

Before Starting the CoC Application

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

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

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

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

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

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: PA-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

1B. Coordination and Engagement–Inclusive Structure and Participation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

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

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	No	Yes
19.	Organizations led by and serving people with disabilities	Yes	No	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
23.	State Domestic Violence Coalition	No	No	No
24.	State Sexual Assault Coalition	No	No	No
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	No	No
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	No
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.				
35.				

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

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

Describe in the field below how your CoC:	
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

(1) 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) 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's Department responsible for providing and administering publicly-funded human services to County residents. 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). Through its position and commitment, 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. For example, engagement with the Hugh Lane Wellness Foundation the CoC was able to provide sexual orientation, gender identity and expression (SOGIE) trainings in 2022 to emergency shelter staff, in support of our shelter system's effectiveness at responding to the needs of LGBTQ+ individuals and families.

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

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

(limit 2,500 characters)

(1) The CoC 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. To effectively engage stakeholders the HAB holds regular meetings, with materials shared in advance and comments collected both in advance of and during meetings. Meetings are open to the full CoC and the public, with the HAB meeting bi-monthly and the Committees, which focus on key topic areas essential to the facilitation of the CoC, meeting monthly. 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 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.

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

(limit 2,500 characters)

(1) Due to the NOFO timeframe, the CoC’s normal competitive procurement process to identify new projects for CoC funding was not used for this year’s CoC Program competition. However, new organizations can submit proposals for the CoC’s identification of projects to seek CoC Program funding within the Supplemental to Address Unsheltered Homelessness. Additionally, DHS, the administrative lead agency for the CoC, has submitted a request to the State to use Reinvestment funds for the development of new PSH units and the provision of PSH programming. Pending approval from the State, the CoC’s formal, open and competitive procurement process will be used for those funds to identify the PSH provider(s), open to organizations who have not previously received CoC Program funding. (2) In situations where the CoC can solicit new programs, a public RFP, open to any eligible organization (e.g., for-profit agencies are excluded for CoC Program funds) is released by DHS. The RFP includes detailed instructions regarding who can apply and how to submit, and is broadly distributed, including publicly posting online at both the Collaborative Applicant’s website (which is used across the county for all funding through 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) 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 fund. (4) 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.

1C. Coordination and Engagement

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

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

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

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

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

(limit 2,500 characters)

(1) The CoC has 2 ESG recipients, Pittsburgh City Planning Department and the Allegheny County Department of Human Services (DHS). DHS is also the CoC's Collaborative Applicant/UFA, and administrative lead, and is therefore fully emerged and integrated into CoC planning and allocation activities, while 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 4 Con Plans. All 4 jurisdictions have representatives on 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.

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

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

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

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

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

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

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

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

(limit 2,500 characters)

Within the geographic region of the CoC, 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 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 CCP 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 Children’s Education Network (HEN), a community of nonprofits, higher education, 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 a quarterly HEN meeting 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.

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

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

(limit 2,500 characters)

Families are informed of education services at several points during CoC involvement: at diversion, assessment, initial referral to/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; identification of/referral to additional supportive educational services; and support in continuation of schooling/transportation upon exit/transition. Families with youth under age 5 are offered developmental assessments/tracking from the early intervention programs. Some programs also have on-site early learning classrooms to offer additional educational services. Reconnection to school of origin or enrollment in the new feeder school is assisted by CE staff, and parents are notified of access to additional assistance for transportation and relevant concrete goods (e.g., uniforms). Supporting these processes, the CoC's Family Shelter Standards of Care documents: the requirement to offer the opportunity for developmental screening for children experiencing homelessness; the need for basic knowledge about Head Start, Early Head Start, early intervention, preschool, child care subsidy programs, preschool, and other early care and learning programs; the importance of publicly posting enrollment materials for referring families to, and encouraging participation in these educational programs; and the rights of children and youth experiencing homelessness under McKinney-Vento).

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	Yes
2.	Child Care and Development Fund	Yes	Yes
3.	Early Childhood Providers	Yes	Yes
4.	Early Head Start	Yes	Yes
5.	Federal Home Visiting Program—(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes	Yes
6.	Head Start	Yes	Yes
7.	Healthy Start	Yes	Yes
8.	Public Pre-K	Yes	Yes
9.	Tribal Home Visiting Program	Yes	Yes
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaborating with Victim Service Providers.	
NOFO Section VII.B.1.e.		
Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:		
1.	update CoC-wide policies; and	
2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.	

(limit 2,500 characters)

The CoC maintains a robust partnership with the county’s four VAWA-funded service agencies, through which there is regular and on-going collaboration regarding CoC-wide policies and training pertinent to providing housing and services to survivors of domestic violence, dating violence, sexual assault and stalking (collectively referred to as DV). Foundationally, each of the DV agencies are actively engaged in the CoC, participating in CoC meetings. Further, the CoC’s board includes a representative from one of the agencies, who is thus a voting member directly responsible for CoC planning and administration. Regarding processes and policies, the CoC’s Coordinated Entry (CE) teams coordinate directly with the DV organizations to review and update processes, language and engagement strategies around survivors. For all households who self-disclose experiencing DV, a direct connection to one of the DV service providers is offered to assist with accessing supports and services for safety planning and longer term supports, while concurrently offering the CoC’s full array of housing and service options. Similarly, for those needing RRH that specifically serves survivors, direct coordination with the DV lead agency, Alle-Kiski HOPE Center, ensures safe and efficient coordination. Regarding training, case managers across the CoC provider agencies are required to complete Core Competency trainings within a year of the start of their employment, inclusive Trauma Informed Care. In addition, the CoC has partnered with one of the DV providers, Women’s Center and Shelter (WC&S) on a ~year-long pilot initiative: IPV Prevention, Intervention, and Support for Allegheny County Adult and Youth Homeless Providers. The pilot aims to change the culture within 12 adult and youth homeless provider organizations, so providers are better able to recognize and serve individuals or families who are at the intersection of IPV and homelessness. Within this initiative, WC&S specialists offer training, consultation, and coaching for housing/homeless provider staff. DHS, the CoC’s lead agency, is evaluating the pilot, including a pre-post survey of core practices, a training pre-post-test, a scale that measures survivor safety, and open-ended interviews with the organizations participating in the pilot. Results from the evaluation and continued partnership with the DV providers will be used to apply lessons learned across the CoC.

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section VII.B.1.e.		

Describe in the field below how your CoC coordinates to provide training for:

1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,500 characters)

(1) Professional development of homeless services staff is essential to ensuring that those experiencing homelessness receive the best care possible. Such care requires a trauma-informed, client-centered, harm reduction approach, infused with a drive to continually develop better service delivery. Preparing homeless services providers in the CoC to take on these tasks requires orientation to the fundamental models of care and ongoing mentoring and professional development in effectively addressing the needs of vulnerable population, including survivors of domestic violence, dating violence, sexual assault and stalking (collectively referred to as DV). To ensure mastery of core competencies, case managers in the CoC shall complete all the following Core Competency trainings within a year of the start of their employment: Case management 101; Motivational Interviewing; Crisis Management/de-escalation; Trauma Informed Care. To support the homeless services agencies and their staff in mastering these skills, the CoC’s lead agency, DHS, organizes Core Competency Trainings semi-annually, providing multiple opportunities for participation. Additionally, DV providers offer trainings, specialized counseling and work collaboratively with non-victim service providers to support clients accessing housing. This relationship not only utilizes the expertise of the DV providers, but also expands the opportunity for non-victim service provider staff to see and learn from that expertise. In addition, and as described in the previous response, the CoC has partnered with WC&S on a ~year-long pilot initiative to change the culture within 12 adult and youth homeless provider organizations, so providers are better able to recognize and serve individuals or families who are at the intersection of IPV and homelessness. Within this initiative, WC&S specialists offer training, consultation, and coaching for housing/homeless provider staff. An evaluation of the pilot is being conducted and will be used to inform future training and planning across the CoC. (2) In addition to the above described training array, all CE staff are specially trained on DV safety issues as they pertain to the assessment and referral processes of the CoC. This includes protecting client confidentiality and privacy, the location of DV facilities, and any information collected about the individuals or family, including ensuring ongoing communication is agreed upon when planning for safety.

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

(limit 2,500 characters)

The CoC has four VAWA-funded domestic violence service providers which provide emergency shelter, rapid rehousing and support services for singles and families affected by domestic violence, dating violence, sexual assault and stalking (collectively referred to as DV). Linkages to and collaboration with DV providers is conducted via warm transfers, working outside of the IT system and program data is tracked using HMIS-comparable databases. Additionally, CE staff are trained on confidentiality, and all CE data is stored in secure, access limited databases, regardless of DV status, with further data lockdown options when safety risks do exist. These providers enter client level data into an HMIS-comparable database and provide de-identified aggregate data to the CoC and HMIS lead agency (DHS) for additional analysis. Facilitating the analysis of data is DHS’s dedicated analytic unit focused on homelessness and housing, and the CoC Analysis and Planning Committee—a committee of the CoC’s board (HAB) that meets monthly and provides ongoing analysis to support the planning of the CoC, at both the provider and system level. DV, HMIS and CE data are reviewed to better understand the needs of this population. This includes examining household composition, additional supportive services this population is receiving and employment needs. The analyses also identify gaps in service for this population. This involves quantifying the volume of households experiencing domestic violence and their needs for longer term housing and the rate at which units become available to meet the demand. This information informs CoC planning for this population. This analysis, along with discussion with domestic violence providers, allowed the CoC to accurately quantify the unmet need for rapid rehousing services for this affected population. This information informed the planning and application for a DV-specific CoC Bonus project during a previous competition year, for which the CoC was awarded and has continued to apply for as renewal (DV Unified Project).

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

(limit 2,500 characters)

Standardized processes and communication channels enable the CoC to effectively administer emergency transfer plans. Through Coordinated Entry (CE), households are informed of the services and supports available and the processes to expect moving forward. Once connected to a housing program and through enrollment, households are again informed of processes. All CE staff receive training and have supervisory oversight to ensure they are consistently conducting their duties and communicating accurately and effectively with households during CE. CoC policies, procedures and practices are captured and shared with providers via contract documents, specification manuals, and policy documents. Monthly CoC provider meetings, bi-weekly office hours (for questions and technical assistance support), and annual programmatic monitoring, further support ensuring provider agencies understand the processes so they can implement them, and provide oversight to ensure they are administering them accordingly. All of the above includes both the communication of emergency transfer plans, and the plan policies and procedures themselves. In terms of the policies and processes for emergency transfer plans: When an emergency transfer plan is needed, the housing service provider or household themselves contact the identified designee at the CoC's administrative lead, DHS. This contact shall not relieve the housing provider from undertaking all other reasonable steps necessary to identify alternative housing for the tenant. The Housing Provider shall remit the External Emergency Transfer Request, to DHS subject to all reasonable confidentiality requirements. The housing provider, DHS, and any other engaged parties will work together to respond to the immediate safety needs and develop a plan, with placement taking priority over other households until resolution. If the family plan includes separation and relocation, CE will make accommodations for new units for each eligible member. If a transfer unit is identified, the lease for the tenant's current unit will be terminated without penalty.

** **

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

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

(limit 2,500 characters)

The CoC prioritizes safety and trauma-informed, victim-centered services across the system, with client choice incorporated into the assessment, program matching, and housing preferences processes. Through Coordinated Entry (CE), individuals and families who experienced/are experiencing domestic violence, dating violence, sexual assault, or stalking (collectively referred to as DV hereafter) can choose to be referred to only DV service agencies (via a warm transfer), non-DV service agencies (via HMIS), or both. CE staff discuss safety relating to participation in the assessment process and the program matching process. The CoC has 3 DV emergency shelters and a fourth VAWA-funded provider that collaborate to provide a range of housing and support services, including shelter, RRH and support services. Inclusion of both DV-specific and non-DV-specific RRH programs within the CoC maximizes the client's choice of housing while still ensuring safety and maintaining confidentiality. Additionally, shelters work directly with law enforcement and use a lethality assessment to ensure safety of those most at risk of violence/harm when presenting for service. When an emergency transfer is needed the provider or client notifies CE and parties work together to respond to the immediate safety needs to develop a plan, with placement taking priority over other households until resolution. If the family plan includes separation and relocation, CE will make accommodations for new units for each eligible member. These processes are congruent with VAWA, and DV provider crisis lines are available 24/7 to provide immediate support to survivors, significant others, and allied professionals.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC's coordinated entry includes:	
1.	safety protocols,
2.	planning protocols, and
3.	confidentiality protocols.

