

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2022 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

1A-3. CoC Designation: CA

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

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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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.p., and VII.B.1.r.	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
	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 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.	Disability Advocates	Yes	Yes	Yes
5.	Disability Service Organizations	Yes	Yes	Yes
6.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
7.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
8.	Hospital(s)	Yes	Yes	Yes
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
10.	Law Enforcement	Yes	Yes	Yes
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
12.	LGBTQ+ Service Organizations	Yes	Yes	Yes
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	Yes	Yes	No
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	No

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
19.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
23.	State Domestic Violence Coalition	Yes	Yes	Yes
24.	State Sexual Assault Coalition	Yes	Yes	Yes
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Veterans service orgs	Yes	Yes	Yes
35.	State govt	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 a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1) In advance of semi-annual CoC meetings, new members are invited to join the CoC via email & at regional meetings. Membership is frequently discussed during monthly regional meetings, as well as through CoC mailing list. CE regional managers are continually growing system capacity by engaging referral partners who are then also brought into CoC through CE partnership & encouraged to become members. Membership is established via a membership form, available year-round on the CoC website and included in each CoC email. Upon registering as a member, individuals are connected to the CoC's Slack page & added to the CoC's email distribution list (Mailchimp).

2) Accessible materials (PDF) are available on the CoC website. The CoC uses Slack, Mailchimp email service, and CoC website for communication, each of which provide accessible electronic formats. Meetings are held in accessible buildings/locations & live-streamed and recorded. The CoC honors translation & accessibility requests as well.

3) The membership invitation sent by the CoC included language that the CoC specifically seeks to engage organizations serving culturally specific communities in the CoC. The CoC Board and regional leaders outreach to local organizations that serve culturally specific communities (including persons of color, LGBTQ+, persons with disabilities) to engage them in the work of the CoC. Additionally, the CoC established a DEI Committee in 2021. One goal of the committee is to align racial equity and social justice goals across all CoC committees, which include the CoC's membership efforts for the diversity & leadership of the CoC, including among people with lived experiences of homelessness.

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 2,500 characters)

1)The CoC uses a regional approach & committee structure to solicit input from a broad array of partners. CoC’s org structure of CoC includes Gov Board, 5 Regional Homeless Advisory Boards (RHABs) each covering a portion of the CoC’s 33 counties, Committees & Subcommittees. Each RHAB includes a diverse range of members working to prevent/end homelessness in their communities, including veteran services, DV providers, local/ county gov, service providers, PHAs, people w/ lived experience, among others. Each RHAB has established its own meeting schedule, with each region’s meetings occurring between monthly and quarterly. The agenda & meeting materials are provided in advance of meetings, minutes are circulated following meetings. These RHAB meetings include opportunities for feedback on various issues the CoC may be working on related to preventing/addressing homelessness. The co-chairs of each RHAB represent their region as members of the Gov Board, which creates a two-way communication structure. CoC Committees (veterans, DEI, CES, DV, written standards) are also forums for soliciting feedback.

2) Meetings of the full CoC, RHABs & Committees provide Board w/ monthly opportunities to gather & share info between CoC leaders & members. The CoC hosts two annual membership meetings each April and October, as well as events & trainings throughout the year. During the April 2022 CoC meeting, for example, members divided into breakout groups to provide input on the CoC’s new strategic plan, including discussions of successful strategies, challenges/ barriers at the local level, training needs, capacity-building, technical assistance, peer sharing opportunities, etc. PA DCED (CA) hosted meetings with each of the CoC’s 5 regional groups to solicit more local/regional feedback on needs & priorities.

3) Board uses input to inform the CoC’s direction/operation, set priorities & ID training needs. When the Special NOFO was released, the Board asked the CoC to identify volunteers to participate in the development of the plan, if there was interest in applying for new project funding, etc. Ultimately, the Board decided to pursue the SNOFO, based on the feedback of the membership. The CA, PA DCED, shaped the HOME-ARP allocation plan based on feedback from the CoC membership. In addition, following a system-wide evaluation of the CoC’s CE system, the Gov Board approved new project funding to respond to issues identified by the CoC.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
NOFO Section VII.B.1.a.(4)		
Describe in the field below how your CoC notified the public:		
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.	

(limit 2,500 characters)

1)The CoC issued a Notice of Intent to the CoC on 7/5/22 to inform CoC members/partners that a formal RFP for new projects would be forthcoming. TA was made available to any org considering applying for a new project. The CoC then issued two formal new project RFPs for the CoC Competition on 8/12/22 – one for CoC Bonus funding and one for DV Bonus funding. The RFPs were posted on the CoC's website, announced on the CoC's Slack page & emailed to CoC distribution list. CoC members/partners were encouraged to share the RFPs w/local agencies who may be interested. The RFP included language related to new project scoring thresholds: "Additional consideration will be given to agencies that have not previously received CoC funding". The CoC hosted CoC NOFO Competition webinar on 8/16/22 which provided an overview of the CoC NOFO and the new project RFP and answered questions. Slide deck was provided in PDF form & office hours webinar was recorded/posted on CoC website. TA was available to new applicants to submit a competitive application for eligible activities & eligible households. The FY2022 Con App includes 4 new projects from orgs not currently receiving CoC funding.

2)RFPs included due date & instructions to submit the completed application & budget via the CoC's application hosted on Alchemer online survey software. A budget template was provided with the RFP.

3)RFPs stated that "All Preliminary Applications will be reviewed by the Eastern PA CoC Funding Committee based on the following criteria" and included threshold criteria as well as scoring criteria for new projects. The new project scoring tool was also posted on the CoC website. Priorities were informed by the Gaps Analysis, which was presented in May 2022 to the CoC membership & recorded/ posted to CoC website. Link to CoC funding policies also provided.

4)Accessible application materials (PDF) were available on the CoC website, distributed via email to CoC members/stakeholders & posted on CoC's Slack page. The NOFO Office Hours hosted by the CoC included closed caption technology. If TA or accommodations are needed to apply for new project funding, the CoC is able to provide reasonable accommodations.

1C. Coordination and Engagement

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

18.		Yes
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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 2,500 characters)

1) DCED is the State ESG Recipient, the CoC's Collaborative Applicant & holds a seat on CoC Board. Annually, DCED's ESG allocation plan is to provide 40% of available ESG funding to the Eastern PA 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 CoC 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 changing community needs.

The City of Allentown & County of Northampton are the CoC's other ESG recipients. Representatives from both departments attend meetings of the Lehigh Valley RHAB. ESG Coordination between these jurisdictions & the CoC occurs at regional level, where reps present the plan to RHAB/CoC members for input & sign-off.

2) DCED uses performance data generated from HMIS in the evaluation of projects. The CoC rolled out a quarterly monitoring process in January 2022 for CoC and ESG funded projects to evaluate performance and data quality on a quarterly basis.

3) The CoC provides county-level HIC & PIT data to DCED as well as the other 12 Con Plan jurisdictions.

4) DCED regularly engages CoC membership to provide input for the Con Plan, including the ID of community needs & priorities for CDBG, HOME, ESG, HTF & HOPWA. As the Collaborative Applicant & HMIS Lead, DCED has access to all data needed for the Con Plan & provides data/info to local Con Plan jurisdictions. Con Plan meetings are attended by CoC providers in each of those jurisdictions.

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

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

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

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

Regarding formal partnerships, the State Education Agency (Pennsylvania Department of Education) & CoC HMIS Lead Agency have established an inter-agency data sharing protocol which allows for increased identification & service coordination across homeless & education providers. Formal partnerships with LEAs/school districts include joint grant apps & cross system letters of support for grant apps. In several counties there is a Unified Family Services Systems or Healthy County Coalition for Schools, which bring schools, agencies & community members together to ID community needs & offer quality, uninterrupted services to children/families. Many communities across the 33-county CoC have developed joint protocols with their school district for responding to youth and family homelessness. The CoC sits on statewide Early Childhood Education/Homelessness Stakeholders group, to increase access to early childhood resources.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	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 2,500 characters)

CoC policy requires all projects serving children/youth to designate a staff person to be responsible for ensuring that children are enrolled in school and connected to appropriate services, including early childhood program, part C of IDEA & subtitle B of title VII of the Act. Additionally, programs must take the educational needs of children into account when families are placed in housing and will, to the maximum extent practical, place families with children as close as possible to their school of origin so as not to disrupt children’s education. CoC/ESG-funded projects are required to adhere to the CoC’s written standards, which require that all projects inform families of their eligibility for educational services & educational rights under the McKinney-Vento Act and Every Student Succeeds Act (ESSA). All CoC-funded organizations participated in a compliance desk monitoring process in spring 2022 which included requiring all orgs to indicate that they met the requirement of having a designated staff person to ensure children are enrolled in school/connected to services. Case Managers within CoC-funded programs have strong working relationships with local school district McKinney-Vento Act homeless liaisons and many have Memorandums of Understanding (MOU) with local school districts and publicly funded Pre-K/early learning programs to ensure streamlined and prioritized access to educational programs for children experiencing homelessness.

In March 2022 the CoC provided training on Education Rights for Children, Youth and Families Experiencing Homelessness. Staff who are new to the homeless services field and/or who have not received prior training on the educational rights of children, youth and families were strongly encouraged to attend. Topics included: structure and purpose of the ECYEH Program; McKinney-Vento vs. HUD Homeless Definitions; rights of children in public schools when experiencing homelessness (transportation, enrollment, remediation, liaison duties, etc.); addressing needs of students in public schools when experiencing homelessness (removing barriers; assistance such as clothing, school supplies, etc.; working with agencies/shelters); rights of students in foster care (Definition and possible settings, provisions of foster care, MOU/Transportation plan, and Best Interest Determinations (BIDs)) and an introduction to establishing relationships across housing and education sectors.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	Yes
2.	Child Care and Development Fund	Yes	Yes
3.	Early Childhood Providers	Yes	Yes
4.	Early Head Start	Yes	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes	Yes

6.	Head Start	Yes	Yes
7.	Healthy Start	Yes	Yes
8.	Public Pre-K	Yes	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.	WIC and Early Care	Yes	Yes

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

The CoC’s membership includes numerous victim service providers (VSPs), many of which are dual programs serving both DV & sexual assault survivors, and the state DV coalition (PCADV).

1) PCADV, the state DV coalition, and the DV CE Specialist have been actively involved in the Coordinated Entry Committee, including a DV specific Coordinated Entry workgroup. A Victim Service Provider served as the Chair of the Written Standards Committee and played a key role in ensuring the Written Standards incorporated the needs of survivors. Two VSPs are members of the CoC Governing Board. The CoC worked in close partnership with PCADV and DV providers to develop the CoC’s Emergency Transfer Plans and protocols. In addition, the CoC relies on the expertise of the DV CE Specialist to address day-to-day operational issues around DV protocols for Coordinated Entry. The DV CE Specialist provides training and TA to all CE-participating organizations to ensure that the needs of DV survivors are taken into account throughout every phase of CE. Policy issues related to CE operations are brought to the attention of the CE Committee for consideration and policy development/revision as needed.

2) To ensure all housing and services provided in the CoC are trauma-informed and meet the needs of survivors, the CoC works in close partnership with PCADV, the state DV coalition and other DV providers. PCADV provides CoC-wide annual training on DV best practices, and also provides TA throughout the year to providers, both VSPs and non-VSPs around best practices for serving Survivors. In addition, the DV CE Specialist provides training and TA around the needs of DV survivors accessing CE. To further support the implementation of the CES, PCADV is applying for SSO-CE funding to support more dedicated DV CE staffing and other system modifications to allow for a more enhanced victim-centered, trauma-informed system.

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC coordinates to provide training for:	
1.	project staff that addresses 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 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 2,500 characters)

1)The CoC provides annual training on safety & best practices in serving survivors of DV. In partnership with the PA Coalition Against Domestic Violence (PCADV) the CoC last provided DV training on December 17, 2021, 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; 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 will be held on December 14, 2022.

The CoC's annual PIT count training also includes safety and best practice around engaging DV survivors, utilizing trauma-informed, victim-centered practices.

Coordinated Entry "office hours" calls have also provided information about serving households fleeing DV and/or with histories of DV have also been provided to CE Specialists and other providers within the CoC.

