

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 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 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 2023 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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

1A-3. CoC Designation: CA

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

1B. Coordination and Engagement–Inclusive Structure and Participation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2022 to April 30, 2023:	
	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.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
9.	Law Enforcement	Yes	Yes	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	No
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	Yes	No
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	No

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	Yes	Yes	Yes
30.	State Sexual Assault Coalition	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 V.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 and access for persons with disabilities, including the availability of accessible electronic formats; and	
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).	

(limit 2,500 characters)

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

2) All CoC content is posted to the CoC's website, which uses Web Content Accessibility Guidelines 2.1 to make content more accessible for people w/disabilities- including appropriate alternative text for images, fully functional site using keyboard alone, & compatibility with modern screen readers. Accessible materials (PDF) are available on the CoC website. The CoC also uses Slack & Mailchimp email service for communication, each of which provide accessible electronic formats. Zoom is used for all virtual meetings, which allows for closed captioning. Meetings are held in accessible buildings/locations & live-streamed and recorded. The CoC honors translation & accessibility requests as well.

3) The membership invitation sent by the CoC included language that the CoC specifically seeks to engage organizations serving culturally specific communities in the CoC. The CoC Board and regional leaders outreach to local organizations that serve culturally specific communities (including persons of color, LGBTQ+, persons with disabilities) to engage them in the work of the CoC.

-Jan. 2023- Bradbury-Sullivan LBGT Center & PA Trans Equity Project provided LGBTQ+ training.

-While the CoC's DEI Committee is still in the "building" stage, Committee members have begun participating in other Committees to weave DEI principles into all CoC efforts.

-Spring 2023- DEI Committee led a 3-session (required) DEI training series w/TAC. Each session included calls for CoC & DEI Committee membership. The DEI Committee's workplan includes identifying additional opportunities to advance racial equity and social justice goals across all CoC committees, which include the increasing diversity among the CoC's membership & leadership, including among people with lived experiences of homelessness.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness. NOFO Section V.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;	
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
4.	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 5 regions & Committee structure are used to solicit input from a broad array of partners. CoC’s org structure includes Gov Board, 5 Regional Homeless Advisory Boards (RHABs), Committees & ad hoc groups. Each RHAB includes a diverse range of members, including veteran services, DV providers, local/ county gov, service providers, PHAs, people w/ lived experience, among others. RHAB meetings include opportunities for feedback on issues the CoC is working on. The co-chairs of each RHAB represent their region as members of the Board, which creates a two-way communication structure. CoC Committees, which submit reports to the Gov Board & often have Board members participating, are also forums for soliciting feedback. The CoC hosts regular trainings that are open to the full CoC membership, and uses these as a forum for discussion and feedback.
- 2) Meetings of the CoC, RHABs & Committees provide Board w/ monthly opportunities to gather & share info between CoC leaders & members. The CoC hosts two annual membership meetings, and events & trainings throughout the year, all virtually since COVID began. During the spring 2023 CoC meeting, for example, the CoC presented findings from the CoC gaps analysis, which reviewed demands for homeless assistance, compared with current resources. The CoC facilitated a discussion with participants around the needs they are seeing in their communities, to inform CoC planning/funding priorities.
- 3) CoC website follows Web Content Accessibility Guidelines 2.1. Accessible materials (PDF) are available on the CoC website, including meeting agendas and training materials. The CoC uses Slack, Mailchimp & CoC website for communication -each provide accessible electronic formats. Meetings in which solicitation for public input are made (CoC/RHAB meetings) are held in accessible locations & can also be live-streamed/recorded. The CoC honors translation & accessibility requests.
- 4) Board uses input to inform the CoC’s direction/operation, set priorities & ID training needs. Currently, a group of youth providers are meeting to advise the Board on youth homelessness & possible forthcoming applications for youth system navigations funding & future YHDP NOFO. When the Special NOFO was released in 2022, the Board surveyed CoC membership to determine level of interest in participating in the development of the required plan & to apply for SNOFO\$. This input led to a submission & award of nearly \$4M to address rural homelessness.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.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.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.

(limit 2,500 characters)

1)The CoC issued a Notice of Intent (NOI) to the CoC on 5/30/23 to inform CoC members/partners that a formal RFP for new projects would be forthcoming. In the NOI, the CoC encouraged interested applicants to reach out for TA to discuss project design, eligible activities, etc. The CoC then issued two formal new project RFPs for the CoC Competition on 7/11/23 – one for CoC Bonus funding and one for DV Bonus funding. The RFPs were posted on the CoC's website, announced on the CoC's Slack page & emailed to CoC distribution list. CoC members/partners were encouraged to share the RFPs w/local agencies who may be interested. The RFP included language related to new project scoring thresholds: "Additional consideration will be given to agencies that have not previously received CoC funding". The CoC hosted CoC NOFO Competition webinar on 7/26/23 which provided an overview of the CoC NOFO and the new project RFP and answered questions. Slide deck was provided in PDF form & webinar was recorded/posted on CoC website. TA to submit a competitive application for eligible activities & eligible households was available to new applicants upon request.

2) RFP packet was distributed by email, web posting & Slack, which included the 2 RFPs, due date, and instructions for completing/submitted application & budget via the CoC's online survey software (Alchemer). A blank copy of application & budget template was provided with the RFP.

3) RFPs stated that "All Preliminary Applications will be reviewed by the Eastern PA CoC Funding Committee based on the following criteria" which included threshold criteria & scored criteria for new projects. Priorities were informed by the Gaps Analysis, which was presented to the CoC membership via a virtual meeting in May 2023 & recorded/ posted to CoC website. The new project scoring tool & CoC funding policies were also posted on CoC website. Funding Committee is made up of non-conflicted members who do not receive CoC funding.

4) All funding related materials, including application info, was posted on the CoC website as accessible PDF. Notification of the availability of materials were distributed via email to CoC stakeholders; posted on CoC's Slack page; & highlighted during regional CoC meetings. The NOFO webinar hosted by the CoC included closed caption technology. If TA or accommodations are needed to apply for new project funding, the CoC is able to provide reasonable accommodations.

1C. Coordination and Engagement

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 - Frequently Asked Questions

1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC's geographic area.	

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

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

Describe in the field below how your CoC:	
1.	consulted with ESG Program recipients in planning and allocating ESG Program 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 to address homelessness within your CoC's geographic area so it could be addressed in the Consolidated Plan update.

(limit 2,500 characters)

1) DCED is the State ESG Recipient, the CoC's Collab. Applicant & holds a seat on CoC Board. To ensure consistency across funding sources, DCED requires ESG subrecipients to participate in CoC planning, to follow a Housing First approach, and incentivize regional projects to fill capacity and service gaps across the CoC. In addition, ESG applicants must provide a letter of support from the CoC. Regarding ESG-CV, the CoC provided DCED with county-level data to inform resource allocation by county/region. Data included pop. size, rates of homelessness & households at risk of homelessness, CES data, COVID transmission rates, unemployment rates & other factors that increased community vulnerability to homelessness. In addition, input about local priorities across the CoC was provided at governing board & regional CoC meetings. Early in the pandemic HP was prioritized in response to concerns that job loss among vulnerable households would increase homelessness. As the eviction moratorium impacted the ability to use HP & shelter operations evolved, DCED amended contracts to address changing needs. The City of Allentown & County of Northampton are the CoC's other ESG recipients. Representatives from both jurisdictional departments attend meetings of the Lehigh Valley RHAB. ESG Coordination between these jurisdictions & the CoC occurs at regional level, where reps present the plan to RHAB/CoC members for input.

2) DCED uses performance data generated from HMIS in the evaluation of projects. The CoC rolled out a quarterly monitoring process in January 2022 for CoC and ESG funded projects to evaluate performance and data quality on a quarterly basis. This process supports the CoC's submission of strong & accurate data for the SPM/LSA/CAPER as well as increasing the accuracy of data for project evaluation. CoC leadership provides input used to select ESG subrecipients.

3) The CoC provides county-level HIC & PIT data to DCED as well as the other 14 Con Plan jurisdictions.

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

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.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 questions or requesting technical assistance to resolve noncompliance by service providers.	No

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

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

(limit 2,500 characters)

Regarding formal partnerships, the State Education Agency (Pennsylvania Department of Education) & the CoC’s HMIS Lead Agency have established a formal, written interagency data sharing protocol which allows for increased identification of children/youth experiencing homelessness & increased service coordination across homeless & education providers. Through the use of this data sharing agreement the SEA has significantly increased the scale, scope and frequency of homelessness throughout the state’s LEA regions. This more complete count has led to an increase in resources through the SEA’s McKinney Vento allocation plan.

Formal partnerships with LEAs/school districts include joint grant applications & cross system letters of support for grant applications. In several counties there is a Unified Family Services Systems or Healthy County Coalition for Schools, which bring schools, agencies & community members together to identify community needs &

Offer quality, uninterrupted services to children/families. Many communities across the 33-county CoC have developed joint protocols with their school district for responding to youth and family homelessness. The CoC sits on statewide Early Childhood Education/Homelessness Stakeholders group, to increase access to early childhood resources.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section V.B.1.d.	

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

(limit 2,500 characters)

The CoC's Written Standards (which were fully updated in March 2022 and now updated as needed through quarterly meetings of the Written Standards Committee and/or annually at minimum) 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 2022 which included requiring all orgs to indicate that they met the requirement of having a designated staff person to ensure children are enrolled in school/connected to services. Case Managers within CoC-funded programs have strong working relationships with local school district McKinney-Vento Act homeless liaisons and many have Memorandums of Understanding (MOU) with local school districts and publicly funded Pre-K/early learning programs to ensure streamlined and prioritized access to educational programs for children experiencing homelessness. While not codified in the CES policies & procedures, PA-211 (CES virtual call center) provides information about eligibility for educational services when relevant. In 2022 the CoC provided training two related trainings -1) Education Rights for Children, Youth and Families Experiencing Homelessness, 2) Resources & Early Education Options for Young Children Experiencing Homelessness. Staff who are new to the homeless services field and/or who have not received prior training on the educational rights of children, youth and families were strongly encouraged to attend. The training was recorded and is available at any time on the CoC website. Topics included: structure/purpose of the ECYEH Program; McKinney-Vento vs. HUD definitions; rights of children & addressing the needs of students in public schools when homeless; and more.

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

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

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

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

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaboration with Federally Funded Programs and Victim Service Providers.
	NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

1C-5a.	Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.
	NOFO Section V.B.1.e.

Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area 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 PA Coalition Against Domestic Violence (PCADV).

