1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

1A-1. CoC Name and Number: PA-509 - Eastern Pennsylvania CoC

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

1A-3. CoC Designation: CA

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

1B. Coordination and Engagement–Inclusive Structure and Participation

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1B-1.	**Inclusive Structure and Participation–Participation in Coordinated Entry.**
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.

	In the chart below for the period from May 1, 2020 to April 30, 2021:
1.	**select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or**
2.	**select Nonexistent if the organization does not exist in your CoC's geographic area:**

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	**Affordable Housing Developer(s)**	Yes	Yes	Yes
2.	**Agencies serving survivors of human trafficking**	Yes	Yes	Yes
3.	**CDBG/HOME/ESG Entitlement Jurisdiction**	Yes	Yes	Yes
4.	**CoC-Funded Victim Service Providers**	Yes	Yes	Yes
5.	**CoC-Funded Youth Homeless Organizations**	Yes	Yes	Yes
6.	**Disability Advocates**	Yes	Yes	Yes
7.	**Disability Service Organizations**	Yes	Yes	Yes
8.	**Domestic Violence Advocates**	Yes	Yes	Yes
9.	**EMS/Crisis Response Team(s)**	Yes	Yes	Yes
10.	**Homeless or Formerly Homeless Persons**	Yes	Yes	Yes
11.	**Hospital(s)**	Yes	Yes	Yes
12.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	Nonexistent	No	No
13.	**Law Enforcement**	Yes	Yes	Yes
14.	**Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates**	Yes	Yes	Yes
15.	**LGBT Service Organizations**	Yes	Yes	Yes
16.	**Local Government Staff/Officials**	Yes	Yes	Yes
17.	**Local Jail(s)**	Yes	Yes	No
18.	**Mental Health Service Organizations**	Yes	Yes	Yes

19.	**Mental Illness Advocates**	Yes	Yes	No
20.	**Non-CoC Funded Youth Homeless Organizations**	Yes	Yes	Yes
21.	**Non-CoC-Funded Victim Service Providers**	Yes	Yes	Yes
22.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes	Yes	Yes
23.	**Organizations led by and serving LGBT persons**	Yes	Yes	Yes
24.	**Organizations led by and serving people with disabilities**	Yes	Yes	Yes
25.	**Other homeless subpopulation advocates**	Yes	Yes	Yes
26.	**Public Housing Authorities**	Yes	Yes	Yes
27.	**School Administrators/Homeless Liaisons**	Yes	Yes	Yes
28.	**Street Outreach Team(s)**	Yes	Yes	Yes
29.	**Substance Abuse Advocates**	Yes	Yes	Yes
30.	**Substance Abuse Service Organizations**	Yes	Yes	Yes
31.	**Youth Advocates**	Yes	Yes	Yes
32.	**Youth Service Providers**	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.	Veterans Service Organizations	Yes	Yes	Yes
34.	State Government	Yes	Yes	Yes

1B-2.	**Open Invitation for New Members.**	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	**communicated the invitation process annually to solicit new members to join the CoC;**
2.	**ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
3.	**conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and**
4.	**invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).**

(limit 2,000 characters)

1)In advance of semi-annual CoC meetings, new members are invited to join the CoC via email & at regional meetings. Membership is frequently discussed during monthly regional meetings, as well as through CoC mailing list. CE regional managers are continually growing system capacity by engaging referral partners who are then also brought into CoC through CE partnership & encouraged to become members. Membership is established via a membership form, available year-round on the CoC website. Upon registering as a member, individuals are connected to the CoC's Slack page & added to the CoC's email distribution list (Mailchimp).
2)Accessible materials (PDF) are available on the CoC website. The CoC uses Slack, Mailchimp email service, and CoC website for communication, each of which provide accessible electronic formats. Meetings are held in accessible buildings/locations & live-streamed and recorded. The CoC honors translation & accessibility requests as well.
3)The membership invitation sent by the CoC included language that the CoC specifically seeks to engage persons currently/previously experiencing homelessness. This invitation was sent to homeless service providers across

the CoC who could share the info with their participants. Governance & Membership Committee conducts outreach to identify new Board members with lived experience.
4)The membership invitation sent by the CoC included language that the CoC specifically seeks to engage organizations serving culturally specific communities in the CoC. RHABs & local housing coalitions outreach to local organizations that serve culturally specific communities (including persons of color, LGBT, persons with disabilities) to engage them in the CoC. Additionally, the CoC established a DEI Committee in 2021. One goal of the committee is to assist with recruitment strategies for increasing the diversity & leadership of the CoC.

1B-3.	**CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.**
	NOFO Section VII.B.1.a.(3)

	Describe in the field below how your CoC:
1.	**solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;**
2.	**communicated information during public meetings or other forums your CoC uses to solicit public information; and**
3.	**took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.**

(limit 2,000 characters)

1)The CoC uses a regional approach & committee structure to solicit input from a broad array of partners. CoC's org structure of CoC includes Gov Board, 5 Regional Homeless Advisory Boards (RHABs) each covering a portion of the CoC's 33 counties, Committees & Subcommittees. Each RHAB includes a diverse range of members working to prevent/end homelessness in their communities, including veteran services, DV providers, local/county gov, service providers, PHAs, people w/ lived experience, among others. Monthly RHAB meetings include opportunities for feedback on various issues the CoC may be working on related to addressing homelessness. Two co-chairs of each RHAB represent their region as members of the Gov Board, which creates a two-way communication structure. CoC Committees (veterans, data, DEI, CES, DV, written standards) are also forums for soliciting feedback.
2)During the past year, meetings of the full CoC, RHABs & Committees provided Board w/ monthly opportunities to gather & share info between CoC leaders & members. The CoC hosts two annual membership meetings, events & trainings throughout the year. The RHABs also meet monthly. The agenda & meeting materials are provided in advance of meetings, minutes are circulated following meetings.
3) Board uses input to inform the CoC's direction/operation, set priorities & ID training needs. This summer the CoC's Written Standards Committee hosted focus groups to solicit input for strengthening the written standards. In the past year, the CoC has presented a Racial Disparities Analysis/Report to CoC membership to solicit feedback on findings from the report & next steps for the CoC. This feedback helped inform the creation of CoC wide nondiscrimination policy & creation of new Diversity, Equity, and Inclusion Committee. The CoC also presented the annual gaps analysis to CoC membership and solicited feedback/context & additional needs. This feedback was taken into account by the Funding Committee when selecting new projects for funding.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.
	NOFO Section VII.B.1.a.(4)

	Describe in the field below how your CoC notified the public:
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,000 characters)

CoC hosted NOFO webinar on 9/15/21, which announced the local competition, forthcoming RFPs, instructions, references/access to CoC funding policies. Slide deck provided in PDF form & webinar was recorded/posted on CoC website.
1)The CoC issued three RFPs for the FY2021 CoC Competition. Each RFP was posted on the CoC's website, announced on the CoC's Slack page & emailed to CoC distribution list. CoC members/partners were encouraged to share the RFPs w/local agencies who may be interested. 2 of 3 RFPs were for DV Bonus. The state's DV Coalition (PCADV) shared DV bonus RFP with their membership.
2)All 3 RFPs included language "Additional consideration will be given to agencies that have not previously received CoC funding". TA was available to new applicants to submit a competitive application for eligible activities & eligible households. The FY2021 Con App includes 2 new projects from orgs not currently receiving CoC funding. Prior to the RFP, the CoC released a Notice of Intent to initiate outreach to orgs & ID gaps. The CoC provided written feedback & TA to orgs that applied through the NOI, including orgs that have not
received CoC funding, to improve competitiveness of a subsequent proposal.
3)RFPs included instructions to submit the completed application & budget via the CoC's application hosted on Alchemer online survey software. A budget template was provided with the RFP.
4)RFP stated that "All Preliminary Applications will be reviewed by the Eastern PA CoC Funding Committee based on the following criteria" and included threshold criteria as well as scoring criteria for new projects. Priorities were informed by the Gaps Analysis, which was presented & recorded to the CoC membership. Link to CoC funding policies also provided.
5)Accessible application materials (PDF) were available on the CoC website, distributed via email to CoC members/stakeholders & posted on CoC's Slack page. If TA is needed to apply for new project funding, reasonable accommodations are provided as needed.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.
	NOFO Section VII.B.1.b.

	In the chart below:
1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.	CoC attended Coordinated Investment Planning (CIP) workshops with HUD TA & work continues.	Yes

1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,000 characters)

1)DCED is the State ESG Recipient, the CoC's Coll App (CA) & holds a seat on CoC Board. Annually, DCED aims to fund 40% of ESG funds to the CoC. RE ESG-CV, the CoC provided DCED with county-level data to help inform resource allocation by county/region. Data included population size, rates of homelessness & households at risk of homelessness, CES data, COVID transmission rates, unemployment rates & other factors that increased community vulnerability to increases in homelessness. In addition, input about local needs/priorities across the CoC was provided at Gov Board & RHAB meetings. Early in the pandemic HP was prioritized in response to concerns that job loss among vulnerable households would increase homelessness. As the eviction moratorium impacted the ability to use HP & shelter operations evolved, local needs changed & DCED amended contracts to address community needs. Allentown is the CoC's other ESG recipient. A rep of the City's ESG program attends meetings of the Lehigh Valley RHAB. ESG Coordination between Allentown & the CoC occurs at regional level, where reps present the plan to RHAB/CoC members for input & sign-off.
2) The CoC reviews & evaluates each ESG applicant's performance & CoC participation using DCED checklist, which generates a score that is incorporated in the applicant's overall score & ranking. DCED also uses performance data generated from HMIS in the evaluation of projects. In addition, the CoC is currently rolling out a monitoring tool for CoC/ESG funded projects to evaluate quarterly performance.
3) The CoC provides county-level HIC & PIT data to DCED as well as the other 12 Con Plan jurisdictions.
4) 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 CA & HMIS Lead, DCED has access to all data needed for the Con Plan & provides data/info to local Con Plan jurisdictions. Con Plan meetings are attended by CoC providers in each of those jurisdictions.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	**Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.**	Yes
2.	**Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.**	No
3.	**Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.**	Yes
4.	**Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.**	Yes
5.	**Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.**	No
6.	**Other. (limit 150 characters)**	

1C-4.	**CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.**	
	NOFO Section VII.B.1.d.	

