaining housing.

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

**Applicants must describe:**

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

1)PCADV was founded in 1976, and since its inception has pioneered a trauma-informed, victim-centered approach. All PCADV member agencies staff are trained on trauma informed services, victim-centered approaches and practice this with survivors from intake into the program to exit into permanent housing. PCADV practices DV Housing First (DVHF) to ensure that survivor centered services and Housing First principles are centered in the work to support survivors’ access to permanent housing. Services are flexible and tailored to survivors needs.

a) A core tenant of DVHF, survivor driven trauma informed mobile advocacy means that survivor and advocate agree upon a time/ place to meet to ease the burden of travel for the survivor. It includes services that are voluntary and based on what the survivor identifies they need. Trauma informed practice means that the needs of the survivor may vary due to the trauma they have experienced, so uniform models of practice won’t work. Every survivor receives uniquely tailored services.

b) Through the lens of survivor driven, trauma informed practice, the advocate and survivor discuss challenges to stability--like housing or utility debt, lack of savings, criminal background, poor credit, or lack of ID. The participant and advocate then develop a plan that builds on strengths, addresses barriers, and lays out achievable, time-specific steps. All services are voluntary. Advocates emphasize developing trust in the relationship; this trust facilitates a problem-

solving approach to challenges that arise.

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

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

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

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

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

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

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

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

**(limit 2,000 characters)**

PCADV funds member programs to provide services to survivors. DHS & VOCA funds support basic services for survivors in each county, such as legal services, counseling, support with economic & housing security.

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

Financial Empowerment: PCADV facilitates the Investing in Survivors' Financial Independence Initiative since 2012 which provides: 1) financial education training; 2) tax assistance; 3) credit repair and credit building; 4) job readiness programs and connections to educational opportunities; and 5) long-term asset building info and matched savings programs. Programs also connect participants to community economic supports including assistance enrolling in public benefits.

Community Partnerships: DV programs link survivors a variety of services (mental health care/healthcare/D&A, childcare, and more) and provide warm hands off to assure needs are met to increase safety and maintain permanent housing. For example, the Blackburn Center in Westmoreland County partners with the 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 with a health clinic in Westmoreland, 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.

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

**Intructions:**

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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**2A-1. HMIS Vendor Identification.** 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)**

1) Many ES projects have not historically participated in HMIS because this is not required of their funders, which includes faith-based orgs. During the annual project ranking process, the CoC provides bonus points to CoC- funded orgs that voluntarily enter data into HMIS for their other homeless programs that are not required to participate in HMIS. HMIS Participation has increased since the implementation of CoC-wide CE in Jan 2018. In addition to increasing HMIS participation through CE expansion, additional efforts will continue, including engagement of other funders to discuss benefits of HMIS participation. The CoC pays for HMIS user licenses as an incentive to participate.

All 232 PSH beds not on HMIS are VASH-funded. HMIS bed coverage of VASH beds will continue to be an issue that is requested of the CoC's VASH-participating PHAs and VAMCs.

11 of 29 OPH beds 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 ES bed coverage, the CoC will work to educate & engage faith-based organizations about the benefits of aligning this mission to CoC goals, including CES & HMIS participation. The Ex Dir of the Union Rescue Mission (a member of the CE Committee) has volunteered to assist the CoC to engage these FBO in HMIS & CE implementation.

CoC staff attends all local housing/homeless coalition meetings which includes FBO and other providers who do not yet participate in HMIS, and the CoC staff person continues to engage these partners in conversations around the benefits of HMIS.

Through the Homelessness, Housing and Health Care Work Group, facilitated by the Governor's Policy Office, state agencies will be asked to require HMIS participation of all projects receiving state funding.

Coordination with VAMCs is very strong through the CoC's Veteran Committee. HMIS coverage will continue to be an ongoing request 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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**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

**2B-1. PIT Count Date.** 01/23/2019

**Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).**

**2B-2. PIT Count Data–HDX Submission Date.** 04/30/2019

**Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).**

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

**Applicants must describe:**

**1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and**

**2. how the changes affected the CoC’s sheltered PIT count results; or**

**3. state “Not Applicable” if there were no changes.**

**(limit 2,000 characters)**

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

2) Use of the app for data collection improved accuracy of data collection as the



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

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

**Applicants must select whether the CoC 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. Another change was that PIT surveys for 2019 did not include date of birth (only age). This change was implemented due to use of the PIT app across the CoC- the structure and the flow of the questions was from the PIT app developer. Some counties reported that this made de-duplication more difficult.

2) Use of the app for data collection improved accuracy of data collection as the app ensured that all required questions were answered and collected location information about where the survey was conducted, which is particularly beneficial for the unsheltered count. Use of the app made conducting surveys easier and more convenient for some service providers during the unsheltered count rather than having to carry around paper surveys. Change to the date of birth question made de-duplication more difficult. The CoC will consider adjusting the age/date of birth question in future counts to aid de-duplication.