1) PCADV and the CoC DV CE Specialist have been actively involved in the Coordinated Entry Committee, including a DV specific Coordinated Entry workgroup. A Victim Service Provider served as the Chair of the Written Standards Committee and played a key role in ensuring the Written Standards incorporated the needs of survivors (fully updated March 2022). Two VSPs are members of the CoC Governing Board. The CoC worked in close partnership with PCADV and DV providers to develop the CoC’s Emergency Transfer Plans and protocols. In addition, the CoC relies on the expertise of the DV CE Specialist to address day-to-day operational issues around DV protocols for Coordinated Entry. The DV CE Specialist provides training and TA to all CE-participating organizations to ensure that the needs of DV survivors are taken into account throughout every phase of CE. Policy issues related to CE operations are brought to the attention of the CE Committee for Consideration and policy development/revision as needed.

2) PCADV has worked with the CoC to develop DV RRH projects to ensure that survivors have projects developed specifically to meet their needs, adding 319 units to date. In addition, PCADV and their member Victim Service Provider (VSP) network work closely with the CoC to ensure all housing and services provided are trauma-informed and meet the needs of survivors. PCADV provides CoC-wide annual training on DV best practices, including traumainformed approaches, and provides TA throughout the year to providers, both VSPs and non-VSPs around best practices for serving Survivors. In addition, the DV CE Specialist provides training and TA around the needs of DV survivors accessing CE. To further support the implementation of the CES, PCADV was awarded SSO-CE funding in the FY22 CoC Competition to support more dedicated DV CE staffing and other system modifications to allow for a more enhanced victim-centered, trauma-informed system.

1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.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 12/14/22, 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 in December 2023. The CoC's annual PIT count training also includes safety and best practice around engaging DV survivors, utilizing trauma-informed, victim-centered practices. Coordinated Entry "office hours" calls have conducted sessions about serving households fleeing DV and/or with histories of DV. The DV CE Specialist provides training & TA as needed to providers working with Survivors, as does staff in the housing department at PCADV.

2) In spring 2022 the CoC provided in-depth training to CE Specialists & 211 operators, including: Trauma Informed Care; Conflict Resolution & DeEscalation; and Vicarious Trauma . In addition, CE staff & specialists also participated in the above referenced trainings & receive DV CE specific Training at a minimum annually. The CE system is staffed by a DV CE specialist, employed by Victim Service Provider, who provides ongoing training and technical assistance around CE protocols for DV. PA211, which provides phone access for CE, has trained all CE assessors in DV protocols and provides refresher trainings 3 times a year, which includes: DV 101; trauma-informed care; & CE procedures related to serving survivors of DV. PA211 has also provided enhanced, in-depth training to CE assessors who are specifically assigned to respond to DV specific calls. At the beginning of COVID, all 211 operators had enhanced training for recognizing the signs of DV due to known increases in reported partner violence. PCADV DV Housing Specialist serves on the CoC CES Committee and provides annual training recommendations for all CE Specialists. In addition to the responses in 1 & 2 above, the CoC has created a new DV Committee. This Committee will recommend additional training on best practices on safety & planning protocols as determined necessary.

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

(limit 2,500 characters)

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

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

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.

(limit 2,500 characters)

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

2) De -identified data from a comparable database is used to: add households to the CE Community Queue for access to resources; evaluate CoC-funded projects; track service delivery of ESG funding; provide data for the CAPER; inform the CoC’s annual gaps analysis report and has most recently been used to provide data to inform the 2023 CoC application. The CoC launched a quarterly CoC/ESG monitoring process in 2021, which reviews performance and data quality. Victim service providers submit their aggregate project-level APR data, which allows the CoC to evaluate performance/data quality of VSPs, and also allows VSPs to engage in continuous quality improvement using their data. The CoC has entered into partnerships with DV providers in the service region to administer the VI-SPDAT CE screening tool outside of HMIS & provide scores/notes on specific needs of Survivors to CE Regional Managers. These Managers then use anonymous client profiles in HMIS to ensure DV Survivors are prioritized on the on the BNL for housing. Through ongoing analysis of data pulled from DV comparable databases, and analysis of CE/HMIS data, the CoC can understand the needs of DV survivors. Examples include:

- the # of survivors in shelter in each CoC region
 - the rate at which survivors receiving services are also in shelter
 - the rate at which survivors access services through CE & the rate of housing placement through the BNL
 - the CoC-level demand for housing for DV survivors, and demand by region/county
 - areas where additional coordination is needed to address specialized needs and/or opportunities to meet the needs & expand available housing options, for example to address needs of survivors who are youth, LGBTQ, youth, aging, veteran or family HH, there may be specialized resources available.
- As DV RRH continues to be implemented, data from comparable databases will be used to determine if changes to the written standards are needed to better serve survivors.

** **

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
	1. whether your CoC has policies and procedures that include an emergency transfer plan;	
	2. the process for individuals and families to request an emergency transfer; and	
	3. the process your CoC uses to respond to individuals’ and families’ emergency transfer requests.	

(limit 2,500 characters)

- 1) The CoC worked in partnership with the PA Coalition Against Domestic Violence (PCADV) and Victim Service Providers (VSPs) to draft the emergency transfer plan (ETP) and ensure that the policy is updated as needed. The ETP policies and procedures are publicly posted on the CoC website and are included in the CoC Written Standards. All CoC and ESG-funded programs are required to follow the Written Standards, which includes information on the ETP policies and procedures. Information about the ETP is made available to all participants upon enrollment into a CoC/ESG-funded project. PCADV provides annual training on DV best practices, which includes in-depth overview of emergency transfer plan. This helps ensure that all CoC and ESG-funded orgs have the most up to date information about this policy and how to utilize it with Survivors.
- 2) The process to request an emergency transfer is publicly posted on the CoC website and is made available to all participants in CoC programs. To request an emergency transfer, a participant can notify their case manager/housing provider verbally or in writing.
- 3) If a housing provider is able to facilitate the transfer request within their own organization, they have 10 business days to complete the transfer. If the housing provider is not able to facilitate the transfer in their own org, they will notify the Coordinated Entry Regional Manager and these households are prioritized for housing through the CE process. If a Survivor needs to be transferred through an alternate provider, the household would be prioritized on the BNL for enrollment by any provider. While responding to this transfer need is not limited to VSPs, a quick transfer can be facilitated through the operation of PCADV's CoC-wide DV RRH project, in partnership with VSPs across the CoC, which includes 319 units that can be utilized in all 33 counties.

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC:	
	1. ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and	
	2. proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.	

(limit 2,500 characters)

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

2) The CoC allocated funding in 2018 to develop a DV CE Specialist to be integrated into the workflow of the CE System. Through this position & the DV training provided to CE Specialists, several issues have been identified & resolved, including creating a 211 dedicated DV CE Specialist position. Because the BNL is embedded into HMIS, CE Regional Mngers provide referrals to VSPs for openings in DV-dedicated RRH/PSH projects. In addition, the CoC is working w/PCADV & local VSPs to build out a DV “extension” to the existing CES. This will further allow the CoC to proactively ID & resolve barriers for DV survivors.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC:

1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and
2.	accounted for the unique and complex needs of survivors.

(limit 2,500 characters)

1) Since the Eastern PA CoC was first established, VSPs have been included as members of the Gov Board, engaged in various forms of leadership throughout the CoC, and participated as CoC members & grantees. Through working Committees, the CoC drafts & circulates policies for review/comment, and engages the CoC membership in planning efforts. This work includes VSPs, including many individuals employed by VSPs who also identify as Survivors.

Following the implementation of a new strategic plan, the CoC established a new partnership with PCADV in order to implement a funding & capacity building plan responsive to the DV-related goals within that plan. Since 2018, partnership w/PCADV & local VSPs has led to a significant increase in DV-dedicated funding, including \$6.2M in RRH, new DV CE funds & 20 DV-dedicated PSH units.

PCADV, who has been leading the CoC's efforts to engage Survivors with lived expertise, has recently established a Survivor Advisory Council to provide survivors who are engaging in or have recently completed services with an opportunity to influence, design & provide direct feedback for the DV housing system. This feedback will be used to inform DV RRH programming & operational changes, and shared with relevant CoC Committees/Board for further integration of survivor feedback.

In addition, membership on the CoC's PWLE Committee is open to Survivors with lived expertise, but Survivors are not asked to share their status with the Committee. The PWLE Comm will be working to coordinate with the Survivor Advisory Council beginning in 2024.

The CoC has a compensation process, which allows all participants the opportunity to be paid for their time through check, Venmo, and pre-paid debit card. If a Survivor needed an alternate pay option, that would be accommodated & incorporated into options made available to all members, as payment options have been added/ removed over time to meet participant needs.

2) All efforts to include the expertise of PWLE include addressing participants by their preferred name, gender & language preferences. All meetings begin with introductions that make these details known to all participants. Participation in meetings/events can occur in-person, video conferencing or phone calls. Name & contact info about Survivors, and any PWLE Committee members, is shared with the individual's consent. No information about their personal history is shared in Committee meetings or w/ CoC members, unless self-disclosed.

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

	Describe in the field below:	
1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;	
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;	
3.	your CoC’s process for evaluating compliance with your CoC’s anti-discrimination policies; and	
4.	your CoC’s process for addressing noncompliance with your CoC’s anti-discrimination policies.	

(limit 2,500 characters)

- 1) The CoC updated its non-discrimination policy in fall 2020, with consultation from the Bradbury-Sullivan LGBT Center (BS-LGBT) who reviewed policies to ensure they were inclusive of the needs of LGBTQ+ individuals. The policy is updated based on stakeholder feedback or if issues not adequately addressed within the policy are identified. The policy, which includes language from HUD’s Equal Access Final Rule & Gender Identity Final Rule, is integrated into the Written Standards (WS), which are regularly discussed by the WS Committee & updated as needed/annually. On 1/11/23, the CoC hosted required annual training on LGBTQ competency, co-led by BS-LGBT & the Eastern PA Trans Equity Project, strategies for meeting needs of LGTBQ folks, how to become an ally, and improving access to housing/ shelter for LGBTQ people .
- 2) When the CoC rolled out updated non-discrim policy, a packet of materials to support org implementation was provided. The packet included sample policy language. Annual fair housing training, which covers HUD’s Equal Access and Gender Identity Final Rules, is provided by CoC. This training assists providers in how to revise own policies to be responsive. In addition, following the last round of updates to the WS, the CoC provided monthly office hours calls to support their implementation, which include the CoC’s non-discrimination policies.
- 3) During ESG monitoring, DCED ensures non-discrimination policies are in place & that program standards are in alignment with non-discrimination language. The CoC conducted a compliance desk monitoring review in spring 2022 for all CoC-funded providers, which included a review to ensure that providers had implemented non-discrimination policies. 2022 renewal scoring process included the submission of these policies for review. If CE Regional managers observe discrimination practices related to the enrollment of program participants, the issue would be discussed with the provider. If needed, the information would also be shared with CoC leadership to determine next steps & resolution of issue .
- 4) Per CoC funding policies, non-compliance with CoC policies, including nondiscrimination, can result in reallocation. The CoC requires a corrective action plan and offers TA to providers who are out of compliance. If a project does not come into compliance, the Funding Committee may reallocate.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy.	
	NOFO Section V.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 current 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 2022 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?
Cumberland County Housing and Redevelopment Authority	21%	Yes-Both	Yes
Lebanon County Housing Authority	55%	Yes-HCV	No

