

Before Starting the Special CoC Application

You must submit both of the following parts in order for us to consider your Special NOFO Consolidated Application complete:

1. the CoC Application, and
2. the CoC Priority Listing.

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

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

1. The Special Notice of Funding Opportunity (Special NOFO) for specific application and program requirements.
2. The Special NOFO Continuum of Care (CoC) Application Detailed Instructions for Collaborative Applicants 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.

CoC Approval is Required before You Submit Your CoC's Special NOFO CoC Consolidated Application

- 24 CFR 578.9 requires you to compile and submit the Special NOFO CoC Consolidated Application 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 the [Specific Attachment Name] attachment to the 4A. 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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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1A-1. CoC Name and Number: PA-600 - Pittsburgh, McKeesport, Penn Hills/Allegheny County CoC

1A-2. Collaborative Applicant Name: Allegheny County Department of Human Services

1A-3. CoC Designation: UFA

1A-4. HMIS Lead: Allegheny County Department of Human Services

1A-5.	New Projects	
	Complete the chart below by indicating which funding opportunity(ies) your CoC applying for projects under. A CoC may apply for funding under both set asides; however, projects funded through the rural set aside may only be used in rural areas, as defined in the Special NOFO.	
1.	Unsheltered Homelessness Set Aside	Yes
2.	Rural Homelessness Set Aside	No

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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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1B-1.	Web Posting of Your CoC Local Competition Deadline–Advance Public Notice. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Local Competition Deadline attachment to the 4A. Attachments Screen.	
	Enter the date your CoC published the deadline for project application submission for your CoC's local competition.	09/30/2022

1B-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. (All Applicants)	
	Special NOFO Section VII.B.1.a.	
	You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected new project applications during your CoC's local competition:	
	1. Established total points available for each project application type.	Yes
	2. At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
	3. At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes

1B-3.	Projects Rejected/Reduced–Notification Outside of e-snaps. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4A. Attachments Screen.	
	1. Did your CoC reject or reduce any project application(s)?	Yes
	2. Did your CoC inform the applicants why their projects were rejected or reduced?	Yes
	3. If you selected yes, for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.	10/17/2022

1B-3a.	Projects Accepted–Notification Outside of e-snaps. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Accepted attachment to the 4A. Attachments Screen.	
	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.	10/17/2022
1B-4.	Web Posting of the CoC-Approved Special NOFO CoC Consolidated Application. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Web Posting–Special NOFO CoC Consolidated Application attachment to the 4A. Attachments Screen.	
	Enter the date your CoC posted its Special NOFO CoC Consolidated Application on the CoC’s website or affiliate’s website–which included: 1. the CoC Application, and 2. Priority Listings.	10/18/2022

2A. System Performance

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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2A-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	Special NOFO Section VII.B.2.b.	
	Describe in the field below:	
	1. how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;	
	2. how your CoC addresses individuals and families at risk of becoming homeless; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.	

(limit 2,500 characters)

(1) The CoC is committed to continuing to strengthen its homeless prevention capacity. The CoC has identified risk factors for becoming homeless through the expertise of its actively engaged stakeholders, and from cross-system data analytics. Front line staff, advocates, and persons with lived experience all engage in the planning of the CoC, and their knowledge informs the identification of trends regarding contributing factors. Additionally, DHS, the CoC's lead agency, conducts extensive analysis using the Data Warehouse, a national model for bringing together and integrating person and service data from sources both internal and external to human services. Through this data, the CoC is able to identify both risk factors for becoming homeless and the likelihood of key indicators of harm occurring if a person remains un-housed. (2) The CoC strategy to address risk factors is multi-faceted. Cross-system efforts seek to support the housing stability of individuals and families receiving other services. Child welfare caseworkers are trained to note risk factors such as families behind on rent or utilities and being precariously doubled-up. Allegheny County is also actively working to establish a stronger and more comprehensive crisis response system. This includes targeted work to improve discharge planning from the jail and hospitals to include housing planning, and the procurement of additional reentry housing. The CoC has also implemented a mobile Housing Specialist to work with families in the community so they can address housing issues before they become crises. The CoC also has a Housing Navigation Unit that assists with referrals to affordable housing and a Diversion Specialist that provides direct assistance to participants in emergency shelter and helps them exit to permanent housing rapidly. Finally, the CoC funds a robust array of services designed to prevent homelessness (and evictions) including rental assistance, landlord mediation, legal assistance, support staff at eviction hearings to help connect tenants to resources, budget counseling, public benefit navigation, subsidized childcare, and early intervention programs. The CoC also partners closely with the local housing authorities to prevent evictions from subsidized housing. The CoC led a large and highly successful ERA program during the pandemic that kept 20,888 households stably housed through \$130 million of direct rent and utility payments. (3) DHS oversees these strategies.

2A-2.	Length of Time Homeless–Strategy to Reduce. (All Applicants)	
	Special NOFO Section VII.B.2.c.	
	Describe in the field below:	
1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,500 characters)

(1) To reduce LOT homeless, the CoC is committed to a robust diversion effort, a strong RRH strategy, and coordinated landlord outreach to expand access to affordable housing. With these strategies the CoC had seen a reduction in both average and median LOT homeless from FY17 to FY19 (median LOT had decreased from 47 to 28 days for persons in ES and safe haven, and 68 to 34 days when including persons in TH). The pandemic led to an increase of the system’s LOT homeless due the temporary shut down and slowdown of many services, increased barriers to employment, delays in application processes and a sharp increase in rental prices. While the FY21 median LOT homeless (37 days for persons in ES and SH, and 44 days when also included persons in TH) shows an increase from FY19, it is a decrease from FY20 (52 and 62 days respective). We believe the strategies that led to the decreased in LOT by FY19 are still strong and will help the CoC reduce LOT moving forward. Specific efforts include: monitoring performance to the CoC’s goal of a median of 30 days in shelter; providing intensive case management in family shelters and a Diversion Specialist in singles shelter to help connect to housing and related services; using ESG-CV to expand RRH resources; and improving the capacity of all programs to complete faster housing searches by conducting a CoC-wide landlord engagement campaign including a Risk Mitigation fund, building the CoC’s Housing Navigation Unit which provides centralized support to programs in finding landlords and building/maintaining strong relationships with them, and utilizing HCV, EHV, FUP, FYI and Mainstream voucher programs to move people onto stable housing. (2) Using shelter performance data, Coordinated Entry identifies long stayers in shelters and conducts regular case conferences to work through barriers to rehousing. Similarly, the CE field unit and street outreach workers regularly review a by-name list of individuals on the street for potential case conferencing and reassessment. The CE process includes LOT in prioritization, so the long-time homeless individuals/families are referred to a housing program before a household with similar vulnerabilities but less time on the street or in shelter. Chronic homeless are prioritized above everyone for housing. (3) DHS, the CoC’s lead administrative agency and home of CE, oversees these strategies.

2A-3.	Successful Permanent Housing Placement or Retention. (All Applicants) Special NOFO Section VII.B.2.d.	
Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:		
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and	
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.	

(limit 2,500 characters)

(1) The Covid-19 pandemic and rising housing costs have significantly impacted exits to PH destinations in the CoC. However, the CoC continues to prioritize this area, with strategies that include: case conferencing for long-term stayers in family shelter to provide specialized plans for successful exits to PH; a Diversion Specialist who provides direct assistance to single shelter participants to become document ready, locate housing, and exit to PH; and implementation of a process for reassessment of RRH participants to identify those that could benefit from different and/or additional supports to maintain housing stability (case management, PSH or HCV). The successful implementation of EHV is also part of the CoC strategy. Of the 284 EHV's available through the City and County Housing Authorities, 205 have been distributed, and 107 are leased up.

(2) The CoC has been extremely successful at making sure individuals and families in PSH retain their housing or exit to PH destinations. Of PSH households, 98% were successfully retained and 70% existed to permanent destinations. This is due mostly to staffing and training strategies that provide for effective case management in these programs. Staff are trained in Motivational Interviewing and Trauma Informed Care, helping participants to increase income and non-cash benefits and to link to community supports for mental health, substance abuse, physical health, employment and childcare. The CoC has implemented Moving On initiatives to identify households that no longer need their current level of homelessness system housing support and connecting them to housing choice vouchers through the homeless preference or other subsidized housing options in the community. We continue to strengthen our Move On strategy by providing pre-screening and eligibility reviews, application and housing search assistance, aftercare, and more effective communication to increase success in obtaining and leasing up with vouchers.

2A-4.	Returns to Homelessness—CoC’s Strategy to Reduce Rate. (All Applicants)	
Special NOFO Section VII.B.2.e.		
Describe in the field below:		
1.	how your CoC identifies individuals and families who return to homelessness;	
2.	your CoC’s strategy to reduce the rate of additional returns to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,500 characters)

(1) The CoC has a very low rate of return to homelessness for those who exited to a permanent housing destination, however while the number of first-time homeless households is decreasing over the past two year, the CoC is now seeing a slight increase in the rates of returns to homelessness, particularly within the first 6-12 months after successful exit. Using HMIS data and administrative data from DHS, the CoC’s administrative agency and HMIS lead, we have identified common factors of those that do end up returning. Of those who returned: 46% had exited from shelter; 52% returned within the first 6 months; and 63% have experienced behavioral health challenges. (2) The CoC works to ensure that people exiting shelter, RRH and PH do not return to homelessness by supporting people most likely to return (shelter clients) in their transition to permanent housing. Prior to exit, case management is provided and linkages to community services and supports such as subsidized housing, employment resources, physical and behavioral health services, childcare subsidies and other public benefits they may need are provided. Families with young children are offered home visiting programs that support child development as well as connections to their local Family Support and Early Learning Resource Centers. In addition, strategies in shelter include additional housing-specific case management from Homeless Supports and Services Coordinators (HSSCs). HSSCs engage individuals and families in shelter and continue to work with them in the community after exit to ensure household stability. The CoC also offers financial assistance to help with security deposits and first month rent through RA programs. Finally, collaboration with the local housing authorities, and their commitment to homeless preference vouchers, mainstream vouchers, FUP and FYI vouchers, and now EHV has enabled us to reduce returns to homelessness by ensuring access to affordable housing. Additionally, in recognizing the common occurrence of behavioral health challenges, the CoC is engaged in a number of efforts to more fully and effectively align and provide BH and housing supports. This includes several different initiatives, such as establishing easier pathways across BH and homeless system housing supports, and developing, piloting and evaluating an expansion of Acute Service Coordination (ASC) to emergency shelters. (3) DHS, the CoC’s lead administrative agency, oversees this strategy.

2A-5.	Increasing Employment Cash Income–Strategy. (All Applicants)	
	Special NOFO Section VII.B.2.f.	

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

(limit 2,500 characters)

(1) The CoC uses a multi-faceted strategy to increase employment income for homeless service participants. The Employment & Training Advisory Board (ETAB), a collaboration of homeless providers and workforce development professionals, meets to expand opportunities for CoC providers to connect their clients to employment and training resources. ETAB members utilize their expertise to: improve integration between the homeless and employment systems; directly identifying job opportunities and benefits access; and create networking opportunities to establish further linkages across the systems. This work aids CoC providers in having the knowledge, resources and connections to effectively support service participants in increasing employment income and access. (2) Mainstream employment organizations are directly involved in the CoC's work to increase cash income and employment. ETAB worked with Partner4Work, the local workforce development board, to offer tours, info sessions, and customized tools for CoC providers at the local one-stop American Job Center, PA CareerLink. This led to more effective utilization of PA CareerLink by individuals experiencing homelessness. With these partners, ETAB also assessed homeless services providers' utilization of mainstream employment-related resources and developed strategies to increase use, such as increasing providers' knowledge of employment resources, providing basic needs assistance to clients during job search, and increasing clients' job readiness. Additionally, in 2019, DHS and Partner4Work received a two-year competitive grant as part of a national initiative to integrate the homeless and workforce development systems. The initiative is strengthening collaborative leadership, shared data, and facilitating the cross training of staff from both systems. (3) DHS, the CoC's administrative organization, is responsible for overseeing the strategy to increase jobs and income from employment, including convening the ETAB.

2A-5a.	Increasing Non-employment Cash Income—Strategy. (All Applicants)	
	Special NOFO Section VII.B.2.f.	
	Describe in the field below:	
	1. the strategy your CoC has implemented to increase non-employment cash income;	
	2. your CoC's strategy to increase access to non-employment cash sources; and	
	3. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,500 characters)

(1/2) The CoC strategy to increase non-employment cash income and sources targets systemic and individual interventions. At the individual level, DHS, the administrative lead for the CoC, coordinates with the County Assistance Office, operated by the Commonwealth of Pennsylvania, to ensure that CoC clients connect with necessary TANF benefits. Additionally, DHS has a direct referral relationship with SNAP via a local community-based advocacy organization, Just Harvest, that allows us to connect clients directly with services. At the system level, homeless service provider staff are trained to assist clients with determining eligibility and applying for public benefits that can increase both non-employment cash income and sources. The CoC also promotes awareness of non-employment cash income providers and offers trainings on best practices, including SOAR. In addition, the CoC works with AHEDD which provides employment services throughout Pennsylvania to people with disabilities. Many people receiving Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI) are interested in exploring work opportunities and increasing their earnings but are concerned about losing their benefits and health care. While these benefits support millions of persons with disabilities, they have evolved as a new obstacle in the search for gainful employment and participation in community living. AHEDD helps clients so that they can utilize work incentives available through the Social Security Administration, in order to achieve their employment goals and attain greater financial independence. It is of significance to note that in 2019, Pennsylvania unfortunately ended its General Assistance program, which was an important source of non-employment cash income for homeless individuals. (3) DHS, the CoC's lead administrative agency and collaborative applicant, oversees the strategy.

2B. Coordination and Engagement–Inclusive Structure and Participation

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2B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry. (All Applicants)	
	Special NOFO Sections VII.B.3.a.(1)	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

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

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

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

2B-2.	Open Invitation for New Members. (All Applicants)	
	Special NOFO Section VII.B.3.a.(2), V.B.3.g.	

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

(limit 2,500 characters)

(1) The CoC is open to anyone interested in contributing to and productively shaping the delivery of homelessness services. Membership is always open, and information is continuously accessible on the CoC webpage, in addition to being shared through CoC meetings and partners' distribution lists and contacts. New members receive introductory information regarding the CoC and a point of contact for questions. The CoC's governing board (HAB) accepts new members annually through a nomination process that is publicly posted, distributed via email, and announced at the bi-monthly public CoC meetings. (2) Interpretation and translation services, including ASL, are available as needed for meetings, and meetings are held in ADA compliant locations, including the ability for people with hearing devices to link directly into the audio system. Since the onset of the pandemic, Microsoft Teams has also been used for meetings, with closed captioning and transcriptions available in real time and within meeting recordings. (3) The CoC began convening the Consortium of Recognizing Experience (CORE) in March 2022. In addition to program staff connecting with and encouraging people with lived experience to join the CoC, CORE establishes a designated and regular forum for people with lived experience to directly inform the system of services and supports intended to help those in need. Through Plan-Do-Study-Act cycles the CoC is identifying and maintaining processes that meaningfully engage people with lived experience in planning, coordinating and operating of a responsive homelessness system. (4) During the annual nomination process, the HAB considers CoC stakeholder involvement and conducts targeted outreach to bolster participation of any group that may be underrepresented. Further, the CoC's administrative lead, DHS, is the County Department responsible for administering publicly-funded human services. All DHS services, policies and processes are informed by a commitment to diversity, equity and inclusion, requiring the active and intentional inclusion of people of varying social identities (e.g., race, ethnicity, gender identity and expression, sexual orientation, age, socioeconomic class, ability, religion, citizenship status and country of origin). DHS collaborates closely with a broad array of organizations serving culturally specific communities and leverages these partnerships to support the cultural responsiveness of the system.

2B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness. (All Applicants)	
	Special NOFO Section VII.B.3.a.(3)	

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

(limit 2,500 characters)

(1) The CoC is structured to continuously build on stakeholder input. CoC membership is broadly representative, including individuals who are currently or have previously experienced homelessness, service agencies (homeless and non-homeless specific), planning and advocacy bodies, local government, and funders. This representation is also reflected in the governing board (HAB) and its Committees. The HAB engages stakeholders by holding regular meetings, sharing materials in advance of meetings, and collecting feedback both in advance of and during meetings. Both the bi-monthly full HAB meetings and monthly Committee meetings are open to the full CoC and the public. Additional engagement opportunities are scheduled pursuant to specific planning efforts. For example, in developing the CoC’s 5-year plan, the HAB convened focus groups, community meetings, and interviews, in addition to the standing meetings. In addition, presentations and trainings are held throughout the year, further engaging other systems, including but not limited to: behavioral health professionals, crisis intervention teams, food assistance providers, health insurance advocates, and aging providers. Finally, the CoC’s administrative lead, DHS, solicits input from county residents throughout the year via multiple platforms, including community meetings, public hearings, advisory groups, social media platforms (e.g., Twitter, Facebook, Nextdoor), and an open invitation to submit ideas and feedback via a dedicated email address. Input received through this broad array of avenues are aggregated and further used to inform CoC planning. (2) Communications about meetings, forums and input opportunities occur through multiple channels, including email via the CoC distribution list and partnering groups’ lists, posting on the CoC webpage, an e-share information bulletin for CoC providers, and announcement at CoC meetings and through DHS’s communication channels. (3) Input is documented and reviewed by the HAB and a public comment period is open prior to HAB voting to ensure public input prior to CoC decision making. The input received is used to guide the priorities and direction of the CoC at both the service and the system level. For example, stakeholder input has guided the design, implementation and ongoing refinement of Coordinated Entry, the CoC’s commitment and fidelity to Housing First, and the CoC’s Strategic Plan.

