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-601 - Western Pennsylvania CoC

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Commonwealth of Pennsylvania

1B. Coordination and Engagement–Inclusive Structure and Participation

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;
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  - PHA Crosswalk; and
   - Frequently Asked Questions

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)	No	No	No
7.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
8.	Hospital(s)	Yes	Yes	No
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	No	No	No
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	Yes	No	Yes
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	Yes

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	No	No	No
18.	Organizations led by and serving LGBTQ+ persons	No	No	No
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.				
35.				

By selecting "other" you must identify what "other" is.

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) Information about membership is available on the CoC website & in CoC emails, which include a link to become of a member of the CoC in all communications. A solicitation for membership occurs in advance of the CoC's semiannual meetings, when voting may occur among CoC members. CoC staff attend monthly county/regional housing and/or homeless coalition meetings to share CoC updates/info and solicit for new members.

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

3) The CoC formed a Diversity, Equity, Inclusion & Belonging Committee in spring 2021. Part of the Committee's strategic plan is to increase CoC representation from diverse
groups. The CoC Board is currently working with DEIB Committee around current Board vacancies to create intentional strategy to bring diverse populations onto board. DEIB Committee has started outreach to different comm orgs, including those who serve people of color, people with disabilities & LGBTQ+ persons. Whenever there is a CoC Board or YAB vacancy, this info is circulated to: NAACP & Urban League chapters in the CoC; universities; the LGBT center in Washington County & other community partners to engage persons from diverse backgrounds.

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

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

(limit 2,500 characters)

1) The CoC's Gov Board includes 23 members, with dedicated seats representing: ESG/CoC-funded orgs; PHAs; affordable housing provider; veterans; Community Action; aging; business; higher ed; Parole/Probation; DV; State Edu Authority; MH advocates; local/state govts; people w/lived experience; youth & more.

This diversity is also represented in CoC membership. CoC semi-annual meetings includes both sharing & solicitation of info relevant to CoC operation. The CoC's 20 counties are divided into two regions. Regional meetings of CoC provide time for more in-depth discussion & solicit/consider input from additional members/stakeholders. CoC Committees provide leadership with input for improving CoC operation, as well as services for specific subpops, including DEIB, Youth, Veterans, and DV Committees.

2) Info re: semi-annual CoC meetings, CoC training, or other opportunities are advertised via email, Slack & CoC website. Agendas are provided in advance & meeting minutes are provided on CoC website. Semi-annual CoC meetings provide the opportunity for breakout sessions on topics for which the CoC leadership is seeking community input. CoC updates are provided during regional & county-level housing/homeless meetings. The input from these county/regional meetings is brought back to the full Governing Board to inform future meeting agendas, unmet needs, training needs, etc.

3) CoC meetings are designed to solicit feedback to ensure decision makers understand the diverse needs throughout the CoC. Discussions raised at local/regional meetings, are brought to the Board & often times brought back to the full membership for discussion. Examples: A) the April CoC Meeting included discussion on engaging persons with lived experience in CoC work & how this could be improved. This informed the Board's goals for recruitment of new Board members & committee members with lived experience; B) The CoC engaged in a 9-month planning process for YHDP. This included 12 different stakeholder input sessions, which was used to inform the CoC's Coordinated Community plan; C) The CoC conducts an annual gaps analysis that is presented to the full CoC. This includes current needs in the CoC, current supply of resources & gaps. CoC members can drill into this data by region, county, subpop, etc. During the presentation, the CoC asks stakeholders for feedback (what else are they seeing in their communities, etc.), which is shared with the Funding Committee to inform new project prioriti

	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 two RFPs for the FY2022 CoC Competition. Each RFP was posted on the CoC's website, announced on the CoC's Slack page & distributed via email. CoC members/partners were encouraged to share the RFP materials with other local agencies who may be interested. One of the RFPs was specific to the DV Bonus. The state's DV Coalition (PCADV) shared the DV bonus RFP with their membership. Both RFPs included language "Additional consideration will be given to agencies that have not previously received CoC funding". Technical Assistance was made available to new applicants to submit a competitive application for eligible activities & eligible households.
2) RFPs included instructions to submit the completed application and budget via Alchemer, an online survey tool. A budget template was provided with the RFP.
3) RFP included link to CoC's funding policies & stated that "All Preliminary Applications will be reviewed by the Western PA CoC Funding Committee based on the following criteria…" and included threshold criteria as well as scoring criteria for new projects. The CoC's Funding Committee is made up of non-conflicted members who do not receive CoC funding. The Funding policies, RFP and new project scoring tool were all posted on the CoC website.
4) Accessible application materials (PDF) were available on the CoC website, distributed via email and posted on the CoC's Slack page. If technical assistance is needed to apply for new project funding, reasonable accommodations are provided as needed.

1C. Coordination and Engagement

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;
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    - FY 2022 CoC Application Navigational Guide;
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    - Frequently Asked Questions

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 Nonexistentif 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	No
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	No
12.	Organizations led by and serving LGBTQ+ persons	No
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Nonexistent
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

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

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

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

(limit 2,500 characters)

1)DCED is the State ESG Recipient, the CoC's Collaborative Applicant (CA) & holds a seat on CoC Board. Annually, DCED's ESG allocation plan is to provide 40% of available ESG funding to the Western 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 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. Washington & Westmoreland are the CoC's other ESG recipients. Coordination between Washington and Westmoreland Co ESG & homeless assistance providers that operate within those counties (which includes CoC members & members of the CoC's Governing Board) . This includes, in Westmoreland County, the use of ESG-funds to support households utilizing EHV.
2) The CoC rolled out a quarterly monitoring process in 2021 for CoC and ESG funded projects to evaluate performance and data quality on a quarterly basis. This process supports the CoC's submission of strong & accurate data for the SPM, LSA, CAPER reports, as well as increasing the accuracy of data for the evaluation of projects.
3) The CoC provides CoC-wide, regional and county-level HIC & PIT data to DCED. County-level HIC and PIT data are also provided to other Con Plan jurisdictions.
4) DCED regularly engages CoC membership to provide input for the Con Plan, including the ID of community needs & priorities for CDBG, HOME, ESG, HTF & HOPWA. This coordination occurs at the CoC-level, as well as during regional CoC meetings. In addition, CoC leadership participates in DCED's regional Housing Advisory Committee, which is a formal component of the Con Plan consultation. As the CA & HMIS Lead, DCED has access to all data needed for the Con Plan and provides data and information to all Con Plan jurisdictions. Con Plan meetings are attended by CoC providers, members and leadership within 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.	Yes
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)

The CoC collaborates & has formal partnerships with youth education providers, SEAs & LEA, local school districts.

Related to formal partnerships: (1) Pennsylvania Department of Education (the State Education Agency) & CoC HMIS Lead Agency have an established inter-agency data-sharing protocol which allows for increased identification & service coordination across homeless & education providers. (2) The CoC has a Board seat reserved for a school system representative, which is currently being filled by a regional coordinator for the SEA.

Related to the CoC's systemwide process to partner with youth education providers: (1) The SEA participates on the YHDP implementation team; (2) A representative of the CoC participates on the statewide Early Childhood Education/ Homelessness Stakeholder group to increase access to early childhood resources; (3) CoC & SEA/LEAs collaborated in joint planning to allocate ARP funding awarded through local M-V liaisons to support homeless youth. This coordination also resulted in ARP funding to hire two system navigator positions for youth working w/16 school districts, which are employed through a CoC-funded organization. (4) In two counties within the CoC, youth education representatives, along with CYS, Juvenile Justice & homeless service providers all participated in learning collaboratives to improve the community response to youth homelessness.