The DV CE Specialist provides training & TA as needed to providers working with Survivors, as does staff in the housing department at PCADV.

2) This Spring (2022), the CoC provided in-depth training to CE Specialists & 211 operators, including: Trauma Informed Care; Conflict Resolution & De-Escalation; and Vicarious Trauma. In addition, CE staff & specialists also participated in the above referenced trainings & receive DV CE specific training at a minimum annually. The CE system is staffed by a DV CE specialist, employed by VSP, who provides ongoing training and technical assistance around CE protocols for DV. PA211, which provides phone access for CE, has trained all CE assessors in DV protocols and provides refresher trainings 3 times a year, which includes: DV 101; trauma-informed care; & specific CE procedural related to serving survivors of DV. PA211 has also provided enhanced, in-depth training to CE assessors who are specifically assigned to respond to DV specific calls. At the beginning of COVID, all 211 operators had enhanced training for recognizing the signs of DV due to known increases. The DV Housing Specialist from PCADV serves on the CoC CES Committee and provides annual training recommendations for all CE Specialists.

In addition to the above, the CoC has created a new DV Committee. This Committee will recommend additional training on best practices on safety & planning protocols as determined necessary.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1) The CoC uses system performance data and project-level APR data provided by DV dedicated CoC- and ESG-funded projects from their comparable database. The CoC also uses de-identified Coordinated Entry data for domestic violence survivors. The CoC uses HMIS data for survivors who are not enrolled in DV-dedicated projects. The CoC uses data from the PIT count, which includes the number of people with a domestic violence history – this data comes from HMIS and paper surveys.

2) De -identified data from a comparable database is used to: add households to the CE Community Queue for access to resources; evaluate CoC-funded projects; track service delivery of ESG funding; provide data for the CAPER; inform the CoC’s annual gaps analysis report and has most recently been used to provide data to inform the 2022 CoC application. The CoC launched a quarterly CoC/ESG monitoring process in 2021, which reviews performance and data quality. Victim service providers submit their aggregate project-level APR data, which allows the CoC to evaluate performance/data quality of VSPs, and also allows VSPs to engage in continuous quality improvement using their data.

The CoC has entered into partnerships with DV providers in the service region to administer the VI-SPDAT CE screening tool outside of HMIS & provide scores/notes on specific needs of Survivors to CE Regional Managers. These Managers then use anonymous client profiles in HMIS to ensure DV Survivors are prioritized on the on the BNL for housing. Through ongoing analysis of data pulled from DV comparable databases, and analysis of CE/HMIS data, the CoC can understand the needs of DV survivors.

Examples include:

- the # of survivors in shelter in each CoC region
- the rate at which survivors receiving services are also in shelter
- the rate at which survivors access services through CE & the rate of housing placement through the BNL
- the CoC-level demand for housing for DV survivors, and demand by region/county
- areas where additional coordination is needed to address specialized needs, such as aging, children & youth, LGBTQ+
- addl opportunities to meet the needs & expand available housing options, for example if the survivor is also a youth, veteran or family HH, there may be specialized resources available.

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

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
1.	the emergency transfer plan policies and procedures; and	
2.	the process for individuals and families to request an emergency transfer.	

(limit 2,500 characters)

1) The CoC worked in partnership with the state DV agency (PCADV) and DV providers to draft the emergency transfer plan (ETP) and ensure that the policy is updated as needed. The ETP policies and procedures are publicly posted on the CoC website, and is included in the CoC Written Standards. All CoC and ESG funded programs are required to follow the Written Standards, which includes information on the ETP policies and procedures. Information about the ETP is made available to all participants upon enrollment into a CoC/ESG-funded project. PCADV provides annual training on DV best practices, which includes in-depth overview of emergency transfer plan. This helps ensure that all CoC and ESG-funded orgs have the most up to date information about this policy and how to utilize it for participants.

2) The process to request an emergency transfer is publicly posted on the CoC website and is made available to all participants in CoC programs . To request an emergency transfer, a participant can notify their case manager/housing provider verbally or in writing. If a housing provider is able to facilitate the transfer request within their own organization, they have 10 business days to complete the transfer. If the housing provider is not able to facilitate the transfer in their own org, they will notify the Coordinated Entry Regional Manager and these households are prioritized for housing through the CE process. While the options for a household needing an Emergency Transfer are not limited to DV providers, a quick transfer can be facilitated through the operation of PCADV's CoC-wide DV RRR project, in partnership with VSPs across the CoC, includes 259 units that can be utilized in all 33 counties.

1C-5d.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC's geographic area.

(limit 2,500 characters)

CoC Coordinated Entry P&P and CoC Written Standards ensure the DV survivors have access to all of the housing/services within the CoC. Coordinated entry protects the safety and confidentiality of people fleeing domestic violence while simultaneously providing them with access to housing and services. During the CE Triage Assessment, all households are asked questions to determine if they are fleeing/attempting to flee domestic violence, dating violence, stalking, sexual assault, or human trafficking. The assessor will also assess whether the participant is in immediate danger and offer to help them connect to emergency services if needed and/or a domestic violence provide. If a participant identifies that they are fleeing/attempting to flee these situations, the CE Specialist will ask if they prefer to be entered into PA HMIS anonymously in order to keep their personal information confidential. Any participant enrolled in PA HMIS anonymously will have a numeric ID to navigate the homeless system and a confidential password that the participant creates. DV survivors assessed through CE are added to the By Name List with their numeric ID, which ensures that they are appropriately prioritized for available housing opportunities as they become available. When housing/service projects review the By Name List to enroll households, they must follow the CoC's Order of Priority, which is based on vulnerability. When a household with a DV numeric ID is prioritized for a housing opportunity, the CE Regional Manager provides the project staff with the client's contact information for engagement and enrollment. To ensure that DV survivors are given access to all housing/services available in the CoC, CE Regional Managers and a designated DV CE Specialist oversee the CE process and ensure that all households are prioritized appropriately. These CE staff also provide ongoing training/TA related to enrolling DV households.

Additional funding to support DV-dedicated programs includes significant ESG-CV funding for homeless prevention & non-congregate shelter, Home4Good for diversion assistance, and CoC funding for CES, RRH and PSH. Specifically, CoC funds currently provide 267 DV-RRH units, which accounts for 47% of all CoC-funded RRH. An application for another 118 DV-RRH units are being applied for under the 2022 DV Bonus. 20 units of PSH were transferred to a DV provider in 2021, and this provider is applying to expand PSH units through the Special NOFO.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC's coordinated entry includes:	
1.	safety protocols,	
2.	planning protocols, and	
3.	confidentiality protocols.	

(limit 2,500 characters)

1+2) CE staff are trained on providing trauma-informed, victim-centered services that prioritize survivor safety. The CE system has a dedicated DV specialist who trains CE assessors on working with DV survivors including conducting lethality/risk assessments and safety planning. The DV specialist is available to provide additional training/TA to assessors who need assistance with safety planning or addressing DV survivor needs. PA211 (phone point of entry for CE) has implemented a specific IVR (voice menu) flow for individuals experiencing DV to ensure that they are prioritized in the phone queue to be connected to an assessor as soon as possible.

3) The CE workflow is set up to immediately assess whether someone is fleeing DV & whether an anonymous intake should be completed. To maintain confidentiality, CE assessors conduct a DV Anon Intake in HMIS, which allows for no PII to be collected & secures additional client consent. Once DV Anon intake is completed, an electronic intake form is filled out by the assessor, and this data moves into the secure Smartsheet database (which is only accessible by CE Managers & DV Specialist). This established process adds DV survivors to the CE By Name List, ensuring equal access to all ESG/CoC/DOJ/HHS or other homeless asst, while also ensuring confidentiality of PII. With the client's consent/approval the CE Manager or DV Specialist will provide the DV anonymous client's contact info to the housing provider, which is to be kept confidential by housing provider.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--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 LGBTQ+ 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 in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy--Updating Policies--Assisting Providers--Evaluating Compliance--Addressing Noncompliance.	
	NOFO Section VII.B.1.f.	

	Describe in the field below:
1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

- 1) The CoC updated its non-discrimination policy in fall 2020. The policy is updated as necessary based on stakeholder feedback. This policy, which includes language from HUD’s Equal Access Final Rule & Gender Identity Final Rule, is integrated into the CoC’s Written Standards (WS), which are updated annually. As part of the annual process to update WS, the CoC solicits feedback from stakeholders which is used to update the standards & policies. Feedback was provided through breakout groups during the bi-annual CoC meeting & online survey.

- 2) When the CoC rolled out its updated non-discrimination policy, a packet of materials to support organizational implementation of anti-discrimination policies was provided, e.g. language to ensure the policies stated that LGBTQ+ households must receive supportive services, shelter, and housing free from discrimination. The packet also included sample policy language to assist orgs to foster their own culture around DEI principles. The CoC is preparing to begin monthly office hours calls to support the ongoing implementation of the WS, which include the CoC’s non-discrimination policies. Annual fair housing training, which includes training on HUD’s Equal Access and Gender Identity Final Rules, is provided by CoC. This training assists providers in understanding the meaning & intention of the law & how to revise their own policies to be responsive.

- 3) During ESG monitoring, DCED ensures non-discrimination policies are in place & that program standards are in alignment with non-discrimination language.
 The CoC conducted a compliance desk monitoring review in spring 2022 for all CoC-funded providers, which included a review to ensure that providers had implemented non-discrimination policies.
 2022 renewal scoring process included the submission of these policies for review.
 If CE Regional managers observe discrimination practices related to the enrollment of program participants, the information would be shared with CoC leadership to determine next steps. Depending on the situation, clients experiencing discrimination may be encouraged to reach out to legal aid/ fair housing.

- 4) Per CoC funding policies, non-compliance with CoC policies, including non-discrimination, can result in reallocation. The CoC offers TA & support to providers who are out of compliance to create a corrective plan. If a project does not come into compliance after receiving TA, the Funding Committee may reallocate the project.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section VII.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report 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 2021 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?
Housing Authority of Centre County	22%	Yes-HCV	No
Cumberland County Housing and Redevelopment Authority	2%	Yes-Both	Yes

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 2,500 characters)

1) The CoC has positive relationships with many of the 36 PHAs in the geographic area. PHAs are the Applicant for 10 of the projects included on 2022 Priority Listing. PHA Directors serve on CoC Gov Board & Funding Committee. In addition to the PHAs listed in the chart above, 13 additional PHAs have reported a homeless preference for HCV and/or Public Housing (Clinton County PHA, Franklin County PHA, Lebanon County PHA, Lycoming County PHA, Schuylkill County PHA, Snyder County PHA, Union County PHA, Northumberland County PHA, Mifflin County PHA, Tioga and Bradford County PHA, Northampton County PHA, Monroe County PHA, Allentown PHA). Several PHAs also reported significant new admissions of people experiencing homelessness during FY21: Altoona Housing Authority (8%), Franklin County Housing Authority (42%), Lehigh County Housing Authority (11%), Monroe County Housing Authority (8%), and Schuylkill County Housing Authority (17%). Many other PHAs also have preferences for DV, vets & displaced persons, under which people experiencing homelessness often qualify. Cumberland County currently has a Move On preference for people exiting permanent housing into neighborhood-based housing. Schuylkill PHA, Clinton County PHA, Lehigh County PHA, and Northampton County PHA have expressed interest in developing a Move On Strategy in partnership with the CoC. Expanding Move On and other PHA preferences is a goal for the CoC and is included in the CoC's Strategic Plan, finalized June 2022. The CoC also just completed the development of a Move-On Strategy, which includes sample policy language, marketing materials & training materials. The CoC will begin an initiative this Fall to provide TA to homeless assistance providers and/or PHAs to collaborate in the development of a Move On strategy. The CoC has increased its partnership with both the Allentown & Centre County PHAs through the allocation & implementation of EHV's. Both communities are housing HHs from BNL & as Move On opportunities. In addition, CoC-funded providers throughout the CoC have working relationships w/local PHAs, resulting in significant benefits to both systems. This includes partnerships on affordable housing projects; administering rental assistance; and more.