(limit 2,500 characters)

The CoC prioritizes safety and trauma-informed, victim-centered services across the system, with client choice incorporated into the assessment, program matching, and housing preferences processes. Coordinated Entry staff conducts a brief initial screening of risk or potential harm perpetrated on participants as a result of domestic violence, sexual assault, stalking, or dating violence. In the event defined risk is deemed to be present, the participant is connected to one of the victim service providers, via a warm transfer, to assist with accessing supports and services for safety planning and longer term supports, using a trauma-informed approach designed to address the specific service needs of survivors of abuse, neglect, and violence. Further supporting service delivery best practice for survivors, CE staff are trained to protect client confidentiality and privacy, the location of survivor housing and services facilities, and any information collected about the individuals or family, including ensuring ongoing communication is agreed upon when planning for safety. CE staff ensure the client can share information safely and are transparent about information collection and storage. All CE data is stored in secure, access limited databases, regardless of DV status, with further data lockdown options when safety risks do exist.

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

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	No
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	No

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

Describe in the field below:

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

(limit 2,500 characters)

(1) The CoC’s lead agency, DHS, is the UFA and designated grantee for all HUD CoC grants, managing the distribution of funding to sub-recipients. As such, all sub-recipients are contracted providers with DHS and must abide by DHS’s contract, fiscal and programmatic policies and procedures. Included in all contracts is adherence to DHS’s Standards of Practice, inclusive of Standards of Practice addressing sexual orientation, gender identity and expression (SOGIE). The standards include guidance on housing and placement, recognizing that for LGBTQ individuals, access to appropriate housing is critical to ensuring well-being. These Standards were developed and are regularly reviewed and maintained through DHS’s Office of Equity and Engagement (OEE). OEE Project Managers collaborate with key stakeholders, including people with lived experience, advocates, and provider agencies on the development and updating of Standards. (2) At the time of implementation of the SOGIE Standards of Practice, quarterly SOGIE trainings we held for homeless service providers and technical assistance was offered to specific programs as needed. Additionally, a resource called Homeless Service Provider Tips for Trans-Inclusivity was development. Finally, monthly electronic resource newsletters were distributed to the CoC for on-going guidance, updates and additional training opportunities. (3) DHS employs programmatic and fiscal specialists, responsible for monitoring all aspects of each service provider's program, including compliance with anti-discrimination policies. DHS also monitors admissions for all homeless providers to ensure they further fair housing by providing housing and supportive services to persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability. Denial or termination of service deemed to be a fair housing violation, including related to the client’s sexual orientation or gender identity is prohibited. (4) When providers are found to be out of compliance, they are required to submit a corrective action plan detailing how the issue will be addressed and brought to compliance. If the plan is unsatisfactory, not followed through on, or the noncompliance continues, the projects is deemed high-risk and a 90 probationary period is initiated, within which additional and enhanced TA is provided. If noncompliance continues DHS and the HAB determine action, inclusive of reallocation.

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

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

Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC’s geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Allegheny County Housing Authority	7%	Yes-HCV	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	
	Describe in the field below:	
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or	
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.	

(limit 2,500 characters)

The CoC has an established homeless admission preference through the Housing Choice Voucher 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 (HAB), allowing for a close working relationship. The Homeless Admission Preferences were created eight years ago and are an important part of the CoC 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 that will require a housing subsidy to maintain stability to move to the top of the HCV waiting list. The CoC makes referrals on an on-going basis to these two housing authorities so that program participants can have access to affordable, subsidized housing options. 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. The CoC is also actively coordinating with the PHAs to assess the impact of new processes and incentives used within the EHV program to identify opportunities to further strength the collaboration between the CoC and PHAs around the future utilization of subsidized housing. This includes, but is not limited to, assessing pre-screening and eligibility review for HCV, application and housing search assistance, aftercare, and more effective communication to ensure a higher success rate in people obtaining and leasing up with vouchers.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

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

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

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

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

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

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

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

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

PHA
Housing Authority...
Allegheny County ...

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

Name of PHA: Housing Authority of the City of Pittsburgh

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

Name of PHA: Allegheny County Housing Authority

1D. Coordination and Engagement Cont'd

1D-1.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

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

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition.	37
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition that have adopted the Housing First approach.	37
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

Describe in the field below:

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

(limit 2,500 characters)

The CoC formally committed to Housing First in 2017, including reallocating almost all transitional housing beds to permanent housing beds and requiring service providers to: (a) eliminate criteria that prevent or terminate an otherwise eligible individual or family (minimum criteria of homeless and with a disability) from receiving services, and to (b) connect participants quickly to housing without any additional preconditions and barriers to entry, such as requiring sobriety, employment, or participation in other services. DHS, the CoC's administrative agency, reviews program requirement documentation for compliance with Housing First, monitors all referrals to services in the CoC through coordinated entry, and reviews and makes final determination on any denial of service. If the reason for denial is not consistent with Housing First, and/or is not consistent with Fair Housing, the referral is sent back to the provider and the client is required to be served. The review of program documentation is part of the regular and ongoing monitoring of all CoC subrecipients. Program monitors, who are specialized staff members that are trained in HUD, Pennsylvania Homeless Assistant Program (HAP) and CoC requirements, conduct monitoring visits at each sub-recipient's site at least annually, and more often when issues are identified or when quality assurance plans have been implemented and are being monitored. During the visits, monitors conduct their review in accordance with the Program Monitoring Tool, which includes consistency with Housing First. Assessing adherence to Housing First is inclusive of assuring program policies and procedures, including agreements signed by service participants, follow Housing First, in addition to compliance with all other HUD, HAP and Allegheny County contracting requirements, tracking and reviewing service denials throughout the Coordinated Entry process, and tracking and reviewing involuntary terminations.

1D-3.	Street Outreach—Scope.	
	NOFO Section VII.B.1.j.	
	Describe in the field below:	
	1. your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;	
	2. whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;	
	3. how often your CoC conducts street outreach; and	
	4. how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.	

(limit 2,500 characters)

(1) The CoC’s street outreach effort is led by a strong network of more than 10 publicly and privately funded teams. The network includes specialty teams to ensure every need is met, including: medical street outreach (e.g., Dr. Jim Withers of Operation Safety Net is internationally recognized for his work in street medicine), D&A outreach that incorporates harm reduction strategies; and TAY outreach. In addition to a regular checking of camps, abandoned buildings, cars and hidden locations across the county, outreach teams receive information on where people are located from BigBurgh (a web-app for homeless services), Coordinated Entry (CE), 311, emergency response and law enforcement entities, and community groups. Street Outreach also engage people at drop-in centers, shelters, food lines and other locations where people who might otherwise not be connecting to homelessness services may be. The CoC facilitates a weekly provider meeting to review a by-name list of unsheltered individuals and to strategize effective engagement approaches, and the Homeless Outreach Coordinating Committee (HOCC), a subcommittee of the CoC’s advisory board, convenes to strategize how teams can better identify, engage, and support those who are unsheltered. (2) The network of street outreach teams covers 100% of the CoC’s geographic area, and collaboration through the weekly case conferencing meetings facilitates the identification and coverage of specific or new locations to prioritize. The HOCC has also sought to identify areas of the region where enhanced collaboration with community organizations and businesses may help facilitate further engagement with individuals experiencing homelessness in those areas. (3) Teams are out every day of the week. Certain areas where homeless populations are known to congregate and live are visited multiple times each week. (4) Outreach is tailored to engage unsheltered populations who are unlikely to ask for help by using evidence-based practices such as Motivational Interviewing, Trauma Informed Care, and Peer Support. All outreach workers strive to engage individuals by meeting their basic human needs, developing trust, and fostering personal connections. Additionally, the structure of the CoC’s CE includes utilization of the Field Unit, which provide the full array of street outreach support while also providing direct access to CE, flexibly where the individuals are.

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

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

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

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

		2021	2022
	Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of "Current."	722	885

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

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

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	

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

Describe in the field below how your CoC:

1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

Multiple avenues are used to keep program staff up to date on mainstream resources, linkages to assistance with health insurance enrollment and SOAR certification; and across these strategies CoC staff and participants use COMPASS, the state online tool to apply for many benefits and manage information. The CoC's CE staff provide a variety of trainings and webinars on available resources and attend resource fairs and other community events. 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, monthly provider meetings are held and include information on mainstream resources in addition to resources around housing searches, employment, and basic needs. The CoC also provides direct linkages to mainstream resources. 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 Behavior 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 a number of workgroups and partnerships to support benefit linkages and assistance. The Employment and Training Advisory Board (ETAB) is comprised of homeless services providers and workforce services providers, through which providers are made aware of 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 with 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 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.

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

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

(limit 2,500 characters)

Within three weeks of the pandemic’s onset, Allegheny County’s Safe Haven Hotel opened to ensure people in unsheltered or congregate care settings would have a safe place to isolate and quarantine. Thanks to countless community partnerships with groups that include Allegheny County Health Department (ACHD), Allegheny Health Network, Allied Security, Community Human Services, and Community Kitchen, the Safe Haven Hotel provided over 1,000 stays for highly vulnerable people to recover from COVID. As the need for isolation space has abated, the Safe Haven hotel was closed, and the Safe Haven program has been continued at smaller scale. Beyond the COVID response, the CoC has continued to grow its continuum of services and the availability of non-congregate shelter. Home 2020 is a 17-bed, site-based, low barrier shelter that pairs housing supports and intensive case management to move clients on to self-sufficiency and out of homelessness quickly and effectively. The clients who are served are referred directly by the CoC’s lead agency’s Field Unit, which consists of skilled field service coordinators who partner with Street Outreach Teams across the County and engages and assists people who are experiencing street homelessness. Located in a shared house setting, Home 2020 has enhanced the shelter capacity of the CoC, establishing an important bridge to housing for people who are reluctant to enter housing programs, providing low-barrier first step into housing, coupled with intensive case management to further establish trust and provide linkages to services and supports, inclusive of behavioral health needs. Like Home 2020, Wood Street Commons and Homeless Assistance Program (HAP) Crisis units provide 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, providing emergency shelter space in a non-congregate facility setting. Finally, townhome units are available for families in need of emergency shelter. As such, the CoC as an array of non-congregate units available that can be responsive to the household composition and level of case management need.

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

(limit 2,500 characters)

In partnership with the Allegheny County Health Department, area healthcare networks, FQHCs, homeless service providers and others, the CoC has implemented an array of service and system level changes to respond to future public health emergencies, including infectious disease outbreaks. Foundationally, communication mechanisms that are responsive to rapidly changing information are now in place and effectively utilized across the CoC. This is detailed further in the next question. Additionally, a number of CoC-wide and service specific policies and procedures have been developed and administered. Continuity plans are established, and pathways are in place for: overflow and quarantining space; continued support service engagement through virtual modalities; and supply distribution, including PPE. These pathways position the CoC to respond to future outbreaks in a manner that continues the delivery of care while seeking to minimize spread. Health Department collaboration also included planning, implementing, and disseminating safety protocols and practices across settings, including the emergency shelters and the Safe Haven isolation and quarantine facility, which will be leveraged for any future outbreaks' preparedness and response. Close coordination with the Health Department and healthcare providers, including FQHCs, have also established channels for responding to future emergencies, including quickly setting up health clinics or vaccination pod, while also strengthening the present responsiveness to physical health needs for people experiencing homelessness, including access to physical and behavioral health care on site at emergency shelters.

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

(limit 2,500 characters)

Effective communication mechanisms that are responsive to rapidly changing information have been foundational to the CoC’s COVID-19 response, and the preparation for further public health events. The communication strategy leverages the resources and networks of the Allegheny County Department of Human Services (DHS), which is the CoC’s administrative lead, but more broadly is the agency responsible for providing and administering human services to County residents. In response to COVID-19, DHS quickly implemented daily provider briefings (now held quarterly), enabling consistent sharing of emerging information and plans, and identifying needs to support the ongoing delivery of quality human services. An online platform was also created to house all briefing materials, as well as guidance on service operations, COVID safety, resources, and FAQs. In addition to DHS-wide outreach, homelessness service briefings occurred weekly, ensuring a standing point of contact with CoC providers and local officials, including Health Department representatives and epidemiologists, to review and discuss safety protocols (inclusive of suspected and positive COVID reporting protocols), the effective implementation of such protocols, and conduct any necessary troubleshooting to ensure protocols were being appropriately implemented. Now held monthly, but with the ability to return to weekly in response to need, this mechanism provides regular and consistent communication with all subrecipients. These standing briefings supplement the already established and ongoing programmatic and fiscal monitoring activities, which provides regular oversight of all CoC programs, including regular annual visits and additional service reviews when issues are identified, or quality assurance plans are being monitored. In addition to these well-established information avenues, the collaboration with the Health Department and healthcare entities, including FQHCs, has strengthened the direct partnership between those health-related agencies and homeless service providers. These partnerships can be effectively leveraged for future needs, including, but not limited to: the direct delivery of health care; setting up health clinics and/or vaccination pods; understanding disease information; and identifying and implementing mitigation strategies.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section VII.B.1.p.	