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

**Applicants must:**

**Indicate whether the CoC implemented specific measures to identify youth** Yes

**experiencing homelessness in their 2019 PIT count.**

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

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

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

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 establishment of 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, providers are more aware of locations where unsheltered households 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 with locations where chronically homeless households may be, and more familiar with these individuals. These "known" chronic households identified 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 and engage individuals 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 households identified through regular outreach. The CoC effectively ended veterans homelessness in 2019.

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

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

### **Instructions**

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### **\*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.

The CoC provided a two-day Diversion Training through the Cleveland Mediation Center in June 2018 for CE and CoC staff, as well as a train-the-trainer. Increasing diversion resources was a priority for the CoC's Home4Good apps in 2018/2019 (funding through Federal Home Loan Bank of Pittsburgh & the PA Housing Finance Agency), and new prevention resources have been created including a host home program for youth, re-entry housing, and more diversion funds.

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

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 LOTH, including:
  - \$2.6M reallocation of Safe Haven & TH programs to expand PH, as demonstrated through an increase in RRH beds. In 2014, the CoC had 2 SH & 24 TH projects (\$2.7 mil). In 2019, the CoC will submit only 3 TH renewal projects (\$230,900).
  - CoC prioritizes most vulnerable pops for CE resources. In addition to vulnerability score, LOTH is used as tie-breaker for prioritization.
  - 100% of CoC-projects operate using Hsg First 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 Hsg First 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. CoC implemented landlord mitigation funding in 2019 through Home4Good funds. These funds help to maintain relationships w/ landlords, which is essential in rural areas due to limited rental inventory. Many providers have Housing Locators on staff, and maintain database of available apts, to drastically cut down on time to find a rental. 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.

2) CoC prioritizes most vulnerable pops for all resources through CE. The CE Priority List includes LOT 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 length of time homeless.

**\*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; 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 increased PH resources for persons in ES & TH, as all RRH & PSH providers pull from the CE Waiting List to fill openings.
- 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:
    - CoC used Home4Good funding in 2019 to implement a landlord mitigation fund, which will allow PSH participants to retain housing if damage occurs.
    - 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.
    - coordination with mainstream resources such as MH/BH supports
    - increased income, including through SSI. The CoC provided foundation funding in order to reimburse agencies for staff time in order to encourage/facilitate more case managers becoming SOAR trained.
    - CoC works with PHA's to implement Move On strategies. McKean County PHA implemented a Move On preference in Sepr 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 have factors that put them at risk for return to homelessness. In addition, prior exit destination of households returning to homelessness is examined. Through the CE system and HMIS, CE assessors and shelters can ID households who return to homelessness to quickly expedite assessments/referrals, and better identify 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. As of Feb. 2018, both of these projects have closed.
  - Through the implementation of CE, the CoC is more effectively connecting households in ES with RRH, which will reduce the % of households returning to homelessness.
  - ensuring that assistance is appropriate based on households needs. For example, if the household cannot sustain housing the provider can extend RRH assistance (up to 24 mos).
  - RRH providers connect households 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 & additional 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:**

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 also operates Career link/One-stop center and OVR services out of their offices, to increase access.
- 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, in their oversight of all CoC Committees, 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 and bi-annual CoC meetings. Representatives from the County Assistance 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 and 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 and other cash benefits is provided by CoC partners throughout the geographic area. Enrollment in mainstream benefits occurs online through the state's COMPASS system, 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 and other TANF- funded services. CAA's 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, in their oversight of all CoC Committees, 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 and its providers partner many employment orgs to increase access to employment 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 and 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, and share job opportunities 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 Housing Authority and Community Connections partner with PARIS Cleaners to directly hire participants. The United Way of Butler County partners with the CoC to recruit private employers to host apprenticeships, hire participants despite criminal backgrounds and past work experience, and inform CoC agencies when positions are available.

2) The CoC partners with public and private orgs to provide education/training, on-the-job training, and 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 and Ticket to

Work provides case management, resume development, and job placement. CoC agencies partner with Goodwill, local Training Centers, local CareerLink offices, and other Workforce Dev partners to connect participants to employment training and 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 the reallocation of 21 TH projects since 2014. Reallocated funding has allowed the CoC to significantly increase RRH inventory. To be able to rapidly rehouse families within 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 61 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.

Counties 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.

The CoC provided diversion training in June 2018 & implemented new prevention/diversion funding in 2019 through Home4Good, to ensure resources are prioritized for households most in need.

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 referred to community resources (including Community Action Agencies) to ensure community resource connections.