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

Describe in the field below:

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

(limit 2,500 characters)

1) The CoC has positive relationships with many of the 36 PHAs in the geographic area. PHAs are the Applicant for 10 of the projects included on 2023 Priority Listing. PHA Directors serve on CoC Gov Board & Funding Committee. In addition to the PHAs in the chart above, 13 additional PHAs have reported a homeless preference for HCV and/or Public Housing (Clinton County PHA, Franklin County PHA, Lebanon County PHA, Lycoming County PHA, Schuylkill County PHA, Snyder County PHA, Union County PHA, Northumberland County PHA, Mifflin County PHA, Tioga and Bradford County PHA, Northampton County PHA, Monroe County PHA, Allentown PHA). Several PHAs also reported significant new admissions of people experiencing homelessness during FY22: Altoona Housing Authority (21%), Centre County Housing Authority (14%), Lehigh County Housing Authority (16%), Monroe County Housing Authority (34%), and Schuylkill County Housing Authority (29%). Many other PHAs also have preferences for DV, vets & displaced persons, under which people experiencing homelessness often qualify. Cumberland County currently has a Move On preference for people exiting permanent housing into neighborhood-based housing. Schuylkill PHA, Clinton County PHA, Lehigh County PHA, and Northampton County PHA have expressed interest in developing a Move On Strategy in partnership with the CoC. Expanding Move On and other PHA preferences is a goal for the CoC and is included in the CoC's Strategic Plan, finalized June 2022. The CoC began implementing its Move-On Strategy & toolkit in 2022, which has continued into 2023, providing training & TA to support local implementation. The CoC's Move On materials include sample policy language, marketing materials & training materials. The CoC has increased its partnership with both the Allentown & Centre County PHAs through the allocation & implementation of EHV's. Both communities are housing HHs from BNL & as Move On opportunities. The CoC is also working with 4 PHAs (Union, Snyder, Northampton, Allentown) on the implementation of the Stability Vouchers. In addition, CoC-funded providers throughout the CoC have working relationships w/local PHAs, resulting in significant benefits to both systems. This includes partnerships on affordable housing projects; administering rental assistance; and more. The CoC is working w/ PA Association of Housing & Redevelopment Authorities to develop a CoC/homeless track during 2024 PAHRA conference.

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	Yes
	Other (limit 150 characters)	
5.	SRO units operated by non-profit housing developers	Yes

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section V.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:	
		Stability Vouchers	Yes

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section V.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.	Stability Vouchers

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

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

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

Name of PHA: Allentown Housing Authority

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

Name of PHA: Centre County Housing Authority

1D. Coordination and Engagement Cont'd

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.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	No

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.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 2023 CoC Program Competition.	57
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 2023 CoC Program Competition that have adopted the Housing First approach.	57
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 2023 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 V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

	Describe in the field below:
1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are 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 your local CoC 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, Coordinated Entry (CE) participation & prioritization of resources based on vulnerability w/no preconditions. Outside of the CoC Competition, the CoC conducted desk monitoring of each grantee in 2022, which included a review of HF compliance. The desk monitoring process will continue to be completed at regular intervals with grantees. In addition, in spring 2023 CoC reviewed all grantee policies related to Housing First (admissions, program rules, discharge) and provided written feedback to each grantee on updates/edits needed to policies related to HF. This process was overseen by the CoC Funding Committee. Grantees were given a timeline to update all policies in alignment with HF, and will be required to resubmit their policies later this year for review. Moving forward policies will be reviewed on an ongoing basis.

2) Providers evaluated on 9 HF elements: 1-screening for sobriety, substance use, completion of treatment, or service participation; 2-screening for no income, criminal convictions, or lack of “housing readiness”; 3-housing-focused services emphasize housing stability over therapeutic goals; 4-participation in services/compliance not a condition of staying in program; 5-use of alcohol/drugs in itself not a reason for program dismissal; 6- Prioritize highest needs; 7-staff trained in evidence-based practices such as motivational interviewing/client-centered approach; 8-services informed by a harm reduction philosophy; 9-primary focus is assisting with swift PH placement. The CoC also evaluates rapid placement thru # days b/w enrollment & move in, and housing stability.

3) The CoC distributes data & data quality reports as part of its 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. In addition, the CE system’s five Regional Managers (CE RM) oversee CE referral/enrollment. If the CE RM suspects a project is not accepting households through CE based on HF principles and/or if there are compliance issues with a provider they will bring these issues to the CoC leadership for follow up and corrective action if needed. The CoC also conducted desk monitoring in 2022 (outside of the local competition), which included a review of Housing First compliance. All grantees participated in the desk monitoring and received TA/follow up if needed.

1D-3.	Street Outreach—Scope.	
	NOFO Section V.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.
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(limit 2,500 characters)

The CoC's geography includes 33 counties encompassing nearly 21,000 sq. miles and 1,023 municipalities, of which over 83% are classified as rural. Given the size & nature of the CoC, outreach efforts occur at varying levels across the CoC.

1) Communities with resources to conduct street outreach provide regular/frequent services. This includes staff visiting encampments, targeting known locations & other methods to ID unsheltered households. In rural communities and/or those with limited capacity, outreach is conducted "on demand". This is facilitated by reports of unsheltered observations from emergency services, libraries, churches, laundromat owners/managers, staff at truck stops, etc.

SSVF providers conduct Veterans outreach & coordinate w/local providers when a non-Veteran is IDed.

The Lehigh Valley conducts youth-specific outreach & provides street medicine services.

Outreach providers distribute survival equipment (e.g. tents, sleeping bags, food, etc) & offer services.

ESG \$ supports outreach in 11 counties. SAMHSA's PATH funds cover 10 counties, including 4 counties that also receive ESG\$.

2) While daily outreach is not available in all parts of the CoC, 100% of the CoC is covered during the annual unsheltered PIT count. Volunteers fan out across communities to search for unsheltered HHs, while partnering with emergency services to be notified if someone who is believed to be homeless is observed. Volunteers will respond to that location, if they have not already contacted the person described. Additionally, outside of the PIT count, homeless providers will respond to reports of unsheltered homelessness, regardless of where the need occurs. For example, if someone is believed to be on private property, or in a gated community, they would first seek permission to access the area to provide services.

3) Daily and/or weekly outreach occurs in the 11 counties funded w/ ESG outreach \$. In the other 22 counties, outreach is primarily conducted "on demand" when someone is observed to be or reported as suspected to be unsheltered.

4) The annual PIT count interview forms, the CE assessment tool & other marketing materials are available in Spanish. In communities where needed, bilingual staff are hired. Street medicine services help to engage the most vulnerable households, which the CoC is seeking to expand through the PA Medicaid program which added street medicine as a reimbursable service in July 2023.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section V.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:

	Your CoC's Strategies	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)		

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.I.	

		HIC Longitudinal HMIS Data	2022	2023
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	957	1,061

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.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:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.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, SSDI, 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 PA DHS provides annual training on mainstream benefits to the CoC. In addition, the CoC keeps providers up-to-date on mainstream benefits through the CoC's social media platform (Slack) & during monthly/quarterly regional meetings of the CoC. Updates are provided during meetings by reps from the County Assistance Offices, Community Action Agencies (CAAs) & Legal Aid. A designee of the PA Dept of Human Services is a member of the Board & provides updates. Training is regularly provided by local government in each of the CoC's 33 counties.
- 2) The CoC has been working to support homeless assistance providers to coordinate and leverage partnerships between health care providers, mental health providers and substance abuse treatment providers. This includes partnerships with FQHC, Medicaid-reimbursable service providers, Community HealthChoices (PA's managed care program), HealthChoices (PA's BH managed care) and more. These collaborations have created opportunities for the co-location of housing & services, as well as increased access to services. CoC providers work with community partners to ensure that participants effectively utilize Medicaid/other benefits, which often includes providing transportation. Community Managed Care Organizations may attend local homeless coalition meetings to discuss benefits and how to take advantage of them. Many CAAs throughout CoC are also the providers for WIC, LIHEAP, transportation & other TANF-funded services. Partnership w/ the CAAs ensures individuals experiencing homelessness are assisted to apply for, receive, and use benefits. In addition, CoC agencies have built strong partnerships with healthcare orgs (including substance abuse and MH treatment) to connect participants with services, through a warm-hand off process. A recent Board member has been added from St. Luke's Hospital.
- 3) CoC organizations either employ staff who are SOAR certified, or partner with neighboring organizations who have SOAR certified staff. 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. The CoC hosted a SOAR training for CoC members/partners on 9/6/23.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section V.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 CoC has greatly expanded its non-congregate shelter capacity over the past 3 years. In 2020 the CoC reported 36 non-congregate (including hotel/voucher beds) on the HIC vs. 99 non-congregate beds on the 2023 HIC. 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 includes the majority of the Eastern PA CoC’s 33-county geography. 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 numerous counties within the CoC, including Adams, Centre, Cumberland, Franklin, Monroe, Schuylkill, Wayne, Clinton, Union, Snyder, and Lebanon. Several DV agencies in the CoC also received ESG-CV funds to expand non-congregate sheltering. The expansion of non-congregate sheltering was needed to deconcentrate shelters, and to expand shelter capacity in communities that had increased demand. In addition, entitlement communities within the CoC have also prioritized funds for non-congregate sheltering. For example, the City of Bethlehem is completing a study on the demand for a year-round non-congregate shelter. Based on feedback of stakeholders, service providers, and more than 100 individuals currently experiencing homelessness, the City is planning to allocate \$1.4M (HOME-ARP) into this initiative. The City has been working closely with Bethlehem Emergency Sheltering (BES) and New Bethany Ministries to advance this work. BES envisions a 50-bed non-congregate facility with roughly five family units and 10 emergency beds. New Bethany is also working towards turning building adjacent to its campus into a 30-bed non-congregate housing for vulnerable populations . The City sees both of these projects as critical parts of its homelessness strategy.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section V.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) During the height of COVID, the CoC established procedures to be redeployed in the case of future infectious disease outbreaks, including: communication procedures to gather info from State (as well as CDC & HUD) & disseminate this info quickly to providers via: CoC Office Hours; online communication platforms (Slack and email mailing list); & via regional meetings of the CoC. Throughout the COVID-19 pandemic, the CoC strengthened its relationship with the PA State Dept of Health (DOH), who oversees public health activities for most of the CoC. The CoC worked in partnership with the DOH, including providing contact info for CoC's homeless-dedicated projects 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 COVID19 calls (PA Sheltering Task Force) to receive updates from DOH & provide input/feedback to State DOH, DHS, PEMA, etc related to the needs of people experiencing homelessness, as well as those of providers in order to be able to be responsive to the public health emergency.