	Describe in the field below:
1.	**how your CoC collaborates with youth education providers;**
2.	**your CoC's formal partnerships with youth education providers;**
3.	**how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);**
4.	**your CoC's formal partnerships with SEAs and LEAs;**
5.	**how your CoC collaborates with school districts; and**
6.	**your CoC's formal partnerships with school districts.**

(limit 2,000 characters)

1) Youth Dev programs through Workforce Dev Boards collaborate w/ the CoC to provide educational services focused on literacy, GED, vocational needs & income generation for older youth. Several orgs that provide ESG/CoC-funded homeless asst also provide youth education services to children, such as Early Childhood services & Head Start. CoC providers collaborate w/ early childhood providers to prioritize children exp. homelessness for childcare. The CoC sits on statewide Early Childhood Education/Homelessness Stakeholders group, to increase access to early childhood resources for families exp. homelessness. CoC also collaborates w/ education providers on PIT.
2) Formal partnerships include joint grant apps & cross system letters of support for grant apps. In several counties there is a Unified Family Services Systems or Healthy County Coalition for Schools, which bring schools, agencies & community members together to ID community needs & offer quality, uninterrupted services to children/families.
3) Reps from each of the SEA's six regions participate in regional CoC mtgs or through county housing/coalition mtgs. The SEA rep in each region has built a strong partnership w/ providers, frequently participates in meetings & the annual PIT count.
4) The SEA & HMIS Lead Agency have established an inter-agency data sharing protocol which allows for increased identification & service coord across homeless & education providers.
5) Collaborative efforts w/ school districts include helping children remain in home school district, receive transportation/ additional support, provide necessary school supplies, etc. Providers & school districts often collaborate through joint efforts, including the annual PIT count, awareness events, food

pantry for student/family use, Act 80 trainings, etc.
6) Many communities across the CoC have developed joint protocols with their school district for responding to youth and family homelessness.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.
	NOFO Section VII.B.1.d.

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,000 characters)

CoC policy requires all projects serving children/youth to designate a staff person to be responsible for ensuring that children are enrolled in school and connected to appropriate services, including early childhood program, part C of IDEA & subtitle B of title VII of the Act. Additionally, programs must take the educational needs of children into account when families are placed in housing and will, to the maximum extent practical, place families with children as close as possible to their school of origin so as not to disrupt children’s education.

CoC/ESG-funded projects are required to adhere to the CoC’s written standards, which require that all projects inform families of their eligibility for educational services & educational rights under the McKinney-Vento Act and Every Student Succeeds Act (ESSA). Case Managers should have strong working relationships with local school district McKinney-Vento Act homeless liaisons and a Memorandum of Understanding (MOU) with local school districts and publicly funded Pre-K/early learning programs to ensure streamlined and prioritized access to educational programs for children experiencing homelessness.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.
	NOFO Section VII.B.1.d.

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	Yes
2.	Child Care and Development Fund	Yes	Yes
3.	Early Childhood Providers	Yes	Yes
4.	Early Head Start	Yes	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes	Yes
6.	Head Start	Yes	Yes
7.	Healthy Start	Yes	No
8.	Public Pre-K	Yes	Yes
9.	Tribal Home Visiting Program	No	No

	Other (limit 150 characters)		
10.	WIC & Early Care	Yes	Yes

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.
	NOFO Section VII.B.1.e.

	Describe in the field below how your CoC coordinates to provide training for:
1.	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 indicate the frequency of the training in your response (e.g., monthly, semi-annually); 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 and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,000 characters)

1)The CoC provides annual training for CoC project staff on safety & best practices in serving survivors of DV. In partnership with the PA Coalition Against Domestic Violence (PCADV) the CoC provided DV training on December 18, 2020, which included training on identifying & serving individuals under category 4, safety planning best practices, VAWA, including legal protections and emergency transfer plan, and eligibility for CoC resources, as well as key themes of safety, confidentiality, trauma-informed and victim-centered approaches. The training was aimed at program-level staff & required for all ESG/CoC-funded organizations. The next required training is scheduled for 12/17/21. The CoC's annual PIT count training also includes safety and best practice around engaging DV survivors.

2) CE staff also participated in the above referenced trainings & receive DV CE specific training at a minimum annually. On 7/20/21, a "virtual brown bag" training was held to discuss DV CE philosophy of service, safety planning & intake procedures for Category 4 HHs. The CE system is staffed by a DV specialist, employed by VSP, who provides ongoing training and technical assistance around CE protocols for DV. PA211, which provides phone access for CE, has trained all CE assessors in DV protocols and provides refresher trainings 3 times a year, which includes: DV 101; trauma-informed care; & specific CE procedural related to serving survivors of DV. PA211 has also provided enhanced, in-depth training to CE assessors who are specifically assigned to respond to DV specific calls. At the beginning of COVID, all 211 operators had enhanced training for recognizing the signs of DV due to known increases. The DV Housing Specialist from PCADV serves on the CoC CES Committee and provides annual training recommendations for all CE Specialists.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.
	NOFO Section VII.B.1.e.

Describe in the field below how your 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 survivors.

(limit 2,000 characters)

De-identified data from a comparable database is used to: add households to the CE Community Queue for access to resources; evaluate CoC-funded projects; track service delivery of ESG funding; provide data for the CAPER; inform the CoC's annual gaps analysis report and has most recently been used to provide data to inform the 2021 CoC application. The CoC has entered into partnerships with DV providers in the service region to administer the VI-SPDAT CE screening tool outside of HMIS & provide scores/relevant notes on specific needs of Survivors to CE Regional Managers. These Managers then use anonymous client profiles in HMIS to ensure DV Survivors are prioritized on the on the Queue for housing placement. Through ongoing analysis of data pulled from DV comparable databases, as well as an analysis of CE data, the CoC has the ability to better understand the needs of DV survivors. Examples include the following:
- the # of survivors in shelter in each CoC region
- the rate at which survivors receiving services are also in shelter
- the rate at which survivors access services through CE & the rate of housing placement through the CE Queue
- the # of survivors presenting with disabilities
- areas where additional coordination is needed to address specialized needs, such as aging, children & youth, LGBT
- addl opportunities to meet the needs & expand available housing options, for example if the survivor is also a youth, veteran or family HH, there may be specialized resources available.

As DV RRH is implemented throughout the CoC, data from comparable databases will be examined to determine if changes to the CoC's written standards are needed to better serve survivors.
The CoC is committed to continuing & expanding the use of de-identified survivor data to inform community needs. The CoC has developed a new quarterly monitoring process, which officially launches in January 2022. This process incorporates data from DV comparable database in order to evaluate ESG/CoC-funded VSPs.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

1) CE staff are trained on providing trauma-informed, victim-centered services that prioritize survivor safety. The CE system has a dedicated DV specialist who trains CE assessors on working with DV survivors including conducting lethality/risk assessments and safety planning. The DV specialist is available to provide additional training/TA to assessors who need assistance with safety planning or addressing DV survivor needs. PA211 (phone point of entry for CE) has implemented a specific IVR (voice menu) flow for individuals experiencing DV to ensure that they are prioritized in the phone queue to be connected to an

assessor as soon as possible.
2) The CoC has adopted an amended version of the HUD ETP Template, which prioritizes safety & incorporates trauma-informed, victim-centered services, directing the provider to act as quickly as possible to address the Households request. As needed, the case mngr working with the Survivor HH will contact CE to request an emergency transfer. The CE Manager will work with the case mngr to ID an opening within the immediate community and/or a different location within the CoC's 33-counties.
3) The CE workflow is set up to immediately assess whether someone is fleeing DV & whether an anonymous intake should be completed. To maintain confidentiality, CE assessors conduct a DV Anon Intake in HMIS, which allows for no PII to be collected & secures additional client consent. Once DV Anon intake is completed, an electronic intake form is filled out by the assessor, and this data moves into the secure Smartsheet database (which is only accessible by CE Managers & DV Specialist). This established process adds DV survivors to the CE By Name List, ensuring equal access to all ESG/CoC/DOJ/HHS or other homeless asst, while also ensuring confidentiality of PII. With the client's consent/approval the CE Manager or DV Specialist will provide the DV anonymous client’s contact info to the housing provider, which is to be kept confidential by housing provider.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.
	NOFO Section VII.B.1.f.

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual’s Gender Identity (Gender Identity Final Rule)?	Yes

1C-7.	Public Housing Agencies within Your CoC’s Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.
	NOFO Section VII.B.1.g.

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC’s geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Northampton County Housing Authority	16%	Yes-Public Housing	Yes
Monroe County Housing Authority	45%	Yes-Both	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.
	NOFO Section VII.B.1.g.

	Describe in the field below:
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference–if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,000 characters)

The CoC has positive relationships with many of the 36 PHAs in the geographic area. PHAs are the Applicant for 11 of 61 projects included on 2021 Priority Listing.
In addition to the PHAs listed in the chart above, 10 additional PHAs reported a homeless preference for HCV or Public Housing (Cumberland County PHA, Clinton County PHA, Franklin County PHA, Lycoming County PHA, Schuylkill County PHA, Snyder County PHA, Union County PHA, Northumberland County PHA, Mifflin County PHA, Tioga and Bradford County PHA). Four PHAs also reported significant new admissions of people experiencing homelessness during FY20: Lehigh County Housing Authority (33%), Franklin County Housing Authority (28%), and Schuylkill County Housing Authority (23%). Many other PHAs also have preferences for DV, vets & displaced persons, under which people experiencing homelessness often qualify. Expanding PHA partnerships & homeless preferences is a priority in the CoC's Strategic Plan, including the development of Move-On Strategies. Cumberland County currently has a Move On Strategy/preference for people exiting permanent housing into neighborhood-based housing. Schuylkill PHA, Clinton County PHA, Lehigh County PHA, and Northampton County PHA have expressed interest in developing a Move On Strategy in partnership with the CoC. Expanding Move On and other PHA preferences is a goal for the CoC.

The CoC has increased its partnership with both the Allentown & Centre County PHAs through the allocation & implementation of EHVs. Both communities are housing HHs from BNL & as Move On opportunities.

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

1C-7b.	Moving On Strategy with Affordable Housing Providers.
	Not Scored–For Information Only

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	No

2.	**PHA**	Yes
3.	**Low Income Tax Credit (LIHTC) developments**	No
4.	**Local low-income housing programs**	No
	Other (limit 150 characters)	
5.		

1C-7c.	**Including PHA-Funded Units in Your CoC's Coordinated Entry System.**	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes

1C-7c.1.	**Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.**	
	NOFO Section VII.B.1.g.	

	If you selected yes in question 1C-7c., describe in the field below:
1.	**how your CoC includes the units in its Coordinated Entry process; and**
2.	**whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.**

(limit 2,000 characters)

1) The CoC began a weekly planning process with each of the two PHAs awarded EHVs. Through this process we IDed how to prioritize vouchers, the roles/responsibilities of each entity involved, which included integrating these vouchers into CE. These EHVs are allocated through the CoC's CE process, prioritizing Moving-on for HHs in PSH, and in some cases RRH units (e.g. if barriers prohibit HH's ability to sufficiently increase income); and as a 2nd priority, Category 1 & Category 4 on the CE By Name List. The process is largely facilitated between the CoC & PHA by the CES Regional Manager, who approves/submits the electronic referral to PHA once a HH has been identified & assessment process completed by a provider.

PSH/RRH enrolled HHs being considered for Move-On are given a Moving On Assessment to assess HH's stability in 3 domains: Financial; housing; and health, supportive services and resources. HHs that meet eligibility for EHV & their assessment results indicate a high level of stability in all 3 domains are referred to the CES Regional Manager. Eligible HHs are added to the CoC's EHV referral tracking sheet. PHA & CoC coordinate the EHV referral process through bi-weekly calls. CoC providers assist with PHA application & documentation; accompany HH to PHA intake appointment; & provide housing search assistance if necessary/desired.

When PHA openings exist, Category 1 & 4 HHs on the BNL are referred to providers who determine best intervention, EHV or RRH/PSH. If EHV, Eastern PA CoC EHV Referral Form & HUD EHV Eligibility Certification Form are completed & follows the above-described process.