Describe in the field below how your CoC’s coordinated entry system:	
1.	covers 100 percent of your CoC’s geographic area;
2.	uses a standardized assessment process; and
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

(1) The CoC employs a centralized approach to Coordinated Entry (CE) that covers the entire CoC geographic area. CE can be accessed in multiple ways: by phone (25,000+ calls/year), walking into the office in downtown Pittsburgh (1,000+/year), by email (970+/year), or through a mobile Field Unit that meets homeless individuals wherever they are (4,000+ contacts/year). Other call centers and community service providers (e.g. 211, Aging SeniorLine, food pantries) also assist connecting households to CE through warm transfers, emails, and connection to the Field Unit. (2) The CoC administers a standardized assessment process that prioritizes based upon chronic homeless status, vulnerability, and length of time homeless. Vulnerability is assessed using a decision support tool that uses administrative data from Allegheny County’s data warehouse to predict the likelihood of key indicators of harm occurring (MH inpatient stays, jail bookings, 4+ ER visits) if a person remains un-housed. This results in the people most in need of assistance being prioritized, while being far more accurate and equitable than the previous actuarial tool used and doesn’t require the time or trauma associated with asking sensitive questions at the time of housing crisis. (3) The CoC’s Coordinated Entry Policies and Procedures are reviewed annually by the CoC and its board, the HAB. In addition to integrating lessons learned throughout the service year, the annual review includes a document review by the CoC’s administrative lead and CE operator, DHS, and collection of public comment regarding the policies and procedures. The annual review period is announced starting in the fall, and public comment is captured through January. At the January CoC meeting all comments are reviewed, and the updates are voted on by the HAB.

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

(limit 2,500 characters)

The CoC seeks to make Coordinated Entry (CE) accessible via its centralized, but multi-modal entry points (including phone, walk-in, email, or through a mobile Field Unit), and through warm transfers, emails and connections by other call centers and community service providers. The Field Unit is particularly effective at reaching people who are otherwise unlikely to call for assistance. It consists of skilled field service coordinators who provide direct support to adults experiencing homelessness. They provide access to CE flexibly at various locations throughout the community, including drop-in centers, shelters, encampments, and anywhere else that people experiencing homelessness might also be, at both recurring scheduled times, and as needed. They partner closely with other professionals working in outreach, shelters, and housing programs, as well as other support providers. In addition to CE access, they provide flexible case management and service coordination, prioritizing the indicated goals, needs, and preferences of the person served. 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, when the Field Unit was established, to 24% in 2020. The CE assessment process prioritizes based upon chronic homeless status, vulnerability, and length of time homeless. Vulnerability is assessed using a decision support tool that uses administrative data from Allegheny County’s data warehouse to predict the likelihood of key indicators of harm occurring if a person remains un-housed. This results in the people most in need of assistance being prioritized, while being far more accurate and equitable than the previous actuarial tool used and doesn’t require the time or trauma associated with asking sensitive questions at the time of housing crisis. Timely receipt of service for those most in need is additionally supported through a vacancy matching process, facilitated by a Housing Resource Coordinator who locates the highest priority individuals when services are available and reviews program details, documentation needs, and program contacts with them. Additionally, referrals are monitored in HMIS for timeliness in contacting participants and enrollment. A commitment to continuous quality improvement has been vital to the development and ongoing refinement of CE, and has informed the implementation of the processes discussed above.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	11/18/2020

1D-10a.	Process for Analyzing Racial Disparities—Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	

Describe in the field below:

1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

(1) The CoC conducts racial disparities analyses to assess if racial disparities exist with respect to: persons seeking services, at key decision points, and client outcomes. For these analyses, the CoC is able to leverage the data collection and analysis specialties of its administrative and HMIS lead agency, DHS. The DHS Data Warehouse brings together and integrates person and service data from a wide variety of sources both internal and external to the county. It was created by consolidating publicly-funded human services data, including HMIS data, and, over time, expanded to include data from other sources. It now includes 21 categories of data. Through this data, the CoC analyzes: racial composition of Allegheny County and persons served in the homeless system; the services received by race, placements into different levels of housing support by race, exits to permanent housing destination by race, length of stay in programs by race, and returns to homelessness by race. Of note is that Allegheny County's racial distribution, as of the 2018 ACS Survey, which was used as a comparison base, was 80% white, 13% Black. (2) The CoC's Racial Disparities Assessment found that there is significant racial disproportionality with respect to those who experience homelessness and seek public resources for assistance. Black people are overrepresented, at a rate at least 4 times the rate of their representation in the general populations across homeless program types. The assessment also found that the homelessness system is placing people into homelessness service programs and achieving positive outcomes at rates almost identical to that of the population seeking services, meaning there does not appear to be racial disproportionality once connected to the system. For example, from 2015-2019, the median length of stay in days in short-term homeless programs was 44 days for white participants and 40 days for black participants. Similarly, over the same time period, we see the percentage of black participants exiting to PH destinations being slightly higher than the percentage of white participants exiting to PH destinations (from homeless prevention its 90% compared to 86%; from short-term homeless programs its 46% compared to 36%; and from permanent housing programs its 67% compared to 64%). Finally, returns to homelessness after successful exit were near identical within 6 months, and within 2 years, was 2.6% for Black participants compared to 3.7% for white

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

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

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

5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	No
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,500 characters)

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. As part of the framework, DHS established Racial Equity Core Teams, responsible for driving the racial equity work in each office, inclusive of homeless services. At the CoC level, a number of additional steps have been taken. The CoC’s Coordinated Entry uses a decision support tool (called AHA) that uses administrative data from Allegheny County’s data warehouse to predict the likelihood of key indicators of harm occurring if a person remains un-housed. This results in the people most in need of assistance being prioritized, while being far more accurate and equitable than the previous actuarial tool used and doesn’t require the time or trauma associated with asking sensitive questions at the time of housing crisis. In developing, testing and assessing the ethical effectiveness of the tool it was found that the group that would gain the most allocation of additional referrals in using the AHA over the previous tool was Black singles, a group that our racial disparities analysis identified as seeking homeless services at a significantly disproportionate rate . Further, through the Pathways Forward initiative, a grant from the Heartland Alliance, DHS is working to bring more effective workforce services to homeless providers and those they serve. The initiative applies a racial equity lens that involves considering the role of structural and systemic racism on homeless jobseekers of color and how systems change ideas focused on addressing employment and income might exacerbate, maintain, or redress these inequities. The initiative aims to increase racial equity in: employment retention post- RRH exit; earned income at RRH exit; and wages at exit from the public workforce system. Additionally, racial equity strategies were established in the YHDP CCP. The YHDP Continuous Quality Improvement Committee regularly reviews how YHDP projects, and the overall youth homelessness response system, are performing on key equity and inclusion indicators.

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

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

(limit 2,500 characters)

Through the collection and analysis of HMIS data, as well as data from DHS’s Data Warehouse, which brings together and integrates person and service data from a wide variety of sources both internal and external to the county, the CoC is able to regularly track data around disparities in the provision and outcomes of homeless assistance. Particular measures that are analyzed include: composition of persons served in the homeless system, disproportionality metric for persons served in the homeless system compared to the county population, disproportionality metric for persons served across each type of homeless service program, racial breakdown of persons seeking and enrolling in each type of homeless service program, median length of stay for people enrolled in homeless service programs, exits to permanent housing destinations across all homeless services and broken down by homeless program type, and returns to homelessness by race. With these measures, the CoC is able to track outcomes at a point in time, and more meaningfully, trends over years. Additionally, the CoC is able to look at these measures for single projects, across projects types, and for the system as a whole.

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

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

(limit 2,500 characters)

The CoC 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 have served on the board, participated 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. Currently, the CoC is actively exploring and testing models to increase the voice of people with lived experience. Two members of the HAB, the CoC’s board, are leading this effort and in March the Consortium of Recognizing Experience (CORE) began meeting as a forum for people with lived experienced with homelessness or housing instability to voice their experience and directly inform the system of services and supports intended to help those in need. 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. 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 YHDP CCP, and provides ongoing guidance on the homelessness system.

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

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	10	2
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	6	2
3.	Participate on CoC committees, subcommittees, or workgroups.	8	2
4.	Included in the decisionmaking processes related to addressing homelessness.	6	1
5.	Included in the development or revision of your CoC's local competition rating factors.	1	1

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

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

(limit 2,500 characters)

The CoC convenes the Employment and Training Advisory Board (ETAB), comprised of homeless services providers and workforce services providers, through which providers are made aware of 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. These resources and information provide professional development and employment opportunities that homeless service providers are able to connect the individuals they serve with, and support them through. Additionally, the CoC provides professional development and employment opportunities within the CoC to people with lived experience within the CoC. The CoC's lead agency, DHS, has a nationally recognized Youth Support Partners (YSP) unit to educate and empower youth about their role in the planning process for their future and to bring the voice of youth to the forefront during every phase of service development and provision to effect positive change for individuals and systems. YSPs are young adult professionals who have personal experience in some area of the human services, whom through their employment with DHS, are positioned to share their insights with youth currently in the system, advocate for them and mentor them. YSPs take part in ongoing professional trainings to expand their expertise, With a heavy emphasis on skill-building, coaching, training, supervising, and team-building. Similarly, many of the provider agencies across the CoC currently employ people with lived experiencing of homelessness, with pathways for advancement and promotion. Organizations also maintain employment policies that recognize lived experience as an expertise and publishes equivalencies for different levels of education and experience so that applicants with lived experience can see how their unique background fits into positions posted. CoC agencies also provide professional development, including seminars, trainings, certification programs, and attending and presenting at conferences.

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

(limit 2,500 characters)

The CoC regularly seeks public input, including people with lived experience, to inform planning and decision making. Broad outreach avenues are used, in addition to attempting and assessing new pathways/formats specifically targeted at effectively engaging those who have traveled the system. Broad avenues include community outreach through media and social media postings, community meetings, and leveraging CoC and partner organizations contact lists, inclusive of homeless service organizations sharing with current and past service participants. These avenues are utilized at multiple times throughout the year, including for CoC’s bi-monthly public meetings, within specific planning initiatives, and in preparation for applying for funding. The CoC is additionally working on more systematically integrating people with lived experience into the planning, administration, and evaluation of the CoC. Service participant surveying has been tested in a number of different formats, including via automated text messaging, through focus groups, and as point-in-time initiatives. Enhancing active representation within the CoC and on its board and Committees is another avenue the CoC is using to meaningfully gather and respond to feedback from people with lived experience. The CoC has an active Youth Action Board, inclusive of youth who have experienced or are currently experiencing homeless. This board led the development of the CoC’s YHDP CCP, and provides ongoing guidance on the homelessness system. Building off this experience, the CoC is working to grow, CORE, a forum for people with lived experienced with homelessness or housing instability to voice their experience and directly inform the system of services and supports intended to help those in need. CORE began meeting in March and captures input that is reviewed and responded to by the CoC’s board (HAB). Two HAB members facilitate CORE, ensuring a direct linkage to planning for and operating the CoC. Examples of steps the CoC has taken to address challenges raised by people with lived experience include: establishing CORE as a regular, inclusive forum that is meaningfully connected to CoC planning; adjusting emergency shelter access protocols to ease entry; and designing the new year-round, low-barrier shelter to be responsive to the needs and wants of participants, including keeping partners together, individuals determining which sleeping room is best for them, and access to amnesty lockers.