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

2) The PA Sheltering Task Force continues to meet and provide relevant COVID information, as well as resources related to the prevention of monkeypox & other emerging issues. CoC providers have established protocols that will ensure they can act 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 & 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 V.B.1.o.	
	Describe in the field below how your CoC:	
1.	shared information related to public health measures and homelessness, and	
2.	facilitated 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 disseminated this information to providers quickly/regularly via: CoC Office Hour calls (which started twice per week at the beginning of the pandemic and reduced frequency based on need); online communication platforms (Slack and email mailing list); and via monthly/quarterly regional meetings. This included sharing best practices for non-congregate shelter, information about hotel chains partnering with the state to provide shelter, information about needed supplies and medical/prevention-related equipment, and more.

2) The CoC provided contact information for all homeless-dedicated projects in the CoC so DOH could work with providers related to safety planning protocols, including social distancing, de-densifying shelter, hand washing, masks, vaccinations. This ongoing partnership helped decrease the spread of COVID19 & 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 & provider staff. This information was used throughout the CoC to establish/expand partnerships with public health providers. Through the joint efforts of homeless assistance providers and public health workers, resources were allocated to provide unsheltered households with hotel vouchers and other non-congregate sheltering options. In addition, sanitation stations, mobile/street medicine teams and other resources were set-up to minimize risks of COVID outbreaks among provider staff & unsheltered households who did not move inside. The CoC is still seeing positive results stemming from these efforts, including providers reporting expanding partnerships with public health agencies, such as co-location, MOUs to provide services, etc. The establishment/ expansion of such partnerships will assist the CoC to respond more quickly to future outbreaks/ public health emergencies.

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

(limit 2,500 characters)

- 1) The CoC operates CES to coordinate & manage access, assessment, prioritization & referral to housing & services for any person experiencing or at imminent risk of homelessness throughout 100% of the 33-county CoC. CES is accessible through a Call Center (PA 211) via 24/7 live voice & texting option, as well as 27 CES Access Sites (3 of which are veteran-dedicated). Five dedicated managers oversee CES operations across the 5 CoC regions, plus one DV CE specialist.
- 2) All CE Specialists use a standardized Triage/Safety Protocol & a Triage Assessment to determine homeless status & the VI-SPDAT screening tool which assesses HHs for vulnerability/ informs prioritization. Households are prioritized based on vulnerability, including chronic status, VI-SPDAT score & length of time homeless for prioritization. CE Specialists make direct referrals to prevention/diversion, Shelter & TH, and place people needing RRH or PSH on By Name List (BNL). Enrollments into RRH/PSH projects are pulled from BNL in order of prioritization. All ESG/CoC providers are required to fill all RRH & PSH openings through the BNL. To increase housing options & timely assistance, resources through other funding sources also pull HHs from the CES list. CE Managers monitor the BNL to ensure prioritization policies are followed. Reps from the 10 CE zones meet regularly (at least monthly) to discuss & address the housing needs of HHs on the BNL. Veterans Comm also has monthly BNL calls.
- 3) Bi-weekly CE operations meetings regularly discuss the feedback from 211, Access Sites, ESG/CoC providers, and PWLE to make ongoing adjustments to the system. In addition, a full CE system evaluation was completed by HomeBase last year. The evaluation included feedback from: PWLE who were assessed through CE; PA 211 staff; CE Access Site staff; providers using CE for housing placement; and others. The CoC has prioritized these recommendations and is actively working to implement system changes, which include replacing the VISPDAT (for which CoC has engaged HUD TA). Updated tool to be reviewed by DEI Comm, PWLE Comm & piloted, with feedback from CE Specialists & households contacting CE. The CoC is currently piloting different diversion approaches, embedded into CE Access Sites, throughout the CoC. Evaluation of approaches will include client-level feedback. In addition, the CoC is looking to increase the capacity of the system by submitting 1 new SSO-CE project app during this NOFO round.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and	
4.	takes steps to reduce burdens on people using coordinated entry.	

(limit 2,500 characters)

1) To reach people least likely to request assistance, CES staff deploy to ES, Code Blue shelters & outdoor encampments to reach vulnerable households (HHs) who may not access CE. Street outreach workers also provide CES services to connect those who are unhoused. Translation services are available, including for people who are deaf/hearing impaired. CES tools & marketing materials are available in English & Spanish, which are provided to community-based orgs. CoC partners w/many different sectors to refer HHs who otherwise may not request assistance, including unsheltered HHs. 27 CES Access Sites are throughout CoC, plus sites specifically for youth & veterans. VSPs also provide CE services. The CoC was just awarded DV CE funds & will be expanding DV-dedicated CE services to support rapid placement & robust safety planning. 211 provides talk, text & call-back. In Q4, 2023, 211 will be expanding call center hours to include evenings & Sundays.

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

3) CE Managers support prioritization policies through BNL management. Reps from the 10 CE zones meet regularly to discuss, prioritize & address needs of HHs on BNL. Housing matching is driven by HH choice & preferences, which may include relocating to another county within the CoC. The CoC's renewal scoring process reviews LOT from enrollment to housing move-in, with a CoC goal of <30 days. The CoC was recently awarded PHARE funding to expand/continue offering landlord incentives, as finding units is still a barrier to rapid PH placement. Project contracting w/ providers in Q3, to launch in Q4, 2023. Diversion pilot underway to provide timely assistance to households that do not require ESG/CoC-funded PH options. Move On strategy designed in 2022, launched in 2023, to create more system flow to allow for more PH openings.

4) An updated draft assessment tool was presented to the CE Comm during Sept 2023 meeting, which updates the VI-SPDAT to remove invasive questions & increases trauma-informed language. This tool will next be reviewed by DEI Comm, PWLE Comm and piloted, prior to full adoption.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry—Reporting Violations.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC through its centralized or coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;	
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.	
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(limit 2,500 characters)

1) The CoC has a non-discrimination policy in place, which requires all housing & services to be made available to eligible households, regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability. The CoC’s Written Standards indicate: Programs must affirmatively provide equal access to their housing and supportive services in a nondiscriminatory manner that ensures that all persons are afforded equal opportunities. The CoC acknowledges that additional services/support may be needed to provide equal access to housing opportunities. For example, some populations may need additional assistance locating housing and executing a lease.

The CES serves all households experiencing a housing/homeless crisis. CE Specialists provide referrals/connections to Legal Aid & other fair housing partners if discrimination is reported.

Regular (at least monthly) housing referral calls with CE Regional Managers provide oversight around referrals & program enrollment. If suspected discrimination were to occur by an ESG/CoC-funded provider, the CoC would engage in conversation to understand the situation and would pursue either a report to legal aid/ fair housing partners and/or reallocation, depending on the circumstances.

2) The CoC’s Written Standards also require grantees to provide participants with information on rights and remedies available under applicable federal, State, and local fair housing and civil rights laws.

3) The CES has a stand alone process for reporting discrimination or other issues experienced through the CE assessment process. CE Regional Managers report suspected discrimination to CE Committee Chair (also Board member), for discussion/resolution. Issues that impede housing choice are shared during regional CoC meetings, CoC-wide meetings, during training, etc. These issues are reported to PA DCED, the Collab Applicant & entity responsible for the CoC’s primary Con Plan jurisdiction. DCED also serves as a member of the Gov Board, CE Committee & Funding Committee, which allows for any known/reported issue to be addressed through these forums.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	05/10/2023

1D-10a.	Process for Analyzing Racial Disparities—Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.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
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2. what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1) The CoC has conducted four racial disparities since 2019 (2019, 2020, 2022, 2023). These analyses entail reviewing homeless system access & outcomes by race & ethnicity. This analysis is conducted using data from HMIS/the CE System. The CoC Lead Agency conducts the analyses & solicits feedback from community partners/ providers to inform the analysis. The most recent analysis in 2023 included an analysis of CE access and outcomes by race and ethnicity, which including looking at access to CE by race/ethnicity, VI-SPDAT score by race/ethnicity, length of time on By Name List by race/ethnicity, and coordinated entry outcomes (e.g., PH destinations, temporary destinations, unknown outcome) by race/ethnicity. The most recent analysis in 2023 was displayed using Tableau software, which allows community partners/providers to view data CoC-wide and/or to drill down the data by county and region, which is very important in our 33-county CoC, as needs/disparities may vary at the regional and county level. The Tableau dashboard/analysis is publicly available for community partners and providers. Previous racial disparities analyses have also included an analysis of system performance measure outcomes by race and ethnicity (exits to permanent housing, length of time in housing, increasing income). These annual analyses are shared with the full CoC, and community partners can drill into their local data and discuss challenges and solutions at their regional and county level housing meetings.

2) Through racial disparities analyses from the past several years, the CoC identified the following disparities: A) Black/African American households are significantly overrepresented in the population accessing CE (21%) vs. the general population (4%). Hispanic households are also overrepresented (12% accessing CE; 9% general population); B) BIPOC and Hispanic/Latino households were less likely to exit CE to permanent housing destinations vs. White households (White households 28%; Black/African American households 20%; Hispanic/Latino households 18%); ; C) Once housed in a permanent housing program, BIPOC and Hispanic/Latino households had a lower rate of successful exit to Permanent housing/retention in permanent housing than White/Non-Hispanic Non-Latino households.; D) BIPOC and Hispanic/Latino households had lower rates of increasing non-earned income than White/Non-Hispanic Non-Latino households.

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.B.1.q.	

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes

6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
Other:(limit 500 characters)		
12.	The CoC has contracted with the Technical Assistance Collaborative to support its DEI Committee, including providing in-depth training; supporting leadership development among Committee members; recruitment, membership and governance; helping prepare the group to self-lead/govern; and identifying goals that will support increasing equity within the CoC. This includes CoC-required DEI training.	Yes

1D-10c.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

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

- Providing access to data at the following levels: CoC, region, county, org, & project level to facilitate the data analysis of outcomes by race & ethnicity.
- The Gov Board approved a new, enhanced nondiscrimination policy & implemented across all ESG/CoC programs, including requirements for projects to adopt an org or project-level Non-Discrimination Policy.
- CoC grantees evaluated on equity criteria in renewal scoring evaluations annually since 2020. This has included: steps org is taking to address disparities & increase equity; steps to analyze project data disaggregated by race & ethnicity; organizational equity analysis (looking at org policies, practices, training); ensuring that all orgs have implemented the required non-discrimination policies.
- In 2021 the CoC formed a Diversity Equity & Inclusion Committee charged with assessing the CoC's diversity & equity at the Board level and throughout CoC operations. To support the DEI Committee launch & role within the CoC, the CoC contracted with TAC to provide in-depth training, support leadership development of Committee, prepare the group to self-lead/govern, & assist the CoC to ID goals/strategies/methods for increasing equity.
- The CoC hosted a 3-part Diversity, Equity and Inclusion (DEI) training (spring 2023) for all ESG/CoC providers. This training facilitated greater understanding of equity & facilitated conversations between providers about how to address inequities on local/CoCwide level. This training was cofacilitated by DEI committee members.
- The CoC has added 5 (paid) positions for PWLE to its Funding Committee - these members are involved in decision-making related to how renewal & new CoC projects are evaluated, to ensure that the input of PWLE is reflected in the CoC's Funding process/decisions.
- The CoC completed a full CE evaluation in 2022, which included findings & recs related to disparities in CE. This included both quantitative & qualitative data (information from persons who have navigated the system) about needs/gaps in CE. The CoC is advancing work to respond to these findings, including active work to develop an updated assessment tool that better reflects the needs of the CoC, and is informed by equity to ensure that persons of color have equal access to the system and are not screened out based on a biased tool.