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 Housing Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	No
	Other (limit 150 characters)	
5.		No

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section VII.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process?

	1. Emergency Housing Vouchers (EHV)	Yes
	2. Family Unification Program (FUP)	No
	3. Housing Choice Voucher (HCV)	No
	4. HUD-Veterans Affairs Supportive Housing (HUD-VASH)	No
	5. Mainstream Vouchers	No
	6. Non-Elderly Disabled (NED) Vouchers	No
	7. Public Housing	No
	8. Other Units from PHAs:	
		No

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

	1. Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
	2. Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	FUP, Mainstream, New Stability Vouchers

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	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
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	
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PHA
Allentown Housing...
Housing Authority...

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

Name of PHA: Allentown Housing Authority

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

Name of PHA: Housing Authority of Centre County

1D. Coordination and Engagement Cont'd

1D-1.	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

1D-2.	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 2022 CoC Program Competition.	52
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 2022 CoC Program Competition that have adopted the Housing First approach.	52
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section VII.B.1.i.	

Describe in the field below:

1.	how your CoC evaluates every recipient—that checks Housing First on their Project Application—to determine if they are actually using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1) CoC policy & Written Standards require all ESG/CoC-funded orgs to implement a Housing First (HF) approach, CE participation & prioritization of resources based on vulnerability w/no preconditions. The CoC uses the annual renewal scoring/evaluation process to evaluate whether CoC-funded projects are using a HF approach. The evaluations survey includes 9 questions about HF that grantees must respond to, including questions about prioritizing rapid placement and stabilization in PH, and not requiring service participation or preconditions. Not following a HF approach also immediately results in a loss of 10 points during the renewal scoring/evaluation process (10% of total points). Additionally, if a grantee indicates 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, which may result in a corrective action plan, reallocation, or Tier 2 ranking, regardless of other performance outcomes.

2) The CoC evaluated providers on 9 elements of Housing First including: 1) not screening out based on sobriety, use of substance, completion of treatment, or participation in service; 2) not screening out based on no income, criminal convictions, or lack of "housing readiness"; 3) housing-focused services - services emphasize housing procurement over therapeutic goals; 4) participation in services/compliance not a condition of staying in program; 5) use of alcohol or drugs in itself not a reason for program dismissal; 6) prioritize those with highest needs ; 7) staff trained in evidence-based practices such as motivational interviewing/client-centered approach; 8) services are informed by a harm reduction philosophy; 9) primary focus is assisting with swift PH placement.

3) The CoC prepares, analyzes and distributes quarterly data & data quality reports as part of the quarterly monitoring process. 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. In addition, the CoC's Coordinated Entry system uses a regional approach with each region assigned to a Coordinated Entry Regional Manager. If the Coordinated Entry Regional Manager suspects a project is not accepting households through Coordinated Entry based on Housing First principles (not screening out) and/or if there are compliance issues with a provider they will bring these issues to both the CoC leadership for follow up and corrective action if needed.

1D-3.	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 2,500 characters)

1) The CoC's geography includes 33 counties encompassing nearly 21,000 sq. miles. Outreach efforts occur at varying levels across the CoC. This includes year-round outreach throughout the Lehigh Valley (area with highest population of homelessness), focused on both chronic & youth homelessness. Monroe County, which has the highest unsheltered concentration, conducts ongoing year-round outreach through ESG funding. ESG funds also support outreach in 9 counties. These efforts cover 4 of 5 regions, excluding the CoC's most rural region.

Additional street outreach is conducted by SSVF providers, who coordinate w/ local providers when a non-Veteran is identified. Many counties also partner with emergency responders, hospitals and others to receive a call when someone is observed as unsheltered & then providing outreach on-demand. Some counties utilize volunteers for monthly outreach efforts.

2) 100% of the CoC is covered by outreach efforts.

3) Frequency varies by community. In the Lehigh Valley & Monroe County, outreach occurs daily or several times/week. In communities where unsheltered homelessness is less frequent, outreach occurs between several times/month to monthly based on need. 100% of the counties conduct an unsheltered PIT count each year.

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

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	Yes	No
5.	Other:(limit 500 characters)		

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1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.i.	

		2021	2022
	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.”	953	957

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC’s geographic area:

	Resource	CoC Provides Annual Training?
1.	Food Stamps	No
2.	SSI–Supplemental Security Income	No
3.	TANF–Temporary Assistance for Needy Families	No
4.	Substance Abuse Programs	No
5.	Employment Assistance Programs	No
6.	Other (limit 150 characters)	
	The CoC is actively working with PA DHS to have these training provided annually.	Yes

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC:

	1. systemically provides 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. works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
	3. works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1) The CoC systematically keeps staff up-to-date on mainstream benefits through posts on the CoC's social media platform (Slack) & during monthly/quarterly regional meetings of the CoC. Updates are provided during meetings by reps from the County Assistance Offices, Community Action Agencies (CAAs) & Legal Aid, which support households applying for mainstream resources. A designee of the PA Dept of Human Services is a member of the Gov Board & provides updates. Training is regularly provided by local government in each of the CoC's 33 counties.

2) The CoC has been working to support homeless assistance providers coordinate and leverage partnerships between health care providers, mental health providers and substance abuse treatment providers. This includes partnerships with FQHC, Medicaid-reimbursable service providers, Community HealthChoices, the state's managed care program and more. This collaboration has created opportunities for the co-location of housing & services, as well as increased access to services.

The CoC works with community partners to ensure that participants effectively utilize Medicaid/ other benefits. Community Managed Care organizations may attend local homeless coalition meetings to discuss benefits and how to take advantage of them.

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

In addition, CoC agencies have built strong partnerships with healthcare orgs (including substance abuse treatment and MH treatment) to connect their participants with services, through a warm-hand off process.

3) CoC organizations either employ staff who are SOAR certified, or partner with neighboring organizations who have SOAR certified staff. For example, Tableland Services in Somerset County has 3 SOAR trained staff; Wayne County Human Services has 1 SOAR certified staff and 1 in process of being certified. As part of the annual Coc NOFO competition, both renewal and new projects are required to affirmatively answer that they will "Utilize a SOAR trained individual to provide technical assistance related to accessing SSI/SSDI". If grantees need assistance accessing SOAR training, the CoC will connect them with local and state resources. A designee of the PA Dept of Human Svcs is a member of the Gov Board & also helps make these connections when needed.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

The PA Department of Community and Economic Development (DCED), is the state ESG, CDBG, HOME recipient, as well as the CoC Collaborative Applicant. DCED has made non-congregate shelter a priority within their HOME-ARP allocation plan (accounting for 20% of total allocation). This will bring over \$15M into Pennsylvania to support the development of non-congregate shelter. DCED will prioritize funds for non-entitlement communities, which means these funds will be able to serve non-urban areas across the 33-county CoC. These funds will greatly expand the CoC’s capacity to provide non-congregate shelters. CoC leadership and members participated in HOME-ARP input sessions to help directly inform the allocation plan. In addition, entitlement communities within the CoC have also prioritized some funds for non-congregate sheltering. In addition to HOME-ARP funds, ESG-CV funds have prioritized adding non-congregate shelter capacity. State ESG-CV funds were used to expand non-congregate shelter capacity in numerous counties within the CoC, including Adams, Centre, Cumberland, Franklin, Monroe, Schuylkill, Wayne, Clinton, Union, Snyder, and Lebanon. Several DV agencies in the CoC also received ESG-CV funds to expand non-congregate sheltering. The expansion of non-congregate sheltering was needed to deconcentrate shelters, and to expand shelter capacity in communities that had increased demand.

ID-8.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1) In the case of future infectious disease outbreaks, CoC has established communication procedures to gather information from the state (as well as other sources of information such as CDC and HUD) and disseminate this information quickly to providers via: CoC Office Hour calls; online communication platforms (Slack and email mailing list); and via monthly regional meetings of the CoC. Throughout the COVID-19 pandemic, the CoC strengthened its relationship with the PA State Department of Health (DOH), who oversees public health activities for most of the CoC. The CoC worked in partnership with the DOH, 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). The information/resources resulting from this partnership helped decrease the spread of COVID-19 & ensured safety measures were implemented. The CoC participated on regularly held State-sponsored COVID-19 calls (PA Sheltering Task Force) to receive updates from DOH and provide input/feedback to State DOH, Human Services, PEMA, etc related to the needs of people experiencing homelessness, as well as those of providers in order to be able to be responsive to the public health emergency.

Due to the 33-county geography of the CoC, much of the work to respond to infectious disease outbreaks occurs at the local level. CoC providers have built strong partnerships with their county health departments to develop policies and procedures to respond to infectious disease outbreaks. This includes partnerships with health & MH providers to deliver mobile services to households sheltering in hotels or other non-congregate sites.

2) The PA Sheltering Task Force continues to meet and provide relevant COVID information, as well as resources related to the prevention of monkeypox.

CoC providers have established protocols that will ensure they can ask swiftly for future public health emergencies to prevent infectious diseases outbreaks among people experiencing homelessness. These include de-densifying programs (including use of hotels/motels), isolation/quarantining protocols, testing protocols, handwashing and cleaning protocols, screening protocols, vaccination protocols, and staffing structures. CoC providers have also established/enhanced partnerships with local healthcare providers for access to testing and vaccines.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:	
1.	sharing information related to public health measures and homelessness, and	
2.	facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1) Throughout the COVID-19 pandemic, the CoC strengthened its relationship with the PA State Department of Health (DOH), who oversees public health activities for most of the CoC, by participating in their Sheltering Task Force. The Task Force was the communication hub for releasing providing updates from FEMA/PEMA, CDC, DOH, and HUD. The CoC through disseminated this information to providers quickly/regularly via: CoC Office Hour calls (which started twice per week at the beginning of the pandemic and reduced frequency based on need); online communication platforms (Slack and email mailing list); and via monthly/quarterly regional meetings. This included sharing best practices for non-congregate shelter, information about hotel chains partnering with the state to provide shelter, information about needed supplies and medical/prevention-related equipment, and more.

2) The CoC provided contact information for all homeless-dedicated projects in the CoC so DOH could work with providers related to safety planning protocols (including social distancing, de-densifying shelter) hand washing, masks, vaccinations). This ongoing partnership helped decrease the spread of COVID-19 & ensure safety measures were implemented. The CoC participated on regularly held State-sponsored COVID calls to receive updates from DOH and provide input/feedback to State DOH, Human Services, PEMA, DCED, etc related to the needs of people experiencing homelessness. This information was used throughout the CoC to establish/expand partnerships with public health providers. Through the joint efforts of homeless assistance providers and public health workers, resources were allocated to provide unsheltered households with hotel vouchers and other non-congregate sheltering options. In addition, sanitation stations and other resources were set-up to minimize risks of COVID outbreaks among unsheltered households who did not move inside. The CoC is still seeing positive results stemming from these efforts, including providers reporting expanding partnerships with public health agencies, such as co-location, MOUs to provide services, etc. The establishment/ expansion of such partnerships will assist the CoC to respond more quickly to future outbreaks/ public health emergencies.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC’s coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1) The CoC operates CES to coordinate & manage access, assessment, prioritization & referral to housing & services for any person experiencing or at imminent risk of homelessness throughout 100% of the 33-county CoC. CES is accessible through a Call Center (PA 211) via 24/7 live voice & texting option, as well as 27 CES Access Sites (3 of which are veteran-dedicated). Five dedicated managers oversee CES operations across the 5 CoC regions, plus one DV CE specialist.

2) All CE Specialists use a standardized Triage/Safety Protocol & a Triage Assessment to determine homeless status & the VI-SPDAT screening tool which assesses HHs for vulnerability/ informs prioritization. Households are prioritized based on vulnerability, including chronic status, VI-SPDAT score & length of time homeless for prioritization. CE Specialists make direct referrals to prevention/diversion, Shelter & TH, and place people needing RRH or PSH on By Name List (BNL). Enrollments into RRH/PSH projects are pulled from BNL in order of prioritization.

All ESG/CoC providers are required to fill all RRH & PSH openings through the BNL. To increase housing options & timely assistance, resources through other funding sources also pull HHs from the CES list. CE Managers monitor the BNL to ensure prioritization policies are followed. Reps from the 10 CE zones meet regularly (at least monthly) to discuss & address the housing needs of HHs on the BNL.

