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
 - 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

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

1A-2. Collaborative Applicant Name: Commonwealth of Pennsylvania

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Commonwealth of Pennsylvania

1B. Coordination and Engagement–Inclusive Structure and Participation

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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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)**	No	No	No
10.	**Homeless or Formerly Homeless Persons**	Yes	Yes	Yes
11.	**Hospital(s)**	No	No	No
12.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	Nonexistent	No	No
13.	**Law Enforcement**	Yes	Yes	No
14.	**Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates**	Yes	Yes	No
15.	**LGBT Service Organizations**	No	No	No
16.	**Local Government Staff/Officials**	Yes	Yes	Yes
17.	**Local Jail(s)**	Yes	No	Yes
18.	**Mental Health Service Organizations**	Yes	Yes	Yes

19.	**Mental Illness Advocates**	Yes	Yes	Yes
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**	No	No	No
23.	**Organizations led by and serving LGBT persons**	No	No	No
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) Information about membership is available on the CoC website & in CoC emails. A solicitation for membership occurs in advance of the CoC's semi-annual meetings, when voting may occur among CoC members. CoC staff attend monthly county/regional hsg/homeless mtgs to share CoC updates/info and solicit for new members.

2) CoC membership form is online & can be provided in alternate formats as requested. Accessible materials (PDF) are available on CoC website. Slack, Mailchimp email service & CoC website each provide accessible electronic formats. Meetings are held in accessible buildings/locations, live-streamed & recorded via Zoom, which supports closed captioning. TTY phone services are available.

3) The CoC has a Youth Action Board made up of 8 young adults w/ lived experience of homelessness. The initial and ongoing YAB recruitment included outreach to youth partners, schools, foster care system, higher ed, juv justice system, LGBT centers & other partners to engage young people w/ lived experience. The YAB has geographic representation with members from different counties. The CoC also works to create & support leadership

opportunities for people w/ lived experience, including two dedicated Board seats for people w/ lived experience & two Board seats for YAB members. When these seats are vacant, CoC-wide outreach occurs with support from the CoC's leadership, membership, partner orgs & homeless service providers.
4) The CoC formed a Diversity, Equity, Inclusion Committee in spring 2021. Part of the Comm's strategic plan is to increase CoC representation from diverse groups. This Comm has started outreach to different comm orgs, including those who serve people of color, people with disabilities & LGBT persons. Whenever there is a CoC Board or YAB vacancy, this info is circulated to all NAACP chapters in the CoC, university, the LGBT center in Washington Co. & other community partners to engage persons from diverse backgrounds.

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's Governing Board includes 23 members, w/ dedicated seats representing: ESG/CoC-funded orgs; PHAs; affordable hsg provider; veterans; Community Action Agencies; aging; business; higher ed; Parole/Probation; DV; SEA; MH advocates; local/state govts; people with lived exp; youth & more. This diversity is also represented w/in CoC membership. CoC semi-annual meetings includes both sharing & solicitation of info relevant to CoC operation. The CoC's 20 counties are divided into two regions. Monthly regional meetings provide the CoC with time for more in-depth discussion & solicit/consider input from additional members/stakeholders. CoC Committees provide leadership w/ input for improving CoC operation, as well as services for specific subpops. This includes, for example, the CoC's Governance, DEI, Youth, Veterans & CES Committees.
2) Info re: semi-annual CoC meetings, CoC training, or other opportunities are advertised via email, Slack & CoC website. Agendas are provided in advance & meeting minutes are provided on CoC website. CoC updates are provided during regional & county-level housing/homeless meetings. The input from these meetings is brought back to the full Gov Board to inform future meeting agendas, unmet needs, training needs, etc.
3) CoC meetings are designed to solicit feedback to ensure decision makers understand the diverse needs throughout the CoC. Discussions raised at local/regional meetings, are brought to the Board & often times brought back to the full membership for discussion. For example, due to challenges pulling eligible households off the CE By Name List, the April 2021 membership meeting included breakout groups to solicit feedback on the strengths/weaknesses of the coordinated entry system. Many ideas were generated to increase system access & strengthen CoC operations. This info was provided to the CE Committee, and the leadership has used input to redesign the CE system, which is being supported by a new project application.

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)

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 & distributed via email. CoC members/partners were encouraged to share the RFP materials with other local agencies who may be interested. Two of the three RFPs were specific to the DV Bonus. The state's DV Coalition (PCADV) shared the DV bonus RFP with their membership.

2) All three RFPs included language "Additional consideration will be given to agencies that have not previously received CoC funding". Technical Assistance was made available to new applicants to submit a competitive application for eligible activities & eligible households. Prior to the RFP, the CoC released a Notice of Intent to initiate outreach to orgs and identify gaps. The CoC provided written feedback and technical assistance to organizations 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 and budget via Alchemer, an online survey tool. A budget template was provided with the RFP.

4) RFP included link to CoC's funding policies & stated that "All Preliminary Applications will be reviewed by the Western PA CoC Funding Committee based on the following criteria…" and included threshold criteria as well as scoring criteria for new projects. The new project scoring tool was also posted on the CoC website.

5) Accessible application materials (PDF) were available on the CoC website, distributed via email and posted on the CoC's Slack page. If technical assistance 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**	No
12.	**Organizations led by and serving LGBT persons**	No
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 governing board & regional 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. Washington & Westmoreland are the CoC's other ESG recipients. Washington Co's ESG/CoC coordinator is a member of the CoC Board. Coord b/w Westmoreland Co ESG & CoC members occurs locally & includes members of CoC Board.
2) 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 2 other 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 and provides data and information to all Con Plan jurisdictions. Con Plan meetings are attended by CoC providers in 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.	Yes
6.	Other. (limit 150 characters)	
	Commitment to requirement by all CoC and ESG funded programs as indicated by signature	Yes

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)

The CoC collaborates & has formal partnerships with youth education providers, SEAs & LEA, local school districts. This includes cross-system meeting attendance, as well as planning & participating in CoC-led efforts including: YHDP implementation team; annual PIT count; Youth Count planned for April 2022. Additional examples include:

1-Head Start providers host on-site enrollment at shelters. The CoC sits on statewide Early Childhood Education/Homelessness Stakeholders group, to increase access to early childhood resources. Joint planning for allocation of ARP funding awarded through local M-V liaisons to support homeless youth. Learning collaboratives in 2 counties working to improve community responses to youth homelessness include youth education & service providers, CYS & juvenile justice.