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

Describe in the field below:

1.	the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and
2.	the tools your CoC uses.

(limit 2,500 characters)

1. The CoC uses the annual gaps analysis to track progress on preventing or eliminating disparities. For example, in the 2022 gaps analysis, the CoC identified that BIPOC had lower CE assessment scores overall than White households. However, the CoC saw improvement in this (more comparable average CE assessment scores) in 2023. The CoC also uses the gaps analysis to monitor lengths of time homeless by race/ethnicity and exits to permanent housing by race/ethnicity. Since the CoC conducts this gaps analysis annually, and uses the interactive Tableau dashboard software, the CoC is able to track progress over time.

The CoC also disaggregates the System Performance Measure outcomes by race/ethnicity to identify disparities, and can track progress over time with each new dataset.

In addition to these quantitative measures, the CoC Funding Committee evaluated equity-related factors each year as part of the annual renewal scoring process. In 2020 the scoring criteria asked grantees to describe recent or current actions to address disparities and advance equity in provision of services. This same question was asked again in 2023, and the CoC is able to use this information to analyze efforts at the organization/program level to identify and address disparities. In 2021 CoC grantees completed an equity self-assessment tool, and the CoC will be able to administer this tool again in the future to analyze whether grantees identify areas of progress, or areas where additional support is needed.

2) To measure whether the CoC is making progress on preventing/elimination disparities, the CoC uses: a) gaps analysis, which utilized HMIS and Coordinated Entry data including data disaggregated by race; b) System Performance Measure data, which analyzes outcomes by race at the CoC/organization/program level; and c) self-report from providers (qualitative data) related to recent/current actions to address disparities, and an overall organizational self-assessment related to equity.

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

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

(limit 2,500 characters)

The CoC has recruited persons with lived experience for the CoC Board and various committees, including most recently the DEI Committee, Funding Committee and Special NOFO Rural Workgroup. In 2023, the CoC also formed a Lived Experience Workgroup. To recruit persons with lived experience for the Board and Committees, the CoC sends out flyers with information on the committees, and multiple ways for participants to reach out/apply including QR codes or email contacts. These flyers also include information about pay rate (stipends) for persons with lived experience. Recruitment of PWLE is discussed during regional CoC meetings & semi-annual CoC-wide membership meetings. To recruit PWLE, the CoC sends multiple recruitment emails to all CoC providers and partners, and CoC staff engage providers working with people experiencing homelessness to assist in identifying and recruiting persons with lived experience for these committees. This includes outreach to PWLE now working within organizations providing homeless assistance and beyond. CoC staff have one-on-one conversations with any persons with lived experience interested in joining committees, and new committee members are also provided with CoC onboarding prior to starting with a committee and ongoing support once they join a Committee as a member in order to provide context and explanation of discussions, to support meaningful engagement in the work. In 2022, the CoC amended its funding policies to include 5 seats on the CoC Funding Committee for persons with lived experience (5 out of total 16 seats). The Funding Committee currently has 2 persons with lived experience and will work to fill the other 3 vacancies. These individuals are involved in decision-making related to CoC funding including evaluating renewal projects, selecting new projects, potential reallocations, and ranking projects. During the next several months, the DEI Committee will begin recruiting to increase their membership. The focus of this recruitment will include new members who are BIPOC, LGBTQ and PWLE. In 2023, the CoC engaged a person with lived experience as a contractor/consultant to assist with starting up the CoC's new Lived Experience workgroup. In partnership with CoC staff, this individual helped draft recruitment materials, facilitate an orientation for interested members, and is working on ongoing implementation of the workgroup (committee meetings, engagement, ongoing recruitment, etc).

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

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four 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 in the decisionmaking processes related to addressing homelessness.	9	9
2.	Participate on CoC committees, subcommittees, or workgroups.	9	9
3.	Included in the development or revision of your CoC's local competition rating factors.	2	2

4. Included in the development or revision of your CoC's coordinated entry process.	0	0
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1D-11b. Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
NOFO Section V.B.1.r.	

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

(limit 2,500 characters)

Professional Development:

- The CoC has provided professional development opportunities for individuals with lived experience who are working with the CoC. The CoC provided in-depth onboarding to new Funding Committee members with lived experience. This included CoC 101 and overview of the CoC funding and annual NOFO process. The CoC provides ongoing one-on-one support as needed for these Committee members to understand CoC processes and have the support to fully engage in funding conversations. For the new Lived Experience Workgroup, the CoC provided an orientation and will provide ongoing support and training around the work of the CoC.
- The DEI Committee engaged TAC to support the establishment of this Committee. This work includes providing professional development to DEI members, including those with lived experience, to be able to participate in other CoC Committees/ efforts & provide CoC-wide training.
- 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, including some formalized relationships through MOUs & joint funding apps with CareerLinks.
- The CoC provides several training opportunities each year to support the professional development of homeless assistance providers, which often include persons with lived experience. DCED (CoC Collaborative Applicant) provides scholarships annually to support attendance of at the PA Homes Within Reach Conference among PWLE.
- Employment:**
- The CoC has two members with lived experience on the Funding Committee who are compensated for their time and expertise. The CoC has started up the Lived Experience Workgroup in 2023 which includes 9 participants.
- In 2023, the CoC engaged a person with lived experience as a contractor/consultant to assist with starting up the CoC's new Lived Experience workgroup. This individual helped draft recruitment materials, facilitate orientation for members, and supports implementation of the workgroup (committee meetings, engagement, ongoing recruitment, etc). This individual is paid a consultant rate.
- CoC street outreach providers have hired persons with lived experience to serve on outreach teams.
- A number of DV orgs frequently hire survivors to work for the organization once no longer receiving services.
- Many CoC funded orgs employ persons with lived experience or connect them directly to employment.

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

(limit 2,500 characters)

1) In 2023, the CoC established its PWLE Committee. At this time, a member of the Funding Committee & person w/lived experiences of homelessness, is serving as a consultant to the CoC to advance this work. The vision of this Committee is that PWLE will participate in monthly meetings together, and members will work in collaboration with other CoC committees to ensure PWLE have a voice in all planning, decision-making, evaluation, etc. For example, two members of the PWLE Comm also serve on the CoC's Funding Comm. In addition, the PWLE Comm can advise CoC leadership regarding methods for increasing opportunities for feedback from system users. To support this work, the CoC has allocated funding to provide stipends. Laptop computers will be provided to Comm members as needed. The CoC will provide ongoing training & support to understand the operations & context of the CoC work.

2) Prior to the establishment of the PWLE Comm, the Funding Comm & DEI Comm worked together to establish a participant feedback survey for ESG/CoC-funded orgs, including recs for distribution methods and frequency. That process will be reviewed by members of the PWLE Comm and represented to the Gov Board for consideration/approval. Additionally, ESG/CoC-funded orgs are encouraged to offer employment opportunities to program participants, including those who have exited the program. This practice increases the number of PWLE participating in service delivery & CoC membership.

3) Examples of the CoC working to incorporate feedback from system users:

- The CoC is submitting a new project application this year that will allow for increased hours for the 211 call center. In addition, the CE Committee is working to revise the CE assessment tool to remove invasive questions. Both of these changes are based on input from system users.
- Through the SNOFO planning process in Fall 2022, PWLE expressed interest in shared housing as an approach to ending homelessness in high cost rental markets. In 2023, the CoC sponsored interested organizations participation in a shared housing training institute & is looking to establish a pilot.
- The PWLE Comm will help the CoC to identify frequent & ongoing opportunities to outreach & engage system users to provide input for strengthening CoC operations.
- In addition, some CoC-funded orgs, including Valley Youth House & PCADV, provide compensation to current/former program participants who serve in on advisory committees.

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

(limit 2,500 characters)

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

1) Due to the size of the CoC, much of the work related to reforming local zoning & land use policies happens at the municipal/county level. In last 12 months, the CoC and its member orgs have taken the following steps:
 -a: CoC Board member's organization awarded PSH funding through SNOFO. Site selected for redevelopment lost zoning, as was second site. Through advocacy & education with local officials, the project is now moving forward.
 -b: Lehigh Valley RHAB (most urban area of CoC) is partnering w/ Lehigh Valley Planning Commission to advance efforts to expand affordable housing development through changes to zoning & land use policies.
 -c: CoC providers/partners in Bethlehem, Adams County, Clinton County, Monroe County & Somerset County have met with elected & non-elected officials, zoning officers, and others in efforts to expand affordable housing.
 -d: The CoC consultant has worked with some municipalities w/in CoC to amend their zoning to allow for innovative affordable housing options (such as elder cottages).

2) In the last 12 months, the CoC and its member orgs have taken the following steps:
 -a: CoC partner org in Mifflin-Juniata Counties is part of the Property Standards Committee for their counties which works to reduce barrier to developing blighted properties.
 -b: Providers in Somerset County are meeting w/ officials weekly-monthly to address needs & barriers to local housing development.

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 development. The CoC will also be encouraging new applications for HOME-ARP funds to expand affordable housing & will provide TA to local communities working to educate local leaders on these issues.

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 V.B.2.a. and 2.g. You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	
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1.	Enter your CoC’s local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline.	07/11/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC’s local competition—meaning the date your CoC published the deadline.	07/18/2023

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 V.B.2.a., 2.b., 2.c., 2.d., and 2.e. 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:	
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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
6.	Provided points for projects based on the degree the projects 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.	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 V.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?	54
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 V.B.2.d.	

Describe in the field below:

1.	how your CoC 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 renewal scoring criteria (updated/formally adopted March 2023) is used to evaluate annual performance of CoC-funded renewal projects & inform ranking decisions.. As part of this evaluation, the CoC analyzed exits to/retention in permanent housing for all CoC grantees. For successful permanent housing (PH) placement/retention, the CoC uses APR data from HMIS or comparable database to analyze the % of households that exit to PH and/or retain PH (PSH). This element accounts for 10% of the project’s total score within the annual renewal scoring evaluation. Outside of CoC competition, the CoC publishes quarterly monitoring reports which looks at performance including exits to PH/retention in PH. This includes a Tableau dashboard accessible to CoC grantee which shows performance over time related to exits to PH. This uses HMIS APR data or APR data from comparable database.