3) Weekly CE operations meetings regularly discuss the feedback from 211, Access Sites, ESG/CoC providers, and PWLE to make ongoing adjustments to the system. In addition, a full CE system evaluation was just completed by HomeBase. The evaluation included feedback from: PWLE who were assessed through CE; PA 211 staff; CE Access Site staff; providers using CE for housing placement; and others. The CoC has prioritized these recommendations and is actively working to implement system changes, which include replacing the VI-SPDAT, development of a more robust diversion process and funding to support diversion efforts, as well as converting CE from a “pull” system to a “push” system that will refer households to projects for enrollment. The CoC has submitted a Home4Good funding application to provide diversion resources CoC-wide. In addition, the CoC is looking to increase the capacity of the system by submitting two new project applications during this NOFO round, including one application under the DV Bonus.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section VII.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
2.	prioritizes people most in need of assistance;
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and
4.	takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)

- 1) To reach people least likely to request homeless assistance, CES staff deploy to DV shelters, Code Blue shelters & outdoor encampments to reach vulnerable individuals who may not access CE. Street outreach workers also provide CES services to connect those who are unhoused. Translation services, including for people who are deaf/hearing impaired, are available. CES tools & marketing materials are available in English & Spanish. CoC partners including local govt, law enforcement, MH, education partners, local United Ways, & more have been educated about CES & refer households who otherwise may not request homeless assistance, including unsheltered households.
 27 CES Access Sites are available throughout the CoC; additional sites provide CES specifically for youth, veterans & DV.

- 2) A Triage/Safety Protocol & Triage Assmt are used to determine homeless status & the VI-SPDAT. Prioritization is based on vulnerability, including chronic status, VI-SPDAT score & LOT homeless. CE Specialists make direct referrals to prevention/diversion, Shelter & TH, and place people needing RRH or PSH on BNL, for priority-based enrollment. The CoC's Written Standards prioritize unsheltered households for shelter placement.

- 3) CE Managers support prioritization policies through BNL management. Reps from the 10 CE zones meet regularly to discuss & address needs of HHs on BNL. Housing matching is driven by participant choice & preferences, which may include relocating to another county in the CoC.
 The CoC's renewal scoring process reviews LOT from enrollment to housing move-in, with a CoC goal of 30 days or less. Many areas of the CoC have developed landlord incentives and/or housing locator positions to engage local landlords & reduce housing search time.

- 4) The CoC strives to make the CES as accessible as possible & reduce burdens on those seeking services. CES uses a phased assessment tool, only asking questions necessary at each phase to connect households to appropriate resources. The CES has telephone, text, & multiple walk-in intake sites access throughout the 33-county region. Anyone experiencing homelessness can call 211 toll-free 24//7 to receive CE intake and referral (emergency referrals only after hours/weekends/holidays). If someone calling 211 cannot wait, they can leave a message & call is returned. In the past 12 mos, the CoC streamlined the intake/referral process for people at imminent risk of homelessness to connect with prevention resources.

1D-10.	Promoting Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section VII.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	05/24/2022

1D-10a.	Process for Analyzing Racial Disparities—Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	
	Describe in the field below:	
1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and	
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

1) The CoC has conducted three racial disparities since 2019 (2019, 2020, 2022). These analyses entail reviewing homeless system access & outcomes by race & ethnicity. This analysis is conducted using data from HMIS/the CE System. The CoC Lead Agency conducts the analyses & solicits feedback from community partners/ providers to inform the analysis. The most recent analysis in 2022 included an analysis of CE access and outcomes by race and ethnicity, which including looking at access to CE by race/ethnicity, VI-SPDAT score by race/ethnicity, length of time on By Name List by race/ethnicity, and coordinated entry outcomes (e.g., PH destinations, temporary destinations, unknown outcome) by race/ethnicity. The most recent analysis in 2022 was displayed using Tableau software, which allows community partners/providers to view data CoC-wide and/or to drill down the data by county and region, which is very important in our 33-county CoC, as needs/disparities may vary at the regional and county level. The Tableau dashboard/analysis is publicly available for community partners and providers. The CoC's racial disparities analysis in 2020 included an analysis of system performance measure outcomes by race and ethnicity (exits to permanent housing, length of time in housing, increasing income). These annual analyses are shared with the full CoC, and community partners can drill into their local data and discuss challenges and solutions at their regional and county level housing meetings.

2) Through racial disparities analyses from the past several years, the CoC identified the following disparities: A) BIPOC household score lower on the VI-SPDAT assessment tool than White households; B) BIPOC households are less likely to be prioritized for housing interventions through CE than White households. BIPOC households are less likely to be prioritized for higher intensity interventions such as PSH than white households; C) BIPOC and Hispanic/Latino households were less likely to be housed through CE, more likely to be closed from the By Name List, and less likely to self-resolve their homelessness; D) Once housed in a permanent housing program, BIPOC and Hispanic/Latino households had a lower rate of successful exit to permanent housing/retention in permanent housing than White/Non-Hispanic Non-Latino households.; E) BIPOC and Hispanic/Latino households had lower rates of increasing non-earned income than White/Non-Hispanic Non-Latino households.

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.q.	

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	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.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.	The CoC has contracted with the Technical Assistance Collaborative to support its DEI Committee, including providing in-depth training; supporting leadership development among Committee members; recruitment, membership and governance; helping prepare the group to self-lead/govern; and identifying goals that will support increasing equity within the CoC. This includes CoC-required DEI training.	Yes

1D-10c.	Actions Taken to Address Known Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

As a result of the previous racial disparities analyses, the CoC has implemented the following steps to address disparities:

- Providing access to data at the following levels: CoC, region, county, org, & project level to facilitate the data analysis of outcomes by race & ethnicity.
- The Gov Board approved a new, enhanced nondiscrimination policy & implemented across all ESG/CoC programs, including requirements for ESG/CoC projects to adopt an org or project-level Non-Discrimination Policy.
- CoC grantees have been evaluated on equity criteria in renewal scoring evaluations in 2020, 2021 & 2022. This has included: steps org is taking to address disparities & increase equity; to analyze their own project data disaggregated by race & ethnicity; an overall organizational equity analysis (looking at org policies, practices, training, etc.); & ensuring that all orgs have implemented the required non-discrimination policies.
- The CoC hosted a 2-part racial equity training in summer 2020 for all ESG/CoC providers. This training facilitated a greater understanding of equity & facilitated conversations between providers about how to address inequities on local/CoC-wide level.
- In 2021 the CoC formed a Diversity Equity & Inclusion Committee charged with assessing the CoC's diversity & equity at the Board level and throughout CoC operations. To support the DEI Committee launch & role within the CoC, the CoC contracted with TAC to provide in-depth training, support leadership development of Committee members, prepare the group to self-lead/govern, and assist the CoC by identifying goals/strategies/methods for increasing equity.
- The CoC has added 3 PWLE to its Funding Committee - these members are involved in decision-making related to how renewal & new CoC projects are evaluated, to ensure that the input of PWLE is reflected in the CoC's funding process/decisions.
- The CoC just completed a comprehensive CE evaluation, which included findings & recommendations related to disparities in CE. This included analyzing both quantitative & qualitative data (information from persons who have navigated the system) about needs/ gaps in CE. The CoC is advancing work to respond to these findings, including active work to determine the process for developing an updated assessment tool that better reflects the needs of the CoC, and is informed by equity to ensure that persons of color have equal access to the system and are not screened out based on a biased tool.

1D-10d.	Tracking Progress on Preventing or Eliminating Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC’s racial disparities analysis identified the following issues, among others:

- lower CE assessment scores
- lower project enrollment rates for BIPOC
- lower PH placement rates for BIPOC
- fewer number of days enrolled in project
- less increased income while participating in homeless assistance projects

Many of these issues stem from CE assessment. As such, the CoC is exploring opportunities to replace the VI-SPDAT, a process to be led by the CE Committee & overseen by the Gov Board. The outcome of this work will include an equitable assessment tool, where variation in score is based on vulnerability to continued homelessness, not race or ethnicity. This work will be informed by persons with lived experience and community partners. Once this tool is rolled out, the CoC will be able to accurately monitor any potential disparities in outcomes by race and ethnicity.

In addition, the CE system is moving away from a “pull” system to a “push” system. This will allow the CoC to track each referral to PH projects to ensure the CoC’s prioritization policies are followed and the likelihood of receiving assistance is not predicted based on race or ethnicity.

The CoC’s Funding Committee has established additional equity-centered renewal scoring/evaluation criteria each year. The Committee has been exploring how to incorporate factors such as lower successful exits among BIPOC and less increases in income among BIPOC. This is challenging because some parts of the CoC are racially homogeneous and have few BIPOC households seeking homeless assistance. This is an area where the CoC will continue to explore how to evaluate outcomes across CoC providers in a fair way.

The CoC continues to encourage providers to hire and promote staff that reflect the diversity of the program participants, including BIPOC, LGBTQ, etc.

In addition, the Governing Board continues to outreach to organizations that serve BIPOC, LGBTQ, and other vulnerable populations to join the CoC and collaborate in joint efforts.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC’s Outreach Efforts.	
	NOFO Section VII.B.1.r.	

Describe in the field below your CoC’s outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

The CoC has recruited persons with lived experience for the CoC Board and various committees, including most recently for the DEI Committee, Funding Committee and Special NOFO Rural Workgroup. To recruit persons with lived experience, the CoC sends out flyers with information on the committees, and multiple ways for participants to reach out/apply including QR codes or email contacts. These flyers also include information about pay rate (stipends) for persons with lived experience. Recruitment of PWLE is discussed during regional CoC meetings & semi-annual CoC-wide membership meetings. The October 2022 general membership meeting of the CoC includes engagement of PWLE on the agenda.

The CoC sent multiple recruitment emails to all CoC providers and partners, and CoC staff engaged providers working with people experiencing homelessness to assist in identifying and recruiting persons with lived experience for these committees. This includes outreach to PWLE now working within organizations providing homeless assistance and beyond. CoC staff have one-on-one conversations with any persons with lived experience interested in joining committees, and new committee members are also provided with CoC onboarding prior to starting with a committee and ongoing support once a member of the Committee in order to provide context and explanation of discussions, in hopes of supporting meaningful engagement in the work. In 2022, the CoC amended its funding policies to include 5 seats on the CoC Funding Committee for persons with lived experience (5 out of total 16 seats). In the most recent round of recruitment for the CoC Funding Committee, 3 new members who were persons with lived expertise joined the funding committee and are now involved in decision-making related to CoC funding including evaluating renewal projects, selecting new projects, potential reallocations, and ranking projects.

During the next several months, the DEI Committee will begin recruiting to increase their membership. The focus of this recruitment will include new members who are BIPOC, LGBTQ and PWLE.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

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.	3	0
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	3	0
3.	Participate on CoC committees, subcommittees, or workgroups.	3	0
4.	Included in the decisionmaking processes related to addressing homelessness.	3	0
5.	Included in the development or revision of your CoC's local competition rating factors.	3	0

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

Professional Development:

- The CoC has provided professional development opportunities for individuals with lived experience who are working with the CoC. For example, the CoC provided in-depth onboarding training to the 3 new Funding Committee members with lived experience of homelessness. This included CoC 101 as well as an in-depth overview of the CoC funding and annual NOFO process. The CoC also provides ongoing one-on-one support as needed for these Funding Committee members to understand the various CoC processes and feel they have the support to fully engage in funding conversations.
- The DEI Committee engaged the Technical Assistance Collaborative to support the establishment of this Committee. This work has expanded to include supporting DEI members to be able to participate in other CoC Committees/ efforts and to provide CoC-wide training, which will be conducted in the next few months.
- All CoC funded orgs connect participants with professional development opportunities through local CareerLinks and other employment partners, including support with resume building, interviewing skills, etc. CoC funded orgs have strong community partnerships with employment support organizations.
- The CoC provides several training opportunities each year to support the professional development of homeless assistance providers. All staff are encouraged to attend. In addition, DCED (CoC Collaborative Applicant) provides scholarships annually to support attendance of at the PA Homes Within Reach Conference among PWLE.