The CES Regional Manager hosts coordination calls between providers & PHA to provide updates on the status of all HHs & work through any issues within the referral process that arise. CoC providers support HHs assisted w/ EHV for up

to 6 months w/transitional case management supports.

2) The CoC/PHA process is outlined within a policy/procedure toolkit & formalized through an MOU with each PHA.

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

Question	Answer
Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes

1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits.	
	NOFO Section VII.B.1.g.	

	If you selected yes to question 1C-7d, describe in the field below:
1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

(limit 2,000 characters)

The CoC partnered with the PA Association of Housing & Redevelopment Authorities to advertise the availability of special purpose housing vouchers (SPV). In addition, the CoC has offered support/TA during the most recent rounds of competitive SPV, including Mainstream, FUP & FYI. The CoC assigned a point person to assist PHAs, offering the following: inform Statement of Need with data; increase scoring through Partner experience, which was scored equally to PHA experience; Letters of Support; specialized services made available to targeted homeless populations; the ability to identifying tenants through CE to facilitate quick utilization of vouchers; PREP (Prepared Renter Education Program) training to voucher recipients.
1+2) The CoC is not aware of every PHA that applied throughout the 33-county geography, as most coordination occurred between county providers & PHA. We do know that Mainstream applications were submitted & awarded to: Monroe Co PHA (11); Franklin (23); Northampton (25); Union (30); & Centre (30). In addition, Allentown PHA has been awarded FYI vouchers.
3) The CoC providers in Monroe, Northampton & Centre Counties especially have benefited from coordination w/ the PHA on Mainstream Vouchers. These vouchers have provided permanent housing to households that were experiencing homelessness. In addition, while not formalized programs in some of these PHAs, providers have been accessing Mainstream for Move On in order to create openings in PSH projects. The FYI vouchers awarded to the Allentown Housing authority have helped to stabilize & prevent homelessness among youth exiting child welfare system.

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	

NOFO Section VII.B.1.g.

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes

1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.
	Not Scored–For Information Only

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
Centre County Hou...
Allentown Housing...

1C-7e.1. List of PHAs with MOUs

Name of PHA: Centre County Housing Authority

1C-7e.1. List of PHAs with MOUs

Name of PHA: Allentown Housing Authority

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your 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.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	**Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.**	55
2.	**Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.**	55
3.	**This number is a calculation of the 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 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.**	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

CoC policy & Written Standards require all ESG/CoC-funded organizations to implement a Housing First approach, CE participation & prioritization of resources based on vulnerability w/no preconditions.
The CoC uses the annual renewal scoring/evaluation process to evaluate

whether CoC-funded projects are using a HF approach. The evaluations survey includes 9 questions about Housing First that grantees must respond to, including questions about prioritizing rapid placement and stabilization in PH, and not requiring service participation or preconditions. If grantees indicate that they are not following a HF approach in any of the 9 domains, the CoC will reach out to have a conversation about the issues and may implement a corrective action plan. Not following a HF approach also immediately results in a loss of 10 points during the renewal scoring/evaluation process. The CoC informed CoC grantees as part of the 2021 renewal scoring process that in future funds rounds the CoC plans to request a copy of the grantees' policies and rules to monitor the project for compliance with a Housing First approach (to ensure that rules, intake procedures, and discharge policies are truly aligned with Housing First), and the CoC will follow up with the project to provide technical assistance, monitoring, and potentially a corrective action plan.

1C-9b.	Housing First–Veterans.
	Not Scored–For Information Only

Question	Answer
Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	No

1C-10.	Street Outreach–Scope.
	NOFO Section VII.B.1.j.

	Describe in the field below:
1.	your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,000 characters)

1) The CoC's geography includes 33 counties encompassing nearly 21,000 sq. miles. Outreach efforts occur at varying levels across the CoC. This includes year-round outreach throughout the Lehigh Valley (area with highest population of homelessness), focused on both chronic & youth homelessness. Monroe County, which has the highest unsheltered concentration, conducts ongoing year-round outreach through ESG funding. ESG funds also support outreach in 14 counties. These efforts cover all 5 regions, including the most populated centers of the CoC. Additional street outreach is conducted by SSVF providers, who coordinate w/ local providers when a non-Veteran is identified. Many counties also receive calls when someone is observed as unsheltered & provide outreach on-demand. Some counties utilize volunteers for monthly outreach efforts.
2) 100% of the CoC is covered by outreach efforts.
3) Frequency varies by community. In the Lehigh Valley & Monroe County, outreach occurs daily or several times/week. In communities where unsheltered homelessness is less frequent, outreach occurs between several times/month to monthly based on need. 100% of the counties conduct an unsheltered PIT

count each year.
4) Outreach teams often visit known encampments, soup kitchens & other locations where chronically homeless individuals & individuals least likely to request assistance may be ID'ed. The Lehigh Valley outreach teams partner with a street medicine program & VYH outreach targets youth. Many outreach teams use peer-specialists & provide survival supplies (e.g. tents, socks, food), which have been successful for effective engagement. Street outreach workers engage individuals consistently & are often able to provide tangible assistance, which leads to relationship development & over time the provision of additional assistance. LanguageLine is available if translation is needed, including ASL. Street outreach workers are trained to engage with those with MH/BH/physical health issues.

1C-11.	Criminalization of Homelessness.
	NOFO Section VII.B.1.k.

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).
	NOFO Section VII.B.1.l.

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	952	953

1C-13.	Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.
	NOFO Section VII.B.1.m.

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?

1.	**Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)**	Yes	Yes
2.	**Private Insurers**	Yes	Yes
3.	**Nonprofit, Philanthropic**	Yes	Yes
4.	**Other (limit 150 characters)**		

1C-13a.	**Mainstream Benefits and Other Assistance–Information and Training.**	
	NOFO Section VII.B.1.m	

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	**systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;**
2.	**communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;**
3.	**working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and**
4.	**providing assistance with the effective use of Medicaid and other benefits.**

(limit 2,000 characters)

1) The CoC keeps program staff up-to-date on mainstream benefits through posts on the CoC's social media platform (Slack) & during monthly regional meetings of the CoC. During meetings updates are provided by reps from the Co. Asst Offices & Community Action Agencies (CAAs), which support HHs applying for mainstream resources & provide updates. A designee of the PA Dept of Human Svcs is a member of the Gov Board & provides updates. Training is regularly provided by local government in each of the CoC's 33 counties.
2) As the CoC receives info about available mainstream resources/ other asst, this info is distributed in real-time via Slack, the CoC's social media platform. Updates are also disseminated via monthly regional CoC meetings, which may include members/guests who can speak to available mainstream resources, including local County Asst Office, Social Security, Aging, MH, Substance Use, C&Y, Dept of Health, Medicaid, LTSS MCOs.
3) Enrollment in health insurance occurs online through the state's COMPASS system, an online single application system for many benefits including health care coverage (CHIP, MA, Medicaid for Former Foster Youth, MH/SA, Marketplace). All CoC-funded providers are proficient users of COMPASS & work with participants to submit COMPASS applications. CoC providers will also collaborate with healthcare providers or legal aid organizations if assistance is needed to enroll participants in health insurance.
4) The CoC works with community partners to ensure that participants effectively utilize Medicaid/ other benefits. Medicaid/Medicare insurance companies may attend local homeless coalition meetings to discuss benefits and how to take advantage of them. CoC agencies partner with pharmacies who can specially package & deliver medications to clients. Many CAAs throughout CoC are also the providers for WIC, LIHEAP, transportation & other TANF-funded services. Partnership w/ the CAAs ensures individuals exp. homelessness are assisted to apply for, receive, and use benefits.

1C-14.	Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	

	Describe in the field below how your CoC's coordinated entry system:
1.	covers 100 percent of your CoC's geographic area;
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

(limit 2,000 characters)

1)The CoC operates CES to coordinate & manage access, assessment, prioritization & referral to housing & services for any person experiencing or at imminent risk of homelessness throughout 100% of the 33-county CoC. CES is accessible through a Call Center (PA 211) via 24/7 live voice & texting option, as well as 22 CES Access Sites. Five dedicated managers oversee CES operations across the 5 CoC regions, plus one DV CE manager.
2)211 has translation services & provide access for people who are deaf/hearing impaired. CES tools & marketing materials are available in English & Spanish. CoC partners including local govt, law enforcement, MH, education partners, local United Ways, & more have been educated about CES & refer households who otherwise may not request homeless assistance. CES Regional Managers & Specialists deploy to DV shelters, Code Blue shelters & outdoor encampments to reach vulnerable individuals who may not present to CE. Street outreach workers also provide CES services. In addition to the 22 CES Access Sites, additional sites provide CES specifically for youth, veterans & DV.
3)All CE Specialists use a Triage/Safety Protocol & a Triage Assmt to determine homeless status & the VI-SPDAT screening tool which assesses HHs for vulnerability/ informs prioritization. CE Specialists make direct referrals to prevention/diversion, Shelter & TH, and place people needing RRH or PSH on By Name List (BNL). Enrollments into RRH/PSH projects are pulled from BNL in order of prioritization including chronic status, LOTH & VI-SPDAT score.
4) All ESG/CoC providers are required to fill all RRH & PSH openings through the BNL. To increase housing options & timely asst, resources through other funding sources also pull HHs from the CES list, e.g. PA Homeless Asst Program, local funding, Veterans programs. CE Managers monitor the BNL to ensure prioritization policies are followed. Reps from the 10 CE zones meet regularly to discuss & address the housing needs of HHs on the BNL.

1C-15.	Promoting Racial Equity in Homelessness–Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes

1C-15a.	Racial Disparities Assessment Results.	

NOFO Section VII.B.1.o.

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	**People of different races or ethnicities are more likely to receive homeless assistance.**	Yes
2.	**People of different races or ethnicities are less likely to receive homeless assistance.**	Yes
3.	**People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.**	Yes
4.	**People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.**	Yes
5.	**There are no racial or ethnic disparities in the provision or outcome of homeless assistance.**	No
6.	**The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.**	No

1C-15b.	**Strategies to Address Racial Disparities.**	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	**The CoC's board and decisionmaking bodies are representative of the population served in the CoC.**	No
2.	**The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.**	Yes
3.	**The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.**	No
4.	**The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.**	Yes
5.	**The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.**	Yes
6.	**The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.**	Yes
7.	**The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.**	Yes
8.	**The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.**	Yes
9.	**The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.**	Yes
10.	**The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.**	Yes
11.	**The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.**	Yes
	Other:(limit 500 characters)	
12.	The CoC has contracted with the Technical Assistance Collaborative to support its DEI Committee, including providing in-depth training, supporting leadership development, helping prepare the group to self-lead/govern, and identifying goals that will support increasing equity within the CoC. In addition, the CoC is currently undergoing a CES evaluation, which will include further exploration of disparities within the system & help to identify assessment tools other than the VI-SPDAT.	Yes

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.
	NOFO Section VII.B.1.o.