Additional examples of collaboration with youth education providers include:
-Several ESG/CoC-funded organizations also operate youth education services (e.g. Head Start, youth employment, tutoring & life skills), which are used to leverage/match CoC & documented in an MOU.
-Head Start providers host on-site enrollment at shelters.
-Youth education providers participate in the annual PIT count.
-Joint submission and/or cross system letters of support for grant applications.
-CoC orgs work w/ schools to coordinate needed transportation & supplies.
-School district staff are CoC members.
-Coordination also occurs during Housing/Homeless Awareness month.

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 affirm that they met the requirement of having this 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. Collaboration between CoC/ESG-funded providers and LEAs includes coordination on transportation, school supplies and additional materials needed such as school uniforms.

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

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) Numerous VSPs are actively involved in the Coordinated Entry Committee, including a DV CE Workgroup (which is consolidating with the newly created DV Committee).
During the last update of the Written Standards, the Ex Dir of a VSP served as the Committee Chair and played a key role in ensuring the Standards incorporated the needs of survivors.
The CoC worked in partnership with PCADV and DV providers to develop the CoC's Emergency Transfer Plans and protocols.
Two DV CE staff work within the system to ensure that the needs of DV survivors are taken into account through each phase of CE. These specific responsibilities of these staff are currently being reconsidered as part of a CE re-design currently underway, which is being guided by a Committee that includes CoC leadership and several DV providers. Additional VSPs throughout the CoC are participating in the piloting of CE re-design and their feedback will inform the CoC's new CE Policies & Procedures.
2) To ensure all housing and services provided in the CoC are trauma-informed and meet the needs of survivors, the CoC provides training opportunities each year that incorporate trauma-informed care/ practices. This includes the annual training on DV best practices, which is presented each year by PCADV housing staff. VSPs, who have extensive training on Trauma Informed Care, sit on the CoC Governing Board & participate in many of the CoC's active committees. In addition, PCADV participates in Committees and other CoC-led efforts, and also provides TA throughout the year to VSPs and homeless assistance providers around trauma-informed care and victim centered services.

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.
In addition, the CoC's written standards training materials include the safety protocols within the CoC's Emergency Transfer Plan. All new CoC and ESG staff must complete the written standards trainings, which have been recorded and are posted on the CoC's website.
The CES policies and procedures include safety planning protocols and guide CES operations to be trauma-informed and victim-centered.
2) CE operators/assessors also participated in the above referenced trainings. In addition, all survivors enter the system through DV CE Assessment Centers (DVAC), unless they specifically indicate that they do not want to access DV services. DVAC services are
provided by VSPs (in each of the CoC's 20 counties), who all have extensive training & must meet ongoing training requirements around safety planning, trauma-informed care, victim-centered services and DV CE best practices. DVACs, operated by VSPs also help to connect Survivors to DOJ, HHS, or other DV-specific funding sources. As needed, the Coordinated Entry Committee provides additional training, guidance & revisions for DV-related CE policies/procedures/protocols. This work has been guided by the DV CE Workgroup of the CE Committee, which provides recommendations to the larger system for improving the delivery of CE services to the DV population. (The work of the DV CE workgroup is consolidating with the CoC's new DV Committee.)

| | 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 (stored in HMIS) for domestic violence survivors.
2) De-identified data from a comparable database is used to: add households (HHs) to CE By Name List for access to resources; evaluate ESG/CoC-funded projects; track ESG service delivery; provide CAPER data; inform CoC's annual gaps analysis; and has most recently been used to provide data to inform 2022 CoC application. The CoC has entered into partnerships with DV providers throughout the CoC to administer the VI-SPDAT CE screening tool outside of HMIS. This info is tracked in VSP HMIS-compliant database & provides the Union Mission with VI-SPDAT scores & HH needs (e.g. bedroom size) so that anonymous client profiles are created in HMIS to ensure Survivors are prioritized on BNL for housing placement. Through ongoing analysis of data pulled from DV comparable databases, as well as an analysis of CE data, the CoC has the ability to better understand the needs of Survivors, where the need is, and funnel resources to address need (federal and private). Examples include the following:
- the # of DV survivors in shelter in each region and county of the CoC
- the rate at which Survivors receiving services are also in shelter
- the rate at which Survivors access services through CE & the rate of housing placement through CE BNL
- the # of survivors presenting w/disabilities (physical & cognitive/intellectual)
- areas where additional coordination may be needed to address specialized needs, such as aging, children & youth, LGBTQ+
- additional opportunities to meet need & expand housing options, for example if the survivor is also a youth, veteran or family HH, there may be specialized resources available
As DV RRH is implemented, data will be examined to determine if changes to the CoC's standards are needed to better serve survivors
In 2021, the CoC launched a quarterly monitoring process for CoC/ESG funded providers, which reviews performance and data quality. VSPs provide their aggregate project-level APR data for this process. This allows the CoC to evaluate performance & data quality, and also allows VSPs to engage in continuous quality improvement using their data.

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 is publicly posted on the CoC website, and is included in the CoC Written Standards. All CoC and ESG funded programs are required to participate in Written Standards training, 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/ESG programs. To request an emergency transfer, a participant can notify their case manager/housing provider verbally or in writing. The provider must act as quickly as possible to move a participant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit, either within the provider's own inventory or through a transfer facilitated through the Western PA CoC's Coordinated Entry System. If the provider cannot transfer the participant through resources operated by/ available through their own organization, the housing provider or case manager will contact the Coordinated Entry Committee Chair to request assistance. The Coordinated Entry Committee Chair will work quickly, following the protocol outlined in the Coordinated Entry Policies and Procedures manual in order to assist the housing provider to identify an alternate safe unit.   The implementation of the ETP is furthered through RRH resources that are available in each county. This includes PCADV's CoC-wide RRH project; FCCAA's Southwest Regional RRH project; and MCHA's Northwest Regional RRH project. Together, these RRH projects provide 266 units across all 20 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/attempting to flee and all survivors of domestic violence while simultaneously providing them with access to housing and services. During the CE Triage Assessment, all households are asked basic questions to determine if they are fleeing/attempting to flee domestic violence, dating violence, stalking, sexual assault, or human trafficking. If yes, the household can opt to be assessed by the DV Assessment Center (DV AC), if not already presenting for services from the DV provider.

DV providers operate DV ACs throughout the CoC and administer the VI-SPDAT CE screening tool outside of HMIS. This info is tracked in VSP HMIS-compliant database & provided to Union Mission with VI-SPDAT scores & HH needs (e.g. bedroom size) so that anonymous client profiles are created in HMIS to ensure Survivors are prioritized on BNL for all housing & services for which they are eligible.

All vacancies in ESG/CoC-funded projects are required to be filled by households coming from the BNL. In addition, some projects funded through other resources also use the BNL as a referral source.

To meet the housing/service needs of Survivors, the CoC has created policies & procedures to ensure equal access to Survivors in all projects. In addition, the CoC has provided DV-dedicated funding to support two PSH projects, one TH/RRH Joint Component, and a CoC-wide RRH project with 171 current units and a pending application for an additional 55 units through the FY22 CoC NOFO competition.

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) To provide safe, trauma-informed (TIC), victim-centered services, the CoC has designed its Coordinated Entry (CE) System to provide a Domestic Violence Assessment Centers (DV AC) throughout the CoC's 20 county geography. The CoC's CE DV Policy outlines protocols for serving those fleeing DV including:
a-Confidential, immediate access to emergency services & CE;
b-If a Survivor is being served at a General Assessment Center, and identifies as feeling unsafe/afraid, they are offered a warm Handoff to the DV AC. This ensures VSPs conduct the assessment & immediately provide the household with trauma-informed, victim-centered services, including safety planning & shelter resources if needed. Triage questions within the CE assessment ensure survivors are connected to the DVAC if needed/desired.
In addition, the CoC has DV CE specialists that can support the safety needs of individuals accessing CE, regardless of where they present.