2B-4.	Public Notification for Proposals from Organizations Not Previously Funded. (All Applicants)	
	Special NOFO Section VII.B.3.a.(4)	

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

(limit 2,500 characters)

(1) The CoC uses a formal, open and competitive procurement process to identify new projects, including for the identification of projects under this Special NOFO. (1,2) For this Special NOFO, DHS, the CoC's administrative lead, issued a public RFP on August 30, 2022, open to any organization. The RFP included detailed instructions regarding who can apply and how to submit. Eligible applicants included being open to organizations that have not previously received CoC Program funding, and detailed the exclusion of for-profit entities. The RFP and was broadly distributed, including publicly posting online at both the Collaborative Applicant's website (which is used across the county for all funding through the Allegheny County Department of Human Services (DHS), and is regularly reviewed by service providers) and www.PAbidsystem.com, emailed to service providers across the region and posted in multiple newspapers. (3) In addition to the RFP public posting, the formal procurement process used also includes a Q&A session for entities considering applying, a posting of a FAQ, and a posting of the standardizes response form, with details instructions on submission. Submission is done through the electronic sending of final documents to the designated procurement contact. (4) Proposals are reviewed by a diverse review committee, including CoC board members, and are scored based on the criteria outlined in the RFP. Criteria include but are not limited to: organizational experience and capacity, implementation strategy, ability to implement Housing First and plans to meet program standards including working with coordinated entry and HMIS. Based on the score results and analysis of local needs, the review committee puts forth a recommendation to the CoC's board, who then review the recommendation and justification and make a final decision on projects to include in the application. (5) To ensure effective communication with individuals with disabilities, all materials are available in PDF format; in addition, interpretation and translation services, including ASL, are available, and board meetings are held in an ADA compliant location that allows people with hearing devices to link directly into the audio system.

2C. Coordination / Engagement—with Federal, State, Local, Private, and Other Organizations

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

2C-1.	Coordination with Federal, State, Local, Private, and Other Organizations. (All Applicants)	
	Special NOFO Section VII.B.3.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC’s geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving 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.		

2C-2.	CoC Consultation with ESG Program Recipients. (All Applicants)	
	Special NOFO Section VII.B.3.b.	

Describe in the field below how your CoC:	
1.	consulted with ESG Program recipients in planning and allocating ESG 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 Consolidated Plan update.

(limit 2,500 characters)

(1) The CoC has 2 ESG recipients, Pittsburgh City Planning Department and the Allegheny County Department of Human Services (DHS). DHS is the CoC's Collaborative Applicant/UFA, and administrative lead, and is therefore fully immersed and integrated into CoC planning and allocation activities. Pittsburgh City Planning Department is an active collaborator within the CoC, including serving as Co-Chair of the CoC's Analysis and Planning Committee. ESG recipients and sub-recipients participate in a bi-monthly planning meeting used for real-time review of ESG program performance and planning. As such, ESG is incorporated into CoC planning-at-large and the CoC is incorporated into ESG specific planning. This results in collaborative and mutually reinforcing planning for funds across the CoC, whether CoC Program or ESG funded. (2) A key responsibility of the Analysis and Planning Committee (co-chaired by an ESG recipient) is developing the annual performance reviews and ranking tool. The same tool is used for both ESG sub-recipients and CoC program sub-recipients, utilizing data from HMIS. The DHS analytics team also pulls the data for the CAPER reports needed by ESG. As such the CoC is fully involved in the evaluation and performance reporting of ESG Program Recipients. Further, there is cross-funding representation on the evaluation committees that review and rate CoC projects and make final ESG funding decisions. (3,4) PA-600 has four Consolidated Plan jurisdictions—Pittsburgh City Planning Department, Allegheny County Department of Economic Development, McKeesport, and Penn Hills. The CoC provides PIT, HIC and HMIS data on projects by area to all four Con Plans. All four jurisdictions have representatives on the CoC's board (the HAB) and actively participate in committees. The existing CoC governance structure and the collaborative structure of work between the entities, facilitates strong communication and ensures the Consolidated Plans' updates reflect local homeless information and the CoC vision.

2C-3.	Discharge Planning Coordination. (All Applicants)	
	Special NOFO Section VII.B.3.c.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.		
1.	Foster Care	Yes
2.	Health Care	Yes

3.	Mental Health Care	Yes
4.	Correctional Facilities	Yes

2C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts. (All Applicants)
	Special NOFO Section VII.B.3.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

2C-4a.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts–Formal Partnerships. (All Applicants)
	Special NOFO Section VII.B.3.d.

Describe in the field below:

1.	how your CoC collaborates with the entities checked in Question 2C-4; and
2.	the formal partnerships your CoC has with the entities checked in Question 2C-4.

(limit 2,500 characters)

Within the CoC’s geographic region, the LEAs are the school districts, and the SEA has a contract with the Allegheny Intermediate Unit (AIU) to support schools around homelessness and education. With that noted, the CoC has robust and multifaceted partnerships with youth education providers, school districts/LEAs and the SEA through the AIU. The CoC’s voting body has representatives from both a youth education provider and the AIU; as such these entities are directly engaged in CoC planning. The CoC requires all homeless programs that serve families with children to have an Education Liaison on staff to ensure the educational and developmental needs of preschoolers and school-aged children are met. The CoC also mandates that all homeless families with infants and toddlers are offered referrals to assess the child’s development in accordance with state law. The CoC’s Coordinated Entry is also the centralized access point for home visiting programs that serve pregnant families and children ages 0-6, creating the opportunity to offer any family reaching out for homeless assistance to also access Early Intervention programs including Early Head Start. Similarly, every LEA has a Homeless Liaison on staff, who consults with the AIU/SEA to ensure children are enrolled in school and to assist with transportation, paperwork, immunizations, and other school requirements. In addition to these formal partnerships, regular and ongoing collaboration occurs across the entities. With support from the National Center for Homeless Education, the CoC and AIU brought together LEAs/school districts, higher education entities, workforce development, providers and community agencies to inform the Coordinated Community Plan for the CoC’s YHDP and participate in subsequent community calls on addressing needs of older unaccompanied youth. Additionally, the CoC participates in the long-standing Homeless Education Network (HEN), a community of nonprofits, higher education institutions, medical providers, foundations, school districts, Homeless and Education Liaisons, government and community leaders who are committed to addressing youth homelessness by meeting the housing, educational and wellness needs of youth. They host quarterly HAN meetings focused on policies and procedures to ensure that homeless children have access to school, pre-school, and after school activities. Meetings also include trainings on rights of homeless children and best practices to foster school connections.

2C-4b.	CoC Collaboration Related to Children and Youth—Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services. (All Applicants)	
	Special NOFO Section VII.B.3.d.	

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

(limit 2,500 characters)

Families are informed of education services at several points during CoC involvement: at diversion, assessment, initial referral to and enrollment in CoC program, as well as at post-involvement transition to community. All Coordinated Entry (CE) staff are trained to connect all homeless families with the homeless liaison for the school district in which they are residing and educate them on how to best connect children to education. CE makes referrals for Home Visiting and linkages to community-based family support centers. Additionally, the CoC requires every program that provides housing or services to families to designate a staff person to be a Homeless Liaison. CoC staff (homeless liaisons, CE staff, Homeless Supports and Services Coordinators) provide advocacy for: school re-enrollment or registration; referral to additional supportive educational services; and support in continuation of schooling and transportation to school upon exit from program. Families with youth under age 5 are offered developmental assessments and support from the early intervention programs. Some programs also have on-site early learning classrooms to offer additional educational services. CE staff assist families to reconnect to their school of origin or enroll in a new feeder school and help parents access additional assistance for transportation and relevant concrete goods (e.g., uniforms). Supporting these processes, the CoC's Family Shelter Standards of Care details the expectations of shelters to: provide linkages to development screening for children experiencing homelessness; ensure staff have basic knowledge about Head Start, Early Head Start, early intervention, preschool, child care subsidy programs, preschool, and other early care and learning programs; publicly post enrollment materials and encourage participation in educational programs; and be knowledgeable regarding the rights of children and youth experiencing homelessness under McKinney-Vento.

2C-5.	Mainstream Resources—CoC Training of Project Staff. (All Applicants)	
	Special NOFO Section VII.B.3.e.	

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

	Mainstream Resource	CoC Provides Annual Training?
1.	Food Stamps	No
2.	SSI—Supplemental Security Income	Yes
3.	TANF—Temporary Assistance for Needy Families	No
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other	Yes

2C-5a.	Mainstream Resources—CoC Collaboration with Project Staff Regarding Healthcare Organizations. (All Applicants)	
	Special NOFO Section VII.B.3.e.	

	Describe in the field below how your CoC:
1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations to assist program participants with enrolling in health insurance;
3.	provides assistance to project staff with the effective use of Medicaid and other benefits; and
4.	works with projects to promote SOAR certification of program staff.

(limit 2,500 characters)

The CoC uses multiple avenues to keep program staff up to date on mainstream resources, linkages to assistance with health insurance enrollment and SOAR certification. The CoC's CE staff provide a variety of webinars on available resources to program providers and attend resource fairs and other community events to further raise awareness of resources. The CoC also hosts an educational series on Medicaid and Medicare, offers regular trainings on accessing subsidized housing programs, and publishes an electronic bulletin for program staff and stakeholders on mainstream benefits. In addition, the CoC Lead Agency has monthly provider meetings with information on mainstream resources including how to assist with housing searches, employment, and basic needs. It also uses social media platforms to systematically provide up-to-date information. The CoC also provides direct linkages to mainstream resources to clients. Through CE, clients are connected to health navigators for health insurance enrollment assistance; to a local anti-hunger agency for assistance in accessing Food Stamps, SSI, and TANF; to local SOAR specialists for SSI/SSDI; and to the county's Office of Behavioral Health for substance use programs. CE is also the front door for home visiting programs, serving pregnant families and those with children aged 0-6 with options like Head Start/Early Head Start and Family Support Centers. The CoC also facilitates workgroups and partnerships to support benefit linkages and assistance. For example, the Employment and Training Advisory Board (ETAB) brings homeless services providers and workforce services providers together to cross-train on various workforce resources including training and apprenticeship programs, how to access mainstream employment services and resources for individuals with barriers to employment such as justice system involvement. Similarly, the Housing and Healthcare group (H2) promotes collaboration between homeless and healthcare providers. H2 meets quarterly with opportunities for members to share new initiatives and discuss current healthcare needs among vulnerable populations. The Consumer Health Coalition participates in H2's quarterly meetings and provides members with information on health insurance enrollment. Additionally, the CoC partners with PA MEDI, a State Insurance Assistance Program, to host an educational series on eligibility, application, and coordination processes for Medicaid and Medicare.

3A. New Projects With Rehabilitation/New Construction Costs

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

3A-1.	Rehabilitation/New Construction Costs–New Projects. (Rural Set Aside Only). Special NOFO Section VII.A.	
If the answer to the question below is yes, you must upload the CoC Letter Supporting Capital Costs attachment to the 4A. Attachments Screen.		
	Is your CoC requesting funding for any new project(s) under the Rural Set Aside for housing rehabilitation or new construction costs?	No

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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

3B-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)	
	Special NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
--	----

3B-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)	
	Special NOFO Section VII.C.	
	You must upload the Project List for Other Federal Statutes attachment to the 4A. Attachments Screen.	
	If you answered yes to question 3B-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. Attachments Screen For All Application Questions

Please read the following guidance to help you successfully upload attachments and get maximum points:

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

Document Type	Required?	Document Description	Date Attached
1B-1. Local Competition Announcement	Yes	PA 600 open and c...	10/05/2022
1B-2. Local Competition Scoring Tool	Yes	PA 600 standard s...	10/05/2022
1B-3. Notification of Projects Rejected-Reduced	Yes		
1B-3a. Notification of Projects Accepted	Yes		
1B-4. Special NOFO CoC Consolidated Application	Yes		
3A-1. CoC Letter Supporting Capital Costs	No		
3B-2. Project List for Other Federal Statutes	No		
P-1. Leveraging Housing Commitment	No		
P-1a. PHA Commitment	No	Commitment from C...	10/17/2022
P-3. Healthcare Leveraging Commitment	No		
P-9c. Lived Experience Support Letter	No		
Plan. CoC Plan	Yes	PA 600's plan, de...	10/17/2022

**FY22 CoC Supplemental NOFO
Local Competition Announcement
PA 600**

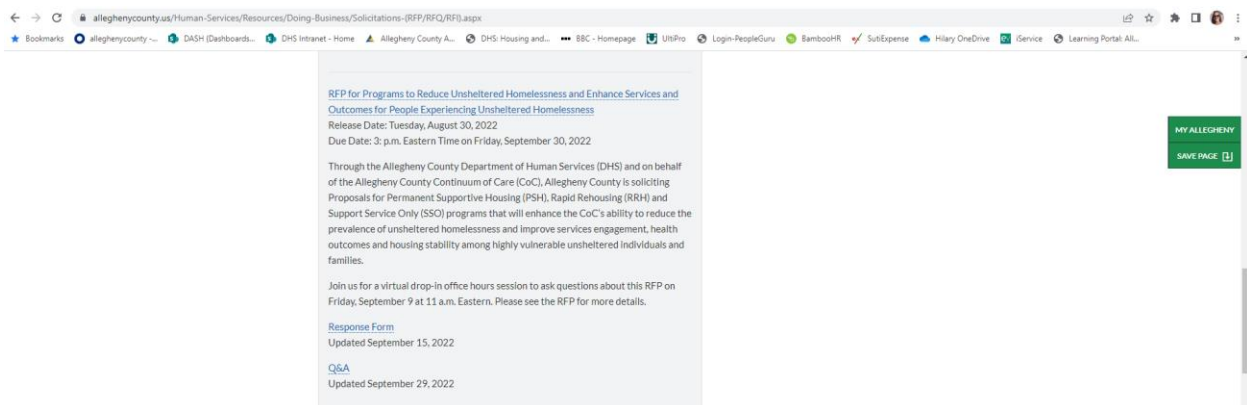
PA-600 uses a formal, open and competitive procurement process to identify new projects, including for the identification of projects under this Special NOFO. For this Special NOFO, DHS, the CoC's administrative lead, issued a public RFP on August 30, 2022, open to any organization. The RFP included detailed instructions regarding who can apply and how to submit.

The RFP and was broadly distributed, including publicly posting online at both the Collaborative Applicant's website (which is used across the county for all funding through the Allegheny County Department of Human Services (DHS), and is regularly reviewed by service providers) and www.PAbidsystem.com, emailed to service providers across the region and posted in multiple newspapers

Included in this document is:

- Screenshot of the RFP public posting
- Screenshot of the additional notice to CoC participants that it was posted
- The full RFP

RFP Public Posting:



Standard RFP Posting Notice:

From: DHSProposals <DHSProposals@AlleghenyCounty.US>
Sent: Wednesday, August 31, 2022 3:24:12 PM
Subject: Two New DHS Housing & Homelessness RFPs

The Allegheny County Department of Human Services (DHS) recently issued the following two Request for Proposals (RFP). Please consider submitting a response or sharing this announcement with your networks. Click the title to find out more details and submission information, or visit www.alleghenycounty.us/dhs/solicitations.

[RFP for Programs to Reduce Unsheltered Homelessness and Enhance Services and Outcomes for People Experiencing Unsheltered Homelessness](#)

Release Date: Tuesday, August 30, 2022
Due Date: 3: p.m. Eastern Time on Friday, September 30, 2022

Through DHS and on behalf of the Allegheny County Continuum of Care (CoC), Allegheny County is soliciting Proposals for Permanent Supportive Housing (PSH), Rapid Rehousing (RRH) and Support Service Only (SSO) programs that will enhance the CoC's ability to reduce the prevalence of unsheltered homelessness and improve services engagement, health outcomes and housing stability among highly vulnerable unsheltered individuals and families.