Employment:

- The CoC has three members with lived experience on the Funding Committee who are compensated for their time and expertise.
- CoC street outreach providers have hired persons with lived experience to serve on outreach teams.
- A number of Domestic Violence organizations, which maintain close relationships with homeless assistance providers in each county, frequently hire Survivors to work for the organization once no longer receiving services.
- Other CoC funded orgs employ persons with lived experience or connect them directly to employment. For example, Wayne County Human Services has employed two individuals with lived experience of homelessness who work in Children and Youth Department and Transportation Departments. Bethlehem Emergency Sheltering provides employment opportunities to individuals housed in the Victory House transitional housing program for veterans.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
NOFO Section VII.B.1.r.		
Describe in the field below how your CoC:		
1.	how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and	
2.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness	

(limit 2,500 characters)

1) Most recently, the CoC solicited feedback from households that have utilized Coordinated Entry in the last five years. This was part of the CoC's CE evaluation, which was completed this Spring. PWLE that participated were paid for their time & their input was summarized in the final report submitted by HomeBase. The CoC has been actively reaching out to invite PWLE to participate in the CoC Board, Committees, and other opportunities. This includes the planning process the CoC is currently conducting in preparation for the Special NOFO submission. The CoC has established a payment process in order to provide timely stipends. PWLE participate in regional meetings of the CoC. Issues raised at these meetings is funneled up to the Governing Board. The Funding Committee is considering adding client satisfaction surveys as a requirement in the future for the annual renewal scoring/evaluation process. This process is already commonplace for some ESG/CoC-funded organizations.

2) The CoC is working to implement an action plan for Coordinated Entry issues identified within the CE evaluation, which includes feedback from PWLE. The CoC designed the stipend/payment process with input of PWLE and has built in more flexibility and options for payment based on the needs of PWLE and the easiest methods for them to receive payment. While CoC and Committee meetings are still virtual, the Special NOFO meetings are hybrid, with most of the planning committee attending via Zoom, while the meeting occurs in a room that includes PWLE. This allows for pre/post meeting discussion to support their involvement in the process.

1D-12.	Increasing Affordable Housing Supply.	
NOFO Section VII.B.1.t.		
Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC's geographic area regarding the following:		
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

The Eastern PA CoC includes a total of 1,023 municipalities across its 33 counties. Some of these municipalities have a zoning ordinance, either because they have enacted their own zoning ordinance or because they have chosen to be covered by a county's zoning. In addition, a substantial number of municipalities don't have zoning.

1) Due to the size of the CoC, much of the work related to reforming local zoning and land use policies happens at the municipal/county level. In last 12 months, the CoC and its member orgs have taken the following steps: a) The CoC consultant has worked with some municipalities within the CoC to amend their zoning to allow for innovative affordable housing options (such as elder cottages); b) The Lehigh Valley RHAB (most urban area of CoC) is partnering with the Lehigh Valley Planning Commission to advance efforts to expand affordable housing development through changes to zoning & land use policies; c) CoC providers/partners in Bethlehem (in Lehigh Valley) have met w/ state reps, city council members & city officials re: zoning & land use. The city of Bethlehem is looking to address zoning & land use through its affordable housing strategy (under development) and has convened a regional roundtable on homelessness to support efforts; d) Wayne County has a housing taskforce that meets monthly to work on reforming zoning/land use policies and addressing barriers to housing development, which includes CoC providers.

2) In the last 12 months, the CoC and its member orgs have taken the following steps: a) The CoC consultant has presented at state housing and CAA conferences on zoning special exceptions for innovative affordable housing options, to support communities in understanding zoning allowances & opportunities for innovation. b) The CoC will provide support to local communities, e.g. a CoC partner org in Mifflin-Juniata Counties (rural area of CoC) is part of the Property Standards Committee for their counties which works to reduce barrier to developing blighted properties. In addition, the CoC is exploring how to utilize Act 58, which was signed into law 7-11-22, granting more powers to municipalities to approve tax abatements and other incentives for affordable-housing projects. This law allows municipalities to grant 10-year tax exemptions on multi-unit buildings where 30% of units qualify as affordable housing or when a project repairs a blighted property, among other provisions to increase affordable housing dev.

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC’s Local Competition Deadline–Advance Public Notice.	
	NOFO Section VII.B.2.a. and 2.g.	
	You must upload the Local Competition Deadline attachment to the 4B. Attachments Screen.	

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC’s local competition.	08/16/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
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.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below. NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	
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You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	50
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process. NOFO Section VII.B.2.d.	
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- Describe in the field below:
1. how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing;
 2. how your CoC analyzed data regarding how long it takes to house people in permanent housing;
 3. how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
 4. 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 2,500 characters)

1) The CoC’s renewal scoring process includes the analysis of APR (pulled from HMIS and/or HMIS comparable database) and the collection of additional information that is not available in HMIS. For successful permanent housing (PH) placement, the CoC uses APR data to analyze the % of households that exit to PH and/or for PSH the % that exit to and maintain PH. This element accounts for 10% of the project’s total renewal evaluation score (10 of 100 points).

2) As part of the local competition renewal scoring process, the CoC analyzes length of time between project start and housing move-in date. The CoC specifically looks at the % of households who moved into housing within 30 days of enrollment. The scoring threshold for points is that 90% of households move into PH within 30 days (for PSH) & 80% within 30 days for RRH.

3) The CoC factors in specific severity of needs and vulnerabilities experienced by program participants when conducting the annual renewal evaluation scoring. Severity of need criteria account for 10 out of 100 points. The specific severity of needs and vulnerabilities the CoC considered when reviewing, rating and ranking projects includes:

- Health Conditions: % of participants with 1+ physical and/or mental condition
- Zero Income at Entry: % of adults w/ zero income at program entry
- Unsheltered: % of adults coming from unsheltered locations at entry
- Age: % of adults who are youth age 18-24 OR adults age 55+
- Domestic Violence: % of adults w/ history of DV

All of these criteria are scored using data from HMIS (or DV comparable database) and the APR.

4) 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. Additional measures such as non-earned income are included to ensure that projects serving households w/ highest vulnerabilities are evaluated fairly against projects serving less vulnerable populations. As part of the scoring process, the CoC provides training to grantees explaining the severity of need criteria are designed to provide balance in the project evaluation process, as projects serving participants with the highest severity of needs may struggle in other areas (e.g. increasing income, exits to PH).

1E-3.	Promoting Racial Equity in the Local Competition Review and Ranking Process.	
	NOFO Section VII.B.2.e.	
	Describe in the field below:	
1.	how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;	
2.	how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;	
3.	how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and	
4.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	
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(limit 2,500 characters)

1) The CoC's local funding process is implemented by the Funding Committee, including determining rating factors, new project selection & ranking. Following the annual renewal scoring process, the CoC distributes the renewal scoring criteria to the full CoC for comments. This is the opportunity for all providers, stakeholders & community members to provide input. The input is reviewed & considered by the CoC's Funding Committee as they begin to revise the criteria the following year. While this process is open/available to all CoC members/stakeholders, the race of those responding is unknown. Methods for obtaining specific input of persons of different races, particularly those overrepresented in the local homelessness population, will be discussed with the CoC's DEI Committee. Their recommendations will inform the CoC's Funding Committee on effective approaches for obtaining this input.

2+3) The CoC's DEI Committee is working to assist the CoC to diversify leadership & participation, which will include the membership of the Funding Committee. The Funding Comm has 5 seats dedicated to PWLE, of which 3 are currently filled. The Committee & CoC have discussed the need to intentionally increase membership to include persons of different races. While the CoC's Governance/Membership Committee conducts targeted outreach, serving is voluntary & limited to non-conflicted individuals not competing for CoC funds, which creates additional challenges in recruiting black & brown HHs who are over-represented w/in the homeless population. The FC does benefit from members that work with some of the CoC's most vulnerable households, including Veterans, DV, youth & the criminal justice population.

4)The CoC's renewal scoring criteria has included equity criteria over the past three years. In 2022, grantees were asked to provide information about whether they have disaggregated program data by race/ethnicity/gender/etc., what the process was for doing so, what they learned (e.g., barriers for participants, disparities in outcomes, etc.), and the next steps as a result of the process. Grantee responses on equity criteria impacts their overall score in the local competition. In previous years renewal scoring questions about equity have included: 1) steps org is taking to increase equity, 2) completing an equity analysis of org policies, practices, training, etc., and 3) ensuring that all orgs have implemented the required non-discrimination policies.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	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; and	
	4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 characters)

1)The CoC’s reallocation process is outlined in the Funding Policies. This document is updated annually, with changes approved by the Governing Board. The document is circulated to CoC-funded providers and to the full CoC, as well as publicly posted on the CoC website at the start of the renewal scoring process annually (April 2022). The CoC uses annual project scoring & gaps analysis to help determine which projects should continue to receive funding. The CoC may consider full or partial reallocation based on the following factors: underperformance; cost effectiveness; underspending; lack of need; funds needed to respond to an urgent/emerging CoC need; or monitoring indicates serious problems.

Reallocation decisions are made by the Funding Committee, which is made up of non-conflicted members who do not receive CoC funding. Projects subject to reallocation are provided with an opportunity to submit an appeal, as indicated in CoC’s Funding Policies. The CoC identifies projects that were low performing, underspending, or had cost effectiveness concerns via the annual project evaluation/scoring process.

Needs are IDed in the CoC’s annual gaps analysis, also informs the reallocation & new project selection process.

2) Following the 2022 scoring/evaluation process in spring 2022, the CoC identified 11 projects w/ concerns – 6 for underspending and 5 for underperformance concerns. The CoC informed each of these projects regarding concerns via letter and offered TA.

3) No projects were identified for involuntary reallocation in 2022. One project opted for a partial voluntary reallocation, as the configuration of the project no longer made sense to meet the needs in their community.

4) Projects are considered for potential involuntary reallocation if they have underperformance or underspending for 2 years. If a project has underperformance or underspending for 2 or more years, the CoC provides an official letter outlining the concerns and offers TA, and also asks the grantee to provide a written response outlining challenge areas and how they propose to resolve the issues. If performance does not improve after receiving this official notice, the CoC may consider the project for potential reallocation. At this time, all projects are in the process of implementing improvement plans, with TA support as needed. In addition, the projects w/ concerns in 2021 have improved performance/spending and/or increase occupancy.

1E-4a.	Reallocation Between FY 2017 and FY 2022.	
	NOFO Section VII.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/08/2022

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	
	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. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/13/2022

1E-5b.	Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes
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1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/28/2022
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	

You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC's website or partner's website.	09/28/2022
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2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Eccovia/ClientTrack
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC’s HMIS coverage area.	Multiple CoCs
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

	Enter the date your CoC submitted its 2022 HIC data into HDX.	04/21/2022
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in databases that meet HUD’s comparable database requirements; and	
2.	state whether your CoC is compliant with the 2022 HMIS Data Standards.	

(limit 2,500 characters)

1) The CoC has encouraged VSPs applying for ESG/CoC-funding over the years to include funds within their budget to update their database to meet the HUD comparable database requirements. 100% of ESG/CoC-funded DV housing and service providers in the CoC use one of two DV comparable databases ETO and EmpowerDB, with both collecting the required HUD data elements. Additionally, all VSPs receiving VOCA funding enter data into ETO. There are two ES and two TH projects that are DV dedicated projects, operated by community providers who are not VSPs. These projects do not enter data into ETO or EmpowerDB.

VSPs participating in the CoC-wide DV RRH project w/ PCADV use EmpowerDB. All other ES, TH, RRH, PSH projects are reported into ETO. PCADV provides TA, reporting & other database related supports to DV agencies who use ETO & Empower. PCADV is able to pull aggregated reports for all programs that participate in either of these databases.

Data is provided to the CoC/HMIS Lead/ ESG Recipient for a number of purposes, including for the CAPER. 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 CoC-funded VSPs as part of the annual renewal scoring process. The CoC & HMIS Lead also coordinated with VSPs to collect their performance data as part of its new quarterly monitoring process, which rolled out in 2021. This includes data related to system performance such as length of time from enrollment to move-in, increased income, exits to PH destinations, as well as data quality. The CoC/HMIS Lead is able provide high level technical assistance about HUD's requirements around data standards and the submission of SPM data.