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

(limit 2,500 characters)

The CoC has engaged with city, county and state government around a number of different policies and regulations to support housing development and access that would support the households served. The CoC collaborated with the two largest PHA's, HACP and ACHA, to create a tract-based payment standard to better ensure that payment standards are more reflective of competitive market rate rents in our hyper local rental markets. Using American Community Survey (ACS) five-year estimates, census tracts in Allegheny County were sorted into one of seven payment standard tiers based on how far above, at, or below their all-bedroom median gross rent (MGR) fell from Allegheny County's all-bedroom MGR. Tracts were then set a given percentage at or above HUD's Hypothetical 2022 Allegheny County FMR based on which payment standard tier they were sorted into. This change is applicable to the entire HCV program at the HACP and ACHA. By better aligning payment standards with hyper local rental markets, HACP, ACHA and the CoC believe that HCV families will have access to more rental units and have greater geographic choice in where they decide to live. Also at the local level, the COC coordinated with the City of Pittsburgh on policies to support affordable housing supply, including expanding Inclusionary Zoning Overlay Districts to additional areas of the city, seeking to allow Accessory Dwelling Units, seeking a source of income protection ordinance, and implementing the approved land bank. The At the State level, the CoC's administrative lead, DHS, has submitted a plan to use Reinvestment Funds to create new housing for people experiencing homelessness by establishing development funds to support strategies to increase development, such as capital investments in 9% LITHC developments, capitalized rent/operating reserves to leverage private debt in 4% LITHC/Preservation developments, and capital investment and rent guarantees for affordable housing-friendly landlords to acquire new/renovate existing buildings. The CoC has also engaged the State around legislation, including an amendment to House Bill 2209 that would exempt land banks from state and local realty transfer tax and expand the powers of land banks to partner with the private sector to find solutions to address housing for homeless populations, and House Bill 581, granting more powers to municipalities to approve tax abatements and other incentives for affordable-housing projects.

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

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

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

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

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/26/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	115
2.	How many renewal projects did your CoC submit?	35
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section VII.B.2.d.	

- Describe in the field below:
- | | |
|----|---|
| 1. | how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing; |
| 2. | how your CoC analyzed data regarding how long it takes to house people in permanent housing; |
| 3. | how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and |
| 4. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

(limit 2,500 characters)

(1) Data for all CoC projects are collected in HMIS or a comparable database for DV projects. The CoC's HMIS is also integrated with the Coordinated Entry System, and therefore the CoC is able to access and analyze data from a household's initial touch through system exit. (2) CoC data measures include, date of first touch, date of program enrollment, date of successful housing, date of exit, and exit destination. These measures combined provide information on how long it takes for various steps through the system, and for the final housing of people. (3) The review, ranking and rating of projects considered the following severity of needs and vulnerabilities: chronic homelessness; multiple disabilities; zero income; and living in places not meant for human habitation. These severities of needs were incorporated into the performance-based, data-driven process used to review, rate, and rank projects. Each year, a performance evaluation outcome tool (the Ranking Tool) is used to review, rate and rank all renewal projects. The tool is developed through the Analysis and Planning Committee (a Committee of the CoC's governing body) and informed by an assessment of score statistics from previous ranking tools, a review of system performance across measures, and input from CoC stakeholders to make point values reflect CoC performance benchmarks and priorities. The 2022 Ranking Tool reviewed and rated projects on objective metrics around: utilization; housing performance; income, health and non-cash benefits; program time; recidivism; data quality and timeliness; fiscal administration and effectiveness; programmatic monitoring results. In addition, the final section of the tool attributes points to projects based on the percentage of particularly hard to serve consumers they served. (4) Based on entry assessment data in HMIS and comparable DV databases, projects received additional points based on the percentage of households served that: were chronically homeless; had person(s) with 2 or more disabilities; had adults with zero income; came from places not meant for human habitation. This incorporation of particularly vulnerable service participants into the ranking tool allows the CoC to place an objective rating on each program that considers both performance and the severity of client needs.

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

(limit 2,500 characters)

(1) The CoC’s Analysis and Planning Committee engages in a multi-month process to review and recommend the rating factors used in the CoC’s annual data-driven, performance-based review and ranking process. This Committee is open to any interested CoC member and meets monthly. Participation in the Committee is active, with representation from a large array of CoC stakeholder groups. The number of Black people entering the homelessness system is disproportionate to the number in the County’s general population, and while people of color serve on the CoC’s board and within the Analysis and Planning Committee, the CoC continues to pursue increasing that representation through targeted outreach and engagement activities, with racial diversity included in the consideration of new board members each year. (2) The establishment of the CoC’s rating factors is considered an iterative process, as each year the data-driven, performance-based ranking tool is reassessed and adjusted, building on lessons learned and current system contexts. Each factor included in the tool is specifically reviewed and discussed. Any questions or comments about the factor, including its inclusion, value, weight and how it is measured is open for discussion and responded to. (3) The review, selection and ranking processes for both renewal and new projects includes the use of Evaluation Committees. In convening these Evaluation Committees the CoC seeks to capture diverse perspectives, including sector representation, lived experience and gender and racial diversity. To this end, DHS, the administrative lead for the CoC, has implemented an Evaluation Committee Worksheet to intentionally assess the diversity of each Evaluation Committee reviewing project proposals across the characteristics cited above. (4) CoC funded programs receive participants via the CoC’s Coordinated Entry process, with all denials for services reviewed for appropriateness. With these system processes in place, individual programs are not controlling the racial distribution of their participants, and there are no indicators of racial variations across specific programs. As such, the CoC did not incorporate the degree to which program participants mirror the homeless population demographics into the rate and ranking process, while continuing to be committed to identifying and implementing new/effective approaches to operating a socially just homelessness response system.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section VII.B.2.f.	

Describe in the field below:	
1.	your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

(1) With UFA status, the CoC approved its Funding Adjustment Process in May 2019 and fully implemented the process for FY20-21. The process uses monthly financial monitoring to identify underspending trends in the 1st quarter. DHS, the CoC’s UFA and lead administrative agency, works with identified projects to fully assess spending levels and service utilization rates, while concurrently tracking projects that are on schedule to expend funds, have no outstanding programmatic or fiscal issues, and have capacity to effectively utilize more funds. Funding levels are reassessed at 5 months and underspent funds are reallocated. Funding adjustments can also be made in response to significant service issues as documented through fiscal and programmatic monitoring. The CoC also uses a performance based and data driven review and ranking process as part of the local competition. The Renewal Project Performance Outcome Tool is organized around key performance measures (e.g., unit utilization; housing performance; recidivism; data quality; etc.) and is populated with data from HMIS, fiscal data, and monitoring results. Point values are set through an analysis by the CoC’s Analysis and Planning Committee, which include a review of score statistics from previous ranking tools, a review of system performance across measures, and input from CoC stakeholders. The Ranking Tool is objective and consistent across projects, enabling the CoC to systematically identify low performing projects. This process enables the CoC to identify the lowest performing projects, assess the degree of performance and context for performance, and then use that information for reallocation decisions. (2,3) In addition to reallocating funds within the grant year, via UFA, the CoC did identify a low performing project and elect to reallocate those project funds to higher performing projects. The lowest performing project, which scored below 50% on the CoC’s performance outcome tool, was a large RRH project. The CoC is seeking to reallocate these funds to two higher performing projects. The projects selected to expand with these reallocated funds were selected based on a combination of factors. The CoC sought to reallocate to high performing projects with capacity to expand, maintain some of the RRH units from the original project while also meeting the growing need for PSH units, and serving a broad population of households experiencing homelessness (e.g., not serving only veterans or youth)

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

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	Yes
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/13/2022

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/15/2022
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1E-5b.	Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

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

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/27/2022
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC's website or partner's website.	09/27/2022
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2A. Homeless Management Information System (HMIS) Implementation

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Deloitte ACDHS HMIS Custom Software
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

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

	Enter the date your CoC submitted its 2022 HIC data into HDX.	04/29/2022
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2A-4.	Comparable Database for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

In the field below:

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

(limit 2,500 characters)

(1) The CoC has four domestic violence service providers which provide emergency shelter, rapid rehousing and support services for singles and families affected by domestic violence. These providers enter client level data into an HMIS-comparable database and provide de-identified aggregate data to the CoC and HMIS lead agency (DHS) for additional analysis. Maintenance of a HMIS-comparable database is a contracted requirement with the entities, and the availability of necessary data elements is further facilitated by both DHS's dedicated analytic unit focused on homelessness and housing, and the CoC Analysis and Planning Committee—a committee of the CoC's board (HAB) that meets monthly and provides ongoing analysis to support the planning of the CoC, at both the provider and system level. In addition to the dedicated analytic unit and the CoC's Analysis and Planning Committee, DHS employs a Homeless Data and Performance Outcomes Manager, who coordinates closely with all homelessness system providers, including the domestic violence service providers to ensure data standards are in place and being met. This Manager works directly with program staff to receive de-identified aggregated system performance measures for each project. (2) The Allegheny County CoC is compliant with the 2022 HMIS Data Standards.

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

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

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	744	95	649	100.00%
2. Safe Haven (SH) beds	12	0	12	100.00%
3. Transitional Housing (TH) beds	161	0	161	100.00%
4. Rapid Re-Housing (RRH) beds	885	180	662	93.90%
5. Permanent Supportive Housing	2,144	0	2,144	100.00%
6. Other Permanent Housing (OPH)	40	0	40	100.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

	1. steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
	2. how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

The CoC has complete bed coverage in HMIS across all project types except for Rapid Rehousing (RRH), which has 94% HMIS bed coverage. The RRH beds that our CoC is reporting as not being in HMIS are SSVF beds that are entered into the Pennsylvania Balance of State HMIS. Therefore they are entered into HMIS, but not into our CoC's HMIS because those projects serve clients across multiple counties/CoCs. Though these project beds are in fact in HMIS, because they are not reported in our CoC's HMIS, we have reported them as non-HMIS beds.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by February 15, 2022, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

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

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

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

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/29/2022
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2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

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

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

(limit 2,500 characters)

(1)The CoC has a strong group of youth-serving organizations. In addition, the CoC’s administrative lead, DHS, is the county department responsible for administrating a wide range of human services and resources for children, youth and families, and is well connected to organizations, stakeholders and advocates seeking to meet the needs of youth. These stakeholders were engaged though CoC meetings, including Analysis and Planning Committee meetings dedicated to the PIT plans and processes. The CoC also leveraged best practices and lessons learned from the previous YOUth Counts that were conducted in the CoC (summer PIT counts specifically designed and targeted towards identifying youth experiencing housing instability) and developed via an Unaccompanied Youth Task Force. In particular, results from the YOUth Counts demonstrated support for not doing a separate youth count, and rather integrating a concerted effort to identify youth into the full PIT. As such, the annual PIT sought to build on the engagement of youth serving agencies from the YOUth Counts into the full PIT. This included key youth service organizations, including the County’s one-stop drop-in center for homeless youth and the RHY funded youth street outreach team. (2) The CoC got direct input from youth experiencing/formerly experiencing homelessness when planning and implementing the PIT through the CoC’s Youth Action Board. Comprised of youth who have experience with varying service systems, including the homeless system, this board meets monthly, led the development of the CoC’s YHDP CCP, and provides ongoing guidance on the homelessness system. (3) The CoC relied on the expertise of our participating organizations to identify locations where youth experiencing homelessness were most likely to be counted. This expertise includes a youth-dedicated street outreach team, that is devoted to building positive, trusting relationships with runaway, homeless and street youth. This team conducts weekly outreach efforts and is directly linked to Pittsburgh’s National Safe Place program, both of which position the team to plan key location points for the count.

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

(limit 2,500 characters)

(1) The CoC's PIT sheltered count is generated from HMIS, with DV projects providing data from their comparable reporting systems. Over the years the CoC has implemented measures to support data quality, including establishing a dedicated staff member who reviews data quality monthly and works with providers to meet data quality standards. This includes the accurate documentation of CH, household composition, and veteran status. These processes were consistent between the 2021 and 2022 PIT. (2) The unsheltered count methodology was strengthened starting in 2019, enabling the CoC to systematically cover more of the CoC's geographic area by having homeless providers, including those that serve veterans (including VA representatives), families with children and CH individuals and families, adopt a specific geographic area of the CoC and form a team to canvas that region. In addition, the CoC has implemented a number of on-going practices to strengthen the identification and documentation of those who are experiencing homelessness and are CH, families with children and/or veterans: The CoC's street outreach teams meet weekly to discuss the most vulnerable individuals, including those that are CH and develop engagement and housing plans, and providing TA and training around effectively documenting CH. (3) While the methodology of the sheltered and unsheltered count has been consistent over the past few cycles, we believe the PIT count results have been impacted by the pandemic.