Join us for a virtual drop-in [office hours session](#) to ask questions about this RFP on Friday, September 9 at 11 a.m. Eastern.

[RFP for Targeted Rental Assistance and Supportive Services to Reduce Homelessness in Allegheny County](#)

Release Date: Thursday, August 25, 2022
Due Date: 3: p.m. Eastern Time on Wednesday, October 19, 2022

DHS, on behalf of Allegheny County, is seeking Proposals from qualified Proposers to develop and administer a targeted rental assistance and supportive services program for people at risk of eviction and homelessness. This RFP is part of a larger, comprehensive community response to preventing evictions and the homelessness that they can cause.

Join us for a virtual drop-in [office hours session](#) to ask questions about this RFP on Monday, September 12 at 1:00 p.m.

Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, forwarding, or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

Additional Notice to CoC Members:

Two New DHS Housing & Homelessness RFPs

Scherer, Hilary
To: Scherer, Hilary
Bcc: Nicole Anderson; bbenjamin@ura.org; dbuccilli@pennhills.org; Laura.Drogowski@pittsburghpa.gov; chasearcherevans@gmail.com; Stuart.FISK@ahn.org; Giacalone, Peter; Goetze, Devon; Halfhill, Andy; bknight@homelessfund.org; Pietryga, Christine; progark@upmc.edu; spuskar@partner4work.org; Reichenbach, Diana; gale@housingalliancepa.org; KStohlberg@achsn.org; jeffrey.upson@pittsburghpa.gov; +234 others

You forwarded this message on 9/1/2022 11:54 AM.

Good morning CoC members,
We wanted to highlight for you that Allegheny County Department of Human Services (DHS) recently issued the following two Request for Proposals (RFP). Please consider submitting a response or sharing this announcement with your networks. Click the title to find out more details and submission information, or visit www.alleghenycounty.us/dhs/solicitations. Please review these opportunities and send any questions to DHSProposals@alleghenycounty.us. Each RFP also has a "office hours session" that you are welcome to join for questions.

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Thank you,
Hilary

Hilary Scherer
Pronouns: she, her, hers (What's this?)
Office of Analytics, Technology and Planning
Allegheny County Department of Human Services

Full RFP: next page



Allegheny County Department of Human Services

Request for Proposals

Programs to Reduce Unsheltered Homelessness and Enhance Services and Outcomes for People Experiencing Unsheltered Homelessness

RFP Posting:

Tuesday, August 30, 2022

Office Hours Session:

11 a.m. Eastern Time on Friday, September 9, 2022

Deadline for Questions:

Thursday, September 22, 2022

Submission Deadline:

Friday, September 30, 2022

Estimated Award Decision/Notification:

November 2022

Allegheny County Department of Human Services
One Smithfield Street Pittsburgh, PA 15222

Contents

Definitions

The RFP at a Glance

Section 1: Why We Are Issuing this RFP

Section 2: What We Are Looking For

Section 3: Proposal Requirements and Evaluation Criteria

Section 4: How to Submit a Proposal

Section 5: How We Will Evaluate Your Proposal

Section 6: Contract Requirements for Successful Proposers

Acronyms and Definitions

Unless the context indicates otherwise, the following capitalized words are defined as follows for purposes of this RFP:

1. Agreement: A contract negotiated between Allegheny County and the Successful Proposer to provide the Contract Services
2. Allegheny County: A home rule county and political subdivision of the Commonwealth of Pennsylvania
3. Bonus Project: A project submitted under the CoC Notice of Funding Opportunity (NOFO) that is over and above the pro rata of need established by HUD and can be funded if HUD chooses to do so in accordance with CoC need and program quality
4. Continuum of Care (CoC): A geographically-based group of representatives that carries out the planning responsibilities of the HUD Continuum of Care Program
5. CoC Regulations: HUD's rules and regulations under the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act). The rules and regulations are titled, "Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program; Interim Final Rule," and can be found at 24 CFR Part 578.
6. Contract Services: The specific services which the Successful Proposer agrees to provide to the County in response to this RFP, as more particularly described in the Scope of Services in the Agreement
7. Coordinated Entry: A standardized method for connecting individuals and families experiencing homelessness to the resources available in a geographic area
8. DHS: [Allegheny County] Department of Human Services.
9. HAB: [Allegheny County] Homeless Advisory Board, the public-private partnership that oversees the CoC. The HAB sets the local strategy to end homelessness and reviews public policy, programs, activities, data and all other efforts to eliminate homelessness and improve the well-being of individuals and families experiencing homelessness.
10. HEARTH Act: Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009
11. HMIS: Homeless Management Information System, an information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and people at risk of homelessness
12. Housing First: A low-barrier approach to service delivery grounded in the knowledge that everyone is housing ready, the solution to homelessness is affordable permanent housing, and everyone has choice and the agency to make their own decisions
13. HUD: [United States Department of] Housing and Urban Development
14. NOFO: Notice of Funding Opportunity
15. Participant: An individual or family served by a proposed Permanent Supportive Housing, Rapid Rehousing or Support Services Only Program
16. Permanent Supportive Housing (PSH): Programs that provide long-term housing with supportive services for homeless individuals with disabilities
17. Proposal: A completed Response Form, with specified attachments, submitted in response to this RFP

18. Proposer: The non-profit organization submitting a Proposal in response to this RFP
19. Response Form: The Word document in which Proposers respond to requested information about this RFP
20. RFP: Request for Proposals
21. Rapid Rehousing (RRH): Programs that assist individuals or families who are experiencing homelessness to move as quickly as possible into permanent housing and to achieve stability in that housing through a combination of rental assistance, housing search and supportive services
22. Successful Proposer: The Proposer(s) selected by the County to be included in DHS's response to HUD's NOFO
23. Supportive Services: Services designed to prepare a Participant to make a successful transition from homelessness to independence
24. Support Services Only (SSO): Programs that provide support services, but not housing costs, to families and individuals experiencing homelessness.

Other terms shall have the meaning or definition as stated in the RFP.

The RFP at a Glance

Purpose

Through the Allegheny County Department of Human Services (DHS) and on behalf of the Allegheny County Continuum of Care (CoC),¹ Allegheny County is soliciting Proposals for Permanent Supportive Housing (PSH), Rapid Rehousing (RRH) and Support Service Only (SSO) programs that will enhance the CoC's ability to reduce the prevalence of unsheltered homelessness and improve services engagement, health outcomes and housing stability among highly vulnerable unsheltered individuals and families.

Currently, DHS, on behalf of the Allegheny County CoC, administers approximately \$23 million annually in U.S Department of Housing and Urban Development (HUD) CoC Program funds. Within the CoC, these funds support PSH, RRH, Homeless Management Information System (HMIS), Coordinated Entry and planning projects aimed at quickly rehousing individuals and families while minimizing the trauma and dislocation caused by homelessness, promoting access to and effective utilization of mainstream programs by homeless individuals and families, and optimizing long-term housing stability.

This RFP seeks to expand on the current array of CoC Program-funded projects, with a focus on strengthening housing, healthcare services and opportunities for the highly vulnerable unsheltered population. Enhancing the CoC to better meet the needs of individuals and families experiencing unsheltered homelessness will make the system more responsive overall.

Proposers may submit a Proposal for one or more program type (PSH, RRH or SSO). Each program type proposed will be scored individually.

Award Details

This RFP for PSH, RRH and SSO Programs is made in response to the HUD Notice of Funding Opportunity (NOFO) for the CoC Supplemental to Address Unsheltered Homelessness, [FR-6500-N-25S](#). The NOFO is competitive, and DHS will submit a response to HUD for a chance to be awarded supplemental CoC Program funding.² The amount of supplemental funding available is approximately \$26.5 million over 3 years, with an opportunity to seek annual renewal funding thereafter.

Successful Proposal(s) will be included in DHS's response to HUD's NOFO. HUD must approve and award supplemental funding for the proposed Programs in order for the County to enter into an Agreement with the Successful Proposer(s).

¹ The Allegheny County Homeless Advisory Board has designated the Allegheny County Department of Human Services as the entity authorized to apply for funding and carry out activities on behalf of the CoC (the Collaborative Applicant).

² Each year, DHS, on behalf of the Allegheny County CoC, applies for annual CoC Program funding from HUD (approximately \$22 million per year). The Supplemental NOFO makes additional CoC Program funding available.

Dependent upon HUD's approval of DHS's response to the NOFO, DHS intends to enter into one or more Agreements in 2023 with one or more Successful Proposer(s) to provide PSH, RRH and SSO Programs for an anticipated initial term of 3 years, followed by opportunities for annual renewal. DHS cannot anticipate the number of projects that may be funded at this time and there is no guarantee that HUD will award any supplemental funding to DHS.

If DHS is successful in the NOFO process, the PSH, RRH and SSO Programs will begin on July 1, 2023.

Who can apply

All non-profit entities, states, local governments, instrumentalities of state and local governments, Indian Tribes and Tribally Designated Housing Entities (TDHEs) (as defined in section 4 of the Native American Housing and Self-Determination Act of 1996 [25 U.S.C. 4103]) are eligible to submit a Proposal in response to this RFP. Public housing agencies, as defined in 24 CFR 5.100, are eligible without limitation or exclusion. For-profit entities are ineligible to apply or to be subrecipients of grant funds. Entities do not need to have an existing contract with Allegheny County to submit a Proposal, but they must meet all of Allegheny County's contractual requirements (see Section 6: Contract Requirements for Successful Proposers) and have the programmatic, financial and staffing capability to provide the Contract Services.

PSH, RRH and SSO programs that are already funded through HUD CoC funds are not eligible for this supplemental funding. However, Proposers who operate programs funded through HUD CoC funds are eligible to apply for new PSH, RRH and/or SSO Programs.

What's important to us

In 2017, the CoC developed and implemented a 5-year Strategic Plan to Prevent and End Homelessness. To guide development of the plan and CoC activities, the HAB adopted guiding principles. These principles are described fully in the [Plan](#) and outlined below:

- Use a collective approach
- Ensure service accessibility and quality
- Prioritize rapid exit, Housing First³ and housing stabilization
- Align services to peoples' needs
- Prioritize services for people with the greatest needs
- Build a system that works efficiently, effectively and collaboratively
- Invest in continuously strengthening the system

Programs should align with and fully reflect the CoC's guiding principles. For this funding opportunity, additional emphasis is being placed on the collective approach, and priority consideration will be given to programs that leverage housing or healthcare resources at the

³ Housing First not just as a program model, but as an overall orientation in communities' response to homelessness. Housing First strategies incorporate few programmatic prerequisites, utilize proactive outreach and engagement efforts, implement low-barrier admission policies, create rapid and streamlined entry into permanent housing, offer voluntary and engaging supportive services, and focus on housing stability.

required commitment level. Details regarding the requirements for housing or healthcare resource leveraging are included in Section 2.

Timeline

RFP Posting	Tuesday, August 30, 2022
Office Hours (see section 4.1 for details)	Friday, September 9 at 11 a.m. Eastern
Questions Deadline	Thursday, September 22 at 3 p.m. Eastern
Last Website and Q&A Update	Thursday, September 29 at 6 p.m. Eastern
Submission Deadline	Friday, September 30 at 3 p.m. Eastern
Deadline for DHS’s response to the NOFO	October 20, 2022
Estimated Award Decision/Notification	November 2022

Who we are

DHS is the largest department of Allegheny County government and provides publicly funded services to more than 200,000 people annually, in areas including child welfare, behavioral health, aging, intellectual disability, homelessness and community services.

More information about DHS is available at <http://www.alleghenycounty.us/human-services/index.aspx>

Section 1: Why We Are Issuing this RFP

Permanent Supportive Housing (PSH) Programs and Rapid Rehousing (RRH) Programs are core to DHS’s service array for individuals and families experiencing homelessness. PSH Programs provide long-term housing with supportive services for homeless individuals with physical and/or intellectual disabilities. This type of supportive housing enables these individuals to live as independently as possible in a permanent setting. RRH Programs assist individuals or families who are experiencing homelessness to move as quickly as possible into permanent housing and to achieve stability through a combination of rental assistance, housing search and supportive services.

Support Service Only (SSO) Programs have not been funded through HUD’s CoC Program for a number of years, except for HMIS and Coordinated Entry-specific projects. The supportive services provided by SSO Programs ⁴ include conducting outreach to sheltered and unsheltered homeless individuals and families, providing referrals to other housing or necessary services, and providing ongoing support to individuals and families experiencing homelessness. The ability to fund SSO Programs is an important opportunity for the CoC to enhance its service array, particularly to support highly vulnerable individuals experiencing unsheltered homelessness.

⁴ SSO Programs are service projects that do not have associated housing costs in their budget (i.e., an agency provides services to homeless individuals and families not residing in housing operated by the same agency). HUD’s “[CoC Program SSO/Housing Component Decision Tool](#)” can be used to correctly classify a program as SSO.

DHS is issuing this RFP in an effort to expand PSH, RRH and SSO Programs across the CoC. The effects of the pandemic, rising housing costs and inflation have been felt throughout the CoC. The most recent Point-In-Time Homeless Count data show an increase in both sheltered and unsheltered homelessness from 2021 to 2022. Similarly, from FY 2020 to FY 2021 there was an increase in the average length of time individuals and families remained homeless and a decrease in the rate at which people exited emergency shelter, transitional housing, safe haven and RRH projects to permanent housing destinations. Additional housing and support services, particularly those that are able to effectively respond to the needs of the highly vulnerable population of people experiencing unsheltered homelessness, positions the CoC to more effectively move forward on making homelessness rare, brief and non-recurring in Allegheny County.

Additional emphasis on projects that leverage housing or healthcare resources is responsive to the priorities of HUD and the guiding principles of the CoC. Utilizing existing housing subsidies or housing units not funded through HUD CoC or Emergency Solutions Grant (ESG) Programs supports a strategy to maximize resources and expand the availability of long-term, stable housing for people experiencing homelessness. Similarly, utilizing existing healthcare resources expands the scope of funding to meet the holistic needs of people experiencing homelessness. Individuals experiencing unsheltered homelessness in Allegheny County, as well as participants in the CoC's PSH/RRH Programs, often need physical health, mental health, and substance use treatment and recovery services. The healthcare sector is recognized as a vital partner in the CoC and collaborations have already begun across Allegheny County among housing providers and healthcare organizations. New projects with a committed collaboration with the healthcare system would bolster the work in progress, enhance service delivery and quality, and encourage effective and creative resource utilization to meet need.

Section 2: What We Are Looking For

DHS is requesting Proposals from eligible entities for PSH, RRH and SSO Programs that will enhance the CoC's ability to reduce the prevalence of unsheltered homelessness and improve services engagement, health outcomes and housing stability among highly vulnerable unsheltered individuals and families.

The Programs must adhere to Housing First principles as well as all rules and regulations of:

- The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act),⁵ HUD's Homeless Emergency Assistance, Rapid Transition to Housing: Continuum of Care Program (CoC) Rules and Regulations ("CoC Regulations"),⁶ found at 24 CFR 578
- 2) The Fair Housing Act⁷

⁵ <https://www.hudexchange.info/resources/documents/HomelessAssistanceActAmendedbyHEARTH.pdf>

⁶ <https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf>

⁷ http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/FHLaws/yourrights

The 2022 fair market rate (FMR), as documented by HUD, will determine the number of units to be funded for PSH and RRH Programs.

While not every Program in the CoC's application to HUD for supplemental funding is required to have housing or healthcare resource leveraging, DHS is committed to putting forward the strongest application to HUD and contracting with programs that most effectively support the development of the CoC. As such, DHS seeks to ensure that the selection of Successful Proposals will include Programs that leverage housing or healthcare resources.

Proposers may submit Proposals for one PSH Program, one RRH Program, one SSO Program, one of each, or some combination of any two Programs. PSH and RRH Proposed Programs must provide both housing and supportive services to Participants.

A. Target Population

Programs may serve single or family households—with or without children—who are experiencing homelessness. In addition:

- PSH Programs must serve chronically homeless individuals and/or families meeting HUD disability requirements.
- RRH Programs must serve homeless individuals and/or families coming directly from the streets or emergency shelter or fleeing domestic violence situations.

Programs must follow a Housing First model⁸ and serve Participants without regard to previous criminal history, time abstinent from substance use, employment, credit worthiness or other restrictive criteria. Successful Proposer(s) must promote respect and utilize approaches that are tailored to serve diverse individuals, families and communities. Successful Proposer(s) must be committed to providing high-quality services to all Participants regardless of their race, ethnicity, sexual orientation, gender identity and expression (SOGIE), intellectual or physical ability, English language proficiency or life experiences.

B. PSH and RRH Programs

All housing for PSH and RRH Programs must: 1) pass a housing quality inspection; 2) meet all requirements identified in the HEARTH Act, CoC regulations and the Fair Housing Act; and 3) meet reasonable rent standards.