2) The Co-Chair of the CE Committee is a Victim Service Provider and works to ensure safety, planning and confidentiality protocols are built into CE. Two VSP orgs are also participating in the CE redesign effort, which will include the revision of all CE policies, procedures & protocols.
In addition, individuals receiving CE services at a DV AC location are provided assistance with safety planning.
The CoC has had a DV CE workgroup to advise on all CE policies, procedures & protocols. That work is transitioning from workgroup to CoC's new DV Committee.

3) Each DV AC assesses Survivors using the VI-SPDAT, outside of HMIS. The household's information is tracked in VSP HMIS-compliant database and de-identified data is entered into HMIS by the (non-VSP) Co-Chair of CE Committee. By using deidentified Survivors have access to all CoC/ESG-funded projects for which they are eligible.

| 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)

The CoC's non-discrimination policies include the requirements to adhere to HUD's Equal Access Final Rule and Gender Identify Final Rule.
1) The Gov Board adopted updated a non-discrimination & inclusion policy in Sept 2022. This policy will be circulated in advance of the semi-annual CoC membership meeting in October & reviewed/discussed during the meeting. Prior to this new policy, the CoC last updated the anti-discrimination policies as part of a full revision to the Written Standards (WS) in fall 2020/spring 2021. Stakeholder feedback is requested as part of the annual process to update the WS, which is solicited from CoC stakeholders (grantees, community partners, etc.) and used to update the standards and policies.
2) The new non-discrimination policy includes the requirement that projects must operate consistent with HUD's Equal Access & Gender Identity Final Rules and are applicable to all housing types. This new policy also includes sample language & templates that providers can use & adopt.
In spring 2021 the CoC provided training on the new WS (which was required for all ESG/CoC providers). The WS provide language and resources that is helpful to CoC providers to develop/update their own anti-discrimination policies. This includes policies that LGBTQ+ individuals and families must receive supportive services, shelter, and housing free from discrimination.
3) 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 . In addition, the new non-discrimination policies indicate that organizational level policies are required to be in place in advance of the submission of FY2023 renewal applications. As such, this will be reviewed during the annual renewal review scoring/evaluation process.
4) Per the CoC funding policies, non-compliance with CoC policies, including non-discrimination, can result in reallocation of a project. The CoC will offer TA and support to providers who are out of compliance with CoC policies and create a plan to come into compliance. If a project does not come into compliance after receiving TA, the Funding Committee may reallocate the project . The CoC's DEIB Committee is also working in partnership with the Governing Board to determine how reported complaints/concerns regarding non-compliance will be addressed more immediately/in addition to/ other than reallocation of a 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?
Lawrence County Housing Authority	16%	Yes-Public Housing	No
Westmoreland County Housing Authority	5%	Yes-Both	No

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

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

(limit 2,500 characters)

1) The CoC has positive relationships with many of the 24 PHAs in the geographic area. In addition to the data presented above, Mercer County PHA, City of Dubois PHA & Jefferson County PHA each have a homeless preference . Several PHAs also have preferences that benefit households served within the CoC, including veterans, households fleeing domestic violence & displaced households. Examples of partnership include:
-Working with Westmoreland County and Indiana County Housing Authorities to design and implement a process and MOU for allocated Emergency Housing Vouchers
-McKean County PHA created a program for families and youth at risk of homelessness who are child welfare involved and has a preference for transition aged youth experiencing homelessness. In addition, this PHA manages/operates the CoC's diversion program.
-The CoC is working to encourage additional preferences. Butler County PHA is currently working with CoC partners to develop a Move On Strategy. Much of this work is conducted on the county level through county housing/homeless coalitions where PHA staff often attend and/or partner with coalition members on various local initiatives.
-Some PHAs are working with their local child welfare agencies to apply for Foster Youth Initiative vouchers, including Jefferson County PHA who has been awarded FYI vouchers.
-Many PHAs are members of the CoC and coordinate with the CoC in several ways. This includes: coordination/implementation of special purpose vouchers; recent Mainstream & FUP applications; VASH vouchers (Butler PHA, Indiana PHA & Lawrence PHA); CoC-funding (currently Dubois PHA, McKean PHA, Butler PHA; Clarion PHA; previously Mercer PHA).
-The CoC's new strategic plan prioritizes expanding affordable housing resources in partnership with PHAs, including mutual applications to further expand special purpose vouchers. The CoC, in partnership with the Ex Director of the Clarion County PHA (who is also a Gov Board member) will be presenting in October at the PA Housing & Redevelopment Association's Conference in order to highlight examples of meaningful partnership from across the CoC.
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.		

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:	

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.	FYI, Mainstream, FUP

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

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
	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.	

PHA
Westmoreland Hous...
Indiana Housing A...

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

Name of PHA: Westmoreland Housing Authority

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

Name of PHA: Indiana Housing Authority

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.	56
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.	56
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 is restructuring the CE referral process from "pulling" clients from By Name List to having CE staff "push" out referrals to providers with open units. Once this new system is implemented (first quarter in 2023), the CoC will implement new methods for ensuring preconditions are not impacting program enrollment.

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 has made intentional efforts to provide street outreach (SO) through a variety of methods. Veteran outreach workers are actively engaged throughout the CoC. If someone is identified as unsheltered but not a veteran, referrals & CE assessment are provided. Funding sources for SO workers include: SSVF, ESG, PATH & VAMC. In addition to formal paid SO efforts, some counties conduct regular outreach through community agencies & volunteers. In addition, the CoC has identified hot spots for youth & methods for youth engagement.

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

3) Weekly SO is conducted in 80% of the CoC's geo area through ESG & SSVF funding, focusing mostly on known locations. SO is provided in the remaining 20% of the CoC, which is largely rural, as they receive reports of unsheltered households. 100% of the CoC is covered in the annual unsheltered PIT count. In many of the most rural areas of the CoC, providers have relationships/partnerships with local law enforcement, park rangers, EMT, and others who "phone in" any sightings of someone believed to be unsheltered. Homeless assistance providers then go to the location to conduct outreach.

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

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)		

Homeless assistance providers are members of county-based Criminal Justice Advisory Boards. These CJABs include cross-systems work to prevent crime & recidivism. This includes efforts around housing/ homelessness	Yes	No

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

		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."	734	981

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)	

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 regional meetings of the CoC. Updates are provided during county-level housing coalition meetings by reps from the County Assistance Offices (CAOs), Community Action Agencies (CAAs) & Legal Aid, which support households applying for mainstream resources. Training to CoC/ESG-providers is primarily provided on the county-level, through the CAOs & local collaborative meetings. In addition, the CoC & Collaborative Applicant are working in partnership with the PA DHS Housing Coordinator to begin providing regular CoC-wide training on mainstream benefits.

2) The CoC has been working to support homeless assistance providers coordinate/ leverage partnerships between health care, MH, & SA treatment providers. This includes partnerships with FQHC, Medicaid-reimbursable service providers, Community HealthChoices, the state's managed care program and more.

The CoC works with community partners to ensure that participants effectively utilize Medicaid/ other benefits. Medicaid/Medicare insurance companies (MCOs) may attend local housing/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 exp. homelessness are assisted to apply for, receive, and use benefits .