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

The CoC conducted a comprehensive racial disparities analysis in 2020, which included analysis of outcomes by race and ethnicity related to 1) CE access; 2) CE Assessment Tool Scores; 3) Enrollment/Placement Rates from CE; 4) Exits to/Retention in PH; 5) Increasing Income; 6) Length of Stay; 7) Returns to Homelessness; 8) Average Days Homeless. Following the completion of this report, the CoC presented the findings to each CoC Committee & each of the 5 Regional Homeless Advisory Boards (RHAB). This presentation included a discussion about reactions to the findings, and next steps within the committees or RHABs related to addressing the findings. Each committee and RHAB continued conversations around this. For example, the CE Committee used the data to understand discrepancies in the CE Assmt tool & begin planning for creation/ identification of a new tool.

Following this analysis, the Governing Board approved a new, enhanced non-discrimination policy and implemented across all ESG/CoC funded programs, including requirements for ESG/CoC projects to adopt an organizational or project-level Non-Discrimination Policy. In 2021 the CoC formed a Diversity Equity and Inclusion Committee charged with assessing the CoC’s diversity and equity at the Board level and throughout CoC operations. To support the CoC’s growth the DEI Committee has contracted with the Technical Assistance Collaborative to provide in-depth training, support leadership development of Committee members, help prepare the group to self-lead/govern, and assist the CoC by identifying goals/strategies/methods for increasing equity within the CoC. Next steps include expanding to incorporate people w/lived experience.

The CoC hosted a 2-part racial equity training in summer 2020 for all ESG/CoC providers. This training facilitated a greater understanding of equity & facilitated conversations between providers about how to address inequities on local/CoC-wide level.

1C-16.	Persons with Lived Experience–Active CoC Participation.
	NOFO Section VII.B.1.p.

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	0	3
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	0	3

3.	**Participate on CoC committees, subcommittees, or workgroups.**	0	3
4.	**Included in the decisionmaking processes related to addressing homelessness.**	0	0
5.	**Included in the development or revision of your CoC's local competition rating factors.**	0	0

1C-17.	**Promoting Volunteerism and Community Service.**	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement 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.**	Yes
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, data entry).**	Yes
3.	**The CoC works with organizations to create volunteer opportunities for program participants.**	Yes
4.	**The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).**	Yes
5.	**Provider organizations within the CoC have incentives for employment and/or volunteerism.**	Yes
6.	**Other:(limit 500 characters)**	

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.
	NOFO Section VII.B.1.q.

	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:
1.	unsheltered situations;
2.	congregate emergency shelters; and
3.	transitional housing.

(limit 2,000 characters)

Each of the CoC's 33 counties required a different response to COVID, as the prevalence of cases, infrastructure to respond & resources available varied greatly. As such, the CoC's role was to raise issues to our state partners about the community needs & provide information to local communities regarding the resources being made available by the state. This decentralized approach allowed the CoC to benefit from state-level coordination & best utilize local infrastructure & resources.
1)Across the CoC the use of hotel/motel vouchers increased to assist in rapid movement of unsheltered persons into emergency housing. Providers in the Lehigh Valley (the CoC's most populated area) provided hand washing stations & portable toilets for persons who did not move to shelter. Partnerships w/local health providers resulted in vaccination clinics for unsheltered persons.
2)Congregate ES w/in CoC coordinated w/ State Health (DOH) & Emergency Management (PEMA) to develop/implement isolation/quarantine protocols & secure PPE; decompress and/or reconfigure shelters to ensure social distancing (many used hotel/motels to maintain inventory while decompressing physical shelter sites); implement COVID-19 symptom screening; implement cleaning protocols; & work w/ DOH on vaccination protocols. The CoC pushed out information to local providers, who coordinated w/ their local health partners and/or DOH to implement safety protocols.
3)TH providers w/in CoC also coordinated with DOH & PEMA to secure PPE; to ensure social distancing w/in their sites (reconfiguring TH setting or implementing schedules for utilizing shared spaces); to implement COVID-19 symptom screening; to implement cleaning protocols; & work w/ DOH on vaccination protocols. The CoC pushed out information to local providers and

local providers coordinated with their local health partners and/or State Health Department to implement safety protocols.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

Throughout the COVID-19 pandemic, the CoC strengthened its relationship with the PA State Department of Health (DOH), who oversees public health activities for most of the CoC. The CoC worked in partnership with the DOH throughout the pandemic, including providing contact information for all homeless-dedicated projects in the CoC so DOH could work with providers related to safety planning protocols (including social distancing, de-densifying shelter) hand washing, masks, vaccinations). This ongoing partnership helped decrease the spread of COVID-19 & ensure safety measures were implemented. The CoC participated on regularly held State-sponsored COVID-19 calls to receive updates from DOH and provide input/feedback to State DOH, Human Services, PEMA, etc related to the needs of people experiencing homelessness. This partnership has helped the CoC improve its readiness for future public health emergencies. The CoC has established communication procedures to gather information from the state (as well as other sources of information such as CDC and HUD) and disseminate this information quickly to providers via: CoC Office Hour calls; online communication platforms (Slack and email mailing list); and via monthly regional meetings.

In addition, local CoC providers have also enhanced their protocols to improve readiness for future public health emergencies. CoC providers have established/enhanced partnerships with local healthcare providers for access to testing and vaccines – these partnerships will continue to be invaluable for everyday needs but will also be imperative in the case of a future public health emergencies. CoC providers have also established protocols for future public health emergencies, including de-densifying programs (including use of hotels/motels), quarantining protocols, testing protocols, handwashing and cleaning protocols, and staffing structures. These protocols will ensure that providers can act swiftly in the event of a public health crisis.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

	Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

The CoC partnered with DCED, as Coll App & ESG Recipient to ID & prioritize funding needs to support the CoC's COVID-19 response. The CoC hosted Office Hours in order to share info w/ providers, including best practices being recommended by the CDC & HUD, and to discuss ESG-CV & funding needs w/DCED.
1-ESG-CV was used to address safety measures in several ways, including: providing hotel/motel funding, which allowed shelters to decrease congregate shelter capacity and/or fully move shelter operations to hotel/motel rooms to prevent transmission. This included providing for mobile service delivery, enhanced service delivery & meal delivery services.
2-Program modifications were needed to continue providing RRH asst & ensuring HHs already enrolled in RRH were able to maintain housing stability. Equipment was needed to support remote work & ongoing communication with clients. The CoC promoted the use of HUD waivers in order to respond to housing assistance needs throughout the CoC. Waivers, along with ESG-CV for landlord incentives & HUD waivers, providers were able to secure units within tight housing markets.
3-As unemployment #s increased & input from the CoC, DCED prioritized ESG-CV for HP. Eviction prevention, legal aid & landlord mitigation were crucial components to supporting HHs in their housing. The CoC amended the CE process to better identify HHs in need of prevention assistance, including developing an assessment tool for standardized prioritization & strengthening referral process.
4- ESG-CV funds were used to purchase PPE, cleaning products, hire professional cleaning services & other supplies/materials needed to increase safety for staff & program participants. Healthcare supplies were provided to support HHs in need of isolation, quarantine & offsite sheltering. The CoC was able to identify many resources for healthcare supplies, which minimized the use of these items through ESG.
5-ESG-CV funding was not requested to specifically provide sanitary supplies. Resources provided via other sources.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

1) The Eastern PA CoC is covered by the PA Department of Health (DOH), which oversaw the FEMA-funded non-congregate quarantine/sheltering process. The CoC worked in partnership with the DOH throughout the height of the pandemic, including providing contact information for all homeless-dedicated projects in the CoC so DOH could work with providers related to safety planning protocols (including social distancing, de-densifying shelter, hand washing, masks, vaccinations). This ongoing partnership helped decrease the spread of COVID & ensure safety measures were implemented. Across the CoC providers established partnerships with local healthcare providers for

access to testing and vaccines. This includes hosting vaccination opportunities, providing transportation, and education.
2) The CoC facilitated COVID-19 Office Hours to support homeless providers in responding to COVID-19. The CoC used the forum to share timely and accurate information and guidance from national, state, and local sources, including DOH/ mainstream health. During calls, providers were able to ask questions & share ideas, including strategies being used in their local community, including those in partnership with mainstream health. Input from providers was taken back to DOH for discussion during their bi-weekly sheltering calls. This allowed the CoC to create a communication loop, sharing the needs/questions/concerns of homeless providers with state leaders (DOH, DHS, PEMA) & bring guidance back to these providers. CoC office hours also included provider discussion of local approaches to decrease the spread of COVID-19 and the safety measures they were implementing in their program; isolation and quarantine protocols; PPE requirements; COVID symptom screening; & cleaning protocols.

1D-5.	Communicating Information to Homeless Service Providers.
	NOFO Section VII.B.1.q.

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:
1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

1) The CoC hosted/facilitated COVID-19 Office Hours for homeless assistance providers and used this forum to: a) share timely and accurate information and guidance from national, state, and local sources & HUD waivers; b) answer questions; and c) provide space for providers connect and share best practices and questions with each other. CoC staff participated in HUD COVID-19 Office Hours and shared key national (CDC and HUD) updates and resources with CoC members using Slack (CoC’s communication tools) & at regional CoC meetings. Topics discussed included: decompressing shelter to increase safety; coordinating with PA Department of Health (DOH) and Emergency Management to develop and implement isolation and quarantine protocols; funding for non-congregate sheltering and quarantine/ isolation sites; securing PPE; COVID-19 symptom screening; cleaning protocols; & guidance for safely serving people in shelters.
2) Due to the number of local jurisdictions throughout the geographic area, the CoC followed state guidance regarding phased reopenings & reinstitution of restrictions. During the COVID office hour calls the CoC reinforced the importance of assisting anyone in need of shelter vs creating residency or other restrictions, even if HH was coming from jurisdiction with a higher level of COVID frequency.
3) The CoC communicated DOH updates to members (including information on funding, vaccine toolkits, communication tools, etc) via Slack and regional CoC meetings. The CoC encouraged providers to make vaccine’s available & accessible to individuals experiencing homelessness. CoC providers hosted vaccine clinics, provided transportation to vaccines, shared vaccination information w/program participants, etc. Monroe County, for example, worked directly with the 2 major Health Care Providers, LVHN & St Lukes to coordinate

homeless vaccine clinics targeting both sheltered & unsheltered households to reduce the spread of COVID in community & congregate shelter settings.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

CoC providers worked with the State Dept of Health or local health departments to identify eligible individuals and families experiencing homelessness for COVID-19 vaccination. CoC providers followed health department guidance regarding identifying eligible households, based on the state's vaccination rollout plan. Some CoC providers integrated screening questions for residents to identify residents eligible for vaccines, as the vaccines rolled out in PA for different populations. CoC providers offered education on vaccines as appropriate, including distributing CDC flyers and materials. CoC providers coordinated on-site vaccination efforts with community health partners, and/or supported participants with transportation to local vaccination events or clinics.

In addition, the 211 system (Coordinated Entry phone access) had timely information available for all callers related to vaccine access in their community.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

PA 211 serves as the phone point of entry for the Coordinated Entry system. PA211 anticipated that COVID-19 would exacerbate DV issues for households seeking assistance. As a result, they changed their phone system IVR (interactive menu) to ensure that clients identifying as fleeing DV were triaged & prioritized & sent to a specific queue, which was staffed with highest trained specialists (master's level social workers, staff with DV expertise). They also found that callers did not always immediately identify as DV. As a result, they ramped up training for all staff around responding to DV issues. PA211 & DV CE Specialist worked together to navigate challenging issues. DV CE Specialist has provided training/TA throughout the pandemic to CE staff & homeless service providers to assist with challenging DV situations & safety planning in the context of the pandemic (stay at home orders, etc).