2) Yes, the CoC is compliant with 2022 HMIS Data Standards.

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

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,278	306	667	68.62%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	565	52	269	52.44%
4. Rapid Re-Housing (RRH) beds	957	207	706	94.13%
5. Permanent Supportive Housing	1,181	20	742	63.91%
6. Other Permanent Housing (OPH)	139	0	17	12.23%

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 2,500 characters)

1) ES: The CoC's ES HMIS participation rate has increased from 50 % (2017) to 69% (2022). This increase is largely associated with the rollout of CE & ES providers better understanding their role in CE & the importance of the system having access to their bed inventory/availability. A portion of this increase can also be attributed to ESG shelters participating in HMIS. Additional outreach to ES projects will continue.

TH: With the CoC no longer funding TH, the TH HMIS coverage % has decreased. TH providers that have never been on HMIS are beginning to understand how their participation in CE needs to include HMIS. Strategies specific to increasing HMIS participation among ES & TH projects include working w/ CoC partners: United Way; PA DHS; others - to require CE & HMIS participation for all homeless programs.

PSH : 402 of 439 (92%) PSH beds not on HMIS are VASH-funded. This remains a priority for the HMIS Lead & Veterans Comm. While not on HMIS, the VA HOMES assessments are uploaded & tracking of VASH vouchers occurs through veterans by name list.

OPH: The CoC will work to encourage HMIS participation among OPH providers as part of the CoC's efforts to incorporate these units into a Move On strategy.

In addition to the above, the CoC is moving from a "pull" CE referral system to a "push" system, which will require that all projects have their inventory in HMIS so that referrals can be targeted to programs with vacancies. This will result in additional projects being incorporated into HMIS.

2) The CoC completed an HMIS evaluation in Dec. 2021. As a follow-up to this evaluation, the HMIS Lead is creating a new HMIS Governance Committee. This Committee will be developing strategies for increasing HMIS participation, including outreach & talking points to support engagement of orgs not currently participating. In addition, the above steps will be carried out thru meetings w/ CoC partners to further educate on the supports available to HMIS users & the importance of HMIS, which is vital to measuring the effectiveness of the investments made by the CoC & other funding partners. For example, without increased bed coverage, returns to homelessness are not adequately captured. The CoC will specifically work with the state agencies participating in a Coordinated Investment Planning process, which includes the need to require HMIS participation among homeless assistance providers funded through state resources.

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 February 15, 2022, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC conducted its 2022 PIT count.	02/23/2022
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/21/2022
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2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

Describe in the field below how during the planning process for the 2022 PIT count your CoC:

1.	engaged stakeholders that serve homeless youth;
2.	involved homeless youth in the actual count; and
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 2,500 characters)

The CoC offered stipends to support the participation of youth in the planning of the PIT count (including the CoC’s Youth PIT Planning Team & county-level planning teams), as well as stipends for participation in the actual PIT count.

1) The CoC convened a CoC Youth PIT Planning Team who met 3 times leading up the PIT count to plan and implement CoC-wide strategies to better count and engage youth experiencing homelessness. This team consisted of 11 individuals. The team included youth-serving organizations (including youth street outreach staff), homeless service organizations, a national TA provider, and a young adult with lived experience of homelessness. The CoC attempted to recruit additional youth with lived experience of homelessness for the planning team but was not successful. This will be an ongoing goal for future years as the CoC builds on its work to engage people with lived experience into the CoC work. This planning team implemented several strategies to better identify youth experiencing homelessness: A) rolled out a youth specific PIT count training for all county PIT coordinators and volunteers; and B) implemented supplemental youth-specific PIT questions that were piloted in counties with higher prevalence of youth experiencing homelessness (to better understand the needs of youth experiencing homelessness).

2) The CoC worked to identify/engage youth with lived experience in the PIT count, including working with youth-serving providers to recruit youth and offering payment for time and expertise. At the county level, some counties with higher prevalence of homelessness/youth homelessness were able to successfully engage youth with lived experience in their local planning process and/or to participate in the actual PIT count.

3) The youth PIT planning team used HMIS data, PIT data from previous years, and local education system data to identify counties with higher numbers of youth experiencing homelessness. The team requested that these counties participate in a pilot process to add additional youth-specific PIT questions to their survey process. In addition, the CoC provided training on youth-specific PIT strategies, which included strategies for identifying youth and where communities may identify youth experiencing homelessness. At the local level, many counties engaged local partners including McKinney-Vento liaisons and youth-serving providers to help identify target locations in their counties to identify youth.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points. NOFO Section VII.B.5.a and VII.B.7.c.	
In the field below:		
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;	
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and	
3.	describe how the changes affected your CoC’s PIT count results; or	
4.	state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2022.	

(limit 2,500 characters)

1) There were no changes to the shelter PIT count implementation methodology or data quality. However, there has been an influx in temporary funds for emergency housing (specifically ESG-CV and ERAP funds) to support households experiencing homelessness due to COVID-19, including a large increase in hotel/motel vouchers for households experiencing homelessness. All of these temporary resources were included in the shelter PIT Count.

2) There were no changes to the 2022 unsheltered PIT count implementation related to methodology or data quality. However, the CoC would like to note that we believe the unsheltered population decreased in the 2022 PIT Count because there has been influx in temporary funds for emergency housing (specifically ESG-CV and ERAP funds) to support households experiencing homelessness due to COVID-19, including a large increase in hotel/motel vouchers. While there has also been an increase in funding for RRH, many providers are having challenges identifying available units (willing landlords, units within FMR, etc.)

3) Because of the influx of temporary funds for emergency housing, the CoC saw an increase in the number of sheltered persons during the 2022 PIT count. In addition, there has been an increase in households experiencing housing instability and homelessness due to the impact of COVID-19, which has also resulted in increased sheltered numbers during the 2022 PIT Count. As noted above, the CoC believes that this influx in temporary funds for emergency housing has resulted in a decrease in the unsheltered population. The CoC is unsure what the impact on unsheltered homelessness will be when the temporary funds end.

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section VII.B.5.b.	
	In the field below:	
	1. describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
	2. describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time	

(limit 2,500 characters)

1) Across the entire CoC (33 counties), the CoC identified risk factors through analysis of data collected through the CE process/HMIS. Risk factors include institutional discharge w/ no home plan; loss of employment; family w/ young children; DV experience. On the local level, county hsg coalitions & regional CoC groups ID/discuss emerging trends being addressed locally. The CoC conducts an annual gaps analysis using Coordinated Entry Data to identify who is entering the system, what the service needs are, and potential disparities within the system. This gaps analysis data is used at the CoC-level and at the local county level to identify risk factors for experiencing homelessness.

2) Most recently, ERAP & ESG-CV funding have led to a significant increase in homelessness prevention efforts. During COVID, the CES system (211 and CES access sites) implemented a prevention screening tool to screen households for risk of homelessness and connect them immediately to resources, at the front door of the system. 211 (phone CE access) implemented a phone triage system to identify households at risk of homelessness and immediately connect to resources. Providers in the CoC have been providing diversion services since 2018 when the Cleveland Mediation Center was contracted to provide CoC-wide training. In addition, the CoC has allocated Home4Good funds to provide diversion resources (e.g. \$289k in 2021). Per the recommendations in the CE evaluation completed in Spring 2022, the CoC is now planning to create a new CoC-wide diversion strategy/implementation plan. This work is to begin in the fourth quarter of 2022 or first quarter in 2023. HMIS has been modified to facilitate CES diversion/prevention referrals & track outcomes. In addition, the Lehigh Valley RHAB (one of the CoC's five regional working bodies) is working with the judicial system to create a court-based eviction prevention program. Other regions/communities are also working to develop strategies/interventions that will prevent homelessness, including first time homelessness. This includes tenant rights workshops, landlord mediation and more.

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

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section VII.B.5.c.	
	In the field below:	
	1. describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
	2. describe 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 2,500 characters)

1) The CoC implements many strategies to reduce to the length of time homeless for households:

- 71% increase in RRH beds in the last five years, per HIC data (2018 = 560, 2022 = 957). CoC is applying for an additional 91 in 2022 CoC Competition.
- DCED prioritizes RRH resources under ESG.
- CE system prioritizes vulnerability & length of time homeless
- 100% of CoC PSH beds chronic dedicated.
- EHV in Allentown & Centre County are moving households from PSH, allowing these units to turn-over for households on CE BNL with the longest length of time homeless.
- 100% of CoC-funded projects operate using Housing First approach & provide frequent training on HF & housing focused case management, including a 4 part training on effective housing-focused case management to support maintenance of skills & staff turnover with C4 in May-June 2021.
- To facilitate rapid PH placement, the CoC engaged TAC to provide a multi-session training series on landlord engagement in Spring 2022. In addition, TAC also facilitated a five session RRH learning collaborative over the last year in order to maximize the impact of RRH investments & increase use of best practices.
- As part of annual renewal review/scoring, projects are evaluated on the length of time b/w project entry & residential move-in, with a goal of 30 days or less.
- Throughout the pandemic & the tighter housing market, HUD waivers were in use to provide landlord incentives, exceed FMR limits & provide housing locator services in order to identify/obtain housing units.
- The CoC has expanded outreach services to engage individuals with long histories of homelessness.

2) CoC CE assessment includes questions about length of time homeless, which impacts how households are prioritized for assistance per the CoC's written standards. The CE By Name List includes LOTH as a visible field for prioritization. CE operators regularly meet to review the list & connect households to housing.

3) DCED, the Coll App, is responsible for overseeing the CoC's strategies.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC's Strategy	
	NOFO Section VII.B.5.d.	
	In the field below:	
	1. describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
	2. describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

1) The CoC implements multiple strategies to ensure ES/TH/RRH exits to PH:

- significant increases in RRH resources (71% increase in last five years), with RRH now accounting for 51% of the total CoC award.
- Case managers &/or housing navigators seek out units that are affordable (when possible) & connections to mainstream resources (e.g. employment, childcare, benefits) to ensure long-term housing stability
- Used landlord incentives to access PH units, Series of landlord engagement training sessions provided Spring 2022. CoC is using these best practices to establish a new CoC-wide initiative, which will provide landlord incentives & further landlord partnerships. The CoC is pursuing funding through PHARE, the state HTF to support this effort.
- Priority on housing stabilization w/ 100% of ESG/CoC-funded projects using Housing First (HF) approach
- Support for increasing employment & non-earned incomes to support exits to PH
- CoC provided training series of housing-focused case management practices (4 session in May-June 2021)
- many projects educate participants using strategies from the "Prepared Renters Program", which includes housing placement & housing retention
- referrals for diversion & prevention assistance are provided through CES coupled with an increase in diversion/prevention funding. New CoC-wide diversion initiative should come online in 2023.
- In 2022 the CoC hosted a 4-part RRH Learning Collaborative for CoC- and ESG-funded RRH providers in order to maximize the impact of RRH investments & increase use of best practices.

2) Strategies for PSH retention and/or exits to other PH include the above, as well as:

- Use of HF approach to remove barriers & ensure more households retain housing
- Training to support HF approach & other client engagement techniques with significant focus on maintaining housing stability. This has led to more case management occurring within client's home to help identify issues earlier
- Increase in landlord engagement, resulting in stronger relationships between providers & landlords. Landlords often contact case managers w/concerns, prior to moving towards eviction.
- CoC released Move On strategy in June 2022 with implementation to begin this Fall. This effort will target households in PSH. This effort has already begun using EHV's in partnership with the Allentown & Centre County PHAs.

3) DCED, the Collaborative Applicant, is responsible for overseeing the CoC's strategies.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	
	In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;	
2.	describe 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.	
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(limit 2,500 characters)

1) When enrolling a participant in CE, the CE assessor can see previous HMIS history of the household to identify if the household is returning to homelessness. The CoC analyzes data from CE assessments, 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 and through HMIS, CE assessors and shelters can ID households who return to homelessness to better ID risk factors.