3) CoC organizations either employ staff who are SOAR certified, or partner with neighboring organizations who have SOAR certified staff. For example, Fayette County Community Action Agency (FCCAA) serves as the Western PA lead for SOAR and has two staff who are SOAR trained. They can support other organizations with SOAR certification or TA. Previously, through a foundation grant, FCCAA hosted a SOAR certification program that offered organizations a reimbursement for the cost of staff to attend/participate in SOAR training and become certified. This led to a number of providers becoming SOAR 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.

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 20-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 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 Butler County in order to provide reduce the number of people in shelters & to respond to the increased demand for shelter. Several DV agencies operating in the CoC also increased non-congregate shelter access to prevent the spread of COVID and respond to an increase in demand for assistance. In Lawrence County, hotels were used in-lieu of shelter in order to prevent the spread of COVID. While this effort significantly increased local non-congregate sheltering, it did not increase shelter capacity.

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 to be able to be responsive to the public health emergency.
Due to the 20-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 regional meetings of the CoC. 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 hotel vouchers and other non-congregate sheltering options.

The CoC is still seeing positive results stemming from these efforts, including providers reporting expanding partnerships with public health agencies. 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) CES covers & serves all 20 counties w/in CoC (covering 100% of the CoC). This includes a General Assessment Center (GAC) in nearly every county to conduct CE assessment & direct all households (HHs) needing homeless asst to the appropriate intervention, while also maintaining client choice. In addition, HHs fleeing DV are offered services from DV Assessment Centers (DVAC), which are also available in most counties, providing separate entry points for CE assessment, placement on By Name List & safety planning.

In addition, 211 is accessible CoC-wide through 24/7 (live voice & texting options) to provide referrals to homeless assistance through GAC, DVAC & shelters.

2) All CE Assessors 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 . All ESG/CoC providers are required to fill all openings through the BNL .

While the above describes the CoC's current CE process, the CoC has been working with ICF to re-design its CE system. The new system (which will go live in 2023) will utilize more housing problem solving strategies. In most cases, the # of HHs added to the BNL will be limited to only those requiring ESG/CoC services to end their homelessness. Assessment protocols & standardized workflows will guide this work. Case conferencing will be a new addition to CE operations under the new system.

3) As part of this system redesign, ICF engaged PWLE & CoC/ESG providers using CE to provide feedback on the current CE system & areas of needed improvement. ICF hosted 2 participant feedback sessions (one DV specific, one non-DV specific), and sent out surveys to PWLE who had been assisted through CE. One of the themes of the feedback from PWLE was confusion about the overall CE process & not understanding how the process works. As a result, the CE redesign is focusing on incorporating strengths-based assessment questions & phased engagement strategy, to make sure the process is more client-centered. Strategies & workflows are being piloted as part of the re-design process at CE "hubs" across the CoC, reviewing the data from each approach, and collecting feedback from participating projects & households served.

In addition, the CE Committee is made up of representatives from each of county. These reps are appointed by their local county housing team & charged with bringing information on needs/ gaps in their county related to

| | 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) The CoC's street outreach providers are an extension of the CES & ensure HHs least likely to engage in services or present at a General & Domestic Violence Assessment Centers (GAC/DVAC) and/or do not know how/where to access homeless asst are engaged/connected to resources. Among other locations, outreach targets soup kitchens, laundromats, food pantries, libraries, etc. The CES uses Language Line, which provides telephone-based translation services for 240 languages & ASL. In addition, multiple street outreach teams include PWLE, which has proven helpful to engage folks who may be least likely to apply for assistance.

2) All CE Assessors use a Triage/Safety Protocol & a Triage Assmt to determine homeless status & the VI-SPDAT screening tool which assesses HHs for vulnerability/ informs prioritization. GAC/DVAC make direct referrals to shelter, prevention and/or diversion resources. In addition, households needing TH, RRH or PSH are placed on the By Name List (BNL). Enrollments into TH/RRH/PSH projects are pulled from BNL, prioritized based on vulnerability, including chronic status, VI-SPDAT score & length of time homeless.

3) Households most in need of assistance receive priority enrollment into PH programs, which is driven by participant choice/preferences. All ESG/CoC providers are required to fill all TH/RRH/PSH openings through the BNL, using the above listed prioritization criteria. The CE is in a re-design process that will go live in 2023 & will provide robust housing problem solving strategies with households, serving to reduce LOTH, divert households from the homeless system & ensure that the households added to the BNL are those most in need of assistance & that assistance is provided in a timely manner.
The CoC's annual renewal project evaluation process looks at LOT from enrollment to housing move-in, with a CoC goal of 30 days or less.

4) The redesigned CES will incorporate more strengths-based assessment questions & a phased assessment approach, to make the CE process more client-centered and less intrusive. To further reduce burden on people accessing CE, funding has been allocated to create additional CES staffing capacity, including 5 CE specialists, 2 DV CE specialists & CE Manager. The CE specialists will provide housing problem solving solutions, document readiness & housing search to reduce burden on people experiencing homelessness & expedite the process to return to PH.

1D-10.	Promoting Racial Equity in Homelessness–Conducing 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.	06/29/2022

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 most recently conducted a racial disparities analysis in spring/summer 2022. This analysis reviewed homeless system access & outcomes by race & ethnicity using data from HMIS, including CE & SPM data. The CoC Lead Agency conducted the analyses & solicits feedback from community partners and providers to inform the analysis. More specifically, the process of analyzing CE access & outcomes included the following, each by race & ethnicity: 1) access to CE, 2) VI-SPDAT score, 3) length of time on By Name List, 4) coordinated entry outcomes (e.g., PH destinations, temporary destinations, unknown outcome), & outcomes once households were housed in PH, including 5) increasing income and 6) exits to/retention in PH. This analysis was displayed using Tableau software, which allows community partners/providers to view CoC-wide data & drill down into the data by county/region. This county/regional drilldown is very important, as needs & disparities may vary by region/county within the 20-county geography. The Tableau dashboard/analysis is publicly available for community partners/providers who are encouraged to drill into their local data & discuss challenges & solutions at their regional/county level housing meetings.
2) The CoC identified the following disparities: 1) Black or African American households are over-represented in the homeless population, as this group makes up a greater proportion of households seeking homeless assistance services versus the general population & population of Black or African American households who are in poverty. Black or African American households make up 2% of the general population in the Western PA CoC, 6% of the CoC's total population in poverty, and 11% of households accessing the CoC's CE. 2) On average, white households scored higher than Black/African American households on the VI-SPDAT. 3) There are very few Hispanic/Latino(a)(x) households in the counties within the CoC (less than 1% of the general population). The rate of Hispanic/Latino(a)(x) households seeking homeless assistance services in the CoC (2.4%) is comparable to the percentage of Hispanic/Latino(a)(x) households in poverty in Western PA (2.3%), 4) Hispanic/Latino(a)(x) households had longer average length of time on the By Name List. This was true for both stayers and leavers, 5) Black or African American households had slightly lower rates of exit to permanent housing than White 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's DEI Committee created a strategic plan, which will include recommendations on operations, funding & governance	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)