Housing for PSH Programs

For a PSH Program, Successful Proposer(s) will be expected to offer facility-based and/or scattered site housing units in Allegheny County. The rent for all units must be reasonable for the area and units must meet all housing quality standards.

⁸ https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf

Housing for RRH Programs

For an RRH Program, Successful Proposer(s) will be responsible for offering Participants short-term rental assistance (up to 3 months) or medium-term rental assistance (4-24 months). All rental assistance will be for tenant-based scattered site units, meaning that Participants may locate the housing of their choice in the private rental market, with assistance from the Successful Proposer as needed. If a Participant later moves to another suitable unit, the rental assistance may be applied to the new unit.

The Successful Proposer(s) will be responsible for working with landlords and other service providers to ensure that Participants remain successfully housed and to facilitate their transition out of the RRH Program. Further, the Successful Proposer(s) must ensure timely and accurate payment to the landlord on behalf of the Participant. The Successful Proposer(s) must follow the rental assistance regulations for RRH,⁹ including having all leases in the name of the Participant.

Per HUD requirements, to remain in an RRH Program, Participants must demonstrate that they continue to lack sufficient resources and support networks necessary to retain housing without assistance. If Participants no longer require assistance through an RRH Program, they must be permitted to remain in the housing unit (if they choose) and assume full responsibility for payment of rent and utilities.

Support Services within PSH and RRH Programs

In addition to appropriate housing as described above, PSH and RRH Successful Proposer(s) must provide supportive services designed to prepare Participants to make a successful transition from homelessness to independence. Supportive services are aimed at long-term recovery and may focus on social, vocational, educational, behavioral or cognitive skills. Supportive services are not one-size-fits-all, and Successful Proposer(s) must tailor them based on a Participant's needs, culture, circumstances, learning styles and abilities. Services may be provided by the Successful Proposer(s) directly or by another agency under contract with the Successful Proposer(s). Supportive services include the following:

- Assessment of service needs
- Assistance with moving costs
- Case management
- Childcare
- Education services
- Employment assistance and job training
- Food assistance
- Housing search and counseling services
- Legal services related to securing/maintaining rental housing
- Life skills training
- Mental health services

⁹ <https://www.hudexchange.info/programs/coc/toolkit/program-components-and-eligible-costs/> and <https://www.hudexchange.info/resources/documents/HomelessAssistanceActAmendedbyHEARTH.pdf>

- Outpatient health services
- Outreach services
- Substance use disorder treatment
- Transportation
- Utility deposits

C. SSO Programs

Supportive Services Only (SSO) provide supportive services to families and individuals experiencing sheltered and unsheltered homelessness to assist participants in obtaining and maintaining housing. Where PSH and RRH Programs provide support services and housing, SSO Programs do not provide housing. SSO Programs can focus on one or more of the following supportive services:

- Assessment of service needs
- Assistance with moving costs
- Case management
- Childcare
- Education services
- Employment assistance and job training
- Food assistance
- Housing search and counseling services
- Legal services related to securing/maintaining rental housing
- Life skills training
- Mental health services
- Outpatient health services
- Outreach services
- Substance use disorder treatment
- Transportation
- Utility deposits

It is expected that SSO Programs will conduct initial and ongoing assessments of the service needs of Participants and adjust services in accordance with the Participants' needs. Further descriptions of eligible services and their associated costs can be found in [24 CFR 578.53](#).

D. Leveraging Housing and/or Healthcare Resources

DHS encourages Proposers to leverage housing and/or healthcare resources. Priority consideration will be given to programs that do so; but it is not a requirement to submit a Proposal. However, if the proposed program(s) in your Proposal leverages housing and/or healthcare resources, they must be leveraged according to the following requirements:

Leveraging Housing Resources

Proposers may leverage additional housing resources by utilizing existing housing units, housing subsidies or subsidized housing units not funded through the CoC or ESG Programs (e.g., Housing Choice Vouchers, HOME-ARP, HOPWA).

Proposers must demonstrate that these housing units, which are not funded through the CoC or ESG programs, will:

- Provide at least 50 percent of the units included in the PSH program.
- Serve at least 50 percent of the program Participants in the RRH program.

Letters of commitment, contracts or other formal written documents that clearly demonstrate the number of subsidies or units being provided to support the project must be included.

Leveraging Healthcare Resources

Proposers may partner with organizations that provide healthcare resources (i.e., public or private health insurance provider and/or healthcare service provider) in their proposed program(s) in order to enhance their ability to address Participants' physical health, mental health, and substance use treatment and recovery needs.

Sources of healthcare resources to leverage include:

- Direct contributions from a public or private health insurance provider to the program
- Provision of healthcare services, including mental health services, by a private or public organization (including Federally Qualified Health Centers [FQHCs], state or local health departments, and organizations that serve people with HIV/AIDS) tailored to program Participants.
- Direct partnerships with organizations that provide healthcare services, including mental health services, to individuals or family members with HIV/AIDS who are also experiencing homelessness.

Written commitment from a healthcare organization is required, including that the value of assistance being provided by the healthcare organization is at least:

- In the case of a substance use treatment or recovery provider, able to provide access to treatment or recovery services for all program Participants who qualify and choose those services; or
- An amount that is equivalent to 50% of the funding being requested for the program(s).

Acceptable forms of commitment are formal written agreements and must include:

- Value of the commitment.
- The period of time the healthcare resources will be provided. Proposed healthcare resources included in your Proposal must be provided for the entirety of the program term.

In-kind resources must be valued at rates consistent with the local amount paid for services not supported by grant funds.

E. Referral and Outreach

The Successful Proposer(s) must manage referrals to the PSH and RRH Programs through DHS's Coordinated Entry unit (Allegheny Link). Successful Proposer(s) must accept a referral and quickly secure the Participant's appropriate housing placement. SSO Programs managed by Successful Proposer(s) will be expected to coordinate with the Allegheny Link as necessary to provide supportive services only, when needed.

F. Performance Outcomes

Successful Proposer(s) must collaborate with DHS and CoCAPC (Continuum of Care Analysis and Planning Committee, a subcommittee of the HAB) in tracking outcomes and meeting the following HUD performance standards for the PSH and RRH Programs within one year.

Performance standards for a PSH Program:

1. Average Program utilization rate of units must reach or surpass 98%.
2. Average length of time from Program enrollment to move-in date is less than 30 days.
3. 85% of Participants maintain or increase their income.
4. 20% of Participants obtain or maintain employment (part-time or full-time).
5. 85% of Participants maintain or increase non-cash benefits (e.g., Food Stamps).
6. 100% of Participants maintain or secure Medicaid or private health insurance.
7. 95% of Participants maintain permanent housing or exit to other permanent housing.
8. Fewer than 5% of Participants who exit from the PSH Program to a permanent housing destination return to the homeless system within 6 months.

Performance standards for a RRH Program:

1. Average Program utilization rate of units reaches or surpasses 95%.
2. Average length of time from Program enrollment to move-in date is 30 days.
3. 85% of Participants maintain or increase their income.
4. 30% of Participants obtain or maintain employment (part-time or full-time).
5. 85% of Participants maintain or increase non-cash benefits.
6. 95% of Participants maintain or secure Medicaid or private health insurance.
7. 85% of participants exit the Program within nine months.
8. 85% of Participants maintain permanent housing upon exit.
9. Fewer than 5% of Participants that exit from the RRH Program to a permanent housing destination return to the homeless system within 6 months.

Performance standards for SSO Program:

SSO Programs are new to the CoC's HUD funding and performance targets have not been set through HUD or the CoCAPC for some of the measures. Where there is not a performance target set, there is an expectation for tracking of data to inform the impact of the services.

1. Total number of unduplicated Participants served
2. Total number of unduplicated Participants exited
3. Percentage of Participants served that have been connected to the Allegheny Link for housing assessment is at or above 65%
4. Percentage of Participants served who advance housing stability
5. Percentage of Participants served with health insurance
6. Percentage of Participants served who maintain or increase income during program
7. Percentage of non-employed Participants maintaining or increasing non-cash benefits during program
8. Percentage of Participants maintaining or increasing employment

Beyond HUD's performance outcomes, Successful Proposer(s) must establish additional goals pursuit to the program scope (e.g., Participants will secure healthcare through public or private sources, Participants will be linked to mental health outpatient services, Participants will enroll in substance use recovery groups). For more information, please see the [CoCAPC performance management webpage](#).

F. Homeless Management Information System (HMIS)

Successful Proposer(s) will be responsible for participating in the Allegheny Link process and for entering all necessary data into HMIS within the parameters established by the HUD regulations. Victim services providers are not required to participate in HMIS. However, per the most recent HUD data specifications, victim services providers must have a comparable database to produce the required reports to HUD on an annual basis and run periodic data quality reports to ensure all data is correct in their system.

G. Budget

Because DHS expects that there will be more than one Successful Proposer, funding will be divided among Successful Proposers according to Program size and needs. Successful Proposers' Programs will be included in the County's response to HUD's NOFO. In total, the County will be able to apply for up to \$26,532,508 for 3 years, or roughly \$8,800,000 per year. Contingent on HUD approval, the County expects to award Agreements for an initial term of 3 years and proposed budgets should reflect total annual costs across 3 years.

A 25% match from the Successful Proposer(s) is required for all line items except leasing. The match may be cash, through additionally raised funds, or in-kind services. Match may not include a Proposer's current CoC funding. If in-kind services are secured from another organization for this match, the organization must have a memorandum of understanding in place prior to the executed contract. Proposers must include a brief narrative identifying planned sources of match. Upon selection, Successful Proposer(s) will be required to provide letters verifying all sources of matching funds.

No more than 7% of HUD funds may be used for administrative expenses (e.g., staffing, computers, office supplies). However, this is split evenly between DHS and the Successful Proposer. Therefore, no more than 3.5% of HUD funds may be used for a Successful Proposer's

administrative expenses. Matching funds, cash and in-kind resources may be used for additional administrative costs.

Section 3: Proposal Requirements and Evaluation Criteria

Proposers must meet the following evaluation criteria and address their qualifications by responding to the specifically requested items or questions in the Response Form. The Response Form is reflective of the application DHS must submit to HUD. However, Proposals will be scored based on the criteria below. Proposers should download and type their responses directly into the Response Form available on the Active Solicitations webpage at www.alleghenycounty.us/dhs/solicitations. The maximum score a Proposal can receive is 100 points for each Program proposed, as outlined in the following sections. The score from the Organizational Experience section will be added to the score for each Program proposed.

Organizational Experience (35 points total)

- Experience providing housing and supportive services with at least an 85% utilization rate (5 points)
- Strong organizational and management structure including evidence of internal communication, external coordination and an adequate financial accounting system (5 points)
- Experience leveraging and managing multiple funding sources to delivery high quality, holistic services (5 points)
- Absence of any unresolved monitoring or audit findings for any grants (5 points)
- A strong staffing plan including staff qualifications, recruitment, training and performance management (5 points)
- Experience and demonstrated success in meeting standards for managing data with HMIS (5 points)
- Clear understanding of and commitment to the Housing First model (5 points)

PSH Program Standards (65 points total)

- Clear and concise statement of the Proposer's service delivery philosophy and how the Proposed PSH Program aligns with the goal of reducing the prevalence of unsheltered homelessness and improving service engagement, health outcomes and housing stability among highly vulnerable unsheltered individuals/families (5 points)
- A well-defined PSH Program plan, including who the key partners are and how the Program will utilize housing and/or healthcare resources (10 points)
- An appropriate schedule for the proposed activities, a management plan, and a method for assuring effective and timely completion of all work for the PSH Program (5 points)
- Experience in and strategy for serving the PSH target population, including any specified subpopulation (5 points)
- An appropriate housing plan that supports PSH Program goals (10 points)

- A comprehensive plan for coordinating with outside partners to provide a variety of supportive services, with appropriate frequency, for PSH Program Participants, including specific names of partners and examples of collaboration (5 points)
- A plan to track and achieve performance standards for a PSH Program (5 points)
- Ability to manage referrals of individuals with a documented disability who are experiencing homelessness (5 points)
- A strategy to effectively use funds for performing the scope of services within funding and time specifications (5 points)
- A budget narrative that reflects a realistic estimate of the costs associated with implementing the PSH Program (5 points)
- HUD budget charts that demonstrate fiscal and management capacity to manage program funds in a fiscally responsible manner (5 points)

RRH Program Standards (65 points total)

- Clear and concise statement of the Proposer's service delivery philosophy and how the Proposed RRH Program aligns with the goal of reducing the prevalence of unsheltered homelessness and improving service engagement, health outcomes and housing stability among highly vulnerable unsheltered individuals/families (5 points)
- A well-defined RRH Program plan, including who the key partners are and how the Program will utilize housing and/or healthcare resources (10 points)
- An appropriate schedule for the proposed activities, a management plan, and a method for assuring effective and timely completion of all work for the RRH Program (5 points)
- Experience and strategy for serving the RRH target population, including any specified subpopulation (5 points)
- An appropriate housing plan that supports RRH Program goals including resolution of housing crises in a short period of time (10 points)
- A comprehensive plan for coordinating with outside partners to provide a variety of supportive services, with appropriate frequency, for RRH Program Participants (5 points)
- A plan to track and achieve performance standards for an RRH Program (5 points)
- Ability to manage referrals for individuals experiencing homelessness (5 points)
- A strategy to effectively use funds for performing the scope of services within funding and time specifications (5 points)
- A budget narrative that reflects a realistic estimate of the costs associated with implementing the RRH Program (5 points)
- HUD budget charts that demonstrate fiscal and management capacity to manage program funds in a fiscally responsible manner (5 points)

SSO Program Standards (65 points total)

- Clear and concise statement of the Proposer's service delivery philosophy and how the Proposed SSO Program aligns with the goal of reducing the prevalence of unsheltered homelessness and improving service engagement, health outcomes and housing stability among highly vulnerable unsheltered individuals/families (5 points)
- A well-defined SSO Program plan, including who the key partners are and how the Program will utilize housing and/or healthcare resources (10 points)

- An appropriate schedule for the proposed activities, a management plan, and a method for assuring effective and timely completion of all work for the SSO Program (5 points)
- Experience and strategy for serving the SSO target population, including any specified subpopulation (5 points)
- An appropriate plan for delivering effective support services that are responsive to the participants’ needs (5 points)
- A comprehensive plan for coordinating with outside partners to provide the supportive services that successfully contribute to participants’ housing and service goals (10 points)
- A plan to track and achieve performance standards for an SSO Program (5 points)
- Ability to manage referrals for individuals experiencing homelessness (5 points)
- A strategy to effectively use funds for performing the scope of services within funding and time specifications (5 points)
- A budget narrative that reflects a realistic estimate of the costs associated with implementing the SSO Program (5 points)
- HUD budget charts that demonstrate fiscal and management capacity to manage program funds in a fiscally responsible manner (5 points)

Section 4: How to Submit a Proposal

4.1 Prepare

a. Office Hours

- DHS will hold a “RFP open office hours” at 11 a.m. Eastern Time on Friday, September 9, 2022, via Microsoft Teams. Anyone interested in the RFP and in submitting a Proposal may drop in at any time to ask questions.
- Attendance at the office hours is not required in order to submit a Proposal. Preliminary answers will be provided orally for questions asked during the office hours. Final, definitive answers will be posted in writing on the DHS Solicitations webpage.
- Prospective Proposers can join the office hours by:
 - Calling (267) 368-7515 and using Conference ID: 771 358 637#
 - Or following this link: [Click here to join the meeting](#)
 - Or copying and pasting this link: https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZTg2MjJmMjUtMmI0Ny00ZTU5LTkwMWQtNjg5MmYyNzQyOTcw%40thread.v2/0?context=%7b%22Tid%22%3a%22e0273d12-e4cb-4eb1-9f70-8bba16fb968d%22%2c%22Oid%22%3a%22d14c6dca-47dd-45a0-a62e-11bf0cce95e0%22%7d

4.2 Submit a Proposal

- #### a. Proposers should take time to review and understand the RFP in its entirety including:
- The background (see Section 1: Why DHS Is Issuing This RFP)

- The narrative (see Section 2: What DHS Is Looking For)
 - The requirements (see Section 3: Proposal Requirements and Evaluation Criteria)
 - The evaluation process (see Section 5: How DHS Will Evaluate Your Proposal)
- b. Proposers must use the Response Form to develop your Proposal. Type your responses to each requested item directly into the Response Form. It is available at our Active Solicitations website with the RFP announcement at www.alleghenycounty.us/dhs/solicitations.
- c. Collaborative Proposals
- a. Collaborative Proposals, in which two or more entities partner to apply together, are permitted. Collaborative Proposals can include:
 - i. Lead Agency: The County can enter a contract with only one partner of a Collaborative Proposal. Therefore, a Collaborative Proposal must identify one entity as the Lead Agency that will be the contracting party with the County. The Lead Agency should be the Proposer.
 - ii. Partners: Partners must be committed to a role in carrying out the Contract Services and will be compensated for that role. Collaborative Proposals must attach a signed letter of commitment from each Partner that details and agrees to their role in the Contract Services.
 - b. Entities may participate in more than one Collaborative Proposal.
- d. Proposers must submit a complete Proposal that includes the following attachments that are available on our Active Solicitations website:
- Response Form
 - Partner commitment letters, if applicable
 - Minority, Women or Disadvantaged Business Enterprise (MWDDBE) and Veteran Owned Small Business (VOSB) documents (see sections 7.1 and 7.2)
 - Applicants who do not have current Allegheny County DSH contracts must submit the DHS New Provider Application and its supporting documents (see section 4.3 for details)
- e. Proposers should not send any attachments other than those listed either above or in the Response Form.
- f. If a Proposer does not have audited financial reports for the last three years, then the Proposer must submit other financial documentation that attest to the Proposer's financial health of your organization. Tax returns are the preferred alternative. Please note that providing adequate financial documentation is a requirement of contracting with Allegheny County.
- g. Proposers must make sure to complete each section of the Response Form and to stay within any word counts or page limits that may be specified in the Response Form.
- h. Proposals must be submitted electronically to DHSProposals@alleghenycounty.us no later than 3:00 p.m. Eastern Time on Friday, September 30, 2022, to be considered for review.**
- i. All Proposals must be submitted before the deadline! If a Proposal is late, it will be rejected and will not be presented to the Evaluation Committee (as described in Section 5 below) for review and scoring.
- j. Proposers will receive an email acknowledging receipt of their Proposal. If a Proposer does not receive this notification within 48 hours of submitting their Proposal, please contact: DHSProposals@alleghenycounty.us.