2-Joint grant apps & cross system letters of support for grant apps. CoC coordination w/ M-V liaison resulted in ARP funding to hire two system navigator positions for youth working w/16 school districts. Several CoC orgs also operate youth education services (e.g. Head Start, youth employment, tutoring & life skills), which are used to leverage/match CoC & documented in an MOU.

3-SEA representative who works with LEAs across 69 school districts to ID & serve eligible students, also sits on CoC Board & Youth Comm. Collaboration to address student needs includes: ID homeless children/youth; ensure school enrollment; secure transportation, appropriate materials & any necessary supports are in place.

4-The SEA & HMIS Lead Agency have an inter-agency data sharing protocol which has resulted in increased service coord across homeless & education

providers. The SEA provides services to youth in shelters during the summer.
5-CoC orgs work w/ schools to coordinate needed transportation & supplies.
Coordination also occurs during Housing/Homeless Awareness month.
6-School district staff are CoC members. ARP is funding two system navigator
positions for youth working w/ 16 school districts.

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)

As required by the CoC, all CoC-funded projects are required to have a designated staff person that works with their LEA and regional SEA to insure all children's educational rights are being met. CoC written standards also require that all projects inform families of their eligibility for educational services. All funded projects are required to adhere to written standards , are provided training on the standards, and are required to sign an acknowledgment form stating that they have received the standards, understand the expectations, will implement the standards, and will train new staff regarding the standards. This acknowledgment form is submitted to the CoC by all CoC and ESG funded projects. Per the standards, CoC-funded providers are required take the educational needs of children into account when families are placed in housing and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt children's education. In addition, CoC-funded projects are required to ensure educational enrollment among all children and youth experiencing homeless, including school and early childhood education enrollment, connections to appropriate services in the community, and information about rights under the McKinney-Vento Education Act. SEA/LEA attend county, regional, and CoC-wide meetings in order to ensure that the CoC is up to date on relevant services and other information.

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**	No	No
8.	**Public Pre-K**	Yes	Yes
9.	**Tribal Home Visiting Program**	No	No
	Other (limit 150 characters)		
10.			

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 to educate project staff 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 required for all ESG/CoC-funded organizations. The next required training is scheduled for December 17, 2021. The CoC's annual PIT count training also includes safety and best practice around engaging DV survivors. In addition, the CoC's written standards training conducted May 11, 2021, included the safety protocols within the CoC's Emergency Transfer Plan.

2) CE operators/assessors also participated in the above referenced trainings. 211 operators receive DV training specific to their role/needs at least annually & as needed in response to situations that arise. In addition, all survivors are referred to DV CE Assessment Centers (DVAC), unless they specifically indicate that they do not want to access DV services. DVAC services are provided by VSPs (in each of the CoC's 20 counties), who all have extensive training & must meet ongoing training requirements around safety planning, trauma-informed care, victim-centered services and DV CE best practices. VSPs also help to connect Survivors to DOJ, HHS, or other DV-specific funding sources. As needed, the Coordinated Entry Committee provides training, guidance & revisions for DV-related CE policies/procedures/protocols. This work is guided by the Coordinated Entry Committee's DV CE Workgroup, which provides recommendations to the larger system for improving the delivery of CE services to the DV population.

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 (HHs) to CE BNL for access to resources; evaluate CoC-funded projects; track ESG service delivery; provide CAPER data; inform CoC's annual gaps analysis report; & has most recently been used to provide data to inform 2021 CoC application. The CoC has entered into partnerships with DV providers throughout CoC to administer the VI-SPDAT CE screening tool outside of HMIS. This info is tracked in VSP HMIS-compliant database & provides the Union Mission with VI-SPDAT scores & HH needs (e.g. bedroom size) so that anonymous client profiles are created in HMIS to ensure Survivors are prioritized on BNL 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 Survivors, where the need is, and funnel resources to address need (federal and private). Examples include the following:
- the # of DV 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 CE BNL
- the # of survivors presenting w/disabilities -physical & cognitive/intellectual
- areas where additional coordination may be needed to address specialized needs, such as aging, children & youth, LGBT
- addl opportunities to meet need & expand 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, data will be examined to determine if changes to the CoC's 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 quarterly monitoring process, which officially launches in January 2022. This process incorporates data from DV comparable database 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) To provide safe, trauma-informed (TIC), victim-centered services, the CoC has designed its Coord Entry (CE) to provide a DV Assessment Centers (DV

AC) in all 20 counties. The CoC's CE DV Policy outlines protocols for serving those fleeing DV including: a) Confidential, immediate access to emergency services & CE; b) Warm Handoff to the DV AC of any HH who IDs as feeling unsafe/afraid. In this situation, the assmt is stopped & the local DV AC is engaged. This ensures VSPs conduct the assmt & immediately provide household with trauma-informed, victim-centered services, including safety planning & shelter resources if needed. Triage questions within the CE assessment ensure survivors are connected to the DVAC.

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

3) Through coordination of the DV AC, survivor's de-identified data is entered on the CE Prioritized List using a confidential code. Survivors have access to all CoC/ESG-funded projects for which they are eligible. In addition, resources are available through county/state/fed funded programs including HHS & DOJ. The CE system works quickly to refer, house & relocate HH based on their preferences. During the assmt, survivors ID preferences & safety needs for hsg locations to maximize client choice. Gov Board includes reps from VSPs & CE committee is co-chaired by VSP, who ensures that the CoC's policies/operations are implemented to ensure the choice, safety & confidentiality of survivors. DV CE workgroup works to further coordinate/streamline CE operation & housing needs of survivors.