2C. System Performance

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

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

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

(limit 2,500 characters)

(1) The CoC is committed to continuing to strengthen its homeless prevention capacity. Currently, the CoC works closely with other systems and institutions to identify those at risk of homelessness and develop discharge planning protocols to ease the flow into homelessness. For example, child welfare caseworkers are trained to note risk factors such as families behind on rent or utilities and being precariously doubled-up. Additionally, Allegheny County is actively working to establish a stronger and more comprehensive crisis response system, including targeted work to improve discharge planning from the jail and hospitals that includes housing planning and the procurement of additional reentry housing for those leaving the jail. (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 human services, for example the implementation of a homeless prevention service specific to families active in child welfare to address housing stability early and avoid homelessness, and 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 to exit rapidly. In addition, the CoC's Coordinated Entry (CE) process identifies persons who are at-risk of homelessness and refers them to services such as rental assistance, landlord mediation, budget counseling, public benefit navigation, subsidized childcare, and early intervention programs. Finally, the CoC supports eviction prevention through: rental assistance, landlord/tenant mediation, staffing at evictions hearings to answer questions and provide support, and partnering with housing authorities to prevent evictions in subsidized housing. (3) DHS, the CoC's lead administrative agency and home of CE, oversees these strategies.

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section VII.B.5.c.	
	In the field below:	
1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,500 characters)

(1) 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 FY20 (median LOT has decreased from 47 to 24 days for persons in ES and safe haven, and 68 to 28 days when including persons in TH). The CoC has seen an increase to LOT since the onset of the COVID-19 pandemic, but the CoC remains committed to keeping homelessness brief. 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 will be 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.

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

(limit 2,500 characters)

(1) Exits to PH destinations is an area that has particularly impacted since the onset of the pandemic and rising housing costs across 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 to provide 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. Nearly 200 referrals have been made (283 vouchers available) and the vast majority of those having received their vouchers and are looking for units. (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. (3) DHS, the CoC's lead administrative agency oversees these strategies.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	
	In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC's strategy to reduce the rate of additional returns to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,500 characters)

(1) The CoC 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, 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 (HSCCs). HSCCs engage individuals and families in shelter 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 a number of 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.

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

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

(limit 2,500 characters)

(1) The CoC 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 2-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.

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

(limit 2,500 characters)

(1) The CoC 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. (2) DHS, the CoC's lead administrative agency and collaborative applicant, oversees the strategy.

3A. Coordination with Housing and Healthcare

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

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

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
--	--	-----

3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
Atlas PSH Expansion	PH-PSH	36	Housing
Neighborhood Livi...	PH-PSH	38	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Atlas PSH Expansion
2. Enter the Unique Entity Identifier (UEI): UAEWK2QJS8B8
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 36
5. Select the type of leverage: Housing

3A-3. List of Projects.

1. What is the name of the new project? Neighborhood Living Program Expansion
2. Enter the Unique Entity Identifier (UEI): NE6NBM68AWM5
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 38
5. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

N/A

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

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

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

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

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

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

N/A

4A. DV Bonus Project Applicants

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

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

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?	No
Applicant Name		
This list contains no items		

4B. Attachments Screen For All Application Questions

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

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

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	Document containi...	09/23/2022
1C-7. PHA Moving On Preference	No	Document containi...	09/23/2022
1E-1. Local Competition Deadline	Yes	Document showing ...	09/23/2022
1E-2. Local Competition Scoring Tool	Yes	PA 600's Local Sc...	09/23/2022
1E-2a. Scored Renewal Project Application	Yes	PA 600 uses a obj...	09/26/2022
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification to t...	09/23/2022
1E-5a. Notification of Projects Accepted	Yes	Notification to a...	09/23/2022
1E-5b. Final Project Scores for All Projects	Yes	Documentation con...	09/23/2022
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
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3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

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5.0 SELECTING FAMILIES FROM THE WAITING LIST

5.1 *WAITING LIST ADMISSIONS AND SPECIAL ADMISSIONS*

The Housing Authority may admit an applicant for participation in the program either as a special admission or as a waiting list admission.

If HUD awards funding that is targeted for families with specific characteristics or families living in specific units, the Allegheny County Housing Authority will use the assistance for those families. If this occurs, the Allegheny County Housing Authority will maintain records demonstrating that these targeted housing choice vouchers were used appropriately. When one of these targeted vouchers turns over, the voucher shall be issued to applicants with the same specific characteristic as the targeted program describes.

5.2 ~~*~~ *PREFERENCES*

The Allegheny County Housing Authority, according to our local needs and preferences, will select families based on the following preferences:

Category 1 Preferences: (1) Applicants for whom a law enforcement agency is seeking housing as an accommodation for its witness protection or confidential informant programs; and (2) victims of domestic violence. Preferences in this Category have equal priority.

Category 2 Preference: Residents of the Allegheny County Housing Authority public housing program asked to move due to the modernization of his or her unit or community regardless of whether the waiting list is open or closed.

Category 3 Preference: Successful graduates of the Allegheny County Housing Authority public housing Family Self-Sufficiency Program regardless of whether the waiting list is open or closed.

Category 4 Preference: Veterans with an honorable discharge.

~~*~~ ~~*~~ Category 5 Preference: Homeless preference to permit no more than 50 vouchers to be given to families experiencing homelessness with or without disabilities. All applicants must be referred through the Allegheny County Department of Human Services.

Preferences listed in Category 1 have priority over preferences listed in Category 2 and will therefore be offered housing before those listed in Category 2, and the same is true for the other Categories. The date and time of application will be noted on each application and will be utilized to determine the sequence that each individual with a preference is offered housing within the categories.

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City of Pittsburgh Housing Authority



2. PREFERENCE FOR RECIPIENTS AND FORMER RECIPIENTS OF HOMELESS ASSISTANCE SERVICE REFERRED BY THE ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES

Individuals and families that have successfully completed Homeless Assistance programs through the Allegheny County Department of Human Services, Bureau of Homeless Services will be eligible for this preference. Such programs include Permanent Supportive Housing, Transitional Housing, Bridge Housing, Rapid Re-housing and Emergency Shelters.

Individuals and families' eligibility for this preference must be verified by the Administrator of the Bureau of Homeless Services at the Allegheny County Department of Human Services. That eligibility determination will be based upon the following criteria:

- A) Successful completion of a Permanent Supportive Housing program that is determined by the lack of need for the supportive services, but an on-going need for rental assistance.
- B) Successful completion of a Transitional, Rapid Re-housing, or Bridge Housing program, including compliance with all required program guidelines and agreements. Consumers, who have been involuntarily terminated will not be eligible for the set-aside vouchers.
- C) Families with minor children, who have not completed Transitional Bridge, or Emergency Housing Programs may also be eligible if the Administrator determines that a lack of permanent affordable housing is contributing to the family's on-going housing instability. This instability will be determined by at least three homeless episodes within the last three years and a referral to the Allegheny County Office of Children, Youth and Families within the last year.

Individuals and families referred by the Allegheny County Department of Human Services and verified as being eligible for this preference will receive the preference whether the waiting list is open or closed.

3. EMPLOYMENT/ELDERLY & DISABLED PREFERNECE

A) Employment Head of Household

An application in which the head of household, spouse or co-head of household is considered working in a long-term full-time or part-time capacity:

- i. *Any head of household, spouse or co-head of household legally employed by an employer in a full-time capacity*

The head of household, spouse or co-head of household must work for wages, commissions or other consideration of value and have been so gainfully employed after the date of application. The head of household, spouse or co-head of household must demonstrate full-time employment for, at least, six (6) consecutive months of the preceding twelve (12) months prior to the date of the pre-application or the date of placement except for mitigating circumstances, such as, lay-off, business closure, or regular seasonal employment, such as construction or teaching. Full-time



U. S. Department of Housing and Urban Development
Pittsburgh Office
339 Sixth Avenue
Pittsburgh, PA 15222-2507

August 12, 2015

**Joan C. Kotz
Director of Operations
SeniorCare Network
1215 Hulton Road
Oakmont, PA 15139-1196**

Dear Ms. Kotz:

**SUBJECT: Approval of Request to Establish Homeless Preference
Etna Commons, Project Number 033-11102**

Thank you for your request dated July 28, 2015 to establish an Owner-Adopted Homeless Preference at Etna Commons. Your request is in accordance with Housing Notice H 2013-21.

Your request specifies that you will use the definition of homeless as provided in the Hearth Act and will use the Allegheny County Department of Human Services (DHS) – Bureau of Homeless Services as a referral agency. Applicants must be actively participating in a permanent or transitional housing program within DHS and must be in good standing within that program at the time of referral. Applicants must meet the screening criteria established in the property's Tenant Selection Plan and will be screened in accordance with established Fair Housing nondiscrimination laws.

Etna Commons, a 47-unit elderly development located at 21 Hickory Street in Etna Borough, will have a property-wide homeless preference. Units will not be set aside nor will any units be held off-line; vacancies will be filled by alternating selections from the existing waiting list with referrals from DHS of eligible applicants who meet the preference criteria. Implementation of the preference must adhere to the provisions of Housing Notice H 2013-21.

We look forward to working with you as you implement the homeless preference. Please contact Sara Obringer at 412-644-6412 or sara.j.obringer@hud.gov if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "B. D. Murray", written over a faint, larger signature.

**Brian D. Murray
Chief, Asset Management Branch
Pittsburgh Multifamily Program Center**

✓ cc: C. Keenan, DHS

RECEIVED AUG 13 2015



U. S. Department of Housing and Urban Development
Pittsburgh Office
339 Sixth Avenue
Pittsburgh, PA 15222-2507

May 18, 2015

**Joan C. Kotz
Director of Operations
SeniorCare Network
1215 Hulton Road
Oakmont, PA 15139-1196**

Dear Ms. Kotz:

**SUBJECT: Approval of Request to Establish Homeless Preference
York Commons, Project Number 033-44803**

Thank you for your request dated April 30, 2015 to establish an Owner-Adopted Homeless Preference at York Commons. Your request is in accordance with Housing Notice H 2013-21.

Your request specifies that you will use the definition of homeless as provided in the Hearth Act and will use the Allegheny County Department of Human Services (DHS) – Bureau of Homeless Services as a referral agency. Applicants must be actively participating in a permanent or transitional housing program within DHS and must be in good standing within that program at the time of referral. Applicants must meet the screening criteria established in the property’s Tenant Selection Plan and will be screened in accordance with established Fair Housing nondiscrimination laws.

York Commons, a 102-unit elderly development located at 4003 Penn Avenue in Pittsburgh, will have a property-wide homeless preference. Units will not be set aside nor will any units be held off-line; vacancies will be filled by alternating selections from the existing waiting list with referrals from DHS of eligible applicants who meet the preference criteria. Implementation of the preference must adhere to the provisions of Housing Notice H 2013-21.

We look forward to working with you as you implement the homeless preference. Please contact Sara Obringer at 412-644-6412 or sara.j.obringer@hud.gov if you have any questions.

Sincerely,

**Brian D. Murray
Chief, Asset Management Branch
Pittsburgh Multifamily Program Center**

RECEIVED MAY 22 2015

✓ **cc: C. Keenan, DHS**



U. S. Department of Housing and Urban Development
Pittsburgh Office
339 Sixth Avenue
Pittsburgh, PA 15222-2507

April 28, 2015

**Donna Allen, CPM, ARM
Allegheny Housing Rehabilitation Corporation
5604 Baum Boulevard
Pittsburgh, PA 15206-3754**

Dear Ms. Allen:

**SUBJECT: Approval of Request to Establish Homeless Preference
Hill Com II, 033-44083**

Thank you for your request dated April 27, 2015 to establish an Owner-Adopted Homeless Preference at Hill Com II. Your request is in accordance with Housing Notice H 2013-21.

Your request specifies that you will use the definition of homeless as provided in the Hearth Act and will use the Allegheny County Department of Human Services (DHS) – Bureau of Homeless Services as a referral agency. Applicants must be actively participating in a permanent or transitional housing program within DHS and must be in good standing within that program at the time of referral. Applicants must meet the screening criteria established in the property's Tenant Selection Plan and will be screened in accordance with established Fair Housing nondiscrimination laws.

Hill Com II, a 48-unit family scattered-site development located in the Uptown Neighborhood of Pittsburgh, will have a property-wide homeless preference. Implementation of the preference must adhere to the provisions of Housing Notice H 2013-21.

We look forward to working with you as you implement the homeless preference. Please contact Melvin Cherry at 412-644-4241 or melvin.c.cherry@hud.gov if you have any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "B.D. Murray".

**Brian D. Murray
Chief, Asset Management Branch
Pittsburgh Multifamily Program Center**

RECEIVED MAY 01 2015

cc: C. Keenan, DHS



U. S. Department of Housing and Urban Development
Pittsburgh Office
339 Sixth Avenue
Pittsburgh, PA 15222-2507

April 28, 2015

Ron Donner
Supportive Housing Management
Services
803 East Pittsburgh Plaza
East Pittsburgh, PA 15112

Dear Mr. Donner:

SUBJECT: Approval of Request to Establish Homeless Preference
Sylvania Place Apartments, 033-EE074

Thank you for your request dated April 14, 2015 to establish an Owner-Adopted Homeless Preference at Sylvania Place Apartments. Your request is in accordance with Housing Notice H 2013-21.