2) Strategies to reduce rate of returns to homelessness include:
 -Continue to increase RRH capacity (71% increase in last five years)
 -Annual CoC renewal scoring/ evaluation includes returns to homelessness to encourage follow-up services for up to six months after rental assistance ends.
 -Increase in prevention & diversion funding. The CoC will roll out a new diversion process in 2023 and has allocated all of its CY23 Home4Good funding to support diversion.
 -Through implementation of CE, HHs in ES are connecting more efficiently w/ RRH . This should further reduce the % of HHs returning to homelessness, as HHs in ES return at the highest rate.
 -RRH providers work with landlords to ID affordable units that can be sustained upon exiting RRH.
 -Increased landlord engagement, housing navigation & ID of affordable units that can be sustained, including two communities within the CoC who are using Padmission. Following a 2022 training series on landlord engagement, the CoC is designing a new CoC-wide initiative to increase landlord partnerships & applying for PHARE (state HTF) to support this work.
 -CoC-wide Housing First approach, reducing program termination & returns to homelessness
 -Housing-focused case management training & emphasis on in-home case management services have helped improve retention.
 -County Human Service Depts & Community Action Agencies in the CoC are instrumental in connecting clients to prevention asst, mainstream resources, workforce dev, transportation, childcare & other resources that promote long term housing stability.

3) DCED, in their role as Coll App, is responsible for overseeing the CoC's strategies.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section VII.B.5.f.	

	In the field below:
1.	describe your CoC's strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness 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 2,500 characters)

1)The CoC’s strategy to increase employment income is to build partnerships & collaborations to connect those being served with employment . Strategies include: collaborating with workforce development system; foundation support to provide education & skill development; working w/local employers to expand employment opportunities; partnerships w/employers who reach out when position available. CoC orgs have built partnerships to offer no barrier, same day pay employment to participants. CoC orgs have built strong partnerships with local CareerLink, including some formal cooperation agreements. CoC orgs employ participants in their programs. Youth-serving providers partner with WIOA funded employment programs to offer skill development, job placement & planning towards livable wage & case management. In addition, some CoC providers have hired employment navigators to assist with resumes, job training, & building partnerships with local companies to hire participants.

2) CoC membership includes workforce development, CareerLink & other employment/education providers. Collaboration largely occurs regionally, with Reps from these systems attending CoC’s regional meetings. CareerLinks partner with CoC-funded providers to outreach to clients, expand services for individuals exp. homelessness, pursue additional funding opportunities to expand services & more. Many CoC-funded orgs provide employment supports, especially the many Community Action Agencies, including childcare & transportation resources. CoC providers also partner with EARN program where job training and childcare is provided, and participants can be referred to employers at end of program. The CoC is participating in a statewide Coordinated Investment Planning initiative, following attendance of HUD TA training series on CIP. Increasing employment income will be discussed w/DHS & other state agencies through this process & will hopefully result in increased coordination & opportunities for people experiencing homelessness.

3) DCED will be responsible for overseeing the CoC’s strategies.

2C-5a.	Increasing Non-employment Cash Income–CoC’s Strategy	
	NOFO Section VII.B.5.f.	

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

(limit 2,500 characters)

1) The CoC's strategy includes connecting clients to mainstream income supports, to increase both employment and nonemployment sources of income. To implement this strategy, CoC-funded orgs work with participants to complete applications for TANF & other cash benefits, partner with County Assistance Offices and SSI offices, and train staff to provide SSI application assistance through SOAR.

During COVID, this work expanded to include providing assistance to many more households to apply for & obtain unemployment benefits. This includes referrals to legal aid when needed. SOAR has been the primary strategy to increase access to non-employment cash/increase access through SSI, as many orgs are SOAR trained, which has increased SSI acceptance rates. Assistance in applying for SSI, TANF and other cash benefits is provided by CoC partners throughout the geographic area. Enrollment in mainstream benefits occurs online through the state's COMPASS system. COMPASS is an online single application system for many health & human service programs. All CoC-funded providers are proficient users of COMPASS. CoC providers work with local County Assistance offices so that participants can use agency addresses/phone numbers if they do not have a mailing address. Community Action Agencies (CAAs) work with participants to submit applications for benefits through the COMPASS website & provide WIC, LIHEAP, transportation and other TANF-funded services. CoC providers also offer transportation to public benefit appointments as needed. Some CoC providers have also been trained to screen individuals for SNAP benefits. CoC providers partner with legal aid organizations, who will assist participants with issues or barriers related to benefits access.

In 2022 the CoC will begin providing annual training to support access to mainstream benefits, with the first session scheduled in fourth quarter of 2022.

2) DCED, in their role as Collaborative Applicant, will be responsible for overseeing the CoC's strategies.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project 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
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
Women's Help Cent...	Joint TH-RRH	55	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Women's Help Center, Inc.

2. Enter the Unique Entity Identifier (UEI): DNPUQHL16UX3

3. Select the new project type: Joint TH-RRH

4. Enter the rank number of the project on your CoC's Priority Listing: 55

5. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
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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 2,500 characters)

N/A

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

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 2,500 characters)

N/A

4A. DV Bonus Project Applicants

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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 2022 Priority Listing.

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

4A-2.	Information About the Project Applicant for the New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project.	
	NOFO Section II.B.11.(e)(2)	

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

1.	Applicant Name	PCADV
2.	Project Name	Eastern PA CoC DV CE Extension
3.	Project Ranking on Priority Listing	57
4.	Unique Entity Identifier (UEI)	L3ALQVRJLU71
5.	Amount Requested	\$313,905

4A-2a.	Addressing Coordinated Entry Inadequacies through the New SSO-CE DV Bonus Project.	
	NOFO Section II.B.11.(e)(2)(c)	
	Describe in the field below:	
	1. the inadequacies of your CoC's current Coordinated Entry that limits its ability to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and	
	2. how the proposed project addresses inadequacies identified in element 1 of this question.	

(limit 2,500 characters)

1) Eastern PA CoC's 2022 Gaps Analysis shows domestic violence (DV) survivors are the largest sub-population accessing coordinated entry (CE): ~34% of households (HH)(1757 of 5240 HHs) assessed in FY21 experienced DV. CoC DV providers have implemented \$2.5M+ in RRH funding since 2018, adding needed CoC housing resources for survivors. The CE system does not meet survivors' needs in 2 key issues related to safety:
 A-Lack of confidentiality & timely access to resources: federal law restricts DV providers from entering data into HMIS. The CE system operates through HMIS & survivors accessing CE are entered onto the prioritization list by CE staff as time allows, lengthening the time survivors wait for housing referrals. As DV shelters are often full, timely access to RRH increases a survivor's safety.
 B-Lack of trauma-informed assessment process: current CE assessment tool is the VI-SPDAT, which lacks trauma-informed language & does not address unique risk factors experienced by survivors (lack of credit due to economic abuse, poor rental history due to damages from abusive partner, etc.). As such, survivors are prioritized lower than their safety needs require. The CoC's recent CE evaluation calls for implementing a new assessment tool & the next tool/process must be informed by DV providers & the needs of survivors.

2) PCADV's proposed DV CE extension will build needed infrastructure to ensure quick access to safe housing options for survivors as follows:
 A-Improve confidentiality & access: funds requested will be used for: purchase of a comparable database (CDB), allowing survivor HH data to be entered in compliance w/federal confidentiality guidelines; additional capacity to support the increase of survivor HHs needing assistance via dedicated staff for system navigation & coordination & use of a "no wrong door" approach to assessment.
 B-Assessment: In partnership w/PCADV, CoC DV providers will develop a trauma-informed assessment tool & process that accurately reflects survivors' needs & safety concerns.

The DV CE extension's prioritization process & case conferencing, CDB, training, TA, & cross-system communication will be managed by 2 DV CE Specialists (1 housed at PA 211 to support assessment & resource coordination) & 1 DV CE Manager, all funded thru FY22 DV Bonus. The new positions will add to current Eastern PA CoC DV CE Specialist (funded by FY19 DV Bonus). The CBD will be built by EmpowerDB, w/development & reporting managed by PCADV.

	4A-2b. Plan to Involve Survivors in Policy and Program Development in the New SSO-CE DV Bonus Project.	
	NOFO Section II.B.11.(e)(2)(d)	

Describe in the field below how the new project will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.

(limit 2,500 characters)

PCADV understands the importance of centering survivors in the work of ending domestic violence. The vast majority of both PCADV and member program staff self-identify as survivors of interpersonal violence. Additionally, many PCADV and member program board members are also survivors. While this identity and experience gives a personal connection to mission engagement, survivor voice from those directly receiving services needs to be incorporated in an ongoing manner. PCADV member programs use various anonymous feedback tools to gather lived expertise during and after a survivor's interaction with the program; such feedback is used to modify project design and delivery to better meet survivors' needs. While this system is worthwhile for direct service programming, CE programming requires a different method. PCADV will design and implement a

Survivor Advisory Council to provide survivors who are engaging in or have recently completed services with an opportunity to influence, design and provide direct feedback and input for the DV system. The Survivor Advisory Council, along with PCADV and Eastern PA CoC DV staff, will be responsible for reviewing the HUD CE documentation to establish the DV CE extension. The Council will be involved at every step of the development process, providing recommendations and insight into personal experience when navigating CE. The Council will also partner with PCADV staff and Eastern PA CoC DV staff to develop and implement an assessment tool that focuses on survivor safety.

After the extension is launched, PCADV and DV program staff will meet with the council monthly, reporting on data and system progress. This praxis will continue until it is determined that a different method of input is needed. The Survivor Advisory Council will be involved in a yearly evaluation of the DV CE extension and will be able to provide support with evaluation of the CoC CE System, if requested. Feedback from the evaluation will be integrated into the system, assuring that the CE DV extension is survivor driven and able to quickly pivot to meet the needs of survivors seeking safe housing options.

This statewide group will be open to any survivor who wants to join, will include an interview process conducted by PCADV membership's statewide Survivor Caucus, and will ensure that survivors are paid for their time, provided leadership opportunities, and given flexibility with engagement.

	4A-3. Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section II.B.11.(e)(1)(c)	

1.	Enter the number of survivors that need housing or services:	2,993
2.	Enter the number of survivors your CoC is currently serving:	434
3.	Unmet Need:	2,559

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and
2.	the data source (e.g., comparable databases, 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 2,500 characters)

1) To calculate the number of survivors needing housing or services the CoC combined 3 data points from June 2022: 1) the # of individuals from HMIS on the CE By Name List awaiting housing who self-reported fleeing DV (1223), and 2) the # of adult victims served by DV programs (including shelters) within the CoC in ETO (1336), and 3) the number of survivors the CoC is currently serving (434). 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 June 2022 by CoC permanent housing projects who enter data into HMIS (306) and combined this with the number of DV survivors being served in June 2022 by CoC permanent housing projects that use the DV comparable database Empower DB (128).

2) HMIS and ETO (comparable database) were used as the data sources to calculate need. HMIS and EmpowerDB (comparable databases) were used as the data sources to calculate number served.

3)According the Eastern CoC 2022 gaps analysis, DV survivors make up 33% of the households accessing Coordinated Entry over the course of a year (1,757 DV survivor households). Currently, only 31% of DV survivors exit the BNL to a permanent housing destination. Given the unmet need and the significant number of HH's fleeing DV, this data clearly indicates that there is a significant gap in resources in the Eastern PA CoC to serve all DV survivor households experiencing homelessness. In addition, DV survivors benefit from specialized, survivor-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-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
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NOFO Section II.B.11.e.(1)(d)

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-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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 2022 Priority Listing:

1.	Applicant Name	PCADV
2.	Project Name	Eastern PA CoC-wide DV RRH
3.	Project Rank on the Priority Listing	56
4.	Unique Entity Identifier (UEI)	L3ALQVRJLU71
5.	Amount Requested	\$1,387,685
6.	Rate of Housing Placement of DV Survivors–Percentage	91%
7.	Rate of Housing Retention of DV Survivors–Percentage	83%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below

1.	how the project applicant calculated both rates;	
2.	whether the rates accounts for exits to safe housing destinations; and	
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).	