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?
McKean County Redevelopment and Housing Authority		29%	Yes-Public Housing	Yes
Housing Authority of the County of Lawrence		20%	Yes-Public Housing	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)

1) The CoC has positive relationships with many of the 24 PHAs in the geographic area. In addition to the data presented above, Mercer County PHA, Lawrence County PHA, City of Dubois PHA & Jefferson County PHA each have a homeless preference. Several PHAs also have preferences that benefit households served within the CoC, including veterans, households fleeing domestic violence & displaced households.
-McKean County PHA created a program for families and youth at risk of homelessness who are child welfare involved and has a preference for transition aged youth experiencing homelessness.
-The CoC is working to encourage additional preferences. Butler County PHA is currently working with CoC partners to develop a Move On Strategy. Much of this work is conducted on the county level through county housing/homeless coalitions where PHA staff often attend and/or partner with coalition members on various local initiatives.
-Some PHAs are working with their local child welfare agencies to apply for Foster Youth Initiative vouchers, including Jefferson County PHA who has been awarded FYI vouchers.
-Many PHAs are members of the CoC and coordinate with the CoC in several ways. This includes: coordination/implementation of special purpose vouchers; recent Mainstream & FUP applications; VASH vouchers (Butler PHA, Indiana PHA & Lawrence PHA); CoC-funding (currently Dubois PHA, McKean PHA, Butler PHA; Clarion PHA; previously Mercer PHA).
-The CoC's 5-year strategic plan includes specific strategies around partnerships with PHAs, including adoption of preferences and creating a CoC move-on strategy.
2) n/a

1C-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. Emergency Housing Vouchers (EHVs) are incorporated into Coordinated Entry in Westmoreland and Indiana Counties. Both Westmoreland and Indiana have designated a lead EHV liaison within the CoC Coordinated Entry System to communicate with the PHA regarding the availability of units, and refer eligible households to PHA using the community's coordinated entry system. CoC CE staff also assist eligible households to complete and apply for required documentation to accompany admissions application to the PHA (i.e. self-certifications, birth certificate, social security card, etc.). The CE/ Lead EHV liaison maintains a list of referred households to track their progress & ensure clients do not fall through the cracks.
2. The CoC has a formal MOU with both Westmoreland County Housing Authority and Indiana County Housing Authority related to EHV.

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

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)

1) The CoC worked with Dubois Housing Authority in Clearfield Co to apply for HUD's Foster Youth to Independence (FYI) Initiative vouchers. The CoC was a party on the MOU which included Dubois Housing Authority and Clearfield County CYS. The CoC worked with McKean County Housing Authority to apply for Family Unification Program vouchers under the 2018 NOFA, including signing an MOU.
2) Jefferson County has received five FYI vouchers thus far, and will continue to request additional vouchers as needed. The vouchers are awarded by HUD on a rolling basis. McKean County Housing Authority was awarded 12 FUP vouchers.
3) The CoC and youth experiencing homelessness will greatly benefit from this coordination, as the vouchers will allow CYS and the CoC to identify youth experiencing homelessness who have exited foster care, or youth preparing to exit foster care who are at risk of homelessness and connect them to housing vouchers. Pennsylvania state data indicates that 37% of young adults exiting the foster care system have unstable housing at age 21. These vouchers will enhance coordination between the PHA, CYS, and CoC to identify youth at risk of homelessness before they exit care, and ensure they have a successful transition into stable housing. These vouchers will also be a resource for youth who have already exited the system and find themselves in a housing crisis. Beyond these new vouchers, there are no dedicated youth housing resources in Clearfield County (and few youth-dedicated resources in the CoC), so these vouchers will be a great asset to prevent homelessness for youth exiting foster care.

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
Westmoreland Coun...
Housing Authority...

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

Name of PHA: Westmoreland County Housing Authority

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

Name of PHA: Housing Authority of Indiana County

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.	64
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.	64
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 CoC-funded organizations to implement a Housing First approach. The CoC uses the annual renewal scoring/evaluation process to evaluate whether 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 if needed. Not following a HF approach also immediately results in a loss of 10 points during the renewal scoring/evaluation process & is included as a cause for reallocation within the CoC's funding policies. 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).

If a project's data was to show high turnover, the project would be expected to explain reasons for the #/% of exits to explain cause.

The CoC is restructuring the CE referral process from pulling clients from By Name List to having CE staff provide referrals to providers with open units. Once this new system is implemented, the CoC will implement new methods for ensuring preconditions are not impacting program enrollment.

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

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?	Yes

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 has made intentional efforts to provide street outreach (SO) through a variety of methods. Veteran outreach workers are actively engaged throughout the CoC. If someone is identified as unsheltered but not a veteran, referrals & CE assessment are provided. Funding sources for SO workers include: SSVF, ESG, PATH & VAMC. In addition to formal paid SO efforts, some counties conduct regular outreach through community agencies & volunteers. Through the CoC's two-year prep for conducting a Youth Count (delayed due to COVID, now planned for Spring 2022), the CoC has IDed hot spots for youth & methods for youth engagement.
2) Street outreach covers 100% of the CoC's geo area.
3) Weekly SO is conducted in 80% of the CoC's geo area through ESG & SSVF funding, focusing mostly on known locations. SO is provided in the remaining

20% of the CoC, which is largely rural, as they receive reports of unsheltered households. 100% of the CoC is covered in the annual unsheltered PIT count. 4) Street outreach providers have worked to build relationships w/ orgs within their communities (such as VFWs, 24-hour establishments, soup kitchens, police dept) to ID individuals and/or locations where unsheltered may be located. LanguageLine is available for translation, including ASL. Street outreach workers engage individuals consistently & are often able to provide tangible asst (food vouchers, sleeping bags, coats, hygiene items & transportation passes). Street outreach workers are trained to engage those w/MH/BH/physical health issues & in cultural competency. SO workers are equipped to provide CE assessments "in the field" to eliminate the need for appointments, transportation to CE centers & other obstacles that may prevent the person from seeking services. CE Assessment Centers are expected to advertise/market CE services. As such, marketing materials are posted within the community. CoC/ESG resources require orgs to serve all HH types regardless of race, religion, etc.

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."	715	734

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+2) The CoC disseminates mainstream resource info via monthly county-level housing/homeless coalition meetings, monthly regional meetings of the CoC, bi-annual CoC meetings, our email listserv & via Slack social media platform. These meetings often include training on resources or guest speakers to discuss resources. Reps from County Assistance Offices (CAOs) attend regional/county meetings. Other community partners who share information at these meetings include the Social Security, Area of Aging, BH providers, C&Y, Dept of Health, Medicaid, LTSS MCOs.