CoC providers that saw an influx of DV needs & trafficking issues, partnered with local VSPs & trafficking coalitions to provide access to immediate resources & safety planning. Providers also utilized hotel vouchers to provide

immediate shelter. CoC providers provided info on legal resources such as Protection from Abuse orders & partnered with legal aid as needed. ERAP is being used to assist DV clients.

CoC member/provider, the PA Coalition Against Domestic Violence (PCADV) hosted weekly calls for VSPs to guide & support increased DV needs during COVID. Calls focused on providing effective technology-based engagement & advocacy w/ Survivors; sheltering using hotels; increasing hotline support including through text/chat; as well as other emerging training needs.

Survivors have also benefited from a significant increase in DV housing funds. PCADV was awarded $6M+ in ESG-CV2 to support a statewide DV response, which includes funding for 19 counties within the CoC. PCADV was awarded 135 new DV RRH units through 2018/2019 CoC NOFOs, which are available throughout the CoC.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

The CoC made numerous adjustments to Coordinated Entry to account for rapid changes during the COVID-19 pandemic. PA 211 serves as the phone point of entry for the Coordinated Entry system. PA211 made numerous adjustments to their process to respond to COVID-19: 1) they adjusted their IVR (interactive voice menu) to better triage households to the most appropriate resource based on their situation, and reduce wait times (screening someone who was at risk of homelessness vs. literally homeless vs. fleeing DV). PA211 also adjusted the workflow to more quickly screen for potential domestic violence and route callers to trained specialists.

The CoC added a question in the CE crisis assessment regarding any serious medical issues (including COVID-19), which helped inform both triage and prioritization for resources, as well as any needed medical/health referrals.

A new prevention prioritization tool was rolled out, to more quickly and effectively screen households for prevention resources they are eligible for (including ESG). The CoC also streamlined the intake process for homeless prevention.

In addition, the CoC created a separate Coordinated Entry workflow when eviction moratorium was in place, to ensure that Coordinated Entry assessors knew what resources households were eligible for.

To support increased demand for assistance, DCED made ESG-CV funding available/ awarded funding to support expanded staffing needed at Coordinated Entry Access Sites.

1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1E-1.	**Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.a. and 2.g.	

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	09/16/2021
2.	**Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.**	05/12/2021

1E-2.	**Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.**	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	**Established total points available for each project application type.**	Yes
2.	**At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).**	Yes
3.	**At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).**	Yes
4.	**Used data from a comparable database to score projects submitted by victim service providers.**	Yes
5.	**Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.**	Yes
6.	**Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.**	Yes

1E-2a.	**Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.**	

	NOFO Section VII.B.2.d.

	Describe in the field below how your CoC reviewed, scored, and selected projects based on:
1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,000 characters)

1)The specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking and rating projects includes:
- Health Conditions: % of participants with 1+ physical and/or mental condition
-Zero Income at Entry: % of adult participants with zero income at program entry
-Unsheltered: % of adult participants coming from unsheltered locations at entry
-Age: % of adult participants who are youth age 24 and under or adults age 55+
-Domestic Violence: % of adult participants with history of DV
All of these criteria are scored using data from HMIS and the APR.
2) The 5 severity of need criteria above account for 10 out of 100 possible points within the scoring criteria. Projects can earn partial points for many questions, even if performance doesn't meet highest benchmarks, which are adjusted for project types to account for the fact that some project types serve more vulnerable HHs. As part of the scoring process, the CoC provides training to grantees around the severity of need criteria, including explanation that projects who serve participants with high severity of needs may struggle in other areas (e.g. increasing income, exits to permanent housing) as a result of serving participants with high severity of need. These criteria are intended to factor that into the scoring and to allow for a balanced evaluation of the project. 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. In addition, DV projects were exempted from criterion on returns to homelessness & instead scored criteria related to improving survivors' safety.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
	NOFO Section VII.B.2.e.	

	Describe in the field below how your CoC:
1.	obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;
2.	included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;
3.	rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).

(limit 2,000 characters)

The CoC's local funding process is implemented by the Funding Committee, including determining rating factors, new project selection & ranking.
1)Following the annual renewal scoring process, the CoC distributes the renewal scoring criteria to the CoC for comments. This is the opportunity for all providers, stakeholders & community members to provide input. The input is

reviewed & considered by the CoC's Funding Committee as they begin to revise the criteria the following year. While this process is open/available to all CoC members/stakeholders, the race of those responding is unknown. Methods for obtaining specific input of persons of different races, particularly those over-represented in the local homelessness population, will be discussed with the CoC's new DEI Committee. Their recommendations will inform the CoC's Funding Committee on effective approaches for obtaining this input.
2)The CoC's DEI Committee is working to assist the CoC to diversify leadership, which will include the membership of the Funding Committee. As turnover of the Funding Committee occurs, there will be intention to identify new members who have lived experience and/or are persons of different races, particularly black & brown HHs who are over-represented w/in the homeless population.
3)The CoC's renewal scoring criteria included an opportunity for bonus points for completing an organizational Equity Assessment Tool. The tool included equity-related questions in the following domains: Organizational Commitment, Leadership & Governance; Equity Policies & Implementation Practices; Organizational Climate, Culture and Communications; Service-Based Equity; Service-User Voice and Influence; Workforce Composition and Quality; Community Collaborations; Data, Metrics and Continuous Quality Improvement; and Next Steps. These responses will assist in designing/delivering future equity-related training & inform strategies to increase diversity & equity.

1E-4.	Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5.	how your CoC communicated the reallocation process to project applicants.

(limit 2,000 characters)

1)The CoC's reallocation process is outlined in the Funding Policies, which are updated & distributed annually. The CoC uses annual project scoring & gaps analysis to help determine which projects should continue to receive funding. The CoC may consider full or partial reallocation based on the following factors: underperformance; cost effectiveness; underspending; lack of need; funds needed to respond to an urgent/emerging CoC need; or monitoring indicates serious problems. Reallocation decisions are made by the Funding Committee, which is made up of non-conflicted members who do not receive CoC funding. Projects subject to reallocation are provided with an opportunity to submit an appeal, as indicated in CoC's Funding Policies. The CoC identifies projects that were low performing, underspending, or had cost effectiveness concerns via the annual project evaluation/scoring process. Needs are IDed in the CoC's annual gaps analysis, which informs the reallocation & new project selection process.
2)Following the 2020 scoring/evaluation process, the CoC identified 5 projects

w/ concerns - 1 for underperformance, 3 for underspending & 1 for monitoring concerns. The CoC reached out to each of these projects throughout 2021 to discuss concerns & offer TA. Issues were revisited during the 2021 scoring/eval process & reallocation was considered where improvements not reported. The Funding Comm IDed 3 projects for potential reallocation (2 full & 1 partial).
3)Following appeal dispositions, 2 projects were reallocated, 1 in full & 1 in part.
4)Third project not reallocated b/c they presented a restructuring plan that addressed concerns.
5)The CoC informed applicants of the reallocation process w/ FY2021 CoC-funding policy document, which was circulated via email at the onset of the renewal scoring process (May 2021) & posted on CoC website. Projects IDed as having underperformance, underspending, or monitoring issues from the 2020 scoring process were notified in early 2021 & offered TA.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.
	NOFO Section VII.B.2.f.

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	Yes

1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.
	NOFO Section VII.B.2.g.

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/22/2021

1E-5a.	Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.
	NOFO Section VII.B.2.g.

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/27/2021

1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.
	NOFO Section VII.B.2.g.

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/14/2021

2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2A-1.	HMIS Vendor.
	Not Scored–For Information Only

Enter the name of the HMIS Vendor your CoC is currently using.	Eccovia

2A-2.	HMIS Implementation Coverage Area.
	Not Scored–For Information Only

Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs

2A-3.	HIC Data Submission in HDX.
	NOFO Section VII.B.3.a.

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/04/2021

2A-4.	HMIS Implementation–Comparable Database for DV.
	NOFO Section VII.B.3.b.

	Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:
1.	have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and
2.	submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.

(limit 2,000 characters)

1) All DV housing and service providers in the CoC use one of two DV comparable databases, with both collecting the required HUD data elements. VSPs participating in the CoC-wide DV RRH project w/PCADV use EmpowerDB. All other ES, TH, RRH PSH projects are reported into ETO. 97% of DV dedicated housing & service providers in the CoC (accounting for 717 out of 744 DV beds on the HIC) use one of these DV comparable databases. PCADV provides TA, reporting & other database related supports to DV agencies who use ETO & EmpowerDB. PCADV is able to pull aggregated reports for all programs that participate in either of these databases.
2) VSPs are currently able to submit de-identified aggregated SPM data for their projects out of their comparable databases directly into SAGE. De-identified aggregated data is also used to score provide CAPER reports & is submitted to the CoC for the annual renewal scoring process. The CoC & HMIS Lead will be coordinating with VSPs to collect their performance data as part of its new monitoring process, rolling out in January 2022. This will include data related to system performance such as length of time from enrollment to move-in, increased income, exits to PH destinations. The CoC/HMIS Lead is able provide high level technical assistance about HUD's requirements around data standards and the submission of SPM data, but reporting issues related to the comparable database need to be addressed through the providers vendor.

2A-5.	Bed Coverage Rate–Using HIC, HMIS Data–CoC Merger Bonus Points.
	NOFO Section VII.B.3.c. and VII.B.7.

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,235	310	716	77.41%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	662	108	346	62.45%
4. Rapid Re-Housing (RRH) beds	953	326	604	96.33%
5. Permanent Supportive Housing	1,156	0	766	66.26%
6. Other Permanent Housing (OPH)	131	0	19	14.50%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.
	NOFO Section VII.B.3.c.

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	steps your 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 your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

1)ES: The CoC's system-wide HMIS participation rate has increased from 40% (2017) to 72% (2021). This increase is largely associated with the rollout of CE & ES providers better understanding their role in CE & the importance of the

system having access to their bed inventory/availability. A portion of this increase can also be attributed to ESG shelters participating in HMIS. Additional outreach to ES projects will continue.
TH: With the CoC no longer funding TH, the TH HMIS coverage % has decreased. TH providers that have never been on HMIS are beginning to understand how their participation in CE needs to include HMIS. Strategies specific to increasing HMIS participation among ES & TH projects include working w/ CoC partners: United Way; PA DHS; others - to require CE & HMIS participation for all homeless programs.
PSH: 364 of 390 (93%) PSH beds not on HMIS are VASH-funded. This remains a priority for the HMIS Lead & Veterans Comm. While not on HMIS, the VA HOMES assessments are uploaded & tracking of VASH vouchers occurs through veterans by name list.
OPH: The CoC will work to encourage HMIS participation among OPH providers as part of the CoC's efforts to incorporate these units into a Move On strategy.
2) The CoC pays for HMIS user licenses to remove barriers to participation. The above steps will be carried out thru meetings w/ CoC partners to further educate on the supports available to HMIS users & the importance of HMIS, which is vital to measuring the effectiveness of the investments made by the CoC & other funding partners. For example, without increased bed coverage, returns to homelessness are not adequately captured. The CoC will specifically work with the state agencies participating in a Coordinated Investment Planning process, which includes obtaining data needed to inform process. A significant portion of the beds not entering data into HMIS are state funded. Discussions will occur with the United Way of PA, which partners with the CoC through CES/ other initiatives, & w/ VAMCs re: VASH.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%

2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

n/a

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count–Commitment for Calendar Year 2022
	NOFO Section VII.B.4.b.