While the CoC recently updated the racial disparities analysis, several action steps were taken following the previous analyses (in 2019). Specifically:
-The Gov Board approved updated non-discrimination & inclusion policies.
-Updated disparities analysis (June 2022) allows for data drilldown at the region/county level
-CoC grantees were evaluated on their completion of an organizational equity analysis (looking at org policies, practices, training, etc.) during the 2022 renewal scoring evaluation.
-The CoC hosted racial equity training series in 2020, 2021 and 2022 (required for ESG/CoC providers). In 2022, the 5-part training series included the following topics presented from an equity lens: harm reduction; culturally responsive services; understanding racial disparities in homelessness; uncovering implicit bias; & lived experience in service system.
-In 2021 the CoC formed a Diversity Equity Inclusion & Belonging (DEIB) Committee charged with assessing diversity & equity at the Board level & throughout CoC operations. This Committee has advanced this work in the following ways:
1-Opens every Board & CoC meeting with "centering around equity" mini training sessions aimed at increasing education/awareness & remind all in attendance to place equity at the center of discussion & decision making.
2-Assessed Board diversity & training needs; designed a six-part training series that all Board members are mandated to attend.
3-Revised the CoC's mission statement to support diversity & equity.
4-Created DEIB truths & values ethical statement that all Board members are required to endorse/sign.
5-Completed a DEIB strategic plan, which was presented during Aug 2022 Gov Board meeting . Goals include: A) Board members held accountable to supporting/embodying the values & truths statements; B) recruit Board & Committees members more inclusively, intentionally & creatively; C) incorporate the voices of diverse PWLE of homelessness; D) strategic relationships w/ orgs throughout geography that represent diverse perspectives & align with CoC's mission; E) ID funds/networks to address additional forms of home insecurity; F) Develop continuous quality improvement process to center diversity, equity & inclusion within all CoC policies, practices & procedures; G) Partner w/ Funding Comm to ID new DEI-centered methods to evaluate projects & engage new diverse project applicants .
6-Work w/ CES redesign comm to guide dev. of equity-centered strategies.

| 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 will continue to conduct annual disparities analyses (or more frequent analyses if needed) as part of its annual gaps analysis process, to continue to measure progress on addressing disparities.

The CES redesign effort (to go live in 2023) includes moving away from a "pull" system to a "push" referral system. This will allow the CoC to track each referral to TH & 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.

Upon the completion of the CES re-design, the CoC Coordinated Entry Committee will begin working on creating an updated assessment tool that better reflects the needs of the CoC. 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.

The CoC's Funding Committee has established equity-centered renewal scoring/evaluation criteria in 2022. The DEIB & Funding Committee will be partnering in advance of 2023 renewal scoring process to identify additional equity-centered outcomes.

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)

To recruit persons with lived experience for the CoC Board and Committee the CoC sends out recruitment email to all CoC partner organizations, and also reaches out directly to organizations to discuss opportunities. There are currently two seats on the Board for people with lived experience, as well as two seats on the Board for Youth Action Board (YAB) members (total of four seats). These board members with lived experience are also engaged in Committees, which is not limited to Board members.

The CoC Board is currently working with the DEI Committee to identify strategies to better engage persons with lived experience for current and future opportunities.

The development of the CoC's YAB has created a model for expanding opportunities to additional PWLE to engage in the work of the CoC. To recruit youth with lived experience for YAB membership, the CoC sent out a specific recruitment flyer to the CoC listserv & to youth-serving entities. CoC staff held one on one meetings with any youth interested in the YAB. The CoC staff person has worked in close collaboration with these youth, who are a valued & respected part of the CoC's Governance .

The YAB has led the way in modeling how individuals with lived experience can and should be involved in CoC decision-making. Examples include:
-YAB engagement in the development of YHDP application & CCP.
-Two YAB members appointed to the YHDP core team, paid for their time & advocated for specific YHDP standards, including the following expectations of YHDP applicants: evidence of youth engagement & how youth engagement would continue throughout implementation; adherence to the CoC's DEIB pillars & YAB's truths/values statements; & completion of training on best practices for serving youth.
-YAB members created & led YHDP training & community sessions throughout the 9-month planning process.
-The YAB participated in the YHDP new project selection & ranking process.
-YAB engagement in the development of a CQI process for YHDP projects.
-The YAB receives training around specific topics such as: public speaking; facilitating difficult conversations; storytelling; professionalism; CoC101; CES; the housing continuum; and more so they can attend meetings and feel like they have the CoC knowledge mixed with their expertise to engage. They also received training around governance so they could create their own structure/bylaws, which led to the development of an Executive Committee of the YAB.

| 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.	9	2
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	9	2
3.	Participate on CoC committees, subcommittees, or workgroups.	9	2
4.	Included in the decisionmaking processes related to addressing homelessness.	3	1
5.	Included in the development or revision of your CoC's local competition rating factors.	1	1

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)

The CoC, in partnership with CoC partner orgs, has provided professional development opportunities for individuals with lived experience who are working with the CoC (including YAB members). In addition, CoC and CoC partner orgs have helped connect individuals w/ lived experience / employment opportunities.

Professional Development:
-CoC staff does quarterly goal setting with YAB members. Those goals are divided into group/shared goals and personal goals. Staff then works with Gov Board members and/or CoC members orgs to ensure that they are supported both personally and professionally.
-WCA (CoC funded org) has provided free training around professionalism and goal setting.
-CoC Board member (from Slippery Rock University) has provided free training to the YAB around facilitating difficult conversations, public speaking, and meeting facilitation.
-CoC partner org (North Hills Community Outreach) presented on professional goal setting and helped set up YAB members with informational interviews.
-All YAB members were invited to attend the NAEH conference for professional development opportunities; five in total attended.
-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.
-DCED (CoC Collaborative Applicant) provides scholarships annually to support attendance of at the PA Homes Within Reach Conference among PWLE.

Employment:
-CoC created a second CoC staff position & offered the job to a YAB member.
-WCA (CoC funded org) offered a YAB member a paid position in their org.
-CHAPS (CoC funded org) hired a YAB member as peer support specialist
-Other CoC funded orgs employ persons with lived experience. For example, Catholic Charities Butler County hired two individuals that are former clients, and they contract with a cleaning company that is owned by a former client. Greene County Human Services has also supported a person with lived experience to be hired within the counties maintenance department . 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.
-Within the CoC's YHDP planning grant, funding was allocated to provide part-time employment opportunities to two youth to support the implementation of the YHDP CCP.

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) The CoC engaged ICF (TA provider) to assist the CoC in redesigning the CE system. As part of this system redesign, ICF engaged persons with lived experience and CoC stakeholders (CoC and ESG providers, providers using CE, etc.) to provide feedback on the current CE system and areas of improvement. This included two live feedback sessions (one DV specific and one non-DV specific) as well as participant surveys. Persons with lived experience were compensated for their time and feedback. Based on the feedback of PWLE who have used the CoC's CE system, the CE redesign includes changes to the assessment process, including incorporating more strengths-based questions and creating a phased assessment process that is less intrusive. CE leaders will continue to engage persons with lived experience through all phases of the redesign.

Feedback of the YAB (Youth Action Board) has been solicited implemented at every step of the way with the CoC's YHDP application, development of the Coordinated Community Plan, and YHDP project selection process. This includes priorities incorporated into the YHDP RFP. The YAB will continue to be engaged in implementation once programs are awarded dollars, including in the development and implementation of a Continuous Quality Improvement monitoring for YHDP projects.

2) To address concerns related to CE system design, the CoC is currently working on a CE system redesign to make the system more accessible, efficient, and effective. In addition, to respond to feedback about accessing homeless assistance, the CoC has also allocated funding to support CES staffing. These new staff provide housing problem solving solutions, document readiness, assistance with housing location, and more to further support people experiencing homelessness, as this was a reported challenge of households experiencing homelessness.

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 Western PA CoC includes a total of 720 municipalities across its 20 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. Examples of activities conducted to reform zoning and land use policies within the last 12 months include: 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) Fayette County Community Action Agency (CE lead, and CoC grantee) has met with county commissioners, attended commissioner's meetings, and met with township supervisors to discuss zoning and land use policies.

2) In the last 12 months, the CoC and its member orgs have taken the following steps: 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.
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

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.	

	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?	58
	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.	