4.3 New Provider Requirements

Proposers who do not have current Allegheny County DSH contracts must submit the DHS New Provider Application and its supporting documents with their Proposal to the RFP.

- a. The DHS New Provider Application is available at our Active Solicitations website under the “Required documents” bar at www.alleghenycounty.us/dhs/solicitations.
- b. The DHS New Provider Application asks for audited financial reports for the last three years. If a Proposer does not have audited financial reports for the last three years, then the Proposer may submit other financial documentation that attest to the Proposer’s financial health of the organization. Tax returns are the preferred alternative. Please note that providing adequate financial documentation is a requirement of contracting through Allegheny County.

4.4 How to Contact DHS about this RFP and RFP Communications

- a. If you have any questions about this RFP, please email us at DHSProposals@alleghenycounty.us.
 - a. All content-related questions must be emailed by the Questions Deadline at 3 p.m. Eastern Time on Thursday, September 22, 2022.
 - b. You may submit technical or logistical questions at any time, even after the Questions Deadline.
- b. All information about the RFP, including answers to all content-related questions and any changes or amendments, will be posted at our Active Solicitations website at www.alleghenycounty.us/dhs/solicitations.
 - a. Please check this website regularly for answers to questions, additional information and changes to the RFP or the RFP process.
 - b. The website will be updated only on Thursdays, with any new information visible after 6 p.m.
 - c. The last Q&A and website update for this RFP will be on Thursday, September 29, 2022, at 6 p.m. We will make every effort not to post any new information after this time; however, we reserve the right to post new information in emergency circumstances.

4.5 Other Information

- a. **The issuance of this RFP does not obligate the County to accept any Proposal or enter into an Agreement with any Proposers. The County reserves the right to reject any and all Proposals and not to enter into an Agreement for the Contracted Services.**
- b. Any Agreement originating from this RFP is subject to all the Terms and Conditions specified in Section 6: Contract Requirements for Successful Proposers.
- c. Proposers are responsible for all costs related to the preparation and submission of a Proposal.

- d. Proposals become the property of the County and may become part of any subsequent Agreement between the Proposer and the County.
- e. Successful Proposal(s) will be posted online in the DHS Solicitations Archive after an Agreement has been fully executed by the County and the Successful Proposer(s).

4.6 Pennsylvania's Right-to-Know Law

Proposers should be aware that all documents and materials submitted in response to this RFP may be subject to requests for access to public records made pursuant to Pennsylvania's Right-To-Know Law (RTKL). Under the RTKL, records in the possession of a public agency like the County are presumed to be public records and the County may have to make documents and materials submitted by the Proposer available to a requestor after an award of an Agreement is made.

If the Proposer includes any information within its Proposal that the Proposer asserts is either a "trade secret" or "confidential proprietary information," as those terms are defined under the RTKL, the Proposer must include with its Proposal a written statement signed by an authorized representative of the Proposer identifying those portions or parts of its Proposal that the Proposer believes constitute a "trade secret" or "confidential proprietary information" and provide contact information to enable DHS to contact the Proposer in the event that the County receives a Right-To-Know request for the Proposal. The Proposer shall have five (5) business days from date of receipt of any notification from the County to provide a written statement signed by an authorized representative of the Proposer explaining why the Proposal or any portion thereof is exempt from disclosure as a trade secret, confidential proprietary information or other legal reason. The County shall consider this statement in either granting or denying a request for public access to the Proposal or any portion thereof. The County will notify the Proposer of its decision whether to grant or deny the request either in whole or in part.

Section 5: How DHS Will Evaluate Your Proposal

DHS will convene an Evaluation Committee to evaluate Proposals. The Evaluation Committee will assign scores to each Proposal by awarding points based on the evaluation criteria in Section 3: Proposal Requirements and Evaluation Criteria, by using the point scale listed in Section 5.1 b.

5.1 Evaluation of Proposals

The evaluation process will consist of the following steps:

- a. DHS will form an Evaluation Committee. The Evaluation Committee, which will be comprised of evaluators with expertise in the subject matter of this RFP, may include community members with lived experience, external subject matter experts or provider representative(s), representative(s) from key partners or funders and DHS internal staff.
- b. All Evaluation Committee members will individually review and score each Proposal. Each Evaluation Committee member will award points for each response on a Proposer's

Response Form utilizing their personal expertise and best judgment of how the Proposal submitted by that Proposer meets the evaluation criteria in Section 3 using the following scale:

- 0 – Not addressed in Proposal
- 1 – Poor
- 2 – Below expectations
- 3 – Meets expectations
- 4 – Exceeds expectations
- 5 – Outstanding

- c. Each 0-5 score will be multiplied by the appropriate weight for the number of possible points noted after each evaluation criterion in Section 3. For example, for a criterion worth 15 points, the 0-5 score would be multiplied by three. An “Outstanding” response would receive 15 points, while one that “Meets Expectations” would receive nine points.
- d. DHS will tally the average scores of the members of the Evaluation Committee and report a list of average scores to the entire Committee. The Committee will meet, consider the average scores, and arrive at a consensus on which Proposer(s) can best provide the Contract Services in response to the RFP. The Committee will have the discretion to proceed as follows: (i) to recommend to the Director of DHS that a reduced number of Proposals be shortlisted for more extensive review through a formal oral presentation to the Committee; or (ii) to recommend to the Director of DHS that DHS request authorization for the County to enter into an Agreement(s) with the Successful Proposer(s).
- e. As described in c above, DHS, on behalf of the County, shall have the exclusive discretion to shortlist a reduced number of Proposals for more extensive review. In this case, DHS may request that shortlisted Proposers make a formal oral presentation to the Evaluation Committee. Each Committee member will individually score the oral presentation of the shortlisted Proposers using the following criteria and the scale outlined in 5.1b. The maximum score that a shortlisted Proposer’s oral presentation can receive is 15 points:
 - Presentation demonstrates Proposer’s ability to implement the Contract Services effectively (5 points)
 - Proposer’s answers to Evaluation Committee’s questions demonstrate Proposer’s ability to implement the Contract Services (5 points)
 - Proposer’s presentation is thoughtful and professional (5 points)
- f. DHS will tally the average scores of the members of the Evaluation Committee to the shortlisted Proposer formal oral presentations and report a list of average scores to the entire Committee. The Committee will meet, consider the scores, and arrive at a consensus on which Proposer(s) can best provide the Contract Services in response to the RFP.
- g. The Committee will submit its recommendation for award of an Agreement or Agreements to the Director of DHS for approval. The Director will, in turn, submit a request to the County Manager for approval for the County to enter into an Agreement or Agreement with the Successful Proposer(s).
- h. At any time during the evaluation process, DHS may contact a Proposer to discuss any areas of the Proposal needing clarification or further explanation.
- i. At any time during the evaluation process, DHS may contact a Proposer’s references.

- j. As part of determining a Proposer's eligibility to enter a contract with Allegheny County, all Proposers' financial audits or other documentation will be reviewed by DHS fiscal analysts to ensure a Proposer's financial stability.
- k. **The County is under no obligation to award or enter into an Agreement with a Proposer as a result of this RFP. The County reserves the right to reject any and all Proposals.**
- l. All Proposers will be notified of the County's final decision of which Proposer(s) will be awarded an Agreement.
- m. Proposers that are not awarded an Agreement but who are interested in receiving feedback regarding their submission may request a phone call at DHSProposals@alleghenycounty.us.

5.2 Other Requirements

For a Proposal to be eligible for evaluation, it must be:

- a. Received by the due date/time.
- b. Properly formatted and include responses to all requested information.
- c. Complete with all required forms and attachments.

Proposals which do not meet the above requirements will be automatically rejected and will not be presented to the Evaluation Committee.

Section 6: Contract Requirements for Successful Proposers

In order to enter into an Agreement with the County, Proposers must comply with all contract requirements listed below and all standard terms and conditions contained in a County contract for provision of services to DHS and its offices. Additional details about contracting with Allegheny County are provided in the [DHS Contract Specifications Manual](#), available at www.alleghenycounty.us/dhs/solicitations.

6.1 Minority, Women or Disadvantaged Business Enterprise (MWDBE) Requirements

Allegheny County has MWDBE goals of 13% participation for Minority Business Enterprises and 2% participation for Women Business Enterprises and expects that Successful Proposers will make a "good faith effort" in assisting the County in meeting these goals.

- a. All Proposals must include a completed Allegheny County DHS Combined MWDBE Form and supporting documents. The Allegheny County DHS Combined MWDBE Form should be completed as follows:
 - All Proposers must complete Section 1 – Contact Information and attach their MWDBE Diversity Plan (see Section 4 – Sample Diversity Policy).

- If the Proposer is able to meet the MWDBE contract goals, the Proposer should complete Section 2 – MWDBE Participation Statement. Proposers also must attach the MWDBE certifications of the firms cited in the Participation Statement.
 - If the Proposer would like to request a waiver from participating in the MWDBE contract goals, the Proposer should complete Section 2 – MWDBE Participation Statement and Section 3 – MWDBE Participation Waiver Request Form.
- b. MWDBE forms and resources can be found at www.alleghenycounty.us/dhs/solicitations:
- [Allegheny County DHS Combined MWDBE Form](#)
 - MWDBE Resources
 - [MWDBE Contract Specifications Manual](#)
 - [MWDBE Guide for DHS Proposers](#)
- c. For more information about MWDBEs, visit the [Allegheny County Department of Equity and Inclusion website](#).

6.2 Veteran Owned Small Business (VOSB) Requirement

Allegheny County also has a goal of 5% participation for veteran-owned small businesses (VOSB) in all contracts. The County, therefore, expects that Successful Proposers will make a “good faith effort” in assisting the County in meeting this goal.

- a. A veteran-owned small business is defined by the County as a business having 100 or fewer full-time employees and not less than 51% of which is owned by one or more veterans, or in the case of any publicly owned business, not less than 51% of the stock of which is owned by one or more veterans, and the management and daily business operations of which are controlled by one or more veterans. The VOSB vendor **MUST** provide proof of veteran ownership including percentage and name and address of business.
- For contracts under \$100,000, VOSB vendors shall be exempt from all bonding requirements.
- b. All Proposals must include either of the following:
- If the Proposer can meet the VOSB contract goal, a completed VOSB Participation Statement is required. You must also attach a copy of the VOSB vendor(s) DD 214 discharge form(s) cited in the Participation Statement.
 - If the Proposer requests a waiver from participating in the VOSB contract goal, a completed VOSB Participation Statement and VOSB Waiver Request are required.
- c. VOSB forms can be found at www.alleghenycounty.us/dhs/solicitations:
- [VOSB Participation Statement](#)
 - [VOSB Waiver Request](#)

6.3 HIPAA Compliance

DHS is a covered entity under the Health Information Portability and Accountability Act (HIPAA). Therefore, a Successful Proposer must comply with all HIPAA requirements.

6.4 Cyber Security

- a. Successful Proposers must meet the minimum computer specifications that begin on page 14 of the [DHS Contract Specifications Manual](http://www.alleghenycounty.us/dhs/solicitations), available at www.alleghenycounty.us/dhs/solicitations.
- b. All electronic devices must have sufficient security software and settings to minimize the risk of an information breach.
- c. Successful Proposers must also have policies in place to ensure that electronic devices are physically secure when not in use (e.g., locked in a vehicle trunk, password protected).

6.5 Equal Employment Opportunity and Non-Discrimination Requirements

By submitting a Proposal, a Proposer agrees to not discriminate against any employee, applicant for employment, independent contractor, client or any other person on the basis of race, color, religion, national origin or ancestry, sex, gender identity or expression, sexual orientation, disability, marital status, familial status, age (40 or over), or use of a guide or support animal because of blindness, deafness or physical disability.

6.6 Language Diversity Requirements

Successful Proposer(s) must assure resources are secured and/or made available for participants/consumers/clients with limited English proficiency or other communication barriers. Such actions shall include but not be limited to assessing the need for interpreters, evaluating the need for alternate language materials, identifying internal and external resources to meet identified needs, and accessing services contracted by DHS through their assigned contract monitor(s).

FY22 CoC Supplemental NOFO
Local Competition Scoring Tool
PA 600

PA-600 uses a formal, open and competitive procurement process to identify new projects, including for the identification of projects under this Special NOFO. A diverse Evaluation Committee reviews proposals received using a standard tool.

In addition, Allegheny County Department of Human Services (DHS), the CoC's lead agency, uses a standard scoring tool to assess the proposing agency's past performance. However, as all projects for the Special NOFO are new, specific project past performance data is not available. The CoC seeks to evaluate projects around system performance (and therefor constitute 20% of the total points being based on system performance criteria per 1B-2) via the following items on the Scoring Tool:

- Proposer has experience providing housing and supportive services with at least an 85% utilization rate
- Proposer's absence of any unresolved monitoring or audit findings for any grants
- Proposer has experience and demonstrated success in meeting standards for managing data
- An appropriate housing plan that supports program goals (weighted x2); RFP details the performance standards for each program type. For example, PSH Program standards are:
 - Average Program utilization rate of units must reach or surpass 98%.
 - Average length of time from Program enrollment to move-in date is less than 30 days.
 - 85% of Participants maintain or increase their income.
 - 20% of Participants obtain or maintain employment (part-time or full-time).
 - 85% of Participants maintain or increase non-cash benefits (e.g., Food Stamps).
 - 100% of Participants maintain or secure Medicaid or private health insurance.
 - 95% of Participants maintain permanent housing or exit to other permanent housing.
 - Fewer than 5% of Participants who exit from the PSH Program to a permanent housing destination return to the homeless system within 6 months.
- Past Performance review based on proposers other CoC and ESG programs, if available

Project Proposal Review

INSTRUCTIONS: All criteria should be scored on a scale of 0-5 (ex: 0 - Not addressed in Proposal, 1 - Poor, 2 - Below expectations, 3 - Meets expectations, 4 - Exceeds expectations, 5 - Outstanding). Individual scores are automatically subtotaled by section and the final score is automatically totaled at the bottom.

Please only type in sections that are green.