2) As part of renewal scoring, CoC analyzes LOT between project start & housing move-in, specifically the % of households who moved into housing w/in 30 days. The threshold for points is 90% of households move into PH w/in 30 days (for PSH) & 80% w/in 30 days for RRH. This criteria is scored using data from HMIS or DV comparable database.

3) The CoC factors in severity of needs/ vulnerabilities experienced by participants when conducting annual evaluation. The severity of needs factors considered during scoring were:
 -Health Conditions: % participants with 1+ physical and/or mental condition
 -Zero Income at Entry: % adults w/ zero income at program entry
 -Unsheltered: % adults coming from unsheltered locations at entry
 -Age: % adults who are youth age 18-24 OR adults age 55+
 -Domestic Violence: % adults w/ history of DV
 These criteria are scored using data from HMIS or DV comparable database.

4) The severity of need criteria above account for 10% of possible points. Projects can earn partial points for many questions, even if performance doesn't meet top benchmark. Benchmarks adjusted by project type, recognizing some project types serve more vulnerable HHs. Add'l measures such as non-earned income are included to ensure projects serving households w/ highest vulnerabilities are evaluated fairly. CoC provides training to grantees explaining that severity of need criteria are designed to provide balance in the project evaluation process, as projects serving participants with the highest severity of needs may struggle in other areas (increasing income, exits to PH).

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	
	Describe in the field below:	
1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	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 annual gaps analysis includes racial/ethnic disparities data. In CY2022, the most significant discrepancy was identified among Black or African American households, which represent only 4% of the total population, but 15% of CE enrolled households. While not as extreme, but still significant, Hispanic/Latino households represent 9% of total population, but 13% of CE enrolled households.

The CoC's 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 full CoC for comments. This is the opportunity for all providers, stakeholders & community members to provide input. The input is reviewed & considered by the CoC's Funding 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 DEI Comm.

2) 10 Funding Comm members are elected, 2 for each CoC region (5). Regional recruitment efforts target non-conflicted volunteers, meaning members are not employed by or receiving services from organizations competing for CoC funds, it does create challenges when seeking volunteers.

The CoC's DEI Comm is working to assist the CoC to diversify leadership & participation to reflect the population of persons receiving services, which will help to diversify the membership of the Funding Comm.

In addition to regional representation, the Funding Comm has 5 seats dedicated to PWLE, of which 2 are currently filled. The Funding Comm will partner w/ PWLE Comm on recruitment to fill these additional 3 seats, prioritizing diverse members.

3) The CoC's renewal scoring criteria has included equity criteria over the past 4 years. In 2023, grantees provided a narrative on recent/current actions to ID & address disparities and advance equity within their orgs/programs. This narrative was worth 4 points in the renewal scoring process. In 2022, grantees were asked to provide info about whether they have disaggregated program data by race/ethnicity/gender/etc., what the process was for doing so, what they learned (e.g., barriers for participants, disparities in outcomes, etc.), and the next steps as a result of the process.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.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 low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1) The CoC’s reallocation process is outlined in the Funding Policies. This document is updated annually, with changes approved by the Governing Board. The document is circulated to CoC-funded providers and to the full CoC, as well as publicly posted on the CoC website at the start of the renewal scoring process annually (April 2023). 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. Projects are considered for potential involuntary reallocation if they have underperformance or underspending for 2 or more years. If a project has underperformance or underspending for 2 or more years, the CoC provides an official letter outlining the concerns and offers TA, and also asks the grantee to provide a written response outlining challenge areas and how they propose to resolve the issues. If performance does not improve after receiving this official notice, the CoC may consider the project for potential reallocation. 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 also informs the reallocation & new project selection process.

2) Following the 2023 scoring/evaluation process in spring 2023, the CoC identified 14 projects w/ concerns – 12 for underspending, 1 for underperformance, and 1 for underperformance underspending. The CoC informed each of these projects regarding concerns via letter and offered TA.

3) One project was identified for partial involuntary reallocation in 2023 due to consistent underspending.

4) N/A

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	Yes
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	Yes
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

	<p>4. If you selected Yes for element 1 or element 2 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 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.</p>	08/18/2023
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1E-5a.	<p>Projects Accepted–Notification Outside of e-snaps. NOFO Section V.B.2.g. You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.</p>	
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	<p>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 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.</p>	09/12/2023
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1E-5b.	<p>Local Competition Selection Results for All Projects. NOFO Section V.B.2.g. You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.</p>	
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	<p>Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.</p>	Yes
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1E-5c.	<p>Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline. NOFO Section V.B.2.g. and 24 CFR 578.95. You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.</p>	
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	<p>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.</p>	09/26/2023
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1E-5d.	<p>Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website. NOFO Section V.B.2.g. You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.</p>	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/26/2023
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2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/10/2023
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2A-4.	Comparable Database for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.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 HMIS comparable databases;	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2022 HMIS Data Standards; and	

3. state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

1) The CoC has encouraged VSPs applying for ESG/CoC-funding over the years to include funds within their budget to update their database to meet the HUD comparable database requirements. 100% of ESG/CoC-funded DV housing and service providers in the CoC use one of two DV comparable databases ETO and EmpowerDB, with both collecting the required HUD data elements. Additionally, all VSPs receiving VOCA funding enter data into ETO. VSPs participating in the CoC-wide DV RRH project w/ PCADV use EmpowerDB. All other ES, TH, RRH, PSH projects are reported into ETO. PCADV provides TA, reporting & other database related supports to DV agencies who use ETO & Empower. PCADV is able to pull aggregated reports for all programs that participate in either of these databases. Data is provided to the CoC/HMIS Lead/ ESG Recipient for a number of purposes, including for the CAPER and for annual CoC renewal scoring. VSPs are currently able to submit deidentified aggregated APR 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 who are CoC and ESG grantees 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. VSPs are able to submit their aggregated APRs on a quarterly basis to the CoC and are provided with performance reports and a Tableau dashboard to monitor their data quality and performance over time. The CoC has assisted VSPs to troubleshoot issues within their APRs, such as technical errors that are identified through the annual renewal scoring process or quarterly monitoring process, which can then be addressed with the VSP comparable database vendor. The CoC/HMIS Lead is able provide high level technical assistance about HUD's requirements around data standards and the submission of APR data.

2) Yes, DV housing and service providers in the CoC are using a HUD-compliant comparable database—compliant with the FY 2022 HMIS Data Standards.

3) Yes, the CoC's HMIS is compliant with 2022 HMIS Data Standards.

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

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,444	328	781	69.98%
2. Safe Haven (SH) beds	0	0	0	

3. Transitional Housing (TH) beds	572	21	266	48.28%
4. Rapid Re-Housing (RRH) beds	1,061	202	819	95.34%
5. Permanent Supportive Housing (PSH) beds	1,124	25	686	62.42%
6. Other Permanent Housing (OPH) beds	163	0	79	48.47%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.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)

The expansion of CE system has increased HMIS participation. Further, over the next year as the CoC moves from a “pull” CE referral system to a “push” system, all projects accepting CE referrals will be required to have their inventory in HMIS so that referrals can be targeted to programs with vacancies. This will result in additional projects being incorporated into HMIS.

1) ES: HMIS participation rate has increased from 50 % (2017) to 70% (2023). This increase is largely associated with the rollout of CE. A portion of this increase can also be attributed to ESG shelters participating in HMIS. Additional outreach to ES projects will continue in partnership w/ United Way & PA DHS.
 TH: With the CoC no longer funding TH, the TH HMIS coverage % has decreased. TH providers that have never been on HMIS are beginning to understand how their participation in CE needs to include HMIS. Strategies specific to increasing TH-HMIS participation include working w/ CoC partners: United Way; PA DHS; others - to require CE & HMIS participation for programs they fund.

PSH : 399 of 413 (97%) non-VSP PSH beds not on HMIS are VASH-funded. This remains a priority for the HMIS Lead & Veterans Comm. While not on HMIS, the VA HOMES assessments are uploaded & tracking of VASH vouchers occurs through veterans by name list.

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

2) The CoC completed an HMIS evaluation in Dec. 2021. As a follow-up to this evaluation, the HMIS Lead created a new HMIS Governance Committee. This Committee has been developing strategies for increasing HMIS participation, including outreach & talking points to support engagement of orgs not currently participating. This Committee will also be tasked with finalizing a process to have VASH beds on HMIS. The above steps will be carried out thru meetings w/ CoC partners to further educate on the supports available to HMIS users & the importance of HMIS, which is vital to measuring the effectiveness of the investments made by the CoC & other funding partners. For example, w/out increased bed coverage, returns to homelessness are not adequately captured. The CoC will work with the state agencies participating in a Coordinated Investment Planning process, which includes the need to require HMIS participation among homeless assistance providers funded through state resources.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2023 PIT count.	01/25/2023
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/10/2023
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
	1. engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process;	
	2. worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and	
	3. included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count.	

(limit 2,500 characters)

The CoC has engaged community stakeholders and youth w/ lived experience to incorporate youth-specific strategies into the overall PIT count. The unsheltered PIT planning process occurs at CoC-wide and county-level for each of the CoC's 33 counties. In preparation of the PIT count, cross-systems planning occurs between the PIT county contact and stakeholders serving youth experiencing homelessness, including schools. 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 included: providing contact info for youth serving orgs; sharing info with local homeless ed. 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. The CoC offered stipends to support participation of youth in the planning of the count, as well as stipends for participation in the actual PIT count. Several youth-dedicated service organizations participated as PIT count leads and/or volunteers in their respective counties, which included recruiting youth with lived experience as part of the PIT count.

2) The PIT planning team has used HMIS data, PIT data from previous years, and local ed. system data to ID counties with higher numbers of youth exp. homelessness. Each county has a designated unsheltered PIT count coordinator, who will work with youth stakeholders to ID locations to conduct the PIT count. The CoC provided training on youth-specific PIT strategies, which included strategies for ID youth and where communities may identify youth exp. homelessness. Many counties engaged local partners including McKinney-Vento liaisons and youth-serving providers to help ID target locations in their counties to ID youth.

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

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.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 2022 and 2023, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, 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 2023.	

(limit 2,500 characters)

- 1) There were no changes to the shelter PIT count implementation methodology or data quality. However, there was an influx of COVID-related ES funds in 2022 (specifically ESG-CV and ERAP funds), including non-congregate sheltering. These resources for the most part had ended prior to the 2023 PIT Count, which resulted in a reduction of persons in ES in 2023.
- 2) There were no changes to the 2023 unsheltered PIT count implementation related to methodology or data quality. The unsheltered PIT numbers went down slightly from 2022 to 2023. This may be due to cold/winter weather the night of the 2023 PIT count, which may have resulted in individuals seeking shelter. This small change from 2022 to 2023 may also be due to typical fluctuations in who is outdoors on any given night.
- 3) There was an influx of COVID-related ES funds in 2022 (specifically ESG-CV and ERAP funds), including non-congregate sheltering. These resources for the most part had ended prior to the 2023 PIT Count, which resulted in a reduction of persons in ES in 2023. The CoC geography experience cold/winter weather the night of the 2023 PIT count, which may have resulted in individuals seeking shelter.
- 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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 V.B.5.b.	
	In the field below:	
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
2.	describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time	

(limit 2,500 characters)

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

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

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

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	natural disasters?	No
2.	having recently arrived in your CoCs' geographic area?	No

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section V.B.5.c.	