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 checked="" 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.
  - Youth Advisory Board launched in August 2019, which currently has 13 members. Members receive stipends, transportation assistance, 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 and training CE staff around engaging and 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, and health/mental health services, to better coordinate services for youth exp. homelessness. Kickoff scheduled for Oct. 2019.
- 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 identify youth experiencing homelessness and demonstrate the need for additional youth resources. The Committee is planning the structure and 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 and 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 uses a combination of data sources to better understand what strategies are needed & their effectiveness:
- PIT Data: Provides a snapshot of need, including distribution of need among unaccompanied, parenting & unsheltered youth. It also provides a baseline of measurement from one year to the next.
  - HIC: Used to better understand how many youth are being served in different types of projects & where deficits may exist.
  - HMIS data: Used to assess project & system performance. CoC examines project-level performance data on youth RRH projects, including LOS, income gains, connections to mainstream benefits/health insurance & positive exits. HMIS data is used to assess system performance related to youth wherever possible.
  - Education data: Used to inform housing/services needs for youth <18. Annual SEA data re: youth ID'ed by schools as homeless is used to better understand the full scope of homelessness among youth <18 in the CoC, including counties with highest prevalence. This data is also used to identify sites for Youth Count outreach.
  - CE Data: The CoC assesses CE data to better understand needs and scope of youth presenting to CE & need for additional resources.
  - Youth Count: Youth Committee is developing a Youth Count survey to gather data to better understand youth housing/services needs. The 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 identified through the PIT, 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); length of stay average # of days served (project-level only); # and % of youth participants w/income growth; # and % of youth connected to mainstream benefits, including health care; # and % of youth exiting to PH destination; # and % of youth returning to homelessness; & % of units utilized.
  - Education Data: # of homeless youth reported by county, by school district & by school, year over year.
  - CE Data: # of youth assessed, w/breakout of singles, couples & families; 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 via street counts/site-based counts to measure scope of youth homelessness and specific needs of youth exp. homelessness.
- 3) These measures are outcome-oriented & aligned w/ CoC's current practices in terms of assessing project & system performance, along with national best practices.



**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 provides services to youth in shelters during the summer. Children/youth in shelter throughout the CoC benefit from this initiative. In addition, the SEA is working to develop a data sharing agreement with the CoC. There is significant interest in this new formal partnership. A Regional Coordinator of the PA Education for Children & Youth Exp Homelessness Program is a CoC Board/Youth Committee member. 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 programs to achieve the benchmarks and criteria for ending veteran homelessness.** Yes

**3B-2b. Housing First for Veterans.**

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

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

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

1. People of different races or ethnicities are more likely to receive homeless assistance.	<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-notices>

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

### 4A-1. Healthcare–Enrollment/Effective Utilization

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

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

#### 4A-1a. Mainstream Benefits.

**Applicants must:**

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

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

- 1) The CoC keeps program staff up-to-date on mainstream benefits through 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 level housing meetings include training on resources or guest speakers from local agencies to discuss resources. CoC providers also host guest speakers at meetings. 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/Medicare companies.
- 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) The CoC works with Community 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, and utilize mainstream benefits. The CoC's annual renewal project review also includes scoring on the project's provision of the following services: transportation assistance; use of single application form for 4+ mainstream programs; annual follow-ups with participants to ensure mainstream benefits are received; ensuring access to SSI/SSDI TA.
- 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 modes & methods. The CoC’s Veteran & CE Committees have been working to ensure that unsheltered HHs are IDed & actively engaged by service 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 weekly outreach through community agencies & volunteers.

2) Street outreach covers 100% of the CoC’s geographic area.

3) Weekly street outreach is conducted in 80% of the CoC’s geo area through ESG & SSVF funding. Street outreach is provided regularly in the remaining 20% of the CoC. 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 if translation services are needed. Street outreach workers engage individuals consistently & are often able to provide tangible asst (food vouchers, sleeping bags, coats, emergency items, 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	368	480	112

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

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**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.**

<b>Page</b>	<b>Last Updated</b>
<b>1A. Identification</b>	09/18/2019
<b>1B. Engagement</b>	09/25/2019
<b>1C. Coordination</b>	09/25/2019
<b>1D. Discharge Planning</b>	No Input Required
<b>1E. Local CoC Competition</b>	09/25/2019
<b>1F. DV Bonus</b>	09/25/2019
<b>2A. HMIS Implementation</b>	09/26/2019
<b>2B. PIT Count</b>	09/26/2019
<b>3A. System Performance</b>	09/26/2019
<b>3B. Performance and Strategic Planning</b>	09/26/2019
<b>4A. Mainstream Benefits and Additional Policies</b>	09/26/2019
<b>Submission Summary</b>	No Input Required