		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 collects and analyzes data regarding each project that has successfully housed program participants in permanent housing in several ways: 1) For the local competition renewal scoring process, the CoC uses APR data (pulled from HMIS and/or HMIS comparable database) to analyze % of households that exit to PH (for PSH – also look at % retained in PH). Exits to permanent housing/retention in permanent housing is worth 10% of the project's total renewal evaluation score (10 out of 100 points); 2) outside of the CoC competition, the CoC uses SPM data to analyze exits to PH by project, and reach out to projects with poor outcomes to offer TA; 3) outside of the CoC competition, the CoC publishes quarterly monitoring reports which includes looking at exits to PH/retention in PH.

2) As part of the local competition renewal scoring process, the CoC analyzes length of time between project start and housing move-in date (for TH/RRH, RRH & PSH). The CoC specifically looks at the % of households who moved into housing within 30 days of enrollment. The goal for CoC funded projects is move in to housing within 30 days of project enrollment.

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
-Chronically homeless: % of chronically homeless households at entry
-Unsheltered: % of adults coming from unsheltered locations at entry
-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.

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.	

(limit 2,500 characters)

1) The CoC's local funding process is implemented by the Funding Comm, including determining rating factors, new project selection & ranking. Following the annual renewal scoring process, the CoC distributes the renewal scoring criteria to the CoC for comments. This is the opportunity for all providers, stakeholders & community members to provide input. The input is reviewed & considered by the CoC's Funding Comm 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 DEIB Comm. Their recs will inform the CoC's Funding Comm on effective approaches for obtaining this input.
2) The CoC's DEIB Comm is working to assist the CoC to diversify leadership & participation, which will include Funding Comm membership. There is intention to identify PWLE as new members and/or are persons of different races, particularly black & brown HHs, who (while these #s are small) are over-represented w/in the homeless population.
3)The CoC has established a DEI Committee, which is working to assist the CoC to diversify leadership, including the membership on the Funding Comm, who's role includes reviewing, selecting & ranking projects. The Funding Comm does benefit from having members that work with some of the CoC's most vulnerable households, including Veterans, DV & women-headed households, youth & the criminal justice population. The Comm has already discussed the need to intentionally increase membership to include PWLE & persons of different races.
4) The CoC's 2022 renewal scoring criteria included equity-related criteria. This included looking at steps orgs are taking to increase equity & an equity-analysis of org policies, practices, training, etc. Specifically, the equity analysis reviewed the following domains: Organizational Commitment, Leadership & Governance; Equity Policies & Implementation Practices; Organizational Climate, Culture and Communications; Service-Based Equity; Service-User Voice and Influence; Workforce Composition and Quality; Community Collaborations; Data, Metrics and Continuous Quality Improvement; and Next Steps. These responses will assist in designing/delivering future equity-related training & inform strategies to increase diversity & equity.

1E-4.	Reallocation–Reviewing Performance of Existing Projects.	
	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, which are updated & distributed annually. The CoC uses annual project scoring & gaps analysis to help determine which projects should continue to receive funding. The CoC may consider full or partial reallocation based on the following factors: underperformance; cost effectiveness; underspending; lack of need; funds needed to respond to an urgent/emerging CoC need; or monitoring indicates serious problems. The CoC informed applicants of the reallocation process via the FY2022 CoC-funding policy document, which was circulated via email at the onset of the renewal scoring process (April 2022) & posted on CoC website. Reallocation decisions are made by the Funding Committee, which is made up of non-conflicted members who do not receive CoC funding. Projects subject to reallocation are provided with an opportunity to submit an appeal, as indicated in CoC's Funding Policies. The CoC identifies projects that were low performing, underspending, or had cost effectiveness concerns via the annual project evaluation/scoring process. Needs are IDed in the CoC's annual gaps analysis, which informs the reallocation & new project selection process.
2) Following the 2022 scoring/evaluation process in spring 2022, the CoC identified 6 projects w/ concerns – 2 for underspending and underperformance, 1 for underspending, and 3 for underperformance. concerns. The CoC informed each of these projects regarding concerns via letter and offered TA.
3) 1 project was identified for partial involuntary reallocation. This was due to ongoing concerns with both underperformance and underspending that were not resolved after extensive TA. This project was reduced by 20%.
4) N/A

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

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.	08/12/2022

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

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

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

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

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

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

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

	Enter the date your CoC submitted its 2022 HIC data into HDX.	04/21/2022

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) All DV housing and service providers in the CoC use one of two DV comparable databases, with both collecting the required HUD data elements. VSPs participating in the CoC-wide DV RRH project w/ PCADV use EmpowerDB. All other ES, TH, RRH, PSH projects are reported into ETO. 100% of VSPs in the CoC use one of these DV comparable databases. 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	739	228	204	39.92%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	270	21	215	86.35%
4. Rapid Re-Housing (RRH) beds	981	155	826	100.00%
5. Permanent Supportive Housing	1,252	76	999	84.95%
6. Other Permanent Housing (OPH)	51	0	20	39.22%

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) To increase HMIS coverage, the CoC: a) provides bonus points during annual scoring/ ranking to CoC-funded orgs that voluntarily enter HMIS data when not required by funder; b) pays for HMIS user licenses to remove barriers to participation. Since 2021, both TH and PSH project types are now over 85% HMIS participation (TH increased from 80% to 86% and PSH increased from 74% to 85%).

-ES: Many ES projects have not historically participated in HMIS because not required by funders. CoC will engage other funders to discuss benefits of HMIS participation, including faith-based orgs (FBO), State of PA, United Way.

-OPH: 13 beds not on HMIS are operated by a veterans program that is very engaged in the CoC's efforts to end veteran homelessness. The CoC will request that these beds are added to HMIS.

2) To increase bed coverage, the CoC will work to educate/engage funders about the benefits of aligning data collection to CoC/HMIS.

-Faith based orgs: Executive Director of Union Rescue Mission (CoC Board member & CE Committee Co-Chair) volunteered to assist w/ engaging FBO in HMIS & CE implementation.

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

-The CoC is participating in Coordinated Investment Planning process. Several state agencies are participating & have IDed the need for coordinated data collection. Mandated HMIS participation among all state-funded projects would significantly increase bed coverage rates.

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

-In addition, the CoC's CES is being redesigned to operate as a "push" referral system vs. a "pull" system. When that change occurs (going live in 2023), HMIS participation, including live information regarding inventory, will assist CE staff to provide referrals when beds are available and not, when a project is at capacity. The CoC will be discussing these types of benefits to HMIS participation within the roll-out of the new CES.

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

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.	01/26/2022

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

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)

1) The CoC did not conduct an unsheltered PIT count in 2022 (due to COVID-19 concerns; CoC notified HUD of this per instructions). In previous years the CoC has engaged community stakeholders and youth w/ lived experience to plan both a youth-specific PIT count, and incorporating youth-specific strategies into the overall PIT count. The unsheltered PIT planning process occurs on two levels: CoC-wide and county-level for each of the CoC's 20 counties. In preparation of the PIT count, cross-systems planning occurs between the PIT county contact and stakeholders serving youth experiencing homelessness, including school districts. These stakeholders help identify locations where youth are known to congregate, spread information about the PIT count, plan "come and be counted events" and advertise these events. CoC-wide efforts also included: providing contact info for youth serving orgs; sharing info with local homeless education liaisons; youth-focused training to county-level unsheltered coordinators; and the use of the CoC's PIT count standards for counting homeless youth, which include engaging local youth in the planning process.
2) The CoC did not conduct an unsheltered PIT count in 2022 (due to COVID-19 concerns). In previous years the CoC worked closely with the YAB (Youth Action Board) to plan a youth specific PIT count. This involved working with youth w/ lived experience to identify PIT count methodology, identify hot spots for counting youth, design the survey, and participate in the actual count process. This info is reviewed/shared with PIT count teams in preparation of the annual PIT count.
3) The CoC did not conduct an unsheltered PIT count in 2022 (due to COVID-19 concerns). In previous years the CoC worked closely with the YAB to plan a youth specific PIT count. This involved working with youth w/ lived experience to identify PIT count methodology, identify hot spots for counting youth, design the survey, and participate in the actual count process. Youth identified hot spots where homeless youth were most likely to be identified. They worked in partnership with youth street outreach staff to canvas the community and ID hot spots. This included places to congregate and places to sleep. This info was incorporated into planning meetings & volunteer teams were deployed to these areas during the PIT count. In addition, PATH outreach & street outreach teams were consulted to identify known locations to identify youth.