In the field below:

1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

- 1) The CoC implements many strategies to reduce to the length of time homeless for households:
 - 89% increase in RRH beds in the last six years, per HIC data (2018 = 560, 2023 = 1061). CoC is applying for additional RRH in 2023 CoC Competition.
 - DCED prioritizes RRH resources under ESG.
 - CE system prioritizes vulnerability & length of time homeless
 - 100% of CoC PSH beds chronic dedicated.
 - EHV in Allentown & Centre County are moving households from PSH, allowing these units to turn-over for households on CE BNL with the longest length of time homeless.
 - 100% of CoC-funded projects operate using Housing First approach & provide frequent training on HF & housing focused case management, including a 4 part training on effective housing-focused case management to support maintenance of skills & staff turnover with C4 in May-June 2021.
 - To facilitate rapid PH placement, the CoC engaged TAC to provide a multisession training series on landlord engagement in Spring 2022. In addition, TAC also facilitated a five session RRH learning collaborative over the last year in 2022. In order to maximize the impact of RRH investments & increase use of best practices.
 - As part of annual renewal review/scoring, projects are evaluated on the length of time b/w project entry & residential move-in, with a goal of 30 days or less.
 - Throughout the pandemic & the tighter housing market, HUD waivers were in use to provide landlord incentives, exceed FMR limits & provide housing Locator services in order to identify/obtain housing units & reduce hsg search time.
 - The CoC has expanded outreach services to engage individuals with long histories of homelessness.
- 2) CoC CE assessment includes questions about length of time homeless, which impacts how households are prioritized for assistance per the CoC's written standards. The CE By Name List includes LOTH as a visible field for prioritization. CE operators regularly meet to review the list & connect households to housing.
- 3) DCED, the Coll App, is responsible for overseeing the CoC's strategies.

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

(limit 2,500 characters)

- 1) The CoC implements multiple strategies to ensure ES/TH/RRH exits to PH:
 - significant increases in RRH resources (89% increase in last six years), with RRH now accounting for 54% of the total CoC award .
 - Case managers &/or housing navigators seek out units that are affordable (when possible) & connections to mainstream resources (e.g. employment, childcare, benefits) to ensure long-term housing stability
 - Used landlord incentives to access PH units, series of landlord engagement training sessions provided Spring 2022. CoC is using these best practices to establish a new CoC-wide initiative, which will provide landlord incentives & further landlord partnerships. The CoC is pursuing funding through PHARE, the state Housing Trust Fund to support this effort.
 - Housing stabilization is prioritized through 100% of ESG/CoC-funded projects using Housing First (HF) approach
 - Case mngmt focus on increasing employment & non-earned incomes
 - CoC provided training series of housing-focused case management practices (4 session in May-June 2021)
 - many projects educate participants using strategies from the "Prepared Renters Program", which includes housing placement & housing retention
 - referrals for diversion & prevention assistance are provided through CES coupled with an increase in diversion/prevention funding. New CoC-wide diversion initiative should come online in 2023.
 - In 2022 the CoC hosted a 4-part RRH Learning Collaborative for CoC- and ESG-funded RRH providers in order to maximize the impact of RRH investments & increase use of best practices around housing stabilization.
- 2) Strategies for PSH retention and/or exits to other PH include the above, as well as:
 - Use of HF approach to remove barriers to program enrollment
 - Training to support HF approach & other client engagement techniques (e.g. harm reduction), with significant focus on maintaining housing stability/PH retention
 - Increase in landlord engagement, resulting in stronger relationships between providers & landlords. Landlords often contact case managers w/concerns, prior to moving towards eviction.
 - CoC released Move On strategy in June 2022 with implementation to begin this Fall, targeting households in PSH, maintaining services for 6 months. This effort has already begun using EHV's in partnership with the Allentown & Centre County PHAs.
- 3) DCED, the Collaborative Applicant.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section V.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) When enrolling a participant in CE, the CE assessor can see previous HMIS history of the household to identify if the household is returning to homelessness. The CoC analyzes data from CE assessments, which collects data on history of homelessness, disabilities, MH/BH/SA issues, income, presence of children, evictions, etc. This data is used to understand which households have factors that puts them at higher risk for return to homelessness. The CoC also examines the exit destination of HHs returning to homelessness. Through the CE system and through HMIS, CE assessors and shelters can ID households who return to homelessness to better ID risk factors.

- 2) Strategies to reduce rate of returns to homelessness include:
- Through implementation of CE, HHs in ES are connecting more efficiently w/ RRH. This should further reduce the % of HHs returning to homelessness, as HHs in ES return at the highest rate.
 - Continue to increase RRH capacity (89% increase in last five years)
 - Annual CoC renewal scoring/ evaluation includes returns to homelessness to encourage follow-up services for up to six months after rental assistance ends.
 - Increase in prevention & diversion funding. The CoC will roll out a new diversion process in 2023 and has allocated all of its CY23 Home4Good funding to support diversion.
 - RRH providers work with landlords to ID affordable units that can be sustained upon exiting RRH.
 - Increased landlord engagement, housing navigation & ID of affordable units that can be sustained, including two communities within the CoC who are using Padmission. Following a 2022 training series on landlord engagement, the CoC is designing a new CoC-wide initiative to increase landlord partnerships & applying for PHARE (state Housing Trust Fund) to support this work.
 - CoC-wide Housing First approach, reducing program termination & returns to homelessness
 - Housing-focused case management training & emphasis on in-home case management services have helped improve retention.
 - County Human Service Depts & Community Action Agencies in the CoC are instrumental in connecting clients to prevention asst, mainstream resources, workforce dev, transportation, childcare & other resources that promote long term housing stability.
- 3) DCED, in their role as Coll App, is responsible for overseeing the CoC's strategies.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.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 employment cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.	

(limit 2,500 characters)

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

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

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

2C-5a.	Increasing Non-employment Cash Income–CoC’s Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
	1. describe your CoC’s strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.	

(limit 2,500 characters)

1) The CoC's strategy includes connecting clients to mainstream income supports, to increase both employment and nonemployment sources of income. To implement this strategy, CoC-funded orgs work with participants to complete applications for TANF & other cash benefits, partner with County Assistance Offices and SSI offices, and train staff to provide SSI application assistance through SOAR. During COVID, this work expanded to include providing assistance to many more households to apply for & obtain unemployment benefits. This includes referrals to legal aid when needed. SOAR has been the primary strategy to increase access to non-employment cash/increase access through SSI, as many orgs are SOAR trained, which has increased SSI acceptance rates. Assistance in applying for SSI, TANF and other cash benefits is provided by CoC partners throughout the geographic area. Enrollment in mainstream benefits occurs online through the state's COMPASS system. COMPASS is an online single application system for many health & human service programs. All CoC-funded providers are proficient users of COMPASS. CoC providers work with local County Assistance offices so that participants can use agency addresses/phone numbers if they do not have a mailing address. Community Action Agencies (CAAs) work with participants to submit applications for benefits through the COMPASS website & provide WIC, LIHEAP, transportation and other TANF-funded services. CoC providers also offer transportation to public benefit appointments as needed. Some CoC providers have also been trained to screen individuals for SNAP benefits. CoC providers partner with legal aid organizations, who will assist participants with issues or barriers related to benefits access. The CoC provided training on mainstream benefits (TANF, SSI/SOAR, Employment Assistance Program, Substance Abuse Programs, SNAP) in November 2022, and will host additional training in fall 2023. These trainings are offered to CoC- and ESG-funded providers and COC partners and cover eligibility, access, benefits maintenance/renewals, advocacy tips, and program updates. The CoC also hosted a SOAR training for CoC- and ESG-funded providers and CoC partners in September 2023.

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

3A. Coordination with Housing and Healthcare

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 V.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
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.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 V.B.6.a. and V.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
Central Valley JM...	PH-RRH	53	Both
Transitions of PA...	PH-PSH	56	Healthcare
Blair County Comm...	PH-PSH	60	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Central Valley JMSU RRH
2. Enter the Unique Entity Identifier (UEI): DP9NNC8EN2T8
3. Select the new project type: PH-RRH
4. Enter the rank number of the project on your CoC's Priority Listing: 53
5. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? Transitions of PA PSH for Snyder and Northumberland Counties
2. Enter the Unique Entity Identifier (UEI): G4QZPBHPBST4
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 56
5. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Blair County Community Action Program's Permanent Supportive Housing Program

2. Enter the Unique Entity Identifier (UEI): LVFEWVL6HP43

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 60

5. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.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 V.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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 V.F.	

	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 V.F.	

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 for New DV Bonus Funding

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.I.	

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

4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.I.	

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 2023 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 I.B.3.I.(1)(c)	

1.	Enter the number of survivors that need housing or services:	4,883
2.	Enter the number of survivors your CoC is currently serving:	373
3.	Unmet Need:	4,510

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(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 July 1 – 31, 2023:
 A) the # of individuals from HMIS on the CE By Name List awaiting housing who self-reported fleeing DV = 1434,
 B) the # of adult victims served by DV programs (including shelters) within the CoC in ETO = 3076, and
 C) the number of survivors the CoC is currently serving = 373.
 Because of the confidential nature of DV data, it was not possible to fully deduplicate 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 (373), the CoC combined 2 data points:
 D) the number of DV survivors being served from July 1-31, 2023 by CoC permanent housing projects who enter data into HMIS = 191, and
 E) the number of DV survivors being served from July 1-31, 2023 by CoC permanent housing projects that use the DV comparable database Empower DB = 182.

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

3. According the Eastern CoC 2023 gaps analysis, DV survivors made up 39% of the households enrolled in Coordinated Entry during 2022 (2419 DV survivor households). Only 27% of these DV survivor households (653 households) exited the BNL to a permanent housing destination in 2022. This data clearly indicates that there is a significant gap in resources in the Eastern PA CoC to serve all DV survivor households experiencing homelessness. In addition, DV survivors benefit from specialized, victim-centered and trauma-informed services from providers who are trained in working with DV survivors, which is currently limited in capacity. While DV survivors can be served by non-DV dedicated programs, often survivors prefer to receive services from an agency specializing in serving DV survivors, especially in regard to ensuring safety and confidentiality.

4A-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 I.B.3.I.(1)	

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
Pennsylvania Coal...