Your request specifies that you will use the definition of homeless as provided in the Hearth Act and will use the Allegheny County Department of Human Services (DHS) – Bureau of Homeless Services as a referral agency. Applicants must be actively participating in a permanent or transitional housing program within DHS and must be in good standing within that program at the time of referral. Applicants must meet the screening criteria established in the property's Tenant Selection Plan and will be screened in accordance with established Fair Housing nondiscrimination laws.

Sylvania Place Apartments, a 23-unit elderly development located at 29 Sylvania Place Avenue in Pittsburgh, will have a property-wide homeless preference. Implementation of the preference must adhere to the provisions of Housing Notice H 2013-21.

We look forward to working with you as you implement the homeless preference. Please contact Roxanne Oertel at 412-644-6898 or roxanne.m.oertel@hud.gov if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "B. D. Murray", with a stylized flourish at the end.

Brian D. Murray
Chief, Asset Management Branch
Pittsburgh Multifamily Program Center

✓ cc: C. Keenan, DHS

RECEIVED MAY 04 2015



U. S. Department of Housing and Urban Development
Pittsburgh Office
339 Sixth Avenue
Pittsburgh, PA 15222-2507

August 4, 2015

**Charlise Smith
Ralph A. Falbo, Inc.
429 Fourth Avenue, Suite 1100
Pittsburgh, PA 15219**

Dear Ms. Smith:

RECEIVED AUG 07 2015

**SUBJECT: Approval of Request to Establish Homeless Preference
Bry Mard Apartments, 033-35196**


Thank you for your request dated July 17, 2015 to establish an Owner-Adopted Homeless Preference at Bry Mard Apartments. Your request is in accordance with Housing Notice H 2013-21.

Your request specifies that you will use the definition of homeless as provided in the Hearth Act and will use the Allegheny County Department of Human Services (DHS) – Bureau of Homeless Services as a referral agency. Chuck Keenan is the Administrator of the Bureau of Homeless Services. Applicants must be actively participating in a permanent or transitional housing program within DHS and must be in good standing within that program at the time of referral. Applicants must meet the screening criteria established in the property's Tenant Selection Plan and will be screened in accordance with established Fair Housing nondiscrimination laws.

Bry Mard Apartments, a 37-unit elderly (55+) development located in Pittsburgh, will have a property-wide homeless preference. Implementation of the preference must adhere to the provisions of Housing Notice H 2013-21. To begin implementing the homeless preference and utilizing the referral agency, please contact Chuck Keenan at 412-350-5606 via email at charles.keenan@county.allegheny.pa.us.

We look forward to working with you as you implement the homeless preference. Please contact Roxanne Oertel at 412-644-6898 or roxanne.m.oertel@hud.gov if you have any questions.

Sincerely,


Brian D. Murray
Chief, Asset Management Branch
Pittsburgh Multifamily Program Center

✓ cc: C. Keenan, DHS



U. S. Department of Housing and Urban Development
Pittsburgh Office
339 Sixth Avenue
Pittsburgh, PA 15222-2507

August 4, 2015

**Charlise Smith
Ralph A. Falbo, Inc.
429 Fourth Avenue, Suite 1100
Pittsburgh, PA 15219**

RECEIVED AUG 07 2015

Dear Ms. Smith:

**SUBJECT: Approval of Request to Establish Homeless Preference
Just Inn Transition, 033-35193**

Thank you for your request dated July 17, 2015 to establish an Owner-Adopted Homeless Preference at Just Inn Transition. Your request is in accordance with Housing Notice H 2013-21.

Your request specifies that you will use the definition of homeless as provided in the Hearth Act and will use the Allegheny County Department of Human Services (DHS) – Bureau of Homeless Services as a referral agency. Chuck Keenan is the Administrator of the Bureau of Homeless Services. Applicants must be actively participating in a permanent or transitional housing program within DHS and must be in good standing within that program at the time of referral. Applicants must meet the screening criteria established in the property's Tenant Selection Plan and will be screened in accordance with established Fair Housing nondiscrimination laws.

Just Inn Transition, a 43-unit elderly (55+) development located in the Mount Washington Neighborhood of Pittsburgh, will have a property-wide homeless preference. Implementation of the preference must adhere to the provisions of Housing Notice H 2013-21. To begin implementing the homeless preference and utilizing the referral agency, please contact Chuck Keenan at 412-350-5606 or via email at charles.keenan@county.allegheny.pa.us.

We look forward to working with you as you implement the homeless preference. Please contact Charlene Gillcrese at 412-644-2899 or charlene.o.gillcrese@hud.gov if you have any questions.

Sincerely,

**Brian D. Murray
Chief, Asset Management Branch
Pittsburgh Multifamily Program Center**

✓ cc: C. Keenan, DHS

**Allegheny County Continuum of Care Evaluation
2022 Renewal Application Project
Performance Outcomes**

Agency:

Project Name:

Evaluation Data Review Period: **1/1/2021** to **12/31/2021**

Total HUD 2021 Grant Award: \$ - Households Exits to PH

Type of Program: Permanent Supportive Housing

Housing Programs: No. of Units No. of Beds

Subpopulation Target A Served: Subpopulation Target B Served:

Summary of Persons Served during Evaluation Period:

		Households without Children		Households with Children	
Total Households Served :	Number of Households without Children			Number of Households with Children	
	Adults			Adults	
Total Persons Served:				Children	
		Leavers		Stayers	
Total Persons:	Leavers			Stayers	
Households:	Exiting Households			Households Staying	
Total Adults:	Exiting			Staying	

All Performance Measures are generated from HMIS for the purpose of reviewing and ranking 2020 renewal projects. The tool was developed by the Continuum of Care Analysis and Planning Committee and approved by the Homeless Advisory Board to be utilized for the HUD CoC on (date).

a. Unit Utilization

	Average number of households in units throughout the year	%	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	
Average Utilization of Units		#DIV/0!		3		#DIV/0!	5 = 95% & above 4 = 85% - 94% 3 = 75% - 84% 2 = 65% - 74% 1 = 55% - 64% 0 = 54% & below

b. Housing Performance

	Specific Measure by Program Type	%	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	
RRH: Consumers exiting to any HUD-defined PH option		#DIV/0!		3	0		5 = 100% 4 = 85 - 99% 3 = 75 - 84% 2 = 60- 74% 1 = 25-59% or <24% 0=
PSH: Consumers remaining in PSH		#DIV/0!		2	0	#DIV/0!	5 = 100% 4 = 90 - 99% 3 = 80 - 89% 2 = 70- 79% 1 = 50-69% 0= or <49%
PSH: Consumers exiting to any HUD-defined PH option		#DIV/0!		1	0	#DIV/0!	5 = 95 - 100% 4 = 80 - 94% 3 = 65 - 79% 2 = 50 - 64% 1 = 25 - 49% 0= or <24%

c. RRH Income, Employment, Health Insurance & Non Cash Benefits (Leavers)

1. ADULT consumers who maintain or increase income from all sources (excludes zero income)

2. ADULT consumers become or remain employed during program

3. ADULT & CHILD consumers who have health insurance

Specific Outcome Measure	%	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	Point Spread
	#DIV/0!		0.75	0	#DIV/0!	5 = 85% & above 4 = 75% - 84% 3 = 60% - 74% 2 = 50% - 59% 1 = 25% - 49% 0 = 24% & below
	#DIV/0!		0.75			5 = >or = to 40% 4 = 30- 39% 3=20 - 29% 2=10 - 19% 1 = 1-9% 0= 0%
	#DIV/0!		0.75			5 = 100% 4 = 95-99% 3 = 90-94% 2 = 85-89% 1 = 70-84% 0= < or = to 60%

c. PSH Income, Employment, Health Insurance & Non Cash Benefits (Leavers and Stayers)

	Specific Outcome Measure	%	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	Point Spread
1. <u>ADULT</u> consumers who maintain or increase income from all sources		#DIV/0!		0.75	0	#DIV/0!	5 = 85% & above 4 = 75% - 84% 3 = 60% - 74% 2 = 50% - 59% 1 = 25% - 49% 0 = 24% & below
2. <u>ADULT</u> consumers become or remain employed during program		#DIV/0!		0.75			5 = >81 - to 15%
3. <u>ADULT & CHILD</u> consumers who have health insurance		#DIV/0!		0.75			4 = 12 - 14% 3 = 9 - 11% 2 = 6 - 8% 1 = 3 - 5% 0 = <3%
4. <u>ADULT</u> consumers who maintain or increase non-cash benefits		#DIV/0!		0.75			5 = 100% 4 = 95-99% 3 = 90-94% 2 = 85-89% 1 = 70-84% 0 = < or = to 69%
							5 = 100% 4 = 85 - 99% 3 = 70 - 84% 2 = 55 - 69% 1 = 25-54% 0 = < or equal to 24

d.PSH Length of Time (Move in)

Average Length of time from program enrollment to move in date (30 days)(This measure is for only persons moving into program during 2021)

Specific Measure by Program Type	% of Total Served	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	Point Spread
	N/A		1	0	#DIV/0!	5 =< or = to 30 days 4 = 31 - 40 days 3 = 41-50 days 2 = 51-60 days 1 = 61-70 days 0 = greater than 71 days

d.RRH Length of Time

Average Length of time from program enrollment to move in date (30 days)

Rapid Rehousing: Consumers staying or exiting program in 12 months or less

Specific Measure by Program Type	% of Total Served	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	Point Spread
	N/A		1	0		5 =< or = to 30 days 4 = 31 - 40 days 3 = 41-50 days 2 = 51-60 days 1 = 61-70 days 0 = greater than 71 days
	#DIV/0!		2	0		5 = 95% & above 4 = 90% - 94% 3 = 75% - 89% 2 = 60% - 74% 1 = 45% - 59% 0 = 44% & below

e. Project Serving Hard to Serve Participants

	Participants	%	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	
Participants with 2 or more disabilities at entry		#DIV/0!		1	0	#DIV/0!	>= 75% = 5 points 60-74% = 4 points 45-59%> = 3 points 30-44% = 2 points 29% = 1 point 14% = 0 point
Adults with zero income at entry		#DIV/0!		1			>= 75% = 5 points 60-74% = 4 points 45-59%> = 3 points 30-44% = 2 points 29% = 1 point 14% = 0 point
All Persons living in places not meant for human habitation prior to entry		#DIV/0!		1			>= 75% = 5 points 60-74% = 4 points 45-59%> = 3 points 30-44% = 2 points 29% = 1 point 14% = 0 point
All Chronic Homeless at entry		#DIV/0!		1			>= 75% = 5 points 60-74% = 4 points 45-59%> = 3 points 30-44% = 2 points 29% = 1 point 14% = 0 point

f. Recidivism

	Specific Outcome by Program	%	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	Point Spread
Consumers exiting from a program to PH destination but return to homeless system (street outreach or ES or TH) in 6 months		#DIV/0!		1	0	#DIV/0!	5 = 0% - 24% 4 = 25% - 49% 3 = 50% - 59% 2 = 60% - 74% 1 = 75% - 84% 0 = 85% - 100%

g. Data Quality

Program had no data quality missing values

- Data Quality: Errors**
- Name
 - Social Security Number
 - Date of Birth
 - Race
 - Ethnicity
 - Gender
 - Veteran Status (at entry) ADULT
 - Relationship to Head of Household
 - Client Location
 - Disabling Condition
 - Destination at Exit
 - Income and Sources at Entry
 - Income and Sources at Annual
 - Income and Sources at Exits
 - Chronic Homelessness (missing)

Number of HMIS Records with Errors as Defined by HUD	%	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	Point Spread
						5 = 15 /15 fields have less than 5% missing data 4.5 = 14/15 fields have less than 5% missing data 4 = 13 /15 fields have less than 5% missing data 3.5 = 12/15 fields have less than 5% missing data 3 = 11 /15 fields have less than 5% missing data 2.5 = 9-10/15 fields have less than 5% missing data 2= 7-8 /15 fields have less than 5% missing data 1.5 = 5-6/15 fields have less than 5% missing data 1= 3-4/15 fields have less than 5% missing data 0.5 =1- 2/15 fields have less than 5% missing data 0 = 0/15fields have less than 5% missing data
	#DIV/0!		1	0	#DIV/0!	
	#DIV/0!					
	#DIV/0!					
	#DIV/0!					
	#DIV/0!					
	#DIV/0!					
	#DIV/0!					
	#DIV/0!					
	#DIV/0!					
	#DIV/0!					
	#DIV/0!					
	#DIV/0!					
	#DIV/0!					
	#DIV/0!					

h. Data Quality: Timeliness

- Data Quality:RRH Entry
- Data Quality:RRH Exit
- Data Quality: PSH Exits
- Data Quality: PSH Annual

PSH/RRH Number of Records 3 days or less for Exits PSH=Annuals 60 day window	%	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	Point Spread
	#DIV/0!		0.5	0	#DIV/0!	5 = 100% 4 = 85 - 99% 3 = 70 - 84% 2 = 55 - 69% 1 = 54% -45% 0=44% or<
	#DIV/0!		0.5	0	#DIV/0!	
	#DIV/0!		1	0	#DIV/0!	5 = 100% 4 = 85 - 99% 3 = 70 - 84% 2 = 55 - 69% 1 = 54% -45% 0=44% or<
	#DIV/0!		1	0	#DIV/0!	