Evaluator Name:

Proposer Name:

Section/Criteria	Score (0-5)	Comments
Organizational Experience (35 points total)		
Proposer has experience providing housing and supportive services with at least an 85% utilization rate		
Proposer has strong organizational and management structure including evidence of internal communication, external coordination and an adequate financial accounting system		
Proposer has experience leveraging and managing multiple funding sources to delivery high quality, holistic services		
Proposer's absence of any unresolved monitoring or audit findings for any grants		
Proposer has strong staffing plan including staff qualifications, recruitment, training and performance management		
Proposer has experience and demonstrated success in meeting standards for managing data with HMIS		
Proposer demonstrates clear understanding of and commitment to the Housing First model		
Subtotal:	0	
PSH Program Standards (65 points total)		
Clear and concise statement of the Proposer's service delivery philosophy and how the Proposed PSH Program aligns with the goal of reducing the prevalence of unsheltered homelessness and improving service engagement, health outcomes and housing stability among highly vulnerable unsheltered individuals/families		
A well-defined PSH Program plan, including who the key partners are and how the Program will utilize housing and/or healthcare resources (weighted x2)		
An appropriate schedule for the proposed activities, a management plan, and a method for assuring effective and timely completion of all work for the PSH Program		
Experience in and strategy for serving the PSH target population, including any specified subpopulation		
An appropriate housing plan that supports PSH Program goals (weighted x2)		
A comprehensive plan for coordinating with outside partners to provide a variety of supportive services, with appropriate frequency, for PSH Program Participants, including specific names of partners and examples of collaboration		
A plan to track and achieve performance standards for a PSH Program		
Ability to manage referrals of individuals with a documented disability who are experiencing homelessness		
A strategy to effectively use funds for performing the scope of services within funding and time specifications		
A budget narrative that reflects a realistic estimate of the costs associated with implementing the PSH Program		
HUD budget charts that demonstrate fiscal and management capacity to manage program funds in a fiscally responsible manner		
Subtotal:	0	
RRH Program Standards (65 points total)		
Proposer provides clear and concise statement of the their service delivery philosophy and how the Proposed RRH Program aligns with the goal of reducing the prevalence of unsheltered homelessness and improving service engagement, health outcomes and housing stability among highly vulnerable unsheltered individuals/families		
Proposer provides well-defined RRH Program plan, including who the key partners are and how the Program will utilize housing and/or healthcare resources (weighted x2)		
Proposer includes an appropriate schedule for the proposed activities, a management plan, and a method for assuring effective and timely completion of all work for the RRH Program		

Proposer has experience and strategy for serving the RRH target population, including any specified subpopulation		
Proposer provides appropriate housing plan that supports RRH Program goals including resolution of housing crises in a short period of time (weighted x2)		
Proposer has comprehensive plan for coordinating with outside partners to provide a variety of supportive services, with appropriate frequency, for RRH Program Participants		
Proposer has plan to track and achieve performance standards for an RRH Program		
Proposer demonstrates ability to manage referrals for individuals experiencing homelessness		
Proposer provides strategy to effectively use funds for performing the scope of services within funding and time specifications		
Proposer has budget narrative that reflects a realistic estimate of the costs associated with implementing the RRH Program		
Proposer provides HUD budget charts that demonstrate fiscal and management capacity to manage program funds in a fiscally responsible manner		
Subtotal:	0	
SSO Program Standards (65 points total)		
Proposer provides clear and concise statement of their service delivery philosophy and how the Proposed SSO Program aligns with the goal of reducing the prevalence of unsheltered homelessness and improving service engagement, health outcomes and housing stability among highly vulnerable unsheltered individuals/families		
Proposer provides well-defined SSO Program plan, including who the key partners are and how the Program will utilize housing and/or healthcare resources (weighted x2)		
Proposer includes an appropriate schedule for the proposed activities, a management plan, and a method for assuring effective and timely completion of all work for the SSO Program		
Proposer has experience and strategy for serving the SSO target population, including any specified subpopulation		
Proposer provides appropriate plan for delivering effective support services that are responsive to the participants' needs		
Proposer provides comprehensive plan for coordinating with outside partners to provide the supportive services that successfully contribute to participants' housing and service goals (weighted x2)		
Proposer provides plan to track and achieve performance standards for an SSO Program		
Proposer demonstrates ability to manage referrals for individuals experiencing homelessness		
Proposer has a strategy to effectively use funds for performing the scope of services within funding and time specifications		
Proposer provides budget narrative that reflects a realistic estimate of the costs associated with implementing the SSO Program		
Proposer provides HUD budget charts that demonstrate fiscal and management capacity to manage program funds in a fiscally responsible manner		
Subtotal:	0	
PSH Proposal Total Score (100 points possible):	0	
RRH Proposal Total Score (100 points possible):	0	
SSO Proposal Total Score (100 points possible):	0	
Overall comments:		
What did you like most about this proposal?		
What did you like least about this proposal or how could this proposal have been improved?		

Past Performance Review

	Score	Comments
Organizational Experience - Proposer has high-performing projects under the 2022 ranking performance measures for the FY22 CoC Competition renewal applications (5 points possible: 85 or less = 0; 86-89 = 1 point; 90-98 = 3 points; 99 and up = 5 points)		
PSH Program Standards - Proposer demonstrates strong past performance and complete, accurate data entry (5 points possible)		
RRH Program Standards - Proposer demonstrates strong past performance and complete, accurate data entry (5 points possible)		
SSO Program Standards - Proposer demonstrates strong past performance and complete, accurate data entry (5 points possible)		



YOU'LL BE GLAD TO CALL IT HOME.

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Frank Aggazio

BOARD MEMBERS

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Derek Uber

Sydney Hayden

October 12, 2022

Erin Dalton

Director, Allegheny County Department of Human Services
1 Smithfield Street, 4th floor
Pittsburgh, PA 15222

Dear Ms. Dalton,

The Allegheny County Housing Authority (ACHA) is pleased to partner with the Allegheny County Department of Human Services in its 2022 Special NOFO on Unsheltered Homelessness application. ACHA and DHS have a long history of working together to provide housing to people experiencing homelessness, people who were formerly homeless, and people at-risk of homelessness, including a homeless preference in the ACHA Housing Choice Voucher program and partnering on Emergency Housing Vouchers, Fostering Youth to Independence (FYI) vouchers, and Mainstream/811 vouchers. We have developed a strong working relationship because of these past partnerships.

ACHA will be applying for the new Stability Vouchers that HUD currently has available for qualifying public housing authorities. If awarded Stability Vouchers, ACHA will make those vouchers available to people experiencing homelessness in Allegheny County and who are referred to ACHA through the Allegheny County Continuum of Care.

We understand that the Continuum of Care will provide supportive services to those individuals and families experiencing homelessness and ACHA will work with the Allegheny County CoC to develop a prioritization plan for referral to the Housing Stability vouchers.

Thank you for the opportunity to work with you on this important project to reduce homelessness in our community.

Sincerely,

A handwritten signature in blue ink that reads "Frank Aggazio".

Frank Aggazio
Executive Director



P-1. Leveraging Housing Resources

P-1a. Development of New Units and Creation of Housing Opportunities–Leveraging Housing. See Leveraging Housing Commitment letter attached.

P-1b. Development of New Units and Creation of Housing Opportunities–PHA Commitment. See PHA Commitment letter attached.

P-1c. Landlord Recruitment

Current Strategy:

DHS established the Housing Navigation Unit (HNU) in 2018 to recruit and incentivize private landlords to rent to households experiencing homelessness. The team consists of two full-time Housing Navigators and a supervisor who work on behalf of the CoC to help housing providers match individuals and families to affordable units in the private market. The HNU's recruitment strategies include conducting online research to find affordable housing units, creating prospect lists, and cold calling potential landlords to educate them about the benefits of working with CoC housing programs. The HNU also operates various landlord incentive programs on behalf of the CoC, which encourage renting to tenants with criminal backgrounds, past evictions, poor credit history, or other housing barriers. These include the DHS Landlord Risk Mitigation Fund, which provides up to \$3,000 per unit to offset property damage or vacancy loss, and other new incentives described below. Finally, the HNU offers community trainings and one-on-one technical assistance to help landlords and service providers prevent and resolve challenges that might otherwise result in loss of housing.

Effectiveness of current strategies across the CoC's geographic area, including areas where the CoC has historically not been able to find units:

Since the Landlord Risk Mitigation Fund was established in 2017, the HNU has enrolled nearly 500 new properties across the CoC's geographic area. DHS is partnering with the two local Public Housing Authorities on HUD's Community Choice Demonstration Program, a long-term study to examine the ability to improve geographic mobility for families with Housing Choice Vouchers (HCVs). In preparing for the study, DHS, the Allegheny County Housing Authority (ACHA) and the Housing Authority of the City of Pittsburgh (HACP) successfully advocated to HUD to create a tract-based payment standard to ensure that payments are more reflective of competitive market rate rents in hyper-local rental markets. This approach will offer HCV families access to more rental units and greater geographic choice. Participants began enrolling in the study in September 2022. While the study will last five years, the CoC hopes to use any preliminary findings as soon as they are available to improve recruitment in areas where the CoC has struggled to find landlords and units.

New Landlord Recruitment Practices and Lessons Learned:

To adapt to soaring housing costs and increased competition for units in the wake of COVID-19, the HNU implemented several new practices. HNU staff increased their involvement with local real estate associations and began hosting their own landlord forums. The HNU also took advantage of the flexibilities available through pandemic relief funds to pilot new landlord incentives. These included a \$1,000 sign-on bonus for new landlords renting to CoC households and a repair fund (up to \$5,000 per unit) that enabled landlords participating in the Emergency Housing Voucher (EHV) program to bring units into compliance with Housing Quality Standards. The HNU also worked to reduce red tape for landlords by immediately enrolling them in the Risk Mitigation Fund upon signing a lease with a CoC household.

The EHV program has been effective at attracting new landlords, particularly those with tenants seeking to apply the vouchers to their current unit. The EHV landlord incentives brought in seven new landlords representing a large collective portfolio of units. The HNU's strong partnership with ACHA and a strong emphasis on customer service to landlords, has been another highlight, resulting in high voucher utilization rates. As of early October 2022, 67% of EHV's awarded by ACHA are leased up, compared to the statewide average rate of 45%.

Using Data to Update the Landlord Recruitment Strategy:

The HNU maintains a list of active landlords who rent to CoC households, enabling the team to track key data points including the number, size and geographic distribution of housing units, landlord participation in incentive programs, voucher utilization, and spending. The Housing Navigators will continue to manage the list and work with the DHS Office of Analytics, PHAs and CoC stakeholders to identify trends. This data will inform future strategies, such as which types of incentives provide the most benefit to landlords. The HNU will also continue collecting information about service participants' desired housing locations to identify geographic areas where additional landlord coverage is needed.

P-2. Leveraging Healthcare Resources. See Healthcare Leveraging Commitment letters attached.

P-3. CoC's Current Strategy to Identify, Shelter, and House Individuals and Families Experiencing Homelessness

P-3a. Current Street Outreach Strategy

Coordination of Street Outreach teams:

Allegheny County's street outreach effort is coordinated by the CoC and carried out by a regional network of more than 10 publicly and privately funded street outreach teams. The Homeless Outreach Coordinating Committee (HOCC), a subcommittee of the CoC's advisory board, strategizes ways that the homeless system and community partners can better identify, engage, and support those who are unsheltered. Additionally, the CoC facilitates a weekly case conferencing meeting to review a by-name list of unsheltered individuals and to plan effective engagement approaches. The DHS Field Unit (the Field Unit) supplies day-to-day staff support for these activities, ensuring effective coordination across partners.

Frequency of street outreach:

Street outreach teams are out in the community every day of the week, including daytime and evening hours. They visit encampments, drop-in centers, food lines, and other community spaces where unsheltered individuals are known to stay or receive services multiple times each week.

Helping people exit unsheltered homelessness:

The street outreach network covers 100% of the CoC's geographic area. Strong cross-agency communication enables street outreach teams to quickly respond to service calls from many different sources, including emergency responders, police, 311, community groups, and BigBurgh, a local web-app for homeless services. Outreach workers offer basic needs assistance, harm reduction resources, shelter connections, and referrals to Coordinated Entry at any location in the community.

Engaging those with the highest vulnerabilities using culturally appropriate strategies:

Trauma-informed care, Motivational Interviewing, harm reduction, racial equity, and LGBTQIA+ cultural competency are universal standards of practice for all street outreach providers that work within the CoC. Outreach workers build trust and rapport with clients, often starting by simply offering food and water. The intent is to develop a relationship in which the individual eventually trusts enough to reach out for help when

necessary. Outreach workers often pair up with providers or community members unsheltered individuals already know and trust. The street outreach network includes service providers with specialized expertise in medical street outreach, harm reduction, and youth development.

Using street outreach teams to connect unsheltered individuals and families to permanent housing:

The DHS Field Unit plays a significant role in connecting unsheltered individuals and families to permanent housing via the Coordinated Entry (CE) system, the Allegheny Link. Since 2015, the Allegheny Link has operated a phone hotline, email service and walk-in hours at the DHS headquarters in Downtown Pittsburgh. Realizing that it needed staff out in the community to reach the most vulnerable people, DHS created the Field Unit in 2016. The Field Unit functions as a mobile division of the Allegheny Link, combining street outreach, case management and housing assessment services.

The Field Unit has grown from one staff person to seven and has become an invaluable complement to the housing process. Its service coordinators can often find individuals out on the streets whom CE staff are struggling to reach by phone. Additionally, the team communicates with street outreach and shelter providers about households' current CE status, including any applicable assessments or housing referrals. This information is shared at weekly CoC case conferencing meetings for unsheltered individuals and young adults, enabling partners to coordinate effectively around housing and other service needs.

Hiring people with lived expertise of unsheltered homelessness to conduct outreach:

The CoC is exploring opportunities to hire individuals with lived experience in street outreach roles. While several individual providers utilize Community Health Workers and other peer support roles, this practice is not standardized across the homeless system. The social-emotional wellbeing of those with lived experience is a key priority. Before implementing any strategy, CoC stakeholders are studying best practices in other communities and systems, with special attention to identifying models that recognize those needs and offer appropriate levels of support to prevent re-traumatization.

Alignment with evidence-based practices:

Allegheny County's current street outreach strategy aligns with evidence-based practices outlined in the United States Interagency Council on Homelessness' 2019 publication entitled "Core Elements of Street Outreach to Persons Experiencing Homelessness." These include delivering comprehensive and coordinated services, using a Housing-First approach, prioritizing safety, and ensuring that services are person-centered, trauma-informed, and culturally responsive. Street outreach teams use Motivational Interviewing techniques to engage with unsheltered people. They also offer harm reduction services endorsed by the Substance Abuse and Mental Health Services Administration, such as overdose reversal supplies and linkages to HIV testing and treatment services.

P-3b. Current Strategy to Provide Immediate Access to Low-Barrier Shelter and Temporary Housing for Individuals and Families Experiencing Unsheltered Homelessness

Current Strategy:

Allegheny County's strategy for connecting individuals and families to shelters relies on close coordination between the Allegheny Link (CE), the mobile Field Unit, street outreach teams, and local shelters. Unsheltered individuals can access emergency shelter by presenting or calling to the shelter directly. They do not have to contact the Allegheny Link to obtain referrals for emergency shelters. Those who do contact the Allegheny Link receive up-to-date information about emergency shelter locations and intake times. Allegheny Link staff also help callers create a plan to safely get to the shelter program of their choosing.

Unsheltered NOFO Draft Narrative

The CoC offers non-congregate shelter beds to safely serve individuals with the greatest vulnerabilities. These shelters are often more appealing to individuals who are long accustomed to living outside on their own, as well as LGBTQIA+ individuals looking for a more gender-affirming environment. Access to non-congregate shelters is managed by the Allegheny Link and Field Unit, working in close partnerships with the street outreach provider network to identify individuals who would most benefit from these spaces. The current inventory of non-congregate shelters is both geographically dispersed and responsive to varying household compositions and levels of service needs.

- Home 2020 is a 17-bed low-barrier shelter that uses a shared housing model and provides intensive case management to help individuals establish trust and connect with various services, with a focus on behavioral health needs.
- Wood Street Commons and Homeless Assistance Program (HAP) Crisis units supply non-congregate shelter space for individuals identified by the Street Outreach teams, but without the intensive level of case management support provided at Home2020.
- The McKeesport emergency shelter is open to those who present at it, supplying emergency shelter space in a non-congregate facility setting.

For families seeking shelter, the Allegheny Link takes an intensive case management approach. Allegheny Link staff first work with the family to try to find alternatives to entering the homelessness system. This emphasis on diversion helps most families avoid shelter stays all together. For those families unable to find other solutions, the Allegheny Link provides a warm hand-off to a family emergency shelter with a vacancy that can accommodate the family size and composition.

The CoC works closely with the Allegheny County Office of Children, Youth, and Families (CYF) to help families at risk of homelessness preserve their housing and improve their living arrangements using supports outside of the CoC. CYF operates a homeless prevention program for families active in child welfare and trains all caseworkers to identify risk factors such as being behind on rent or precariously doubling up. DHS has also created a community-based prevention initiative that brings mobile Housing Specialists into neighborhood centers to help families address housing issues before they become crises.

Effectiveness of current strategies:

The CoC's strategy for connecting individuals and families to shelters has evolved in the years since Coordinated Entry launched. Initially, the Allegheny Link managed access to all shelters, including those serving single individuals. DHS later reversed this practice after observing that it led to bottlenecks and unfilled shelter beds. After the first-come-first-serve policy was implemented for single shelters, bed utilization rates increased significantly. The average daily utilization of emergency shelter beds for singles was 96% during the first six months following this policy change, compared to just 80% during the same six-month period in the year prior. Non-congregate shelters have been successful at serving the most vulnerable individuals and creating a pathway to permanent housing within the CoC. As a result, the CoC has significantly expanded the inventory of non-congregate shelter beds over the last five years. Through the active collaboration with CYF and the use of family diversion and homelessness prevention services, the CoC has a long-standing history of keeping families sheltered.