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) The CoC did not conduct an unsheltered PIT count in 2022 (received a waiver from HUD due to COVID-19 concerns.
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. The rapid increase of rental housing costs and the overall lack of available rental units have also contributed to increases in sheltered homelessness.
4) N/A

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)

While first time homeless numbers increased, the CoC has been making consistent progress decreasing this number over the past several years.
1) Through strategic plan & Consolidated Plan listening sessions, and an analysis of HMIS data, the following risk factors for first time homelessness have been identified: history of DV; exiting from institutions; and lack of employment income.
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. On the local level, county housing coalitions & regional CoC groups identify & discuss emerging trends being addressed locally. In addition, the CoC launched a diversion program in 2019, which targets HHs that would become homeless without assistance.
2) CoC developed new HP screening/prioritization tool to connect HHs to prevention resources more quickly. Many of the CoC's CE General Assessment Centers are in Community Action Agencies (CAA). These centers have diverse resources to prevent/stabilize HHs prior to becoming homeless. This includes connections to benefits & using state Homeless Asst Program funds to provide diversion/prevention (first/last/security, eviction prevention funds). CAA's work with landlords to set up payment plans to prevent eviction. Over the last 20 months, the CoC providers have: administered ERAP; assisted HHs applying for COVID unemployment; provided education around eviction moratorium & referrals to legal asst as needed. The CoC uses several funding streams to support prevention efforts, including: ESG/-CV, state HAP, SSVF, FEMA, BH Reinvestment Funds, HHS Opioid-Dedicated hsg funding, criminal justice RRH to prevent discharges to homelessness & Home4Good diversion funds.
ESG funding, including prevention funding, is aligned to CoC priorities, and is used to reduce first time homelessness. CYS partnership to prevent homelessness among HHs w/ children & youth.
3) The CoC's Gov Board, in their oversight of all CoC Committees, is responsible for overseeing strategies to reduce first time homelessness.

2C-2.	Length of Time Homeless—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 various strategies to reduce length of time homeless (LOTH), including:

-104% increase in RRH beds (+501) over the last five years - per HIC data (2018 = 480, 2022 = 981). CoC is applying for an additional 62 units in 2022 CoC Competition.

-RRH is priority project type under ESG.

-Diversion/ prevention resources preserve resources for households needing more intensive services.

-Written standards/CE system prioritizes vulnerable households (e.g. HHs with longest LOTH).

-CoC PSH beds 100% chronic dedicated.

-EHV in Westmoreland 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-projects operate using Hsg First (HF) approach. The CoC has provided significant training to support HF implementation, including a 4-part hsg-focused case mngmt series, May- June 2021.

-Landlord incentives to quicken housing move-in

-As part of annual renewal review/scoring, projects are evaluated on the length of time b/w project entry & residential move-in.

-CE Assessment Centers work with households to resolve their homelessness.

-Highest prioritized households are assisted through ESG/CoC resources, but lower acuity HHs are assisted utilizing other resources/ relationships in the community where capacity exists. This includes: working with landlords to allow for the security deposit to be paid over time and/or to reduce the rent until a HH obtains employment; requesting assistance from local churches to support specific households; the use of prevention and/or diversion funding.

-In early 2022 the CoC brought in a CE Consultant (ICF) to help guide the restructuring of CES. This will include restructuring operations to create dedicated CE staff who will assist high priority HHs to collect all needed documentation & support housing search process. In addition, lower acuity households will be assisted through housing problem solving solutions.

2) CoC CE assessment includes questions about LOT homeless, which impacts how HHs are prioritized for assistance, per the CoC's written standards & adoption of CPD Notice 16-11. The CE By Name List includes LOTH as a visible field. Street outreach engages individuals with long histories of homelessness, including conducting CE assmts.

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

	2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing–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 various strategies to increase PH placement, including:
-all CoC-funded projects are evaluated on exits to PH. SSO & TH projects can be awarded up to 8 points (8% of scoring) and TH/RRH & RRH can be awarded up to 10 points (10% of scoring) for this metric. All project types must score 83% or higher to be awarded points.
-through reallocation & setting data driven priorities the CoC has significantly expanded RRH capacity (104% in the last 5 yrs)
-landlord engagement & apps supporting housing search to ID units
-PH units are prioritized for the CoC's most vulnerable HHs using a Hsg First approach, prioritizing hsg stabilization over program rules. Landlord mediation helps prevent eviction. HHs that are evicted by landlord are rehoused.
-CoC provided training series of hsg-focused case mngmt practices (4 session in May-June 2021)
-referrals for diversion & prevention assistance are provided through CES
-many projects educate participants using strategies from the "Prepared Renters Program",
-case mngrs strive to stabilize HHs in several ways, including increasing income and/or cash benefits & mainstream benefits, resulting in more money in HHs budget to support rent
-Increased partnership with PHAs throughout the CoC, coupled with flexible funding that allows the CoC to pay back rent or other barrier to access PHA resources
-CES to be redesigned in 2022, which will include housing locator services for HHs on CE By Name List. Additionally, housing problem solving solutions to be implemented will increase exits from ES to PH. Flex funds available to settle PHA debts to increase access to PH.
2)Retention of PH and/or exits to other PH destinations includes the above & the following strategies:
- PSH projects are evaluate this metric for 10 points (10% of scoring). The system avg of this outcome = 97%. Points are only awarded for outcomes 83% or higher.
-CoC emphasizes the importance of providers having good relationships with landlords, who can help to ID problems as they begin
-enhanced housing-focused case mngmt has increased housing stabilization
-coordination with mainstream resources such as MH/BH supports
- increased income, including through SSI. The CoC has several providers with SOAR trained staff
-CoC works with PHAs to implement Move On strategies. CoC used EHV to begin developing Move On strategy.
3)The CoC's Gov Board, in their oversight of all CoC Committees, is responsible for overseeing these 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.	