Question	Answer
Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes

2B-2.	Unsheltered Youth PIT Count–Commitment for Calendar Year 2022.
	NOFO Section VII.B.4.b.

Question	Answer
Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes

2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors.
	NOFO Section VII.B.5.b.

	Describe in the field below:
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

(limit 2,000 characters)

1)Across the entire CoC (33 counties), the CoC ID'ed risk factors through analysis of data collected through the CE process & HMIS. Risk factors include institutional discharge w/ no home plan; loss of employment; family w/ young children; DV experience. The CoC completed a strategic plan, finalized in 2017, which included a retreat with the Board and regional listening sessions. The risk factors IDed through these sessions mirrored those listed above. On the local level, county hsg coalitions & regional CoC groups ID/discuss emerging trends being addressed locally. The CoC uses CE data to further pinpoint risk factors.
2) Most recently, ERAP & ESG-CV funding have led to a significant increase in homelessness prevention efforts. During COVID, the CES system (211 and CES access sites) has implemented a prevention screening tool to screen households for risk of homelessness and connect them immediately to resources, at the front door of the system. HMIS has been modified to facilitate CES diversion/prevention referrals & track outcomes.
The CoC contracted with the Cleveland Mediation Center to provide 2-day diversion training & 1-day train-the-trainer training in June 2018. The practices have informed how state HAP funds are used for diversion/ prevention, as well as Home4Good funds (made available through the FHLBPittsburgh & PHFA). The CoC's 2021 Home4Good funding application includes $289k to support diversion/prevention efforts. Strategies vary across the CoC depending on the targeted subpopulation, needs of HHs & community characteristics. North Penn Legal Services provides tenants rights workshops. CoC providers educate landlords and provide mediation to prevent eviction; many also host Self Determination Housing Project to provide Prepared Renters Program training.
3) DCED, in their role as Collaborative Applicant, is responsible for overseeing the CoC's strategies.

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

	Describe in the field below:
1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your 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 your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,000 characters)

1) The CoC implements many strategies to reduce to the LOTH for HHs:
-56% increase in RRH beds over the last 5 years, per HIC data (2017 = 612, 2021 = 953). CoC is applying for an additional $2.87M in RRH in 2021.
-DCED prioritizes RRH resources under ESG.
-CE system prioritizes vulnerable households (e.g. HHs with longest LOTH).
-EHV in Allentown is moving on 30+ HHs from PSH, allowing these units to turn-over for HHs with the longest LOTH.
-100% of CoC PSH beds chronic dedicated.
-100% of CoC-funded projects operate using Housing First approach & provide frequent training on HF & housing focused case management, including a 4-part training on effective housing-focused case management to support maintenance of skills & staff turnover with C4 in May-June 2021.
-As part of annual renewal review/scoring, projects are evaluated on the length of time b/w project entry & residential move-in.
-Throughout the pandemic & the tighter housing market, HUD waivers have been in use to provide landlord incentives, exceed FMR limits & provide housing locator services in order to identify/obtain housing units.
-The CoC has expanded outreach services to engage individuals with long histories of homelessness.
-In the first quarter of 2022, the CoC is launching a RRH Learning Collaborative in order to maximize the impact of RRH investments & increase use of best practices.
2)CoC CE assessment includes questions about LOT homeless, which impacts how HHs are prioritized for assistance. CE operators regularly meet to review the list & connect HHs to housing. CE BNL meetings occur to review By Name List, including those in ES & unsheltered with longest LOTH for housing placement.
3) DCED, the Coll App, is responsible for overseeing the CoC's strategies.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1) The CoC implements multiple strategies to ensure exit to PH:
-Increased RRH capacity by 208% since 2016 (309 beds to 953 beds, per HIC)
-Case mngrs &/or hsg navigators assist HHs to ID PH units that are affordable & connections to mainstream resources (e.g. employment, childcare, benefits) to ensure long-term hsg stability. Used landlord incentives to access PH units.
-Priority on hsg stabilization w/ 100% of CoC-funded projects using Housing First (HF) approach. CoC/ESG coordination has led to ESG-requirements for HF.
-Support for increasing employment & non-earned incomes to support exits to PH
-CoC provided training series of housing-focused case managment practices (4 session in May-June 2021)
-many projects educate participants using strategies from the "Prepared Renters Program", which includes hsg placement & hsg retention
-referrals for diversion & prevention assistance are provided through CES,coupled with an increase in diversion/prevention funding
-Two-day RRH best practices workshop w/ system leaders & NAEH in Sept 2019. Practices learned have been used to update Written Standards. CoC is launching RRH Learning Collaborative in Quarter 1 in 2022 to further best practices & help ID/ resolve barriers to positive PH exits, among other issues.
2) Strategies include:
-Use of HF approach to remove barriers & ensure more households retain housing
-Training to support HF approach & other client engagement techniques w/significant focus on maintaining hsg stability. This has led to more case management occurring w/in client's home to help ID issues earlier
-Increase in landlord engagement, resulting in stronger relationships b/t providers & landlords. Landlords often contact case managers w/concerns, prior to moving towards eviction.
-CoC used EHV to begin development of Move On strategy, which including development of Moving On assessment tool & Moving On connection to CE. This work will be expanded beyond EHV following the 2021 NOFO submission.

2C-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate.
	NOFO Section VII.B.5.e.

	Describe in the field below:
1.	how your CoC identifies individuals and families who return to homelessness;
2.	your 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 your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,000 characters)

1) The CoC analyzes data from CE tool, which collects data on hx of homelessness, disabilities, MH/BH/SA issues, income, presence of children, evictions, etc. This data is used to understand which households have factors that puts them at higher risk for return to homelessness. The CoC also examines the exit destination of HHs returning to homelessness. Through the CE system and through HMIS, CE assessors and shelters can ID households who return to homelessness to better ID risk factors.
2) Strategies to reduce rate of returns to homelessness include:
-Continue to increase RRH capacity

-Increase in prevention & diversion funding. The CoC used nearly all of 2020 Home4Good funding allocation ($516K) to ensure households are in PH during COVID; funds used to increase prevention/diversion, including for expenses not eligible under available state/federal funds
-Through implementation of CE, HHs in ES are connecting more efficiently w/ RRH. This should further reduce the % of HHs returning to homelessness, as HHs in ES return at the highest rate.
-RRH providers work with landlords to ID affordable units that can be sustained upon exiting RRH. Additionally, RRH providers are providing follow-up services for up to 6 months beyond rent asst.
-Increased landlord engagement, housing navigation & ID of affordable units that can be sustained, including two communities within the CoC who are using Padmission
-CoC-wide Housing First approach, reducing program termination & returns to homelessness
-Housing-focused case management training & emphasis on in-home case management services have helped improve retention.
-County Human Service Depts & Community Action Agencies in the CoC are instrumental in connecting clients to prevention asst, mainstream resources, workforce dev, transportation, childcare & other resources that promote long term housing stability.
3) DCED, in their role as Coll App, is responsible for overseeing the CoC's strategies.

2C-5.	Increasing Employment Cash Income-Strategy.
	NOFO Section VII.B.5.f.

	Describe in the field below:
1.	your CoC's strategy to increase employment income;
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

(limit 2,000 characters)

1)The CoC's strategy to increase employment income is to build partnerships & collaborations to connect those being served w/employment. Strategies include: collaborating w/ workforce dev system; foundation support to provide education & skill development; working w/local employers to expand employment opps; partnerships w/employers who reach out when position available. CoC orgs have built partnerships to offer no barrier, same day pay employment to participants. CoC orgs have built strong partnerships with local CareerLink, including some formal cooperation agreements. CoC orgs employ participants in their programs. Youth-serving providers partner with WIOA funded employment programs to offer skill development, job placement & planning towards livable wage & case mngmt. In addition, some CoC providers have hired employment navigators to assist with resumes, job training, & building partnerships with local companies to hire participants.
2) CoC membership includes workforce development, CareerLink & other employment/education providers. Collaboration largely occurs regionally, with Reps from these systems attending CoC's regional meetings. CareerLinks partner with CoC-funded providers to outreach to clients, expand services for

individuals exp. homelessness, pursue additional funding opps to expand services & more. Many CoC-funded orgs provide employment supports, especially the many Community Action Agencies, including childcare & transportation resources. CoC providers also partner with EARN program where job training and childcare is provided, and participants can be referred to employers at end of program. The CoC is participating in a statewide Coordinated Investment Planning initiative, following attendance of HUD TA training series on CIP. Increasing employment income will be discussed w/DHS & other state agencies through this process & will hopefully result in increased coordination & opportunities for people experiencing homelessness.
3) DCED will be responsible for overseeing the CoC's strategies.

2C-5a.	**Increasing Employment Cash Income–Workforce Development–Education–Training.**	
	NOFO Section VII.B.5.f.	

	Describe in the field below how your 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, internships, and employment opportunities for program participants.**

(limit 2,000 characters)

1) The CoC & its providers partner w/ many employment orgs & private employers to increase access to employment. Because of the diverse 33-county geography of the CoC, private employment orgs attend local housing/homeless coalition meetings & build partnerships at the county level. For example, CoC providers work with local employers to offer on-site interviews for participants. CoC orgs have built partnerships to offer no barrier, same day pay employment to homeless participants. CoC orgs have relationship with local businesses that are willing to hire clients with criminal backgrounds. Local housing groups advertise job fairs locally, regionally & when appropriate via the CoC’s Slack channel. These are just a few examples of related partnership b/w CoC providers & private employment organizations.
2) The CoC & CoC agencies partners with public & private orgs, local business, local CareerLink offices, and other Workforce Dev partners to provide education & training, on-the-job training, & employment opps for participants. CoC providers work with Office of Vocational Rehab which provides education & employment training for participants who have disabilities. CoC orgs have partnered w/ area Centers for Independent Living (org serving people with disabilities) to support employment for participants through peer-to-peer relation building, mock interviews w/ specialists, agenda building and more. CoC orgs have worked with local CareerLink to offer resume building, job interviewing skills training, and other supports, including bringing CareerLink mobile van to their facilities. Some orgs accompany participants to CareerLink for the 1st time. Youth providers worked with CareerLink to implement a specific youth initiative to target job training & job opportunities for youth exp. homelessness.

2C-5b.	**Increasing Non-employment Cash Income.**	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	your CoC’s strategy to increase non-employment cash income;
2.	your CoC’s strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.