CoC providers/partners can also share updates/ information about mainstream resources through the CoC's social media platform (Slack).

Training to CoC/ESG-providers is primarily provided on the county-level, through the County Assistance Offices & local collaborative meetings.

3) Enrollment in health insurance occurs online through the state's COMPASS system. COMPASS is an online single application system for many benefits including health care coverage (CHIP, MA, Medicaid for Former Foster Youth, MH/SA, Marketplace). All CoC-funded providers are proficient users of COMPASS and 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 are able to effectively utilize Medicaid and other benefits. Medicaid/Medicare insurance companies may attend local homeless coalition meetings or program staff meetings to discuss benefits and how to take advantage of them. CoC agencies partner with pharmacies who can specially package and deliver medications to clients. Many Community Action Agencies (CAA) throughout the 20-county area

are also the providers for WIC, LIHEAP, transportation and other TANF-funded services. Partnership w/ the CAAs ensures individuals exp. homelessness are assisted to apply for, receive, and use benefits.

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) CES covers & serves all 20 counties w/in CoC. Each county has a General Assessment Center (GAC) to conduct CE assessment & direct all households (HHs) needing homeless asst to the appropriate intervention, while also maintaining client choice. In addition, HHs fleeing DV are directed to DV Assessment Centers (DVAC), separate entry points for CE assessment, placement on By Name List & safety planning. 211 is accessible CoC-wide through 24/7 live voice & texting options. 211 provides 24-hour prescreening & referrals to homeless assistance through GAC, DVAC & shelters.
2) The CoC's street outreach providers are an extension of the CES & ensure HHs least likely to engage in services or present at a GAC/DVAC and/or do now know how/where to access homeless asst are engaged/connected to resources. Among other locations, outreach targets soup kitchens, food pantries, libraries, etc. The CES uses Language Line, which provides telephone-based translation services for 240 languages & ASL. CES Marketing materials are available in Spanish & English.
3) CE assessors use Triage/Safety Protocol & a Triage Assessment to determine homeless status & the VI-SPDAT screening tool which assesses vulnerability to prioritize HHs w/ highest needs. CE assessors make direct referrals (prevention/diversion & shelter) if their own org does not provided services needed immediately, and/or add to By Name List for TH, RRH or PSH. BNL is in HMIS & provides chronic status, VI-SPDAT score & length of time homeless for prioritization.
4) Through CE, the CoC connects all clients to mainstream services, diversion, case management & other services to assist HHs in preventing/ending homelessness more quickly. In addition, all ESG/CoC providers are required to fill all ES, TH, RRH & PSH openings from 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.	No
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
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.	Yes

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.	Yes
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.	Yes
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.	No
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's DEI Committee is in the process of creating a strategic plan, which will include recommendations on operations, funding & governance.	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 hosted a 2-part racial equity training in summer 2021, required for CoC/ESG providers. This training facilitated a greater understanding of equity & conversations about addressing inequities on local/CoC wide level. In 2021 the CoC formed a Diversity Equity & Inclusion Committee charged with assessing the CoC's diversity & equity at Board & project level.
To support the CoC's growth the DEI Committee:
1. Opens every Board & CoC meeting with "centering around equity" mini training sessions aimed at increasing education/awareness & remind all in attendance to place equity at the center of discussion & decision making.
2. Assessed Board diversity & training needs. The Committee designed a six-part training series that all Board members are mandated to attend.
3. Revised the CoC's mission statement to support diversity & equity.
4. Created Diversity, Equity, Inclusion & Belonging truths & values ethical statement that all Board members are required to endorse/sign.
5. The Committee is writing a strategic plan, to be finished by March. The goals are as follows: A)Board members will be held accountable to supporting/embodying the values & truths statements that enhance diversity, equity, & inclusion; B)The CoC will recruit Board & Committees members more inclusively, intentionally & creatively; C)The CoC will incorporate the voices of diverse populations who are experiencing homelessness; D)Develop strategic relationships w/ orgs throughout geography that represent diverse perspectives which align with our mission & create new networks; E)Develop/resource alternative funds/networks to address home insecurity within the context of intersecting/overlapping structures of oppression; F)Develop a continuous quality improvement process that centers diversity, equity & inclusion for all CoC policies, practices & procedures; G)Partner with Funding Committee to ID new DEI-centered methods to evaluate projects & engaging new diverse project applicants.

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.	9	1

2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	9	1
3.	Participate on CoC committees, subcommittees, or workgroups.	9	1
4.	Included in the decisionmaking processes related to addressing homelessness.	9	1
5.	Included in the development or revision of your CoC's local competition rating factors.	1	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 20 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 PA Departments of Health (DOH),
Human Services (DHS), Emergency Management (PEMA), etc. This
decentralized approach allowed the CoC to benefit from state-level coordination
& best utilize local infrastructure & resources.
All counties follow the guidance of DOH, as no CoC counties have their own
local health department. The CoC was awarded $158k from the state housing
trust fund (HTF) which was allocated to each county to provide immediate/
flexible resources for local COVID response to homelessness.
1-At any point-in-time, the CoC consistently has very low numbers of individuals
identified as unsheltered. As providers across the CoC changed their
operational protocols, efforts were made to provide shelter to anyone known to
be unsheltered. FEMA & HTF resources were available to immediately connect
unsheltered to shelter and/or hotels. Households not accepting shelter/hotel
offers were provided COVID-19 care packages with PPE & other safety related
supplies by street outreach teams.
2-Congregate shelters within the CoC coordinated w/ DOH & PEMA to
develop/implement isolation & quarantine protocols & secure PPE; decompress
or reconfigure shelters to ensure social distancing; expand use of hotel/motels;
implement COVID-19 symptom screening & cleaning protocols; & work with
DOH on vaccination protocols.
3-TH providers coordinated w/DOH & PEMA to secure PPE. Social distancing

occurred by reconfiguring TH sites, reducing capacity, implementing schedules for utilizing shared spaces. COVID-19 symptom screening & cleaning protocols were implemented. Provided DOH guidance on vaccination 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 PA State Dept of Health (DOH), who oversees public health activities throughout the CoC. The CoC worked in partnership with DOH throughout the pandemic, including providing contact info for all homeless-dedicated projects in the CoC so DOH could work with providers on 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 & provide input/ feedback to State Health, Human Services, PEMA, etc related to the needs of people experiencing homelessness. These partnerships have 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 info quickly to providers via online communication platforms (Slack and email mailing list), webinars (e.g. CoC office hours) and via monthly regional CoC meetings.