**i. Monitoring & Housing First
:Both RRH & PSH**

Monitoring Scorecard tab completed (for 2021 monitoring season)

Score From Monitoring Tool	%	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	Point Spread
0	0%		2	0	#DIV/0!	See Monitoring Scorecard for score details.

j. Fiscal

Grant expended all funding (Amount Returned in last HUD grant)

Billing reports are submitted timely during 2021

Amount / Number	%	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	Point Spread
\$ -	#DIV/0!		1	0	#DIV/0!	5 = 0-3% return of funds 4 = 4-7% return of funds 3 = 8-12% return of funds 2 = 13-18% return of funds 1 = 19-25% return of funds 0 = > 26% return of funds
0	0%		1			5 = All billings submitted correctly w/ support documentation & on time or one billing submitted late. 4 = 2-3 billings submitted late and/or required minor documentation changes 3 = 4-6 billings submitted late and/or required documentation changes 2 = 7-9 billings submitted late and/or required major documentation changes 1 = 10-11 billings submitted late and/or required major documentation changes 0 = All billings late and/or incorrect requiring major changes & adjustments

k. Cost Effectiveness of Program

	Amount	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	Point Spread
Cost per successful exit for RRH	#REF!	n/a		1	0	TBD
Cost per successful exit and stayers for PSH	#DIV/0!	n/a		1	0	#DIV/0!

5 = < \$14,000
 4 = > \$14,000 / < \$28,000
 3 = > \$28,000 / < \$42,000
 2 = > \$42,000 / < \$56,000
 1 = > \$56,000 / < \$70,000
 0 = > \$70,000

TOTALS

	Total Points for All Categories	Percentage of Total Points
Total Score (RRH programs)		
Total Score (PSH programs)	0.00	0%

Project Response to Performance Outcomes on Ranking Tool

Name of Person Reviewing Outcomes:

Date of Review:

Did the program receive maximum or near maximum points in all the Performance Measures? Yes No

The project may comment on their performance below by category. Be brief and concise.

1. Comments on Performance

Performance	Explanation/Comments
a. Unit Utilization	
b. Housing Performance	
c1. Income	
c2. Employment	
c3. Health Insurance	
c4. Non-Cash Benefits	
d. Move in Date/ Length of Time	
e. Project Serving Hard to Serve Clients at Entry	This category cannot be increased by reviewers or explained by project since all projects receive referrals from Coordinated Entry. This is scored purely on the data reflected HMIS on client entry information.
f. Recidivism	
g. Data Quality: Elements	
h. Data Quality Timeliness	
i. Monitoring + Housing First	
j. Fiscal	
k. Cost Effectiveness	

2. Further information about this program that may assist the evaluator to understand the challenges or the high performance of your program.

**Allegheny County Continuum of Care Evaluation
2022 Renewal Application Project
Monitoring Scorecard**

Agency:	0						
Project Name:	0						
Monitor & Supervisor							
Risk Level for 2020							
Rationale							
Rubric:	<table> <tr> <td>High Risk</td> <td align="right">4-5 points</td> </tr> <tr> <td>Medium Risk</td> <td align="right">2-3 points</td> </tr> <tr> <td>Low Risk</td> <td align="right">0-1 point</td> </tr> </table>	High Risk	4-5 points	Medium Risk	2-3 points	Low Risk	0-1 point
High Risk	4-5 points						
Medium Risk	2-3 points						
Low Risk	0-1 point						
<i>Total Points Awarded</i>							

**Allegheny County Continuum of Care Evaluation
2022 Renewal Application Project
Fiscal Scorecard**

Agency:	0	
Project Name:	0	
Project Type:	PSH	
Contract Executed Amount		
Amount Received from January - December 2021		
Units		0
Contracted Cost per Unit	#DIV/0!	
Beds		0
Contracted Cost per Bed	#DIV/0!	
PSH = Adult Stayers plus successful outcomes		0
Actual Expenditures Cost/Successful Outcome	#DIV/0!	
Amount of Funds Returned under HUD 2021		
Percentage of Grant Returned:	#DIV/0!	
Timeliness of Billing	On time?	Late?
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
Total	0	0

Allegheny County Continuum of Care Evaluation

2022 Renewal Application Project

Performance Outcomes

Agency: UPMC Presbyterian Shadyside

Project Name: Flex 51

Evaluation Data Review Period: 1/1/2021 to 12/31/2021

Households Exits to PH	6
------------------------	---

Total HUD 2021 Grant Award: \$ 1,134,544.00

Type of Program: Permanent Supportive Housing

Housing Programs: No. of Units	147	No. of Beds	161
Subpopulation Target A Served:		Subpopulation Target B Served:	

Summary of Persons Served during Evaluation Period:

		Households without Children		Households with Children	
Total Households Served :	Number of Households without Children	153		Number of Households with Children	8
	Adults	162		Adults	10
Total Persons Served:				Children	8
Total Persons:	Leavers			Stayers	
	Leavers	21		Stayers	152
	Households:	Exiting Households	17	Households Staying	137
Total Adults:	Exiting	19		Staying	146

All Performance Measures are generated from HMIS for the purpose of reviewing and ranking 2020 renewal projects. The tool was developed by the Continuum of Care Analysis and Planning Committee and approved by the Homeless Advisory Board to be utilized for the HUD CoC on (date).

a. Unit Utilization

	Average number of households in units throughout the year	%	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	
Average Utilization of Units	163	111%	5	3	15	16%	5 = 95% & above 4 = 85% - 94% 3 = 75% - 84% 2 = 65% - 74% 1 = 55% - 64% 0 = 54% & below

b. Housing Performance

	Specific Measure by Program Type	%	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	
PSH: Consumers remaining in PSH	124	81%	3	2	6	6%	5 = 100% 4 = 90 - 99% 3 = 80 - 89% 2 = 70 - 79% 1 = 50-69% 0 = or <49%
PSH: Consumers exiting to any HUD-defined PH option	6	35%	1	1	1	1%	5 = 95 - 100% 4 = 80 - 94% 3 = 65 - 79% 2 = 50 - 64% 1 = 25 - 49% 0 = or <24%

c. PSH Income, Employment, Health Insurance & Non Cash Benefits (Leavers and Stayers)

	Specific Outcome Measure	%	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	Point Spread
1. <u>ADULT</u> consumers who maintain or increase income from all sources	115	70%	3	0.75	10.5	11%	5 = 85% & above 4 = 75% - 84% 3 = 60% - 74% 2 = 50% - 59% 1 = 25% - 49% 0 = 24% & below
2. <u>ADULT</u> consumers become or remain employed during program	16	10%	3	0.75			4 = 12 - 14% 3 = 9 - 11% 2 = 6 - 8% 1 = 3 - 5% 0 = <3%
3. <u>ADULT & CHILD</u> consumers who have health insurance	168	97%	4	0.75			5 = 100% 4 = 95-99% 3 = 90-94% 2 = 85-89% 1 = 70-84% 0 = < or = to 69%
4. <u>ADULT</u> consumers who maintain or increase non-cash benefits	147	89%	4	0.75			5 = 100% 4 = 85 - 99% 3 = 70 - 84% 2 = 55 - 69% 1 = 25-54% 0 = < or equal to 24

d.PSH Length of Time (Move in)

	Specific Measure by Program Type	% of Total Served	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	Point Spread
Average Length of time from program enrollment to move in date (30 days)(This measure is for only persons moving into program during 2021)	48	N/A	3	1	3	3%	5 =< or = to 30 days 4 = 31 - 40 days 3 = 41-50 days 2 = 51-60 days 1 = 61-70 days 0 = greater than 71 days

e. Project Serving Hard to Serve Participants

	Participants	%	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	
Participants with 2 or more disabilities at entry	119	66%	4	1	17	18%	>= 75% = 5 points 60-74% = 4 points 45-59%> = 3 points 30-44% = 2 points 29% = 1 point 14% = 0 point
Adults with zero income at entry	107	62%	4	1			>= 75% = 5 points 60-74% = 4 points 45-59%> = 3 points 30-44% = 2 points 29% = 1 point 14% = 0 point
All Persons living in places not meant for human habitation prior to entry	116	64%	4	1			>= 75% = 5 points 60-74% = 4 points 45-59%> = 3 points 30-44% = 2 points 29% = 1 point 14% = 0 point
All Chronic Homeless at entry	174	97%	5	1			>= 75% = 5 points 60-74% = 4 points 45-59%> = 3 points 30-44% = 2 points 29% = 1 point 14% = 0 point

f. Recidivism

	Specific Outcome by Program	%	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	Point Spread
Consumers exiting from a program to PH destination but return to homeless system (street outreach or ES or TH) in 6 months	0	0%	5.00	1	5	5%	5 = 0% - 24% 4 = 25% - 49% 3 = 50% - 59% 2 = 60% - 74% 1 = 75% - 84% 0 = 85% - 100%

g. Data Quality

Program had no data quality missing values

Data Quality: Errors

Name	Number of HMIS Records with Errors as Defined by HUD	%
	no	
Name	0	0%
Social Security Number	0	0%
Date of Birth	0	0%
Race	0	0%
Ethnicity	0	0%
Gender	0	0%
Veteran Status (at entry) ADULT	0	0%
Relationship to Head of Household	0	0%
Client Location	0	0%
Disabling Condition	0	0%
Destination at Exit	0	0%
Income and Sources at Entry	0	0%
Income and Sources at Annual	0	0%
Income and Sources at Exits	0	0%
Chronic Homelessness (missing)	4	2%

	Number of HMIS Records with Errors as Defined by HUD	%	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	Point Spread
	no		5	1	5	5%	5 = 15 /15 fields have less than 5% missing data 4.5 = 14/15 fields have less than 5% missing data 4 = 13 /15 fields have less than 5% missing data 3.5 = 12/15 fields have less than 5% missing data 3 = 11 /15 fields have less than 5% missing data 2.5 = 9-10/15 fields have less than 5% missing data 2 = 7-8 /15 fields have less than 5% missing data 1.5 = 5-6/15 fields have less than 5% missing data 1 = 3-4/15 fields have less than 5% missing data 0.5 =1- 2/15 fields have less than 5% missing data 0 = 0/15fields have less than 5% missing data

h. Data Quality: Timeliness

Data Quality: PSH Exits

Data Quality: PSH Annual

	PSH/RRH Number of Records 3 days or less for Exits PSH=Annuals 60 day window	%	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	Point Spread
Data Quality: PSH Exits	21	100%	5	1	5	5%	5 = 100% 4 = 85 - 99% 3 = 70 - 84% 2 = 55 - 69% 1 = 54% -45% 0=44% or<
Data Quality: PSH Annual	64	100%	5	1	5	5%	

i. Monitoring & Housing First :Both RRH & PSH

Monitoring Scorecard tab completed (for 2021 monitoring season)

	Score From Monitoring Tool	%	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	Point Spread
Monitoring Scorecard tab completed (for 2021 monitoring season)	3		3	2	6	6%	See Monitoring Scorecard for score details.

j. Fiscal

	Amount / Number	%	Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	Point Spread
Grant expended all funding (Amount Returned in last HUD grant)	\$ 1,513.00	0.13%	5	1	9	10%	5 = 0-3% return of funds 4 = 4-7% return of funds 3 = 8-12% return of funds 2 = 13-18% return of funds 1 = 19-25% return of funds 0 = > 26% return of funds
Billing reports are submitted timely during 2021	9	75%	4	1			5 = All billings submitted correctly w/ support documentation & on time or one billing submitted late. 4 = 2-3 billings submitted late and/or required minor documentation changes 3 = 4-6 billings submitted late and/or required documentation changes 2 = 7-9 billings submitted late and/or required major documentation changes 1 = 10-11 billings submitted late and/or required major documentation changes 0 = All billings late and/or incorrect requiring major changes & adjustments
			8921.87				

k. Cost Effectiveness of Program

	Amount		Individual Points	Weighted Points	Total Points for Category	Percentage of Total Points	Point Spread
Cost per successful exit for RRH	#REF!	n/a		1	0		TBD
Cost per successful exit and stayers for PSH	\$ 8,921.87	n/a	5	1	5	5%	5 = < \$14,000 4 = > \$14,000 / < \$28,000 3 = > \$28,000 / < \$42,000 2 = > \$42,000 / < \$56,000 1 = > \$56,000 / < \$70,000 0 = > \$70,000

TOTALS

	Total Points for All Categories	Percentage of Total Points
Total Score (RRH programs)		
Total Score (PSH programs)	92.50	80.43%

Project Response to Performance Outcomes on Ranking Tool

Name of Person Reviewing Outcomes:

Date of Review:

Did the program receive maximum or near maximum points in all the Performance Measures?