(limit 2,000 characters)

1) The CoC's strategic plan includes the goal to "Increase the Economic Security of Households". This goal includes connecting clients to mainstream income supports, to increase both employment and nonemployment sources of income. To implement this strategy, CoC-funded orgs work with participants to complete applications for TANF & other cash benefits, partner with County Assistance Offices and SSI offices, and train staff to provide SSI application assistance through SOAR.
2) During COVID, this work expanded to include providing assistance to many more households to apply for & obtain unemployment benefits. This includes referrals to legal aid when needed. SOAR has been the primary strategy to increase access to non-employment cash/increase access through SSI, as many orgs are SOAR trained, 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. COMPASS is an online single application system for many health & human service programs. All CoC-funded providers are Proficient users of COMPASS. CoC providers work with local County Assistance offices so that participants can use agency addresses/phone numbers if they do not have a mailing address. Community Action Agencies (CAAs) work with participants to submit applications for benefits through the COMPASS website & provide WIC, LIHEAP, transportation and other TANF-funded services. CoC providers also offer transportation to public benefit appointments as needed. Some CoC providers have also been trained to screen individuals for SNAP benefits. CoC providers partner with legal aid organizations, who will assist participants with issues or barriers related to benefits access.
3) DCED, in their role as Collaborative Applicant, will be responsible for overseeing the CoC's strategies.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes

3A-1a.	New PH-PSH/PH-RRH Project–Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	Yes
2.	State or local government	Yes
3.	Public Housing Agencies, including use of a set aside or limited preference	No
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	No

3A-2.	New PSH/RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes

3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	Yes
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

3A-3.	Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
Pathways RRH	RRH	55	Both

3A-3. List of Projects.

1. What is the name of the new project?	Pathways RRH
2. Select the new project type:	RRH
3. Enter the rank number of the project on your CoC's Priority Listing:	55
4. Select the type of leverage:	Both

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3B-1.	**Rehabilitation/New Construction Costs–New Projects.**
	NOFO Section VII.B.1.r.

Question	Answer
Is your CoC requesting funding for any new project application requesting $200,000 or more in funding for housing rehabilitation or new construction?	No

3B-2.	**Rehabilitation/New Construction Costs–New Projects.**
	NOFO Section VII.B.1.s.

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	**Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and**
2.	**HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.**

(limit 2,000 characters)

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3C-1.	**Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	Yes

3C-2.	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.C.	

	If you answered yes to question 3C-1, describe in the field below:
1.	**how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and**
2.	**how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.**

(limit 2,000 characters)

1) Valley Youth House (VYH) is the only dedicated homeless youth provider within the CoC. They provide CoC-funded TH/RRH Joint Component & RRH in the Eastern PA CoC. When the most vulnerable, prioritized youth are pulled off the Coordinated Entry By Name List, there are often challenges in locating these youth. When they are located, the youth may be staying a night or two in a doubled-up situation, before returning to the streets or shelter. When this occurs, VYH is unable to provide housing to that youth because they are not Category 1 or 4 homeless on that day. Utilizing the flexibility to serve youth eligible under Category 3, VYH could more effectively serve the CoC/region's most vulnerable youth. As such, the CoC is requesting to designate VYH's Joint TH/RRH Component project to serve youth experiencing homelessness as defined by other Federal statutes.
2) The CoC will continue to prioritize youth experiencing homelessness who are category 1 or 4, per the CoC CE policies. However, this will allow the flexibility to serve highly vulnerable youth who may be bouncing between different housing situations (sheltered, unsheltered, couch surfing), which will prevent

longer term homelessness for youth living on the edge between literal homelessness and housing instability, per Section 427(B)(1)(F). Valley Youth House's Joint TH/RRH Component project already provide an intensive level of services to prepare young adults for independent living, to help remove barriers to success. These programs will continue to do so, per Section 427(B)(1)(F).

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	**New DV Bonus Project Applications.**	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes

4A-1a.	**DV Bonus Project Types.**	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

	Project Type	
1.	**SSO Coordinated Entry**	Yes
2.	**PH-RRH or Joint TH/RRH Component**	Yes

4A-2.	**Number of Domestic Violence Survivors in Your CoC's Geographic Area.**	
	NOFO Section II.B.11.	

1.	**Enter the number of survivors that need housing or services:**	2,367
2.	**Enter the number of survivors your CoC is currently serving:**	251
3.	**Unmet Need:**	2,116

4A-2a.	**Calculating Local Need for New DV Projects.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and**

2.	**the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or**
3.	**if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.**

(limit 2,000 characters)

1) The CoC combined 2 data points from September 2021: 1) the # of individuals from HMIS on the CE Prioritized List who self-reported DV (866), and 2) the # of
adult victims served by DV programs (including shelters) within the CoC in ETO (1582). Because of the confidential nature of DV data, it was not possible to fully de-duplicate between HMIS data & ETO data; therefore, it is possible that this # may include duplicates. To calculate the number of survivors the CoC is currently serving, the CoC pulled the number of DV survivors being served in September 2021 by CoC permanent housing projects who enter data into HMIS (170) and combined this with the number of DV survivors being served in September 2021 by CoC permanent housing projects that use the DV comparable database Empower DB (81).
2) HMIS and ETO (comparable database) were used as the data sources to calculate need. HMIS and EmpowerDB (comparable databases) were used as the data sources to calculate number served.
3)According the Eastern CoC 2021 gaps analysis, DV survivors make up 19% of the households accessing Coordinated Entry over the course of a year (1,247 households). Currently, only 11% of DV survivors exit the BNL to a permanent housing destination and only 10% self-resolve their homelessness. This data clearly indicates that there is a significant gap in resources in the Eastern PA CoC to serve all DV survivor households experiencing homelessness. In addition, DV survivors benefit from specialized, victim-centered and trauma-informed services from providers who are trained in working with DV survivors, which is currently limited in capacity. While DV survivors can be served by non-DV dedicated programs, often survivors prefer to receive services from an agency specializing in serving DV survivors, especially in regard to ensuring safety and confidentiality.

4A-3.	**New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project–Applicant Information.**
	NOFO Section II.B.11.(c)

Enter in the chart below information about the project applicant applying for the new SSO-CE DV Bonus project:

1. Applicant Name	PCADV
2. Project Name	Eastern PA CoC DV CE System Expansion

4A-3a.	**New SSO-CE Project–Addressing Coordinated Entry Inadequacy.**
	NOFO Section II.B.11.(c)

	Describe in the field below:
1.	**how the current Coordinated Entry is inadequate to address the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and**

2.	how the proposed project addresses inadequacies identified in element 1. above.

(limit 2,000 characters)

1) As DV programs participation in the CoC has increased, the number of survivors in need of housing has been challenging for the Connect to Home CE system to address. According to the Eastern CoC 2020 Gaps Analysis, DV survivors are the largest sub-population accessing CE. Additionally, VSPs in the Eastern PA CoC have implemented over $2.5M in Rapid Rehousing funding since 2018. This investment in survivor housing has changed the landscape of resources across the CoC. Below are some of the current inadequacies of the system:
•DV providers are federally restricted, under the Violence Against Women Act ("VAWA"), from entering personally identifiable client information into HMIS. As the CoC's current CE system operates through HMIS, DV providers are unable to enter any survivor information directly onto the BNL.
•There is currently no comparable database in place for CE to allow DV providers to enter survivor information directly, pull survivor information & avoid time consuming procedural steps.
•The VI-SPDAT as an assessment tool is not recommended by DV Housing experts because it is not trauma-informed & does not adequately address the safety concerns that exist for survivors of domestic violence.
2) East CoC DV providers plan to work collaboratively to develop a CE DV extension that follows the Coordinated Entry Core Elements established by HUD, including the development of an assessment tool. The DV BNL, comparable database, & cross-system communication will be managed by 2 DV CE Specialists & 1 DV CE Manager, all funded through this application.
•With the use of a comparable database for DV CE, DV providers will be able to participate in the CE system compliant with VAWA.
•DV providers will support eligible survivors to reach housing resources as quickly as they might access emergency shelter because DV providers will have direct access to the DV CE extension, allowing survivor households, some of the most vulnerable in the CoC, to access housing quickly & safely.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.
	NOFO Section II.B.11.

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects–only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
PCADV

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.
	NOFO Section II.B.11.

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	Applicant Name	PCADV
2.	Rate of Housing Placement of DV Survivors–Percentage	100.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	100.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.
	NOFO Section II.B.11.

	Describe in the field below:
1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

1. Rate of housing placement calculated as % of DV survivors in RRH in EmpowerDB (comparable database) who successfully moved to PH. Rate of housing retention calculated as % of DV survivors (stayers) in PH who retained PH after RRH RA ended. Data is from last program year.
2. EmpowerDB (comparable database) was the data source for housing placement/retention rates.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.
	NOFO Section II.B.11.

	Describe in the field below how the project applicant:
1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

(limit 2,000 characters)

1)In FY20, over 80,000 people were served by PCADV programs. PCADV was

awarded $1.1M in 2018 to provide DV RRH in 3 of CoC's 5 regions, & $1.M in 2019, extending RRH to all regions. As of Sept '21, 150 HH have been served. To assist Survivors to move into PH quickly, PCADV programs partner w/private landlords, PHAs, affordable housing providers, LIHTC property managers, etc. To assure quick move into housing, PCADV provides the following trainings: DV Housing First (DVHF) model; Basics of RRH; CES & program enrollment; Landlord engagement; HQS inspection; documentation; mobile advocacy. PCADV provides cohort meetings to continue deepening this knowledge/expertise.
2) PCADV programs work w/CE managers to enroll survivors from BNL into RRH. When survivors are assessed through CE, they are placed on the BNL. When DV provider has an RRH opening, they contact CE who provides the names of 5 DV HH at the top of the BNL (following CE prioritization policies). DV program contacts the HH in order of score. Programs prioritize survivors in need of an emergency transfer from another program where safety has been compromised.
3)PCADV functions as the federal & state funding passthrough to all programs to provide basic services to survivors in each county. Survivors access housing & financial stability support (financial ed, tax asst, credit repair/building & job readiness & education). Programs connect survivors to community supports incl public benefits, ongoing case mngmt, transportation, furniture, employment services to ensure survivors retain PH.
4) Ability to retain housing post RA is assessed monthly through budget planning & income promotion. RRH for survivors must be flexible to be successful. During monthly meetings with advocates, survivors plan for long term retention of rental unit. Advocate will support a survivor with RA past 12 months if that is what will lead to housing retention. If additional RRH isn't sustainable for HH, advocate & survivor work to secure more affordable unit, or a long-term subsidy.