In addition, local CoC providers have also enhanced their protocols to improve readiness for future public health emergencies. CoC providers have established or 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 (Coll App & ESG Recipient) to ID & prioritize funding needs to support the CoC's COVID-19 response. The CoC hosted Office Hours to share info w/ all homeless assistance providers on best practices being recommended by the CDC & HUD, and to provide DCED with an opportunity to share information about available funding.
1-ESG-CV was used to address safety measures in several ways, including: providing hotel/motel funding, allowing congregate shelters to decrease and/or fully move operations to hotel/motel rooms to prevent transmission; purchase PPE, cleaning products, hire professional cleaning services & other supplies/materials needed to increase safety for staff & program participants, within included 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. Staff were no longer providing case mngmt services at program participants homes. ESG-CV was used to obtain equipment to support remote work & ongoing communication with clients. Despite the tight housing market, the CoC encouraged RRH for individuals in shelter, explaining that PH would be the best resource to keep HHs safe from COVID. ESG-CV funds were used to provide landlord incentives, which supported CoC/ESG/ESG-CV RRH projects to secure units.
3-As unemployment #s increased, DCED prioritized ESG-CV to provide HP asst. 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 HP, including developing an assessment tool for standardized prioritization.
4-ESG-CV funds were used to provide PPE, cleaning products, cleaning services & laundry service.
5-No ESG-CF funds were requested to provide sanitary supplies.
Providers in Washington & Westmoreland Counties coordinated w/ESG recipients on ESG-CV allocation.

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 Western 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 Workplace and Slack (CoC's communication tools), and at regional CoC meetings. Topics discussed included: decompressing shelter to increase safety; coordinating with Health 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 PA Department of Health updates to members (including information on funding, vaccine toolkits, communication tools, etc) via Workplace, Slack, and regional CoC meetings. The CoC encouraged providers to make vaccine's available & accessible to individuals experiencing homelessness, especially among individuals in congregate settings. CoC

providers hosted vaccine clinics, provided transportation to vaccines, shared vaccination information with program participants, etc. While emphasizing the importance of supporting vaccine implementation, the CoC reminded providers that they could not deny services to unvaccinated households.

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 PA Dept of Health 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 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)

-CoC member/partner, the PA Coalition Against Domestic Violence (PCADV), hosted weekly calls for DV providers 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.
-Local VSPs increased the marketing of their services, including through radio clips, billboards, social media, news stories, etc.
-ERAP is being used to assist folks fleeing DV. Connections to ERAP are provided through CE DV Assessment Centers.
-PCADV was awarded $6M+ in ESG-CV2 funding to support a statewide DV response. Funding has been subcontracted with VSPs in four counties within the CoC.
-DV RRH was launched throughout the CoC, as we were awarded 2019 DV

bonus funding to support 61 new units. The CoC is also applying for 110 additional units through the 2021 DV bonus opportunity.
-VSPs in Southwest PA were awarded "flex funding" through the CARES Act to meet the needs of households in their programs for which other funding sources would not cover. This included expenses such as: laptops for kids at home; doctor bills; washers & dryers to avoid going to the laundromat; car repairs to avoid public transportation use; utility assistance to offset increased use; etc. This assistance helped to stabilize these highly vulnerable households.
-Additionally, the 211, which is utilized by the CoC's Coordinated Entry System implemented changes in their phone system & increased training for staff to recognize and respond when DV issues are present.

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:
-CE Assessment Centers reduced in-person assistance & operated CE mostly virtual.
-Equipment was purchased to support remote/virtual assessment vs. assessments conducted in-person.
-211 serves as the phone point of entry for the CE System and made numerous adjustments to better respond to increased calls during COVID-19. This includes increasing staff training to identify DV & provide appropriate referrals, if desired by caller.
-211 provided information about accessing COVID vaccines.
-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.
-A new prevention prioritization tool was rolled out, to more quickly and effectively screen households for prevention resources they are eligible for (including ESG).
-Some changes to the CoC's CES were done to allow individual counties to focus on the needs within their own counties vs. the typical CoC-wide focus/response.
-DCED made ESG-CV funding available to support CE operations.

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.**	05/05/2021

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
-Chronically Homeless: % of chronically homeless households at entry
-Zero Income at Entry: % of adult participants with zero income at program entry
-Unsheltered: % of adult participants coming from unsheltered locations at entry
-Domestic Violence: % of adult participants with history of DV
All of these criteria are scored using data from HMIS, DV comparable database & 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)

1) Following the annual renewal scoring process, the CoC distributes the renewal scoring criteria to the CoC for comments/in-put. This is the opportunity for all providers, stakeholders & community members to provide input. The input

is reviewed & considered by the CoC's Funding Committee (FC) as they begin to revise the criteria the following year. As a racial analysis has shown, the population served by the CoC is overwhelming white, as are the CoC's Board & committees at this point.

2)The CoC has established a DEI Committee, which is working to assist the CoC to diversify leadership, including the membership on the FC, who's role includes reviewing, selecting & ranking projects. The FC does benefit from having a YAB member with lived experience, as well as members that work with some of the CoC's most vulnerable households, including Veterans, DV & women-headed households, youth & the criminal justice population. The Committee has already discussed the need to intentionally increase membership to include additional members with lived experience and persons of different races. This will be the first agenda item once the Committee resumes meetings in January 2022.

3)A portion of the October 2021 semi-annual CoC meeting, focused on the CoC's DEI work. It was announced during this meeting that the CoC would be incorporating organizational efforts to promote equity, including the development of organizational policies/procedures for promoting racial equity, investing in organizational training/ development, hiring of diverse workforce, utilizing procurement policies that incentivize diversity, etc. The CoC's DEI & Funding Committees will be working together to increase the diversity of representation on the Funding Committee. The CoC has developed a robust onboarding process & materials to support new Funding Committee members to fully participate in the work. In addition, the CoC has set aside incentives to provide stipends tied to an hourly living wage to support the participation of all.