(limit 2,500 characters)

1) The CoC analyzes data from CE tool, which collects data on history of homelessness, disabilities, MH/BH/SA issues, income, presence of children, evictions, etc. This data is used to understand which households have factors that puts them at higher risk for return to homelessness. The CoC also examines the exit destination of HHs returning to homelessness. Through the CE system & HMIS, CE assessors & shelters can ID HHs who return to homelessness to quickly expedite assessments/referrals, & better ID risk factors. In addition, the CoC looks at individual returns to homelessness from CoC-funded projects as part of the annual CoC evaluation/scoring. Providers are encouraged to maintain contact with program participants upon exit & provide housing stabilization services for up to six months, including connections to additional resources such as prevention, if needed.
2) The CoC continues to implement strategies to reduce the rate of additional returns to homelessness including:
-Expansion of PH resources using ESG/CoC funds
-Through the implementation of CE, the CoC is more effectively connecting HHs in ES with RRH, which will reduce the % of HHs returning to homelessness.
-Ensuring that assistance is appropriate based on HHs needs. For example, if the HH cannot sustain housing the provider can extend RRH assistance (up to 24 mos).
-RRH providers connect HHs to more affordable units & provide support/ connections/ opportunities for unit to be sustained upon exit
-100% Hsg First results in HHs being rehoused if evicted by landlord. Hsg focused case mngmt training & emphasis on in-home case mgmt services have improved retention.
-Diversion funding, which has led to more effective use of prevention resources.
-Home4Good funding is used to pay off PHA debts, increasing the # of households eligible for affordable housing resources through PHAs. This has resulted in increased enrollments in PHA units, as many PHAs have preferences for homelessness.
-County Human Service Depts & CAAs are instrumental in connecting clients to prevention asst, mainstream resources, workforce devt, transportation, childcare, LIHEAP & other resources that promote long-term housing stability.
-Youth navigators, just added to the system, which will help youth enrolled in school make connections to support housing stability
3) The CoC's Governing Board, in their oversight of all CoC Committees, is responsible for the overseeing these and any other strategies identified

| 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) Strategies to increase employment income are implemented through partnerships with CareerLink, Workforce Development, OVR & programs through the PA Dept of Human Services targeted to TANF & SNAP recipients to prepare for, find, and keep employment.
The CoC includes increases in total income as part of the annual renewal scoring. This measure is weighted worth 10 points (10% of points available) and specifically measures % of all adult participants who increased income from any source from entry to exit/annual assessment (leavers and stayers).
2) Many Community Action Agencies throughout the CoC provide both homeless assistance, as well as employment/ workforce development assistance. These organizations are able to provide these and other services to support employment for clients, including funding to support training & obtaining licenses/ certificates, subsidized childcare, transportation assistance and more. Specifically, CAAs in 15 counties provide employment training, job dev, supported work, and/or youth employment. Transportation services are provided by CAAs in 6 counties. In addition, CoC providers have partnerships with Rural LISC program which helps participants pursue careers in the medical fields. Prior to the pandemic, representatives from Workforce Dev would attend local homeless/housing meetings to share resources. Coordination is now largely virtually. Previously, CoC providers hosted job fairs for participants with reps from Workforce Dev and CareerLink to share resources on available jobs, training, etc. Increasing income is included in annual renewal scoring criteria.
The CoC is participating in a statewide Coordinated Investment Planning initiative, Chaired by DCED (CoC CA), 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) The CoC's Governing Board is responsible for the overseeing strategies to increase cash income and access to employment.

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) To increase non-employment cash income, the CoC strategy is to increase access to SSI through SOAR & ensure CoC partners are educated on mainstream benefits & able to quickly connect participants to benefits. Nearly every CoC-funded org has a staff person that has been SOAR trained & the CoC has a significant # of providers who are SOAR certified. Assistance in applying for SSI, TANF & other cash benefits is provided by CoC partners throughout the geo area. Enrollment in mainstream benefits occurs online through the state's COMPASS system, an online single application system for many health/human service programs. All CoC providers are proficient users of COMPASS.

CAAs work with participants to submit applications for benefits through COMPASS. These CAAs are most often the providers for WIC, LIHEAP, transportation & other TANF-funded services. This partnership with the CAAs ensures individuals exp. homelessness have assistance to apply for, receive, and utilize non-employment cash benefits. Neighborhood Legal Service assists with appeals if individuals are denied benefits and will speak with the state to navigate complex cases.

The CoC keeps program staff up-to-date regarding mainstream benefits through monthly county housing/homeless meetings, regional CoC meetings & semi-annual full CoC meetings. Representatives from County Asst Offices also attend county meetings.

Updates are shared with CoC-program staff through posts on the CoC's social media platform (Slack).

Increasing income is included in annual renewal scoring criteria. Specifically, this measure is weighted worth 10 points (10% of points available) and specifically measures % of all adult participants who increased income from any source from entry to exit/annual assessment (leavers and stayers).

COVID stimulus & COVID unemployment created new opportunities for households to increase non-employment cash income. CoC providers assisted HHs to ensure stimulus was received & appeal unemployment decisions if needed.

CoC orgs offer transportation to public benefit appointments as needed.

2) The CoC's Gov Board is responsible for strategies to increase nonemployment cash income.

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?	Yes

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

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
Liberty House - PSH	PH-PSH	17	Both

3A-3. List of Projects.

1. What is the name of the new project?   Liberty House - PSH

2. Enter the Unique Entity Identifier (UEI):   DUB6BHG6AEJ8

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 17

5. Select the type of leverage: Both

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

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 |

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

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	No
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

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:	1,237
2.	Enter the number of survivors your CoC is currently serving:	246
3.	Unmet Need:	991

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 (312),and 2) the # of adult victims served by DV programs (including shelters) within the CoC in ETO (679), and 3) the number of survivors the CoC is currently serving (246). 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 (193) 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 (53).

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 Western CoC 2022 gaps analysis, DV survivors make up 24% of the households accessing Coordinated Entry over the course of a year (704 DV survivor households). Currently, only 20% of DV survivors exit the BNL to a permanent housing destination. This data clearly indicates that there is a significant gap in resources in the Western PA CoC to serve all DV survivor households experiencing homelessness. In addition, DV survivors benefit from specialized, victim-centered and trauma-informed services from providers who are trained in working with DV survivors, which is currently limited in capacity. While DV survivors can be served by non-DV dedicated programs, often survivors prefer to receive services from an agency specializing in serving DV survivors, especially in regard to ensuring safety and confidentiality.

4A-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)	

| | 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	West CoC Regional DV RRH FY22 Expansion
3.	Project Rank on the Priority Listing	60
4.	Unique Entity Identifier (UEI)	L3ALQVRJLU71
5.	Amount Requested	$1,205,439
6.	Rate of Housing Placement of DV Survivors–Percentage	94%
7.	Rate of Housing Retention of DV Survivors–Percentage	71%

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 houisng in FY21. Rate of housing retention 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, over 12,419 people were served by PCADV's member programs in the Western PA CoC. To access safe, affordable housing options & assist survivors to move into PH quickly, DV programs partner with private landlords, PHAs, affordable housing providers, LIHTC properties, etc. In FY19 and FY20, PCADV was awarded $811,644 and $1,753,390 in RRH funds for the Western PA CoC, with 12 counties participating. 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. For even more support in quick housing identification, PCADV hired a Community Engagement Specialist that will support programs with building and maintaining landlord relationships.

2) PCADV member programs function as access sites for assessment. The program contacts Union Mission in Westmoreland Co to place survivors on the BNL. When the DV provider has an RRH opening, they contact Union Mission staff who provide the names of 5 DV HH from the BNL (following the CE prioritization policies). The DV program contacts the HH in order of score. Member 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 confidentially 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 say 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.	
	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, victim-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 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.
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 assist survivors obtain/maintain housing & pursue goals. Advocate & participant work together on a plan to identify strengths & resources—like income, good credit, current job, prior employment history, education/training, positive rental or landlord experiences & support systems. The plan is tailored to what participants want, what they see as achievable & what support they need.
5.Trauma-informed, survivor-centered approaches are included throughout PCADV training for member programs, both in online modules & 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.

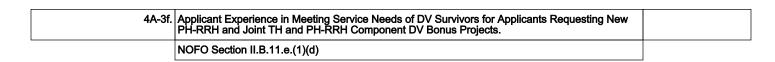7.DV programs support parents by doing the following:

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;

	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, victim-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 obtain/maintain 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.

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/16/2022
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	09/28/2022
3B. Rehabilitation/New Construction Costs	09/28/2022
3C. Serving Homeless Under Other Federal Statutes	09/28/2022
4A. DV Bonus Project Applicants	09/28/2022

Submission Summary   No Input Required