4A-4c.	**Ensuring DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
1.	**training staff on safety planning;**
2.	**adjusting intake space to better ensure a private conversation;**
3.	**conducting separate interviews/intake with each member of a couple;**
4.	**working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
5.	**maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and**
6.	**keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.**

(limit 5,000 characters)

1) All PCADV program staff & member organizations are required to have 40 hrs of training that covers extensive safety planning, survivor driven trauma informed services, including trauma informed intakes & assessments. PCADV provides ongoing training regarding safety planning. All member organizations are required to complete continuing education hours annually.
2) To ensure the ability to have private conversations, program intake into

services is done in a private space, either a private office or location that meets the needs of the survivor- e.g. a park where survivor's children can play, safe relative's home, location where the survivor receives other services. or other location identified by the survivor.
3) While very rare for a couple to present for DV services together, if this occurs, interviews will be conducted separately. Providers will also not conduct interviews in the presence of minor children. When couple or minor children present, intake space is adjusted to allow for private conversation.
4) Advocates use a hsg assmt to help survivors ID potential hsg barriers; location; type of hsg that is most safe & preferred (close to school, transportation); the type of safety features that would assist Survivor to feel more safe. Process is driven by client choice.
5) DV programs assure that physical security measures are in place (alarm systems, key coded entry, security cameras). While bars on windows are sometimes necessary, it is not considered a trauma informed practice. DV programs pay special attention to lighting (rooms are well lit), space configuration & ability to provide privacy. RRH units will be inspected for HQS & safety. Modifications needed will be requested of the landlord to either make modifications and/or permit modifications to be made.
6) Survivors' rental locations are kept confidential in comparable database & paper files stored in manner required by PCADV standards. While there is no requirement to keep the location of one's own rental unit confidential, advocates assist survivors to identify who is a safe person to share address with (e.g. supportive family, service providers, faith community, etc) & safe ways to disclose their address (e.g. if financial accounts shared w/ abusive partner, perhaps use PO Box to prevent abusive partner from obtaining new address, etc). PA also has a survivor address confidentially program to support this process, by keeping their home address out of public records. There are no dedicated RRH units, and all DV shelter locations are kept confidential.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

Safety is evaluated both formally and informally by DV programs. During every meeting with the survivor, a DV advocate who is an expert in safety planning, discusses safety with the survivor, as safety needs often change as a survivor becomes independent of their abusive partner. RRH services are adjusted based on a change in safety needs. 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. Many survivors also choose to stay engaged in non-CoC funded supportive services when RRH ends, such as support groups or counseling. Safety is at the forefront of all these services.
Formally, upon exit, survivors are given a questionnaire & asked: "The services I received helped me plan for my safety". The survivor reports an answer from 1 (strongly disagree) to 5 (strongly agree). The program follows up monthly for one year after exit. To expand the formal evaluation of safety, PCADV will

create a formal evaluation in partnership with a graduate intern who has expertise in program evaluation. PCADV plans to create an official staff position for housing program evaluation in FY22.

4A-4d.	Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	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;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants' strengths, e.g., 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;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

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 and survivor-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.
1) Every survivor in DVHF receives uniquely tailored services. This includes housing choice. As such, DV programs continue to expand landlord engagement to provide choice & rapid placement. Stabilization in PH continues to be furthered through survivor-driven trauma-informed mobile advocacy, which is a core DVHF tenant. This means that survivor & advocate agree upon a time/ place to meet to ease the burden of travel for the survivor. It includes services that are voluntary & based on what the survivor identifies they need.
2) All DV services, including RRH, are voluntary, trauma informed and survivor driven. There is no mandate to participation. There are no rules, and program guidelines are centered around requirements of lease. Each HH is given clear and consistent information, both verbally and in writing, regarding expectations of both the survivor and DV program, the grievance procedure, how to release information, and how records are kept. Advocates emphasize developing trust in the relationship; this trust facilitates a problem-solving approach to challenges that arise.
3) DV programs consistently integrate opportunities to share the impacts of trauma w/ survivors. PCADV has partnered w/ National Center on DV, Trauma & MH to assist programs in sustaining survivor-driven, trauma-informed services. A key component of this training is providing tools for advocates to

share w/ survivors during counseling and safety planning conversations, regarding the impacts of trauma on their lives.
4) PCADV & subrecipients continue to use the Housing Stability Assessment & Stability Plan tools to assist survivors obtain/maintain housing & pursue goals. Advocate & participant work together on a plan to identify strengths & resources--like income, good credit, current job, prior employment history, education/training, positive rental or landlord experiences & support systems. The plan is tailored to what participants want, what they see as achievable & what support they need.
5) Trauma-informed, survivor-centered approaches are included throughout PCADV training for member programs, both in online modules & classroom-based training. PCADV provides training and resources to help local DV programs serve historically marginalized communities in a meaningful way. PCADV's Training Institute offers trainings for advocates to develop these skills, including advocacy around LGBTQ+ & underserved communities, trauma sensitivity, & working w/ survivors who have experienced brain injury.
All PCADV programs have language translation services available, many programs have speakers of Spanish on staff, and for programs located in areas with large populations of non-native speakers of English or Spanish, they often employ advocates who speak the spoken language(s) of the region, such as Chinese or Korean. CoC related policies around discrimination & equal access are followed & DV programs continue to attend and participate in all required/relevant trainings.
6) Opportunities for connection among survivors are prioritized by member programs, as programs offer support groups, parenting support & other opportunities to break isolation & build authentic connection, as we know that supportive community is often a part of the solution to living a life free of violence.
7) DV programs support parents by doing the following: A) Offering children's support group/childcare during adult DV support groups & court hearings. B) Providing support and information regarding discipline. C) Coaching regarding age-appropriate ways to talk to children about what is going on in their lives & providing child development info/referrals. D) Providing referrals to head start, WIC, public benefits, parenting classes, diaper banks. E) Assisting with enrollment for school/arranging transportation.

4A-4e.	**Meeting Service Needs of DV Survivors–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and**
2.	**provide examples of how the project applicant provided the supportive services to domestic violence survivors.**

(limit 5,000 characters)

1. Services for RRH include the following:
• Elimination of Barriers to Housing: the DV advocate works with the survivor to pull their credit report and begin paying down debt, to both increase their credit score when leasing a unit, and to improve their overall financial health.
• Landlord Engagement and Housing Search: The advocate and survivor partner to find a safe and retainable rental unit. The advocate uses their

connections with previous landlords to support the survivor in finding housing, while building relationship with new landlords where the survivor is interested in living. The advocate supports the survivor in looking for a unit, provides transportation to visit units, and support in negotiations with landlords.
• Survivor-Driven, Trauma-Informed Mobile Advocacy: Once housed, the advocate meets with the survivor in their home, or another location that is most convenient for the survivor.
• Flexible Funding: Advocates have access to private funding that can be braided with CoC funds to support the retention of a unit. Examples would be funds that support education, children's need, or auto repair.
• Economic Justice Advocacy: All survivors are provided with the opportunity to learn about their finances – build a budget, plan to increase income.
• Ongoing support: All survivors are offered services upon completion of RRH. Many stay in services to meet with their advocate for legal or children's needs, or to attend a community support group. Survivors are also able to receive financial support to retain housing.

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

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

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

Community Partnerships: DV Providers partner with community agencies to ensure that survivors retain permanent housing. Examples:
-Multiple DV agencies partner w/ local non-profits & thrift stores offering vouchers to survivors for furniture & beds.
-United Way in the Susquehanna Valley partners with a DV agency to provide assistance for a vehicle, given lack of public transportation in the area.
-Trehab & Careerlink, non-profits in the CoC, offer workforce dev, job training & connections to employers, and partner with DV programs to assist survivors in finding employment.
-Centre Volunteers in Medicine and Amerihealth, through the Department of Health, offer free doctor's visits & programs on healthy living. DV programs link survivors to these services, and others (e.g. D&A treatment, childcare, etc) to assure needs are met.
-DV programs will partner w/ landlords to ensure criminal history & bad credit history will not create barriers to housing.

4A-4f.	**Trauma-Informed, Victim-Centered Approaches–New Project Implementation.**	
	NOFO Section II.B.11.	

	Provide examples in the field below of how the new project will:
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain 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;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., 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;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

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.
1) Every survivor in DVHF will receive uniquely tailored services. This includes housing choice. As such, DV programs plan to expand landlord engagement to provide choice & rapid placement. Stabilization in PH will be furthered through survivor--driven trauma-informed mobile advocacy, which is a core DVHF tenant.
This means that survivor & advocate will be encouraged to agree upon a time/ place to meet to ease the burden of travel for the survivor. Mobile advocacy will continue to include services that are voluntary & based on what the survivor identifies they need.
2) Advocates working with survivors will recognize the inherent power differentials that exist when providing services and minimize those differentials through trauma-informed practice and continued trust building with the survivors they work with. There will be no requirements on the survivor outside of those mandated by HUD. Survivors will be supported in decision making, but decisions will not be made for the survivor. Advocates will be trained in trauma-informed practice, which includes asking supportive questions, pointing out strengths of the survivor that can support decisions and helping a survivor see multiple perspectives, and plan for potential consequences. Additionally, the advocate, through the lens of survivor-driven, trauma-informed practice, will discuss challenges to stability--like housing or utility debt, lack of savings, criminal background, poor credit, or lack of ID – with the survivor, regularly and supportively. The participant & advocate then will develop a plan that builds on strengths, addresses barriers & lays out achievable, time-specific steps. All services are and will remain voluntary. Advocates emphasize developing trust in the relationship; this trust facilitates a problem-solving approach to challenges that arise.
3) DV programs consistently integrate opportunities to share the impacts of trauma w/survivors. PCADV has partnered w/National Center on DV, Trauma &

MH to assist programs in sustaining survivor-driven, trauma-informed services. A key component of this training is providing tools for advocates to share w/ survivors during counseling sessions, regarding the impacts of trauma on their lives.
4) PCADV & subrecipients will use the Housing Stability Assessment & Stability Plan tools to assist survivors obtain/maintain hsg & pursue goals. Advocate & participant will work together on a plan to identify strengths & resources--like income, good credit, current job, prior employment history, education/training, positive rental or landlord experiences & support systems. The plan is tailored to what participants want, what they see as achievable & what support they need.
5) Trauma-informed, survivor-centered approaches will be included throughout PCADV training for member programs, both in online modules & classroom-based training. Specific training modules focus on ethics in advocacy, cultural competence & providing non-biased, inclusive services. PCADV's Training Institute offers trainings for advocates to develop these skills, including advocacy around LGBTQ+ & underserved communities, trauma sensitivity, & working w/survivors who have experienced brain injury. CoC related policies around discrimination & equal access will be followed & DV programs will attend all required/relevant trainings.
All PCADV programs have language translation services available, many programs have speakers of Spanish on staff, and for programs located in areas with large populations of non-native speakers of English or Spanish, they often employ advocates who speak the spoken language(s) of the region, such as Chinese or Korean.
6) Opportunities for connection among survivors will be prioritized by member programs, as programs will offer support groups, parenting support & other opportunities to break isolation & build authentic connection, as we know that supportive community is often a part of the solution to living a life free of violence.
7) DV programs will support parents by doing the following: A) Offer children's support group/childcare during adult DV support groups & court hearings. B) Provide info on alternatives to spanking. C) Support regarding age-appropriate ways to talk to children about what is going on in their lives & providing child development info/referrals. E) Provide referrals to head start, WIC, public benefits, parenting classes, diaper banks. F) Assist with enrollment for school/arranging transportation.

Submission Summary

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

Page	Last Updated
1A. CoC Identification	11/12/2021
1B. Inclusive Structure	11/16/2021
1C. Coordination	11/16/2021
1C. Coordination continued	11/16/2021
1D. Addressing COVID-19	11/16/2021
1E. Project Review/Ranking	11/16/2021
2A. HMIS Implementation	11/16/2021
2B. Point-in-Time (PIT) Count	11/12/2021
2C. System Performance	11/16/2021
3A. Housing/Healthcare Bonus Points	11/11/2021
3B. Rehabilitation/New Construction Costs	11/11/2021

3C. Serving Homeless Under Other Federal Statutes	11/16/2021
4A. DV Bonus Application	11/16/2021
Submission Summary	No Input Required