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 annually, distributed to CoC grantees & posted on the CoC website. The CoC uses annual project scoring to determine which projects should continue to be funded. The CoC may consider full or partial reallocation based on these factors: underperformance; cost effectiveness; underspending; lack of need/change in need within the CoC; urgent/emerging need within the CoC; or monitoring indicates serious problems with the project. Projects w/ performance concerns are notified of issues & offered TA. Progress is reported to the CoC's Funding Committee (made up of non-conflicted CoC stakeholders/members who do not receive CoC funding), who make reallocation recommendations if necessary. These recs are presented to non-conflicted Gov Board members

who officially vote to finalize reallocation decisions. If reallocation is deemed necessary, project applicants are provided w/ opportunity to appeal, as indicated w/in the CoC's Funding Policies. Needs are IDed in CoC's annual gaps analysis, which informs the reallocation & new project selection process.
2-Following the 2020 scoring process, the CoC IDed 4 projects w/ concerns – 2 for underperformance & 2 for underspending. The CoC reached out to these projects throughout 2021 to discuss concerns & offer TA. Issues were revisited during 2021 scoring/eval process & reallocation was considered where improvements not reported.
3-The CoC reallocated 1 project in part during the FY2021 local competition.
4-No other projects remained eligible for reallocation.
5-The CoC informed applicants of the reallocation process within the FY2021 CoC-funding Process & Policies document, which was circulated via email at the onset of the renewal scoring process (May 2021) & posted on the CoC's website. Projects that were IDed as having underperformance, underspending, or monitoring issues from the 2020 scoring process were notified in early 2021 & offered TA to address issues.

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.**	09/29/2021

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
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 - 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. 100% of VSPs participating in the CoC-wide DV RRH project w/PCADV use EmpowerDB. 100% of other ES, TH, RRH PSH projects are reported into ETO. 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 coordinate 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	649	218	157	36.43%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	266	23	195	80.25%
4. Rapid Re-Housing (RRH) beds	734	61	673	100.00%
5. Permanent Supportive Housing	1,315	76	913	73.69%
6. Other Permanent Housing (OPH)	67	0	54	80.60%

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)

To increase HMIS coverage, the CoC: a) provides bonus points during annual scoring/ranking to CoC-funded orgs that voluntarily enter HMIS data when not required by funder; b) pays for HMIS user licenses to remove barriers to participation.
1) ES-Many ES projects have not historically participated in HMIS b/c not

required by funders. CoC will engage other funders to discuss benefits of HMIS participation, including faith-based orgs (FBO), State of PA, United Way.
TH- 2 CoC-funded orgs - Warren Forest EOC & Center for Community Resources – operate combined 20 TH beds. The CoC will work with these orgs to bring TH beds onto HMIS, which would result in HMIS coverage rate over 88%.
PSH- 308 of 402 PSH beds not on HMIS are VASH-funded. Coordination & discussions have occurred b/w VA & CoC. HMIS bed coverage of VASH beds will continue to be requested of the VASH-participating PHAs & VAMCs. With VASH beds on HMIS, the CoC would have well over 90% HMIS bed coverage rate for PSH.
OPH- 13 beds not on HMIS are operated by a veterans program that is very engaged in the CoC's efforts to end veteran homelessness. The CoC will request that these beds are added to HMIS.
2) To increase bed coverage, the CoC will work to educate/engage funders about the benefits of aligning data collection to CoC/HMIS.
-FBO: ED of Union Rescue Mission (CoC Board member & CE Committee Co-Chair) volunteered to assist w/ engaging FBO in HMIS & CE implementation.
-CoC staff attends all local housing/homeless coalition meetings & discusses importance of HMIS participation.
-The CoC is participating in Coordinated Investment Planning process. Several state agencies are participating & have IDed the need for coordinated data collection. Mandated HMIS participation among all state-funded projects would significantly increase bed coverage rates.
-Coordination with VAMCs is very strong through the CoC's Veteran Committee. HMIS participation will continue to be requested of VAMC partners.

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
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 - 24 CFR part 578

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

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.	

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:
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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) The CoC's first time homeless numbers have been consistently decreasing over the past several years. The CoC completed a strategic plan, finalized in 2017, which included a retreat with the Board and regional listening sessions. During these sessions risk factors ID'ed included: history of DV; exiting from institutions; and lack of employment income. While listening session feedback was anecdotal, these risk factors have been verified through HMIS data. On the local level, county hsg coalitions & regional CoC groups ID/discuss emerging trends being addressed locally. In addition, the CoC provided diversion training in 2018 & launched a diversion program in 2019, which targets HHs that would become homeless w/out assistance.
2) CoC developed new HP screening/prioritization tool to connect HHs to prevention resources more quickly. Many of the CoC's CE Assmt Centers are in Community Action Agencies (CAA). These centers have diverse resources to prevent/stabilize HHs prior to becoming homeless. This includes connections to benefits & using state Homeless Asst Program funds to provide diversion/prevention (first/last/security, eviction prevention funds). CAA's work with landlords to set up payment plans to prevent eviction. Over the last 20 months, the CoC providers have: administered ERAP; assisted HHs applying for COVID unemployment; provided education around eviction moratorium & referrals to legal asst as needed. The CoC uses several funding streams to support prevention efforts, including: ESG/ESG-CV, state HAP, SSVF, FEMA, BH Reinvestment Funds, HHS Opioid-Dedicated hsg funding, criminal justice RRH to prevent discharges to homelessness & Home4Good diversion funds. ESG funding, including prevention funding, is aligned to CoC priorities and is used to reduce first time homelessness. CYS partnership to prevent homelessness among HHs w/ children & youth.