New Practices and Lessons Learned:

The CoC recognizes the significance of supporting the physical and behavioral health needs of households in shelter. Through pandemic relief funding, we purchased and supplied mobile telehealth technology for every emergency shelter. Through partnerships with local health providers, particularly area FQHC's, these telehealth stations increase the delivery and accessibility of healthcare to people in shelters. The CoC is building on these successes by further collaborating with shelter staff and the Health Department to identify and share best practices for telehealth station use. The CoC is also developing a model of expanded Acute

Service Coordination (ASC) for individuals in shelter. ASC is an intensive engagement and intervention approach designed to coordinate and link services for those members who have complex psychiatric needs as well as drug and alcohol use, and social, environmental, and housing needs. Through ASC in shelter the CoC would address the challenge of sustaining behavioral health services in shelters, as the activities are eligible for Medicaid Reimbursement.

Further, the creation of a low-barrier shelter has been a key priority of the CoC since 2017. Over the last three years, DHS has secured partnerships and funding from public and private partners to bring this concept to life. The result of this collaboration is Second Avenue Commons (2AC), a brand new 45,000-square-foot, five-floor facility in Downtown Pittsburgh, scheduled to open Fall 2022.

The new 2AC facility will house four complementary services to help those experiencing homeless find safety and stability while moving towards permanent housing. These include a 95-bed low-barrier shelter, with space to add 40 additional beds when needed; a daytime drop-in center; a medical and behavioral health clinic operated by the University of Pittsburgh Medical Center (UPMC); and 43 Single Room Occupancy (SRO) units. Services within 2AC will not require identification, background checks or sobriety. Clients will be able to access 2AC by walk-in, calling in or by referrals from grassroots and community organizations and street outreach workers.

CoC leaders researched the characteristics of successful low-barrier shelters by reviewing literature on trauma-informed design, interviewing staff at comparable facilities across the country, and gathering input from local experts. These experts included individuals who have experienced unsheltered and sheltered homelessness. Flexibility was the most important takeaway from the research. In the final blueprints for 2AC, all bathrooms and sleeping rooms are gender-neutral and the shelter has a multipurpose space that can convert into overflow sleeping rooms. Avoiding excessive rulemaking was another important lesson learned. At the shelter, partners will be able to stay together, pets are welcome, and residents may store possessions in the facility's secure storage units.

P-3c. Current Strategy to Provide Immediate Access to Low-Barrier Permanent Housing for Individuals and Families Experiencing Unsheltered Homelessness

Current Strategy:

The CoC's strategy to quickly connect individuals and families to permanent housing is rooted in Housing First principles and relies on several integrated components: 1) increasing the supply of RRH and PSH programs, 2) leveraging the Housing Navigator Unit to build the capacity of CoC housing providers, 3) partnering with public housing agencies to prioritize households experiencing homelessness, and 4) working across human services systems to leverage housing available through other funding streams.

The CoC formally committed to Housing First in 2017, ushering in a host of new policies and procedures for contracted providers. All housing providers must use low-barrier approaches to ensure individuals and families are able to quickly access and continue to receive housing services without preconditions. Individuals and family members may not be denied services based on their employment status, income, religious affiliation, participation in faith-based activities, or abstinence from drug or alcohol use. Programs cannot issue blanket denials based on criminal background, being in active recovery, or having a mental health disability. The CoC uses a Housing First termination and appeals process designed to avoid discharging individuals to homeless situations.

- 1) Utilization of RRH and PSH: As part of the transformation to a Housing First approach, the CoC reallocated nearly all CoC Transitional Housing funds to Rapid Rehousing (RRH) and Permanent

Supportive Housing (PSH) programs. Utilizing RRH and PSH has proven to be the most effective strategy for supplying immediate, low-barrier housing to individuals and families. Over time, DHS has repeatedly sought and secured additional funding to expand the CoC's inventory of RRH and PSH. Currently, the CoC housing inventory includes 885 RRH beds and 2144 PSH beds.

- 2) Individuals and family's access RRH and PSH programs through the Allegheny Link, which assesses and prioritizes households based on chronic homeless status, vulnerability, and length of time homeless. The Field Unit and street outreach workers support this process by regularly reviewing a by-name list of unsheltered individuals to identify highly vulnerable and/or chronically homeless individuals in need of CE screening or reassessment. The Allegheny Link connects households to housing programs through a centralized vacancy matching process, facilitated by a Housing Resource Coordinator. The CoC regularly monitors housing referrals for timeliness using HMIS.
- 3) Leveraging the Housing Navigator Unit to build the capacity of housing providers: The DHS Housing Navigator Unit (HNU) works on behalf of the entire CoC to identify and incentivize landlords to rent to households experiencing homelessness. By continually vetting potential landlords and creating a centralized, real-time inventory of open units across the county, the HNU fortifies providers' ongoing efforts to serve households with the greatest barriers.

Housing Navigators offers an annual 7-part training series for housing providers, covering a wide range of topics from housing vouchers to tenant rights. During the pandemic, the HNU introduced virtual "office hours," weekly drop-in sessions at which CoC providers can ask housing-related questions or troubleshoot challenges they are facing. These educational programs complement and enhance the housing expertise of caseworkers inside and outside of the CoC.

- 4) Partnering with public housing agencies: The CoC has an established homeless admission preference through the HCV program with the two largest housing authorities in the geographic area—Allegheny County Housing Authority and Housing Authority of the City of Pittsburgh. Both PHAs sit on the CoC governance board, allowing for a close working relationship. The homeless admission preferences have been in place for nearly a decade and are an important part of the CoC's Move On strategy.

The CoC also collaborates with both PHAs on other voucher types including Emergency Housing Vouchers, Mainstream Vouchers, Family Unification Program, and Fostering Youth to Independence vouchers. The preference allows participants of PSH, RRH, and transitional programs who require a housing subsidy to move to the top of the HCV waiting list. These preferences have enabled the CoC to open the back door of the homeless system into permanent housing and create space in the system for newly identified homeless individuals and families to take their place.

- 5) Working across human services systems: As an integrated human service agency, DHS can connect individuals and families experiencing homelessness with other county-funded housing supports outside of the CoC. These include a diverse array of temporary, permanent, scattered site and congregate housing programs managed by different DHS program offices. For example, individuals with developmental disabilities may be eligible for housing through the life-sharing programs operated by the Office of Developmental Supports. Young people with past child welfare involvement or a qualifying mental health diagnosis may participate in specialized housing programs through the Office of Children, Youth, and Families and the Office of Behavioral Health, respectively.

DHS maintains a software application called Client View which allows all agency staff and contracted providers to review clients' past and current involvement in any county-funded human services. Client View is used in case conferencing meetings to identify alternative pathways to permanent housing outside of the CoC.

Effectiveness of current strategies:

The CoC has seen an increase in length of time homeless (LOT) since the onset of the COVID-19 pandemic, with the availability of affordable, quality housing stock being a key barrier. Prior to the pandemic, the CoC saw a decrease in both the average and median LOT. Between 2017 and 2019, the median LOT decreased from 47 to 28 days for persons in emergency shelter and safe haven, and from 68 to 34 days when including persons in transitional housing. While we are seeing a return to these numbers for median LOT (median days being 37 days for ES and SH, and 44 days when including TH in 2021), the average LOT has shown an increase since 2019, impacted by a subset of long stayers. However, the trends seen before the pandemic were demonstrating the effectiveness of strategies that the CoC continues to be committed to and building upon. Further, since the Field Unit launched, the percentage of people enrolled in RRH or PSH that reported "place not meant for human habitation" as their prior living arrangement increased from 10% in 2015 to 25% in 2022.

New Practices and Lessons Learned:

In 2020, the Allegheny Link implemented a new decision support tool called the Allegheny Housing Assessment (AHA), replacing the VI-SPDAT. Designed to be a more trauma-informed and data-driven approach to CE assessment and prioritization, the AHA uses a predictive risk model to predict the likelihood of three types of events occurring in a person's life if they remain unhoused over the next 12 months: a mental health inpatient stay, a jail booking and frequent use (four or more visits) of hospital emergency rooms. These events serve as indicators of harm if a person's homelessness persists.

DHS used community input to develop AHA and conducted an independent ethics review and external data validation. Preliminary outcomes have shown that the AHA is both more accurate and equitable at prioritizing households with the greatest vulnerabilities. It is also less time-consuming and does not require individuals to answer sensitive questions which can add to their trauma during a housing crisis.

The tightening housing market in the region has been a particularly significant challenge for the CoC over the past two years. The CoC is finding most success where we can couple resources for housing with access to units. We are seeking to expand the availability of units through engagement and incentive programs with both landlords and developers, utilizing funding from non-CoC Program sources. We are seeking to expand the ability to support households experiencing homelessness in units through the expansion of PSH and RRH programs, utilizing funding from the CoC Program and beyond.

P-4. Updating the CoCs Strategy to Identify, Shelter, and House Individuals Experiencing Unsheltered Homelessness with Data and Performance

Using data, performance, and best practices to improve performance of and expand street outreach:

Allegheny County's most recent Point-In-Time Homeless Count data show an increase in unsheltered homelessness from 2021 to 2022. Encampments within the city of Pittsburgh have grown in number and in size over the last year, renewing public concerns regarding the well-being of unsheltered people. The CoC will leverage its existing street outreach infrastructure to implement strategies to better serve unsheltered people. It will also complement broader public safety efforts being carried out in at the county level, ensuring

that unsheltered households are able to reap the benefits of those innovations. Current plans include the following:

1. **Reforming the county crisis response system, with targeted strategies to prevent homelessness:** In 2020, Allegheny County began a full-scale transformation of its crisis response system to address the overreliance on emergency services for people with behavioral health needs, as well as the racial inequities that persist throughout the crisis system. The initiative is based on recommendations from a 30-member Crisis Response Stakeholder Group and includes specific plans to prevent homelessness among the reentry population and individuals with behavioral health needs. As part of this effort, the CoC will work with local hospitals, jails, and crisis response agencies to increase access to housing by improving discharge planning procedures. Additionally, the county will procure more reentry housing and create a “shared front door” to housing resources within the homeless and behavioral health systems.
2. **Improving access to community resources for unsheltered individuals:** Allegheny County is piloting a program to measure the effects of discounted public transportation fares in connecting low-income residents to services, jobs, and community resources. Within the Downtown area, a stakeholder group led by the Building Owners & Managers Association of Pittsburgh and Point Park University has begun convening to identify solutions to the lack of public restroom facilities. The CoC will play a role in supporting these efforts, including identifying ways to target solutions for unsheltered populations.
3. **Increase supportive services that smooth the pathway to housing:** DHS Field Unit staff will be co-located within the drop-in center at the new Second Avenue Commons facility, offering both shelter residents and unsheltered guests’ timely access to the Coordinated Entry system for housing assessment and referrals. Through new SSO programs (described in more detail below) the CoC will offer enhanced housing case management to unsheltered individuals, helping them to secure vital documents, review housing options, and complete housing applications.
4. **Decommissioning encampments with synchronized supports:** The City of Pittsburgh and Allegheny County are currently exploring best practice models for decommissioning encampments with synchronized housing referrals and supports. The envisioned model will be trauma-informed and will provide all encampment residents with access to shelter and permanent housing options within a rapid timeframe (one week or less). Client choice and credible offers of support, in which appropriate housing is immediately available, will be critical to the success of this strategy. As such, this effort connects closely to the CoC’s ongoing work to expand and diversify its housing inventory.

How street outreach activities are connected to coordinated entry or HMIS:

The DHS Field Unit will continue to facilitate connections between the CoC’s network of street outreach programs - including new partners and activities outlined in this plan - and the Coordinated Entry system. As a mobile division of the Allegheny Link, the Field Unit staff regularly partner with all street outreach teams, conducting CE assessments and ensuring that unsheltered individuals and families receive appropriate referrals. All CoC-funded street outreach activities are tracked in HMIS.

How the CoC will incorporate new partners into street outreach strategies:

The CoC continually leverages the expertise and connections of its diverse stakeholder network to generate new partnerships. For example, the City of Pittsburgh builds relationships with comparable cities for peer-sharing and best practices; the Pittsburgh Downtown Partnership enlists support from corporations and small businesses; and street outreach providers identify community agencies offering specialized services. New

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partners would be joining the diverse array of stakeholders already engaged around street outreach, including homeless service providers, emergency responders and law enforcement, businesses, healthcare and harm reduction providers, and youth agencies. HOCC and street outreach case conferencing meetings are highly collaborative and will enable the CoC to quickly and seamlessly integrate new partners.

How data, performance, and best practices will be used to improve access to low-barrier shelter and temporary accommodations:

The new Second Avenue Commons incorporates low-barrier shelter best practices for design, policies, and programming, as described in Section P-3b. Beyond creating more shelter beds for the CoC, the project is intended to remove barriers that are known to limit access for various groups of people, such as not being able to keep one's pets or stay with a loved one. The facility provides flexible, gender-neutral spaces that empower residents to choose where and with whom they feel comfortable staying. Through its on-site drop-in center and medical clinic, unsheltered individuals who choose not to stay in shelter can still connect with services and build rapport with shelter staff. These program features will improve access for individuals who have traditionally avoided shelters.

The CoC will collect and analyze utilization, performance, and demographic data to ensure that the new facility is meeting the demand for shelter services and equitably serving all populations with emphasis on marginalized communities. 2AC will have a participant council including current and former shelter residents. The council will have a formal governance role and will provide ongoing guidance to drive quality improvement.

How data, performance, and best practices will be used to expand, as necessary, low-barrier shelter and temporary accommodations:

The 2AC facility will add 95 shelter beds to the CoC's current inventory. It has also been designed with flexible space that can accommodate up to 40 more beds during a severe weather event or other crises. The CoC will track utilization data to assess whether these additional beds meet the need. If capacity is not sufficient, the CoC will draw upon other county resources to supply more shelter beds. The CoC's goal is to reduce the need for shelter by significantly increasing the supply of permanent housing and improving the flow of households through the homeless system.

New practices and activities that will be funded through an award under this competition:

Using funds awarded under this Special NOFO, the CoC seeks to establish a new Supportive Service Only (SSO) project that will create a team of Housing Solution Specialist (HSS) who will provide specialized housing navigation and case management across the CoC. HSSs will provide direct assistance to households experiencing unsheltered homelessness and participants at the emergency shelters that are not eligible, not likely to receive, or not in need of longer-term homeless system housing services (Rapid Rehousing/Permanent Supportive Housing). This direct housing assistance will provide opportunities for these households to stabilize in housing more quickly and enable the CoC to serve the most vulnerable with appropriate PSH and RRH services. Where shelter staff do not have the capacity for extensive housing casing management, the HSS will: provide individuals with direct assistance to help resolve housing crisis; provide preliminary eligibility screening for publicly and privately funded programs; serve as an expert on the different types of housing available, the requirements for housing, the processes for applying, and recommended resources for listings; assist households with completely paperwork and becoming "document ready" for housing; serve as a resource for reviewing leases and explaining tenant rights and responsibilities; and track and assess supports provided and referred.

How data, performance, and best practices will be used to improve the CoCs ability to rapidly and permanently house people with histories of unsheltered homelessness:

CoC performance data collected in FY 2020 and FY 2021 show a decrease in the rate at which people exited emergency shelter, transitional housing, safe haven, and RRH projects to permanent housing destinations. While the CoC's primary goal is to increase the supply of affordable housing, as described below, there are multiple plans underway to improve service delivery and strengthen the existing pathways to permanent housing. These include:

1. Increasing the availability of housing case management to households experiencing sheltered and unsheltered homelessness: The CoC currently funds one full-time diversion specialist who works within shelters to help seniors navigate subsidized and private market housing, as well as specialized service coordinators who perform similar roles for families and young adults experiencing homelessness. These programs have demonstrated success in reducing clients' time in shelter and their reliance on CoC housing. However, these programs remain limited to a small subset of CoC households, primarily those in shelter. Using funds awarded under this Special NOFO, the CoC seeks to establish a new Supportive Service Only (SSO) project that will replicate and expand upon this model by establishing a team of Housing Solutions Specialist who will provide housing case management targeted toward unsheltered people and those who are not in an RRH or PSH program.
2. Creating a shared front door to housing through the homeless and behavioral health systems: DHS is leading an effort to integrate its homeless and behavioral health systems to maximize their respective resources and ensure people receive the housing and services they need. Currently, system fragmentation results in a misalignment of services and needs. For examples, individuals with serious mental illness sometimes receive CoC housing when behavioral health housing might better meet their needs, and individuals with lower needs taking up a higher cost behavioral health bed when they could be effectively served through homeless housing. In both systems, housing waitlists are long. DHS is working to create a shared front door to both systems. The expected outcome is for clients to have access to housing programs that best fit their needs.
3. Diversifying permanent housing options within the CoC: The continuum of RRH and PSH housing will ideally offer a greater variety of options from which households can choose. Shared housing is an emerging best practice that has attracted the CoC's attention as a means to address the high cost of housing and to build natural communities of support. The CoC piloted a youth shared housing program with YHDP funds and is assessing the feasibility of a shared housing strategy for the entire CoC. CoC stakeholders are currently participating in the Shared Housing Institute's national training cohort to learn from other CoCs that have successfully launched shared housing programs. The CoC is also exploring how it might better customize the level and frequency of supportive services within housing programs using progressive engagement.
4. Educating landlords: Leveraging the existing capacity and expertise of the Housing Navigator Unit, the CoC seeks to create education programs that help landlords better understand the lived experience of homelessness. For example, trauma-informed landlord training could help potential renters develop useful communication skills and identify ways to resolve conflicts without resorting to the threat of eviction. The CoC will explore ways to connect training completion to landlord incentives.
5. Streamlining housing access: The CoC is exploring process improvements to make it easier for individuals in crisis to access housing. Proposed strategies include simplifying Fair Market Rent calculations for the CoC and developing a common housing application that reduces the number of times households must provide documentation. CoC members have begun to explore ways to create shallow rental assistance and/or a locally funded and administered voucher program to enable more households to receive financial assistance.