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 2023 Priority Listing for New Projects:

1.	Applicant Name	Pennsylvania Coalition Against Domestic Violence (PCADV)
2.	Project Name	FY 23 NEW Eastern PA CoC DV RRH
3.	Project Rank on the Priority Listing	63
4.	Unique Entity Identifier (UEI)	L3ALQVRJLU71
5.	Amount Requested	\$1,827,082
6.	Rate of Housing Placement of DV Survivors–Percentage	83%
7.	Rate of Housing Retention of DV Survivors–Percentage	91%

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 I.B.3.I.(1)(d)	

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

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

(limit 1,500 characters)

1. Rate of housing placement is calculated as % of DV survivors enrolled in Rapid Rehousing (RRH) in EmpowerDB (comparable database) who successfully moved to permanent housing from 7/1/22-6/30/23. Rate of housing retention is calculated as % of DV survivors (leavers) in permanent housing who retained permanent housing after RRH rental assistance ended.
2. PCADV's member programs prioritize the exit of survivors from RRH to safe, permanent housing destinations. The rates account for exits to safe housing destinations.
3. All PCADV member programs who provide RRH services and rental assistance are provided with access to EmpowerDB (comparable database) to securely and confidentially manage and report data. As such, Empower DB 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 I.B.3.I.(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 2022, over 20,000 people were served by DV programs in the CoC. Since the RRH project began in FY19, 912 HH have been served. To assist survivors to move into PH quickly, DV programs partner with private landlords, PHAs, affordable housing providers, LIHTC properties, etc. PCADV provides robust onboarding to Member Programs (MPs) including: Domestic Violence Housing First; RRH basics; Landlord engagement. PCADV hired a Community Engagement Specialist who works on: relationships with landlords, training MPs on document readiness and barriers to renting, connecting MPs to financial resources to resolve barriers to renting, coordinating with community resources to support housing retention.
- 2) DV programs work with CE managers to enroll survivors from the BNL into RRH. When survivors are assessed through CE, they are placed on the BNL. CE managers provide the names of 5 DV HH at the top of the BNL (following the CE prioritization policies). The DV program contacts the HH in order of score. DV programs also prioritize survivors in need of an emergency transfer from another program where safety has been compromised.
- 3) DV MPs provide a range of services, including RRH case management. Survivors can access housing and financial education, credit repair/building & job readiness & education. All services are provided based on survivor choice. Service options are IDed through the expressed needs of the survivor and through a Housing Stability and Economic Stability Assessment. Assessments are updated yearly. PCADV hired an Economic Justice Specialist who connects MPs to resources for education, credit repair, banking, job training, and general financial education.
- 4) DV programs regularly connect survivors to community supports including public benefits, ongoing case management, transportation, furniture, & employment services. 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 w/additional RA, past 12 months, if that is what will lead to housing retention. If additional RRH isn't sustainable for the HH, advocate and survivor work to secure a more affordable unit, or long-term subsidy. Support after exit is determined by the survivor, and can continue as long as needed.

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 I.B.3.I.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
2.	making determinations and placements into safe housing;	
3.	keeping information and locations confidential;	
4.	training staff on safety and confidentiality policies and practices; and	
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

1) Intake into services is done in a private space, either a private office or location that meets the needs of the survivor- e.g., a park where survivor's children can play, safe relative's home, or location where the survivor receives other services. While very rare for a couple to present for DV services together, if this occurs, interviews are conducted separately to minimize potential safety risks. Providers will also not conduct interviews in the presence of minor children.

2) Advocates use a Housing Stability and Economic Stability assessment to help survivors identify housing barriers such as credit score, debt, and evictions, and needed resources to eliminate those barriers, such as financial counseling, credit resolution, connection to benefits, and payment of previous debt. These assessment tools were developed by PCADV to support service provision, and can be adapted to best fit individual member program needs. The assessments are updated and reviewed yearly. An advocate supports a survivor with identification of location and type of housing that is most safe and preferred (e.g., close to school, transportation). Advocates support a survivor through the entire process of renting a unit, including housing search assistance & 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 (MP) 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) MPs assure that physical security measures are in place (alarm systems, key coded entry, security cameras). MP staff pay special attention to lighting (rooms are well lit), space configuration & ability to provide privacy. MP staff 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 I.B.3.I.(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 PCADV member 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. PCADV DV RRH member programs have seen success with monthly calls after exit, as it allows the survivor to process any current/residual trauma and discuss barriers to maintaining housing. Many survivors also choose to 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 offers ongoing services to the survivor, such as support group, counseling, activities for children, and ongoing financial education. Survivors may engage in services after exit for as long as this wish, as there is no time limit on community DV services.

PCADV has applied for funding from the Department of Justice, Office of Violence Against Women, to create a staff position for housing program evaluation. If awarded, the position will start January 2024. This position will be responsible for: ensuring contract compliance by member programs regarding integration of survivor feedback, coordinating and facilitation survivor focus groups, meeting with community stakeholders to solicit feedback and identify methods to make meaningful changes in program design and delivery. This position will also track program outcomes; then, make recommendations and implement changes to improve outcomes.

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 I.B.3.I.(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)

- 1) 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. PCADV supports stabilization in PH 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 & provide support based on what the survivor identifies they need. Advocates work quickly to support a survivor in housing identification, as the period from a survivor choosing to leave an abusive situation and the time they find safe housing can be highly lethal. Prioritizing safety during this time is essential. If a survivor agrees, an advocate will accompany the survivor to resolve debt, access benefits, search for rental housing, and meet with landlords. Once a survivor is housed, stabilization is prioritized by visits from the housing advocate, connection to employment resources, financial education, budgeting resources and access to non-CoC flexible funding.
- 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 common lease requirements. Each HH is given clear information, both verbally and in writing, regarding expectations of both the survivor and DV program, the grievance procedure, and protocols re: client records safety, confidentiality, & release of information. Advocates emphasize developing trust in the relationship. All advocate training is rooted in the reality that service providers hold power that participants do not have. That power must be continually acknowledged and work to be diminished. Advocates are trained in tools to do so, such as developing an authentic professional relationship with survivor, relying on the survivor's expertise in their own life, and asking about and prioritizing the survivor's goals.
- 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, such as equity based version of the Power and Control Wheel, strategies for quick resolution of anxiety, and readings that validate the survivor's experience.
- 4) PCADV uses Housing Stability Assessment & Stability Plan tools to assist survivors to maintain housing & pursue goals. Advocate & participant work together to identify strengths & resources—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. The plan is revisited during every meeting, as needs and priorities often change as a survivor gains safety and independence.
- 5) Trauma-informed, survivor-centered approaches are included throughout PCADV training, 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, 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.

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) PCADV member programs support parents by:

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 & 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.

f- PCADV provides funding for legal services, which includes parenting related issues.

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 I.B.3.I.(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 PCADV member programs have provided to DV survivors over the last funding year include:

- Elimination of Financial Barriers to Housing: Using DV RRH case management, the advocate works with the survivor to identify financial and economic barriers to house by pulling 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: Using DV RRH housing search assistance, 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:
 - Core services (24-hour crisis response, transportation access, & individual advocacy)
 - Legal services (assistance with issues such as custody, divorce, child & spousal support; legal advice/representation)
 - Community 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)
 - Scholarships for educational enrichment (financial assistance is provided to survivors for the costs of schooling, books, job training, and/or other educational endeavors to further economic stability)

4A-3g.	Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(e)	
	Describe in the field below examples of how the new project(s) 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 work 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)

- 1) PCADV & its member programs (MPs) will continue to practice DV Housing First (DVHF) to ensure that survivor-centered services and Housing First principles will remain centered in the work to support survivors' access to permanent housing. Services will continue to be flexible and tailored to survivors needs. This includes housing choice. As such, DV programs continue to expand their staff's capacity to engage with landlords to provide choice & rapid placement. Program supports Stabilization in PH 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 internally around landlord engagement and other community support for subrecipients by hiring staff that will focus on engaging housing providers and supporting member programs to build those community based relationships to further support survivors to identify affordable housing resources.
- 2) All DV services, including RRH, are, and will continue to be voluntary, trauma informed, and survivor driven. There are no mandates to participate. There are no enforced rules, and program guidelines are centered around lease requirements. 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.
- 3) DV programs will consistently integrate opportunities to share the impacts of trauma w/ survivors. PCADV has entered into an ongoing partnership 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 & member programs will continue to use the Housing Stability Assessment & Stability Plan tools to assist survivors in obtaining/maintaining housing & pursue goals. Advocate & participant will work together on a plan to identify strengths—like income, good credit, 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. PCADV reviews the Housing Stability Assessment yearly, and works with programs to update as needed.
- 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. CoC-related policies around discrimination & equal access are followed & DV programs continue to attend and participate in all required/relevant trainings. PCADV's Training Institute regularly revisits the training curriculum for member programs to ensure all aspects of holistic case management are thoroughly

described and updates are made when new techniques and resources become available.

6) Service offerings will include 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) MPs will continue to support parents by providing the following core services:

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 & 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.

f- PCADV provides funding for legal services, which includes parenting related issues

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	

Describe in the field below how the new project will involve survivors:

1.	with a range of lived expertise; and
2.	in policy and program development throughout the project’s operation.

(limit 2,500 characters)

1. 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. 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.

Over 20 years ago, PCADV's member programs developed identity specific caucuses to center the experience and expertise of survivors and marginalized voices. The Survivors of DV Caucus, along with PCADV delegates and Board, helps develop and execute strategy that incorporates the realities of lived experience. This caucus has helped guide PCADV's work for over half of the time the Coalition has functioned, showing PCADV's dedication to centering survivor voice.

2. Under the leadership of PCADV's Community Engagement Specialist, a Survivor Advisory Council has been implemented to provide survivors who are engaging in or have recently completed services with an opportunity to influence, design and provide direct feedback for the DV system. The Council is responsible for providing input to the CoC re: survivor-centered RRH policies and reviewing current DV RRH projects. The Council is involved at every step of the process, providing recs and insight into personal experience of DV RRH. PCADV and DV program staff meet with the council quarterly, reporting on data and program outcomes. The Council will be involved in PCADV's yearly evaluation of DV RRH and will provide support with evaluation of the broader CoC RRH, if requested. Feedback from the evaluation will be integrated into the project, assuring that DV RRH is survivor driven and able to quickly pivot to meet the needs of survivors seeking safe housing options. This group is open to any survivor who wants to join and includes a process conducted by PCADV membership's statewide Survivor Caucus. It will ensure that survivors are paid for their time, provided leadership opportunities, and given flexibility with engagement. No identifiable participant information will be shared and the safety of the survivors in RRH & Caucus will be prioritized.

Submission Summary

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

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1A. CoC Identification	09/22/2023
1B. Inclusive Structure	09/22/2023
1C. Coordination and Engagement	09/26/2023
1D. Coordination and Engagement Cont'd	09/26/2023
1E. Project Review/Ranking	09/26/2023
2A. HMIS Implementation	09/22/2023
2B. Point-in-Time (PIT) Count	09/22/2023
2C. System Performance	09/22/2023
3A. Coordination with Housing and Healthcare	09/22/2023
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3C. Serving Homeless Under Other Federal Statutes	09/22/2023
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Submission Summary

No Input Required