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

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 various strategies to reduce length of time homeless (LOTH), including:
-$2M+ investments in CoC RRH since 2015. Prioritize RRH under ESG.
-Diversion/ prevention resources preserve resources for households needing more intensive services.
-Written standards/CE system prioritizes vulnerable households (e.g. HHs with longest LOTH).
-CoC PSH beds 100% chronic dedicated.
-100% of CoC-projects operate using Hsg First (HF) approach. The CoC has provided significant training to support HF implementation, including a 4-part hsg-focused case mngmt series, May- June 2021.
-Landlord incentives to quicken housing move-in
-Renewal scoring criteria & quarterly monitoring includes length of time b/w enrollment & housing move-in.
-CE Assessment Centers work with households to resolve their homelessness. Highest prioritized households are assisted through ESG/CoC resources, but lower acuity HHs are assisted utilizing other resources/ relationships in the community where capacity exists. This includes: working with landlords to allow for the security deposit to be paid over time and/or to reduce the rent until a HH obtains employment; requesting assistance from local churches to support specific households; the use of prevention and/or diversion funding.
-This Fall, the CoC is issuing RFP for CE Consultant to help guide the restructuring of CES. This will include restructuring operations to create dedicated CE staff who will assist high priorities HHs to collect all needed documentation & support housing search process.
2) CoC CE assessment includes questions about LOT homeless, which impacts how HHs are prioritized for assistance, per the CoC's written standards & adoption of CPD Notice 16-11. The CE By Name List includes LOTH as a visible field. Street outreach engages individuals with long histories of homelessness, including conducting CE assmts.
3) The CoC's Gov Board, in their oversight of all CoC Committees, is responsible for overseeing strategies to reduce LOTH.

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 various strategies to increase PH placement, including:
-through reallocation & setting data driven priorities the CoC has significantly expanded RRH capacity (253% b/w 2015-2020) & increased PSH resources
-landlord engagement to ID units
-PH units are prioritized for the CoC's most vulnerable HHs using a Hsg First approach, which prioritizes housing stabilization over program rules. Landlord mediation helps prevent eviction. HHs that are evicted by landlord are rehoused.
-CoC provided training series of hsg-focused case mngmt practices (4 session in May-June 2021)
-referrals for diversion & prevention assistance are provided through CES
-many projects educate participants using strategies from the "Prepared Renters Program", which includes hsg placement & hsg retention
-case managers strive to stabilize HHs in several ways, including increasing income and/or cash benefits & mainstream benefits, resulting in more money in HHs budget to support rent
-Increased partnership with PHAs throughout the CoC, coupled with flexible funding that allows the CoC to pay back rent or other barrier to access PHA resources
-CES to be redesigned in 2022, which will include housing locator services for HHs on CE By Name List
2)Retention of PH and/or exits to other PH destinations includes the above & the following strategies:
-CoC emphasizes the importance of providers having good relationships with landlords, who can help to ID problems as they begin
-enhanced housing-focused case management has increased housing stabilization
-coordination with mainstream resources such as MH/BH supports
- increased income, including through SSI. The CoC has several providers with SOAR trained staff.
-CoC works with PHAs to implement Move On strategies. McKean County PHA implemented a Move On preference in Sept 2019. Additional PHAs accept PH clients under homeless priority.

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 history 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 & HMIS, CE assessors & shelters can ID HHs who return to homelessness to quickly expedite assessments/referrals, & better ID risk factors.

2) The CoC continues to implement strategies to reduce the rate of additional returns to homelessness including:

-Expansion of PH resources using ESG/CoC funds

-Through the implementation of CE, the CoC is more effectively connecting HHs in ES with RRH, which will reduce the % of HHs returning to homelessness.

-Ensuring that assistance is appropriate based on HHs needs. For example, if the HH cannot sustain housing the provider can extend RRH assistance (up to 24 mos).

-RRH providers connect HHs to more affordable units & provide support/ connections/

opportunities for unit to be sustained upon exit

-100% Hsg First results in HHs being rehoused if evicted by landlord. Hsg-focused case mngmt training & emphasis on in-home case mmgmt services have improve retention.

-Diversion funding, which has led to more effective use of prevention resources.

-County Human Service Depts & Community Action Agencies in the CoC are instrumental in connecting clients to prevention assistance, mainstream resources, workforce devt, transportation, childcare, LIHEAP & other resources that promote long-term housing stability.

-Youth navigators, just added to the system, which will help youth enrolled in school make connections to support housing stability

3) The CoC's Governing Board, in their oversight of all CoC Committees, is responsible for the overseeing these and any other strategies identified to reduce returns homeless.

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 strategic plan includes the goal of increasing economic security by working with mainstream providers to connect clients to jobs, income and benefits. The plan calls for connecting households to benefits that will assist in maintaining employment, such as childcare and transportation. Strategies to increase employment income are implemented through partnerships with CareerLink, Workforce Development, OVR & programs through the PA Dept of Human Services targeted to TANF & SNAP recipients to prepare for, find, and keep employment.

2) Many Community Action Agencies throughout the CoC provide both

homeless assistance, as well as employment/ workforce development assistance. These organizations are able to provide these and other services to support employment for clients, including funding to support training & obtaining licenses/ certificates, subsidized childcare, transportation assistance and more. Specifically, CAAs in 15 counties provide employment training, job dev, supported work, and/or youth employment. Transportation services are provided by CAAs in 6 counties. In addition, CoC providers have partnerships with Rural LISC program which helps participants pursue careers in the medical fields. Prior to the pandemic, representatives from Workforce Dev would attend local homeless/housing meetings to share resources. Coordination is now largely virtually. Previously, CoC providers hosted job fairs for participants with reps from Workforce Dev and CareerLink to share resources on available jobs, training, etc. Increasing income is included in annual renewal scoring criteria.
3) The CoC's Governing Board is responsible for the overseeing strategies to increase cash income and access to employment.