(limit 1,500 characters)

1. Rate of housing placement is calculated as % of DV survivors enrolled in Rapid Rehousing (RRH) in EmpowerDB (comparable database) who successfully moved to permanent housing in FY21. Rate of housing retention is calculated as % of DV survivors (leavers) in permanent housing who retained permanent housing after RRH rental assistance ended.
2. The rates account for exits to safe housing destinations.
3. EmpowerDB (comparable database) was the data source for housing placement/retention rates.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

	Describe in the field below how the project applicant:
1.	ensured DV survivors experiencing homelessness were quickly moved 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.	determined which supportive services survivors needed;
4.	connected survivors to supportive services; and
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,500 characters)

- 1) In FY 2021, nearly 20,000 people were served by DV programs in the Eastern PA CoC. In Eastern PA, 91 HHs were provided RRH in FY19, 288 HHs were provided RRH in FY20 & with only 8 months into FY21, an additional 201 HHs have been provided RRH. To access safe, affordable housing options & assist survivors to move into PH quickly, DV programs across the CoC partner with private landlords, PHAs, affordable housing providers, etc. PCADV has been awarded \$2.3M over the last three CoC Competitions, extending RRH to the entire Eastern PA CoC. To assure the quick movement of survivors into housing, PCADV provides a robust onboarding curriculum to member programs including Domestic Violence Housing First (DVHF) model; Basics of RRH; & Landlord engagement. PCADV hired a Community Engagement Specialist that will support programs with building & maintaining landlord relationships.
- 2) DV programs work with CE managers to enroll survivors from the BNL into RRH. When survivors are assessed through CE, they are placed on the BNL. Because DV providers cannot access the BNL, CE managers provide the names of 5 DV HH at the top of the BNL (following the CE prioritization policies). The DV program contacts the HH in order of score. DV programs also prioritize survivors in need of an emergency transfer from another program where safety has been compromised.
- 3) DV programs provide a range of basic services. Survivors can access housing and financial education, credit repair/building & job readiness & education. All supportive services provided based on survivor choice in partnership with a DV advocate, providing options and solutions.
- 4) DV programs regularly connect survivors to community supports including public benefits, ongoing case management, transportation support, furniture access, & employment services through community partners to ensure that survivors retain permanent housing. DV programs focus on community engagement to ensure that survivors have resources other than the DV program.
- 5). Ability to retain housing post RA is assessed monthly through budget planning & increased income. RRH for survivors must be flexible to be successful. An advocate will support a survivor with additional RA, past 12 months, if that is what will lead to housing retention. If additional RRH isn't sustainable for the HH, the advocate and survivor work to secure a more affordable unit, or a long-term subsidy.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:

1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping information and locations confidential;
4.	training staff on safety and confidentiality policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

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

2. Advocates use a housing assessment to help survivors identify potential housing barriers such as credit score, debt, and evictions. An advocate supports a survivor with identification of location and type of housing that is most safe and preferred (close to school, transportation). Advocates support a survivor through the entire process of renting a unit, supporting with housing search and landlord relationship development. The process is driven by client choice.

3. Survivors' rental locations are kept confidential in comparable database & paper files stored in manner required by PCADV and federal standards. While there is no requirement to keep the location of one's own rental unit confidential, advocates assist survivors in the ID of safe visitors & safe ways to disclose their address. DV shelter locations are kept confidential.

4. All PCADV member program staff are required to have 40 hrs. of training that covers extensive safety planning, survivor driven trauma informed services, including trauma informed intakes & assessments. The 40-hour training also includes confidentiality policies and best practice. PCADV provides ongoing training and technical assistance regarding safety planning and confidentiality as needed.

5. DV programs assure that physical security measures are in place (alarm systems, key coded entry, security cameras). DV programs pay special attention to lighting (rooms are well lit), space configuration & ability to provide privacy. DV programs discuss physical safety concerns with survivors and support them if they wish to keep their location confidential.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.
	NOFO Section II.B.11.e.(1)(d)

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 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 and case management 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 maintain 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 deepen the assessment 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 FY23.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
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NOFO Section II.B.11.e.(1)(d)

Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:

1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
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 the effects of trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

PCADV was founded in 1976 and since its inception has pioneered a trauma-informed, survivor-centered approach. All PCADV member agencies staff are trained on trauma-informed services & survivor-centered approaches and use these best practices 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 grounded 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, including housing choice. As such, DV programs continue to expand their staff's capacity to engage with landlords to provide choice & rapid placement. Stabilization in PH continues to be furthered through survivor-driven trauma-informed mobile advocacy, which is a core DVHF component. This approach means that survivor & advocate agree upon a time/place to meet to ease the burden of travel for the survivor. All services are voluntary, advocates provide the survivor with all the service options & provides support based on what the survivor identifies they need.

2. All DV services, including RRH, are voluntary, trauma informed, and survivor driven. There are no mandates to participate. There are no enforced 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 safe and confidential. Advocates emphasize developing trust in the relationship; this trust facilitates a problem-solving approach, that involves both advocate and survivor, 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 & Mental Health to assist programs in sustaining survivor-driven, trauma-informed services. A key component of this training is providing tools for advocates to share 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 help 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 & in-person training. PCADV provides training and resources to help local DV programs serve historically marginalized communities in a meaningful way. PCADV's Training Institute offers courses 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 Spanish speakers 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 through support groups, parenting support & other opportunities to

break isolation & build authentic connection, as we know that supportive community is often a part of the solution to living a life free of violence.
7.DV programs support parents by doing the following:
a.Offering children’s support group/childcare during adult DV support groups & court hearings.
b.Providing support and information regarding discipline.
c.Coaching regarding age-appropriate ways to talk to children about what is going on in their lives & providing child development info/referrals.
d.Providing referrals to head start, WIC, public benefits, parenting classes, & diaper banks.
e.Assisting with enrollment for school/arranging transportation.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

Examples of supportive services programs have provided to DV survivors include:

- Elimination of Financial Barriers to Housing: advocate works with the survivor to pull credit report & begin paying down debt, to both increase their credit score when leasing a unit, & to improve their overall financial health.
- Landlord Engagement & Housing Search: The advocate & survivor partner to find a safe & retainable rental unit. The advocate uses connections with previous landlords to support the survivor in finding housing, while building relationships 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, & supports 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 where safety needs, budgeting, referrals to community resources & opportunities for increases in income/benefits are discussed.
- Flexible Funding Support: 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 needs, 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, financial literacy curriculum & match savings opportunities.
- Ongoing support: All survivors are offered services upon completion of RRH. Many continue 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 outside of RRH.
- Additional supportive services are available to all survivors that enter the RRH program & upon completion of RRH including, but not limited to:
 - oCore services (24-hour crisis response, transportation access, & individual advocacy)
 - oLegal services (assistance with issues such as custody, divorce, child & spousal support; legal advice/representation)
 - oCommunity Referrals/Partnerships (thrift store vouchers, job training, connections to employers, connection to healthcare and mental health services, referrals to substance use support, childcare, food banks, furniture donations)

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(e)		
Provide examples in the field below of how the new project will:		
1.	prioritize placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;	
2.	establish 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.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
4.	emphasize program participants’ strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;	
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
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	6. provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
	7. offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

PCADV was founded in 1976, and since its inception has pioneered a trauma-informed, survivor-centered approach. All PCADV member agencies staff are trained on trauma-informed services, survivor-centered approaches and will continue to 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 continue to expand their staff's capacity to engage with landlords to provide choice & rapid placement. Stabilization in PH continues to be furthered through survivor-driven trauma-informed mobile advocacy, which is a core DVHF component. This means that survivor & advocate agree upon a time/place to meet to ease the burden of travel for the survivor. All services are voluntary, advocates provide the survivor with all of the service options & provides support based on what the survivor identifies they need. PCADV also continues to expand capacity around landlord engagement and other community support for subrecipients by hiring staff that will focus on this important need.

2. All DV services, including RRH, are voluntary, trauma informed, and survivor driven. There are no mandates to participate. There are no enforced 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 safe and confidential. Advocates continue to emphasize developing trust in the relationship; this trust facilitates a problem-solving approach, that involves both advocate and survivor, to challenges that arise.

3. DV programs will consistently integrate opportunities to share the impacts of trauma w/ survivors. PCADV has partnered w/ National Center on DV, Trauma & Mental Health to assist programs in sustaining survivor-driven, trauma-informed services and plans to continue that relationship. 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 in obtaining/maintaining housing & 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 are included throughout PCADV training for member programs, both in online modules & in-person training. PCADV will continue to provide 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 Spanish speakers 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 will continue to be 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 will continue to support parents by doing the following:

- a. Offering children’s support group/childcare during adult DV support groups & court hearings.
- b. Providing support and information regarding discipline.
- c. Coaching regarding age-appropriate ways to talk to children about what is going on in their lives & providing child development info/referrals.
- d. Providing referrals to head start, WIC, public benefits, parenting classes, diaper banks.
- e. Assisting with enrollment for school/arranging transportation.

4A-3h.	Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(f)	

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project’s operation.

(limit 2,500 characters)

PCADV understands the importance of centering survivors in the work of ending domestic violence. The vast majority of both PCADV and member program staff self-identify as survivors of interpersonal violence. Additionally, many PCADV and member program board members are also survivors. While this identity and experience gives a personal connection to mission engagement, survivor voice from those directly receiving services needs to be incorporated in an ongoing manner. PCADV member programs use various anonymous feedback tools to gather lived expertise during and after a survivor's interaction with the program; such feedback is used to modify project design and delivery to better meet survivors' needs. While this system is worthwhile for direct service programming, CE programming requires a different method. PCADV will design and implement a Survivor Advisory Council to provide survivors who are engaging in or have recently completed services with an opportunity to influence, design and provide direct feedback and input for the DV system. The Survivor Advisory Council, along with PCADV and Eastern PA CoC DV staff, will be responsible for reviewing HUD RRH to establish survivor centered RRH policies and procedures, and provide review of current DV RRH projects. The Council will be involved at every step of the process, providing recommendations and insight into personal experience of DV RRH.

PCADV and DV program staff will meet with the council monthly, reporting on data and system progress. This praxis will continue until it is determined that a different method of input is needed. The Survivor Advisory Council will be involved in a yearly evaluation of DV RRH and will be able to provide support with evaluation of the broader CoC RRH, if requested. Feedback from the evaluation will be integrated into the system, assuring that DV RRH is survivor driven and able to quickly pivot to meet the needs of survivors seeking safe housing options.

This statewide group will be open to any survivor who wants to join, will include an interview process conducted by PCADV membership's statewide Survivor Caucus, and will ensure that survivors are paid for their time, provided leadership opportunities, and given flexibility with engagement.

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

- | | |
|----|---|
| 1. | You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete. |
| 2. | You must upload an attachment for each document listed where 'Required?' is 'Yes'. |
| 3. | We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube. |
| 4. | Attachments must match the questions they are associated with. |
| 5. | Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. |
| 6. | If you cannot read the attachment, it is likely we cannot read it either. |
| | . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time). |
| | . We must be able to read everything you want us to consider in any attachment. |
| 7. | After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include. |

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/26/2022
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	09/26/2022
1E-1. Local Competition Deadline	Yes	Local Competition...	09/26/2022
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/28/2022
1E-2a. Scored Renewal Project Application	Yes	Scored Forms for ...	09/28/2022
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/26/2022
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/27/2022
1E-5b. Final Project Scores for All Projects	Yes	Final Project Sco...	09/26/2022
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		

3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	09/26/2022
3C-2. Project List for Other Federal Statutes	No		

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/26/2022
1B. Inclusive Structure	09/28/2022
1C. Coordination and Engagement	09/28/2022
1D. Coordination and Engagement Cont'd	09/28/2022
1E. Project Review/Ranking	09/28/2022
2A. HMIS Implementation	09/28/2022
2B. Point-in-Time (PIT) Count	09/28/2022
2C. System Performance	09/28/2022
3A. Coordination with Housing and Healthcare	09/26/2022
3B. Rehabilitation/New Construction Costs	09/26/2022
3C. Serving Homeless Under Other Federal Statutes	09/26/2022

4A. DV Bonus Project Applicants	09/28/2022
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required