How data, performance, and best practices will be utilized to expand the CoCs ability to rapidly and permanent housing people with histories of unsheltered homelessness:

In Allegheny County, affordable housing has been in short supply for years and the combined forces of the pandemic and inflation have exacerbated the gap. As a result, households are staying in the homeless system for longer periods of time. The CoC aims to increase the inventory of permanent housing within the homeless system, reducing the length of time individuals and families remain unsheltered. Simultaneously, the CoC seeks to increase affordable housing in the community at large, enabling households to exit homeless services more rapidly and reducing the overall demand for these services. To achieve those goals, the CoC is pursuing the following strategies:

1. Expanding the CoC's inventory of permanent housing: The CoC has included applications for additional PSH and RRH projects in both the FY22 CoC Competition and the Supplemental to Address unsheltered programs. The projects applied for are designed to serve individuals and families experiencing homelessness, without any additional eligibility criteria. The CoC will continue to prioritize households based on vulnerability, using the AHA as described on page 7. In addition, the new Second Avenue Commons will add 43 Single Room Occupancy units with priority for unsheltered individuals.
2. Leveraging Medicaid dollars to increase PSH: DHS has submitted a plan to use Pennsylvania Medicaid Reinvestment Fund to create additional PSH units and services, and to support development of units for PSH participants. If approved by the state, as expected, the plan would invest an additional \$10 million into PSH for people experiencing homelessness. The funds would cover direct participant expenses, such as rental subsidies and housing services, for an estimated 70-100 individuals per year. It would also help increase the supply of affordable housing through landlord incentives and a housing development fund for capital investments within larger mixed-population rental projects and/or small scale PSH projects. Through this housing development fund, the County seeks to add 30 units over 5 years.
3. Continued collaboration with local Public Housing Authorities to increase the supply of public housing vouchers and pilot new move-on strategies. The CoC will partner with the Allegheny County Housing Authority to administer stability vouchers, building off the lessons learned and successes of the homeless preference in the HCV program, and the EHV's. New move-on strategies will help households transition more efficiently from CoC subsidy to PHA vouchers, enabling them to maintain their current housing when possible. Opportunities include providing supplemental rental assistance to fill gaps between the end of CoC subsidies and the start of PHA voucher payments; incentivizing landlords to accept vouchers by offering funds to bring housing up to code; and enhancing support services for individuals living in public housing to prevent eviction.
4. Continued collaboration with entities receiving housing and development resources across the CoC's geographic region to increase the supply of affordable housing. This includes the ongoing coordination regarding Consolidated Plans, American Rescue Plan funds, HOME-ARP funds, and the Urban Redevelopment Authority (URA) of Pittsburgh's Housing Opportunity Fund (HOF). In 2018, the City of Pittsburgh established the HOF, committing \$10 million annually to support residents to stay in their homes or move to safe and affordable homes. The HOF supports this goal through programs including rental home development, financial assistance for rent, mortgages and utilities, down payment and closing cost assistance, assistance with home repairs, for-sale home development, housing legal assistance, and landlord assistance with repairs.

5. Improving the flow of households into and out of Permanent Supportive Housing. The new SSO programs are targeted towards multifaceted approaches to support this flow. As described previously, the Housing Solutions Specialist (HSS) unit will include HSS who work with individuals who are unsheltered or in emergency shelter to stabilize in housing outside of the homelessness system. The unit will also include HSS who provide specialized housing navigation and support to households who are ready to exit PSH, helping them transition into permanent subsidized or market rate housing outside the CoC. They will target services to households that no longer require to level of support services that are available with PSH. In doing so, they will help improve system flow and conserve PSH units for those with the greatest need.

Finally, the proposed Torchlight SSO program will provide services to households, particularly unsheltered households and those with a history of unsheltered homelessness, until the time they enroll in a housing program. This program fills an existing service gap in the CoC, providing case management and support services more quickly than waiting for a housing program spot to become available. We believe this program will be able to support some households in stabilizing in housing outside the CoC. For households that will still require CoC housing services, this program will actively support the households in initiating their housing plans, becoming document ready, and addressing support service needs. This support will improve system flow by reducing the demand on PSH and RRH units, and more effectively and fully positioning households to quickly enter housing when a program spot becomes available.

6. Creating pathways to home ownership: The CoC will explore opportunities to buy and convert multi-unit properties into limited equity co-ops as well as creating programs that incentivize home ownership for formerly homeless households.

DHS will regularly monitor all new RRH and PSH projects funded under this Special NOFO using the CoC Performance Management Plan. Programs must meet CoC performance standards within one year of implementation. SSO Programs are new to the CoC's HUD funding and targets have not yet been set for all performance measures. Where there is not a set performance target, providers are expected to track data to inform the impact of the services. Performance monitoring occurs bi-monthly for rapid rehousing programs and quarterly for permanent supportive housing programs.

P-5. Identifying and Prioritizing Households Experiencing or with Histories of Unsheltered Homelessness

Ensuring the resources awarded will reduce unsheltered homelessness in Allegheny County:

To inform the development of this plan, DHS sought input from a broad coalition of CoC stakeholders with knowledge of unsheltered homelessness in Allegheny County. These subject matter experts included street outreach providers, members of the Homeless Outreach Coordinating Committee, and the Consortium of Recognizing Experience, recently formed committee of the Homeless Advisory Board including members with lived homeless experience. In addition, DHS surveyed CoC providers to name current gaps and opportunities to reduce unsheltered homelessness. The Homeless Advisory Board then reviewed all stakeholder feedback to identify trends and community priorities, with permanent housing, supportive services, and healthcare appearing as top needs within the CoC.

DHS issued a request for proposals to competitively select new RRH, PSH, and SSO programs for funding under this special NOFO. The RFP prioritized programs that leverage housing resources outside of the CoC as well as those with strong healthcare partnerships to address participants' physical health, mental health, and substance use treatment and recovery needs. All proposals were scored and ranked by a selection

committee composed of CoC members, staff, and individuals who have lived experience with unsheltered homelessness.

Adopting program eligibility and CE processes that reduce unsheltered homelessness:

Eligible households for the new PSH and RRH programs funded under this Special NOFO include individuals and families (with or without children) who are experiencing homelessness. In addition, PSH programs must serve chronically homeless individuals and/or families meeting HUD disability requirements and RRH programs must serve homeless individuals and/or families coming directly from the streets or emergency shelter or fleeing domestic violence situations. All new programs must follow a Housing First model and serve participants without regard to previous criminal history, time abstinent from substance use, employment, credit worthiness or other restrictive criteria.

The Allegheny Link will manage all referrals to the new PSH and RRH projects funded under this Special NOFO. The existing CE protocols prioritize individuals and families based on vulnerability, including length of time experiencing unsheltered homelessness. SSO Programs will coordinate with the Allegheny Link as needed.

Using street outreach to connect unsheltered people with housing resources:

The CoC will leverage the DHS Field Unit and the existing network of street outreach providers to that ensure unsheltered individuals and families are identified and connected to housing resources, including the new PSH and RRH programs funded under the Special NOFO. Existing practices that have proven successful include using motivational interviewing and other low-barrier engagement techniques to build trust, conducting Coordinated Entry assessments in locations where unsheltered people are staying (via the Field Unit's mobile staff), and using well-established street outreach case conferencing processes to identify and address the individual housing needs of unsheltered people.

Additional steps to increase access to identification:

As part of the crisis response system transformation, Allegheny County is piloting a Law Enforcement Assisted Diversion (LEAD) program. LEAD is intended to reduce policies and practices that disproportionately criminalize low-income people and people of color who struggle with unmet behavioral health needs, problematic substance use and homelessness. LEAD program case managers will coordinate referrals to community services, including housing. The new initiative is likely to increase numbers of unsheltered people identified as well as referrals to street outreach and Coordinated Entry. Additionally, the CoC is developing a plan to further integrate Field Unit staff into street outreach providers' outreach rounds, increasing CE access for unsheltered populations.

Additional steps to provide housing navigation services:

Through new SSO programming proposed under this NOFO, unsheltered and sheltered households will have greater access to housing case management at various access points in the homeless system. Diversion Specialists will offer housing navigation services to unsheltered individuals and others who are not enrolled in RRH or PSH, while Move-On Coordinators will assist PSH households with finding and moving into subsidized or market rate housing outside of the CoC. These projects are described in more detail in Section P-4 above.

Additional steps to provide access to health care and other supportive services:

Second Avenue Commons will offer a clinic staffed and operated by the University of Pittsburgh Medical Center, which will provide routine physical and behavioral health services. The 2AC health clinic will increase access to quality healthcare services for shelter residents and unsheltered individuals. The CoC is also a partner in county-level strategies intended to improve healthcare access at the systems level, including

1) maximizing the ability of Managed Care Organizations to pay for the services rendered to their insured members, and 2) creating programs that offer informal and community-based mental health supports for people who have been harmed by or face barriers to accessing traditional systems. Each of the new RRH and PSH programs described in Section P-4 leverage partnerships with healthcare providers.

P-6. Engaging Individuals with Lived Experience of Homelessness in Decision Making.

Outreach efforts to engage those with lived homelessness experience to develop a working group: Currently, the CoC is actively exploring and testing models to increase the meaningful involvement of people with lived experience. In March 2022, the Consortium of Recognizing Experience (CORE) began meeting as a forum for people with lived experienced with homelessness or housing instability to voice their perspectives and help guide improvements to the homeless system. Two members of the HAB, the CoC's board, are leading this effort. CORE members and other CoC stakeholders raise awareness about this opportunity through flyers, public bulletins, and word-of-mouth outreach to people who are currently or formerly unsheltered.

Integration of individuals and families experiencing homelessness into CoC decision making: The CoC emphasizes the importance of consumer voice in creating a responsive system. The HAB has collaborated with homelessness services providers to engage and support individuals who are experiencing or have previously experienced homelessness in participating in the CoC. Such individuals currently serve on the CoC board, take part in committee meetings, and have been active in the CoC's the strategic planning processes, including the development of the CoC's 5-year plan.

Additionally, the CoC has an active Youth Action Board with youth who have experienced or are currently experiencing homeless. This board meets monthly, led the development of the CoC's Youth Homelessness Demonstration Program (YHDP) Coordinated Community Plan and projects funded under the YHDP NFO, and supplies ongoing guidance on the homeless system.

Through Plan-Do-Study-Act cycles the CoC is seeking to identify and maintain processes that meaningfully and actively engage people with lived experience in the planning, coordinating, and operating of a system that meets the needs of households experiencing homelessness.

Involvement of individuals and families in delivery of services within the CoC: It is common for people involved in street outreach and other homeless services to share their experiences with unhoused loved ones, friends, and peers. These informal relationships can lead people to – or away from – services. The CoC is interested in ways to better engage community supports in service delivery and how these informal roles might lead to employment opportunities.

P-6a. Involving Individuals with Lived Experience of Homelessness in Decision Making– Letter of Support from Working Group Comprised of Individuals with Lived Experience of Homelessness. See Lived Experience Support Letter attached.

P-7. Supporting Underserved Communities and Equitable Community Development

Current strategy to identify underserved populations within the CoC: The CoC's administrative and lead agency, DHS, has a core value that all services, policies and processes will be informed by a commitment to diversity, equity, and inclusion. To fully realize this value, DHS joined the Government Alliance for Racial Equity and adopted their framework to eliminate racial inequities and improve outcomes for all racial groups. DHS conducts Racial Disparities Assessments on behalf of the CoC

to determine whether disparities exist with respect to different racial groups' access to homeless services and the outcomes of those services.

LGBTQIA+ people, especially young adults and people of color, have traditionally experienced disproportionately high rates of homelessness. The CoC does not collect sexual orientation data for the general population receiving homeless services. CoC programs do collect information about gender identity, but individuals may or may not choose to disclose it. The CoC relies on input from stakeholder groups representing LGBTQIA+ communities to identify potential disparities.

How underserved communities interact with the homeless system:

The most recent Racial Disparities Assessment found that Black people are significantly overrepresented in Allegheny County's homeless population. It also found that the CoC is placing people into homelessness service programs and achieving positive outcomes at rates almost identical to that of the population seeking services. This indicates that racial disproportionality is not occurring once people are connected to the homeless system.

A recent analysis of Allegheny County CE data revealed that use of the Allegheny Housing Assessment tool for service prioritization has in fact led to improved outcomes for Black clients since the tool was introduced in 2020. Higher risk Black clients are more likely to be served in permanent housing programs since the AHA tool was introduced.

Among individuals who responded to the 2020 Pennsylvania LGBTQ Health Needs Assessment, more than 20% reported having experienced homelessness in their lifetimes. The number increases to over 30% among respondents of color and respondents who are transgender, non-binary or gender queer. These outcomes align with anecdotal observations shared by CoC stakeholders and community members representing LGBTQIA+ communities.

Current strategy to provide outreach, engagement, and housing interventions to serve populations experiencing homelessness that have not previously been served by the homeless system at the same rate they are experiencing homelessness:

- **LGBTQIA+:** The new 2AC low-barrier shelter is intended to be a safe and affirming space for LGBTQIA+ individuals and their partners. All shelter bathrooms and sleeping rooms are flexible and gender neutral. Two of the congregate sleeping rooms have been designed to offer more privacy and greater space between clients compared to the standard bunks. Shelter staff will work with clients to determine which sleeping room feels safest and most comfortable.
- **Non-English-Speaking Populations:** The Allegheny Link, Field Unit, and all CoC-contracted street outreach, shelter, and housing providers offer on-demand language translation services (including sign language) for people for whom English is not the primary or preferred language. Additionally, DHS has mandated that the new 2AC facility hires culturally competent and bilingual staff.
- **Black and Indigenous People of Color:** Through the Pathways Forward initiative, a grant from the Heartland Alliance, the CoC is partnering with the local workforce development system to address structural and systemic racism on homeless jobseekers of color. This initiative aims to increase racial equity in wages and job retention for individuals enrolled in RRH programs. The CoC also committed to a youth-centered racial equity strategy as part of its 2020 Coordinated Community Plan to Prevent and End Youth Homelessness.

Unsheltered Homelessness Set Aside Project Listing

Rank No.	Status	Agency	Project	Type of Program	UNITS	BEDS	Type of Program	Target Sub- Population	Final Score	Annual Funding	Grant Term Funding (3 years)	Grant Term Running Total
1	<i>accepted</i>	Chartiers Center	Apollo	PSH	70	80	scattered site	mixed singles & families	87.9	\$ 1,469,037.00	\$ 4,407,111.00	\$ 4,407,111.00
2	<i>accepted</i>	Allegheny County Department of Human Services	Housing Solutions Specialists	SSO	n/a	n/a	n/a	mixed singles & families	n/a	\$ 517,561.00	\$ 1,552,683.00	\$ 5,959,794.00
3	<i>accepted</i>	Auberle	Target Rapid Response Program	RRH	150	274	scattered site	mixed singles & families	82.7	\$ 3,067,762.00	\$ 9,203,286.00	\$ 15,163,080.00
4	<i>accepted</i>	Auberle	Torchlight Project	SSO	n/a	n/a	na	mixed singles & families	79.4	\$ 3,040,285.00	\$ 9,120,855.00	\$ 24,283,935.00
n/a	<i>rejected</i>	East End Cooperative Ministry	Stepping Stones	RRH	34	54	scattered site	mixed singles & families	78.9	\$ -	\$ -	\$ 24,283,935.00