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 & providers partner w/ many employment orgs to increase access for participants. Because of the rural geography of the CoC, much of this work happens at the county level through local housing/homeless meetings. Private employment orgs attend these meetings & build partnerships. The CoC partners with Community Action Agencies (CAAs) through the 20-county region. Specifically, employment training, job dev, supported work, and/or youth employment are provided by CAAs in 15 counties. Transportation services are provided by CAAs in 6 counties. County CareerLink offices host job fairs, offer job training & share job opps with CoC programs. CoC providers have partnerships with Rural LISC program which helps participants pursue careers in the medical fields. CoC agencies partner with employers to directly hire participants, and partner with OVR for job training and placement. Butler United Way partners with the CoC to recruit private employers to host apprenticeships, hire participants despite criminal backgrounds & past work experience & inform CoC agencies when positions are available. Temp agencies are also utilized for individuals w/ criminal records.
2) The CoC partners with public & private orgs to provide education/training, on the-job training, & employment opportunities for residents of PSH. Disability Option Network, who works across the CoC, partners with OVR and Ticket To Work to provide education/ training for people with disabilities, including PSH participants. OVR provides training/skill building & Ticket to Work provides case management, resume development & job placement. CoC agencies partner with Goodwill, local Training Centers, local CareerLink offices & other Workforce Dev partners to connect participants to employment training & jobs. For example, LCCAP operates CareerLink/OneStop OVR services out of their offices, to increase access to employment services for people with disabilities.

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) To increase non-employment cash income, the CoC strategy is to increase access to SSI through SOAR & ensure CoC partners are educated on mainstream benefits & able to quickly connect participants to benefits. The CoC keeps program staff up-to-date regarding mainstream benefits through monthly county & regional housing/homeless meetings and semi-annual full CoC meetings. Representatives from County Asst Offices also attend regional/county meetings. Updates are shared with CoC-program staff through posts on the CoC's social media platform (Slack). Increasing income is included in annual renewal scoring criteria.

2) COVID stimulus & COVID unemployment created new opportunities for households to increase non-employment cash income. CoC providers assisted HHs to ensure stimulus was received & appeal unemployment decisions if needed. Additionally, SOAR has been a primary strategy to increase access to non-employment cash. Nearly every CoC-funded org has a staff person that has been SOAR trained & the CoC has a significant # of providers who are SOAR certified. Assistance in applying for SSI, TANF & other cash benefits is provided by CoC partners throughout the geo area. Enrollment in mainstream benefits occurs online through the state's COMPASS system, an online single application system for many health/human service programs. All CoC providers are proficient users of COMPASS. CAAs work with participants to submit applications for benefits through COMPASS. These CAAs are most often the providers for WIC, LIHEAP, transportation & other TANF-funded services. CoC orgs offer transportation to public benefit appointments as needed. This partnership with the CAAs ensures individuals exp. homelessness have assistance to apply for, receive, and utilize non-employment cash benefits. Neighborhood Legal Service assists with appeals if individuals are denied benefits and will speak with the state to navigate complex cases.

3) The CoC's Gov Board is responsible for strategies to increase non-employment cash income.

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?	No

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**	No
2.	**State or local government**	No
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
Washington County...	RRH	39	Healthcare
Washington County...	RRH	40	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Washington County Rapid Rehousing One

2. Select the new project type: RRH

3. Enter the rank number of the project on your CoC's Priority Listing: 39

4. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Washington County Rapid Rehousing Two

2. Select the new project type: RRH

3. Enter the rank number of the project on your CoC's Priority Listing: 40

4. Select the type of leverage: Healthcare

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.	

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?	No

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)

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**	No
2.	**PH-RRH or Joint TH/RRH Component**	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

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:**	1,498
2.	**Enter the number of survivors your CoC is currently serving:**	85
3.	**Unmet Need:**	1,413

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 4 data points from September 2021: a) the # of individuals from HMIS on the CE Prioritized List who self-reported DV (280), b) the # served in DV RRH (3), c) the # of survivors served in non-DV-specific CoC PH projects (82) & d) the # of adult victims served by DV programs (including shelters) within the CoC in ETO (1133). 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 PH projects in HMIS and ETO (comparable database) (82) 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 (3).
2) HMIS and ETO (comparable database) were used as the data sources to calculate need, and ETO and EmpowerDB (both comparable databases) were used as the data sources to calculate number served.
3)According the Western CoC 2021 gaps analysis, DV survivors make up 24% of the households accessing Coordinated Entry over the course of a year (514 households). Currently, only 10% of DV survivors exit the BNL to a permanent housing destination and only 5% self-resolve their homelessness. This data clearly indicates that there is a significant gap in resources in the Western PA CoC to serve all DV survivors 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-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 in September 2021. Rate of housing retention calculated as % of DV survivors (stayers) in PH who retained PH after RRH RA ended.
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, 80,000+ people were served by PCADV programs. To access safe,

affordable hsg options & assist survivors to move into PH quickly, DV programs partner w/private landlords, PHAs, affordable hsg providers, LIHTC properties, etc. In 2019, PCADV was awarded $811,644 to provide RRH in 12 counties in the Western PA CoC. To assure the quick movement of survivors into housing, PCADV provides the following trainings to member programs: DV Housing First (DVHF) model; Basics of RRH; CES & program enrollment; Landlord engagement; HQS inspection; documentation; mobile advocacy.

2)PCADV member programs function as access sites for assessment. DV CE programs contact Union Mission in Westmoreland Co to place survivors on the BNL. When DV RRH provider has an opening, they contact Union Mission staff who provide the names of 5 DV HH from the BNL (following the CE prioritization policies). The DV program contacts HHs in order of score. Member programs also 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 & fincl stability support (fincl ed., tax assistance, 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 are required to have 40 hours of training that covers extensive safety planning and survivor driven trauma-informed services, including trauma informed intakes & assessments. PCADV provides ongoing training regarding safety planning.

2) Intake into services is done in a private space, either a private office or location that meets the needs of the survivor- e.g., a park where survivor's children can play, safe relative's home, or location where the survivor receives

other services.

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.

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 headstart, 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: a) Assistance w/ complex legal issues i.e. custody, divorce, child & spousal support); b) Legal advice/representation; c) 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: a) financial education training; b) tax assistance; c) credit repair/building; d) job readiness programs & connections to education; e) 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.
- DV programs work with non-profits in the CoC, offer workforce dev, job training & connections to employers, and partner with DV programs to assist survivors in finding employment. DV programs link survivors to these services, and others (e.g., SU 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	10/25/2021
1B. Inclusive Structure	11/15/2021
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	10/25/2021

3C. Serving Homeless Under Other Federal Statutes	10/25/2021
4A. DV Bonus Application	11/16/2021
Submission Summary	No Input Required