Yes

No

The project may comment on their performance below by category. Be brief and concise.

1. Comments on Performance

Performance	Explanation/Comments
a. Unit Utilization	
b. Housing Performance	Program exited 21 and according to HUD 6 are excluded resulting in 15 exits and 10 to PH resulting in 67%
c1. Income	
c2. Employment	
c3. Health Insurance	
c4. Non-Cash Benefits	
d. Move in Date/ Length of Time	
e. Project Serving Hard to Serve Clients at Entry	This category cannot be increased by reviewers or explained by project since all projects receive referrals from Coordinated Entry. This is scored purely on the data reflected HMIS on client entry information.
f. Recidivism	
g. Data Quality: Elements	
h. Data Quality Timeliness	
i. Monitoring + Housing First	The official Follow up letter that was provided to our program outlining the monitoring findings did not identify a FINDING nor make an official
j. Fiscal	
k. Cost Effectiveness	

2. Further information about this program that may assist the evaluator to understand the challenges or the high performance of your program.

Our program experienced high rate of staff turn over and also absorbed 55 program participants from another provider - effectively increasing our census by 67% overnight. Program worked diligently to assist in transition process for clients transferred along with landlords, which was time consuming and very challenging. We strategized bringing them in to service by initially linking them with Administrative SCs while working to schedule them to obtain disability verification to establish eligibility for Blended SC so there would not be a gap in service provision during the transition. Once disability verification was obtained, transition occurred from ASC to BSC. Our site based component of Flex 51 (Next Chapter) also experienced high turnover and staffing shortages, which we know was a shared challenge across many programs in the CoC. Our core staff really banded together and rose to the challenges, worked overtime, and ensured that the gentlemen served in that program were always safe and supported. We identified a new Program Supervisor for Next Chapter, who was our former team lead and the obvious choice for the role - he continues to demonstrate his heart and commitment to serving the unsheltered of Allegheny County.

**Allegheny County Continuum of Care Evaluation
2022 Renewal Application Project
Monitoring Scorecard**

Agency:	UPMC Presbyterian Shadyside	
Project Name:	Flex 51	
Monitor & Supervisor	Marrie Griffin/Garletta Germany	
Rationale	Case Management: Service Plans should be completed quarterly. Lease Agreements: Initial lease should be in all client files	
Rubric:	Low Risk	4-5 points
	Medium Risk	2-3 points
	High Risk	0-1 point
Total Points Awarded		3

**Allegheny County Continuum of Care Evaluation
2022 Renewal Application Project
Fiscal Scorecard**

Agency:	UPMC Presbyterian Shadyside	
Project Name:	Flex 51	
Project Type:	PSH	
Contract Executed Amount	\$	1,161,356.00
Amount Received from January - December 2021	\$	1,159,843.00
Units		147
Contracted Cost per Unit	\$	7,900.38
Beds		161
Contracted Cost per Bed	\$	7,213.39
PSH = Adult Stayers plus successful outcomes		130
Actual Expenditures Cost/Successful Outcome	\$	8,921.87
Amount of Funds Returned under HUD 2021	\$	1,513.00
Percentage of Grant Returned:		0%
Timeliness of Billing	On time?	Late?
January		1
February	1	
March	1	
April		1
May	1	
June	1	
July	1	
August	1	
September	1	
October	1	
November		1
December	1	
Total	9	3

Allegheny County CoC (PA-600)
FY22 CoC Program Competition Project Lists

Renewal Project List (Ranked: Tier 1)									
Rank No.	Status	Agency	Project	Type of Program	Type of Program	Target Sub- Population	Final Score	Funding Amount	Running Total
1	accepted	Chartiers Center	Atlas PSH	PSH	scattered site	singles	93.5	\$ 179,858.00	\$ 179,858.00
2	accepted	Alle-Kiski Area Hope Center	DV Unified Project	RRH	scattered site	mixed singles & families	93	\$ 816,132.00	\$ 995,990.00
3	accepted	UPMC Presbyterian Shadyside	Flex 51	PSH	combination	singles	93	\$ 2,255,049.00	\$ 3,251,039.00
4	accepted	Alle-Kiski Area Hope Center	Safe at Home	RRH	scattered site	mixed singles & families	93	\$ 583,489.00	\$ 3,834,528.00
5	accepted	Mercy Life Center	A River to Home	PSH	scattered site	singles	90.75	\$ 567,901.00	\$ 4,402,429.00
6	accepted	UPMC Presbyterian Shadyside	Neighborhood Living Program	PSH	scattered site	mixed singles & families	89.75	\$ 1,399,944.00	\$ 5,802,373.00
7	accepted	Bethlehem Haven	Haven Homes	PSH	facility	singles	89.5	\$ 282,536.00	\$ 6,084,909.00
8	accepted	Bethlehem Haven	Haven Housing Dedicated Plus	PSH	scattered site	singles	86	\$ 296,776.00	\$ 6,381,685.00
9	accepted	Auberle	At Home	RRH	scattered site	mixed singles & families	85.75	\$ 138,513.00	\$ 6,520,198.00
10	accepted	ACTION	Housing Plus II	PSH	scattered site	singles	84.75	\$ 199,162.00	\$ 6,719,360.00
11	accepted	UPMC Presbyterian Shadyside	Flex 50	PSH	scattered site	families	84	\$ 1,665,499.00	\$ 8,384,859.00
12	accepted	Goodwill	Northside Common Ministries PSH	PSH	scattered site	singles	83.75	\$ 138,438.00	\$ 8,523,297.00
13	accepted	Allies for Health and Well Being	Choice I	PSH	scattered site	mixed singles & families	83.25	\$ 484,828.00	\$ 9,008,125.00
14	accepted	Veterans Leadership Program	Victory	PSH	scattered site	mixed singles & families	83.25	\$ 734,951.00	\$ 9,743,076.00
15	accepted	ACTION	MyPlace PSH	PSH	scattered site	singles	82	\$ 69,256.00	\$ 9,812,332.00
16	accepted	YWCA	YW Bridges RRH	RRH	scattered site	mixed singles & families	81.5	\$ 365,743.00	\$ 10,178,075.00
17	accepted	Mercy Life Center	Path to New Life	PSH	scattered site	singles	80.5	\$ 650,023.00	\$ 10,828,098.00
18	accepted	Familylinks	Community Housing Program	PSH	scattered site	mixed singles & families	80.25	\$ 145,500.00	\$ 10,973,598.00
19	accepted	Chartiers Center	Hestia Project	PSH	scattered site	mixed singles & families	80.25	\$ 1,050,826.00	\$ 12,024,424.00
20	accepted	Allegheny County CoC/DHS	Allegheny Link	SSO-CE	n/a	n/a	--	\$ 68,761.00	\$ 12,093,185.00
21	accepted	Allegheny County CoC/DHS	Allegheny Link Expansion	SSO-CE	n/a	n/a	--	\$ 512,582.00	\$ 12,605,767.00
22	accepted	Allegheny County CoC/DHS	HMIS	HMIS	n/a	n/a	--	\$ 198,942.00	\$ 12,804,709.00
23	accepted	Allegheny County CoC/DHS	HMIS Expansion	HMIS	n/a	n/a	--	\$ 152,250.00	\$ 12,956,959.00
24	accepted	Goodwill	Harbor II RRH	RRH	scattered site	singles	79.75	\$ 609,879.00	\$ 13,566,838.00
25	accepted	Community Human Services	Families United	PSH	scattered site	mixed singles & families	79.5	\$ 826,854.00	\$ 14,393,692.00
26	accepted	Gaudenzia	Village Phase I	PSH	scattered site	mixed singles & families	78.75	\$ 258,454.00	\$ 14,652,146.00
27	accepted	Sisters Place	Sunrise	PSH	combination	families	78.5	\$ 488,722.00	\$ 15,140,868.00
28	accepted	Community Human Services	Work Towards Sustainability from Crisis	PSH	combination	singles	76.25	\$ 563,961.00	\$ 15,704,829.00
29	accepted	Veterans Leadership Program	Constitution RRH	RRH	scattered site	singles	76	\$ 234,104.00	\$ 15,938,933.00
30	accepted	Allegheny Valley Association of Churches	Hospitality Homes I	PSH	scattered site	mixed singles & families	74.75	\$ 328,112.00	\$ 16,267,045.00
31	accepted	ACTION	MyPlace RRH	RRH	scattered site	mixed singles & families	73.75	\$ 916,163.00	\$ 17,183,208.00
32	accepted	Sojourner Moms	Moms II	PSH	facility	families	73.5	\$ 870,602.00	\$ 18,053,810.00
33	accepted	Goodwill	Good Start	RRH	scattered site	families	68	\$ 361,621.00	\$ 18,415,431.00
34	accepted	UPMC Presbyterian Shadyside	Soteria	RRH	scattered site	mixed singles & families	65.75	\$ 246,855.00	\$ 18,662,286.00
35	accepted	Mercy Life Center	A Step Forward	RRH	scattered site	families	61.25	\$ 194,330.00	\$ 18,856,616.00
not ranked	rejected	Community Human Services	Housing Solutions	RRH	scattered site	mixed singles & families	55.25	\$ -	\$ 18,856,616.00

New Project List (Ranked: Tier 2)									
Rank No.	Status	Agency	Project	Type of Program	Type of Program	Target Sub- Population	Final Score	Funding Amount	Running Total
36	accepted	Chartiers Center	Atlas PSH Expansion	PSH	scattered site	singles	n/a	\$ 665,500.00	\$ 19,522,116.00
37	accepted	YWCA	YW Bridges RRH Expansion	RRH	scattered site	mixed singles & families	n/a	\$ 300,000.00	\$ 19,822,116.00
38	accepted	UPMC Presbyterian Shadyside	Neighborhood Living Program	PSH	scattered site	mixed singles & families	n/a	\$ 700,000.00	\$ 20,522,116.00

Allegheny County CoC (PA-600)
FY22 CoC Program Competition Project Lists

YHDP Renewal Projects (Not Ranked)									
Rank No.		Agency	Project	Type of Program	Type of Program	Target Sub- Population	Final Score	Funding Amount	Running Total
n/a	accepted	Allegheny County Department of Human Services	Homelessness Services & Support Coordinators for Youth	SSO	n/a		n/a	\$ 345,506.00	\$ 20,867,622.00
n/a	accepted	Auberle and Center That CARES	Youth Rapid Re-Housing	RRH	n/a		n/a	\$ 939,482.00	\$ 21,807,104.00
n/a	accepted	Auberle	HOPE	SSO	n/a		n/a	\$ 479,160.00	\$ 22,286,264.00

YHDP Replacement Projects (Not Ranked)									
Rank No.		Agency	Project	Type of Program	Type of Program	Target Sub- Population	Final Score	Funding Amount	Running Total
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

CoC Planning (Not Ranked)									
Rank No.		Agency	Project	Type of Program	Type of Program	Target Sub- Population	Final Score	Funding Amount	Running Total
n/a	accepted	Allegheny County Department of Human Services	CoC Planning Grant	n/a	n/a	n/a	n/a	\$ 795,975.00	\$ 23,082,239.00

UFA (Not Ranked)									
Rank No.		Agency	Project	Type of Program	Type of Program	Target Sub- Population	Final Score	Funding Amount	Running Total
n/a	accepted	Allegheny County Department of Human Services	UFA Grant	n/a	n/a	n/a	n/a	\$ 795,975.00	\$ 23,878,214.00