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 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
 2. The FY 2021 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 2021 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

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

1B-1.	**Inclusive Structure and Participation–Participation in Coordinated Entry.**
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.

	In the chart below for the period from May 1, 2020 to April 30, 2021:
1.	**select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or**
2.	**select Nonexistent if the organization does not exist in your CoC's geographic area:**

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

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

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

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

(limit 2,000 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 posted on the CoC webpage, in addition to being shared through partners' distribution lists and contacts. 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. During the pandemic, Microsoft Teams has also been used, with closed captioning available. (3) 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 were active in the strategic planning process. Currently, the CoC is exploring models to increase the voice of people with lived

experience. 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. (4) During the annual nomination process, the HAB considers CoC stakeholder involvement and conducts targeted outreach to bolster participation of any group that may be underrepresented. Discussions for the CoC's next planning phase were initiated in May '21, including a status review of the current strategic plan and a stakeholder survey of key considerations moving forward. During all discussions to date equity has been highlighted as a key value and strategic planning area for the CoC.

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 2,000 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 comment 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, aging providers. (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. (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 Funded.	
	NOFO Section VII.B.1.a.(4)	

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

(limit 2,000 characters)

(1,2,3) The CoC uses a formal, open and competitive procurement process to identify new projects for both reallocation and bonus funds. After analyzing local needs, the CoC issues a public RFP, open to any organization. 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 the Allegheny County Department of Human Services (DHS), and is regularly reviewed by service providers) and www.PAbidsystem.com, emailed to service providers across the region and posted in multiple newspapers. (4) Proposals are reviewed by a diverse review committee, including CoC board members, and are scored based on the criteria outlined in the RFP. Criteria include but are not limited to: organizational experience and capacity, implementation strategy, ability to implement Housing First and plans to meet program standards including working with coordinated entry and HMIS. Based on the score results and analysis of local needs, the review committee puts forth a recommendation to the CoC's board, who then review the recommendation and justification and make a final decision on projects to include in the application. (5) To ensure effective communication with individuals with disabilities, all materials are available in PDF format; in addition, interpretation and translation services, including ASL, are available, and board meetings are held in an ADA compliant location that allows people with hearing devices to link directly into the audio system.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

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https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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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 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 LGBT 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)**	No
	Other:(limit 50 characters)	

18.	Workforce Development Organization	Yes

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

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

(limit 2,000 characters)

(1) The CoC has 2 ESG recipients, Pittsburgh City Planning Department and the Allegheny County Office of Economic Development, both of whom work collaboratively with the CoC to plan and allocate funds. Representatives from the ESG recipients are active in the CoC planning bodies, including having a leadership position on the HAB's Analysis and Planning Committee. Additionally, ESG recipients, sub-recipients, and DHS (the CoC's administrative lead) 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, the 2 ESG recipients plus 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 gender:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are	No

	not separated.	
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.	No
6.	Other. (limit 150 characters)	
	Park of contract requirements	Yes

1C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

	Describe in the field below:	
1.	how your CoC collaborates with youth education providers;	
2.	your CoC's formal partnerships with youth education providers;	
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);	
4.	your CoC's formal partnerships with SEAs and LEAs;	
5.	how your CoC collaborates with school districts; and	
6.	your CoC's formal partnerships with school districts.	

(limit 2,000 characters)

(1,3,5) With support from NCHE, the CoC and LEA brought together education agencies, higher ed, workforce development, providers and community agencies to inform the CCP and participate in subsequent community calls on addressing needs of older unaccompanied youth. (1) The CoC participates in the long-standing Homeless Children's Education Network (HEN), a community of nonprofits, higher ed, 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. The quarterly HEN meetings focus 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. (2) 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 CES 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 EI programs including Early Head Start. (3,4) A key member of the HEN steering committee is the local LEA Coordinator who communicates directly with the State Education Agency (SEA). The LEA Coordinator is also a member of the CoC's board (HAB), and thus directly engaged in CoC planning. (5,6) Every school district has a Homeless Liaison on staff, whom consult with the LEA and ensure children are enrolled in school and assist with transportation, paperwork, immunizations, and other school requirements.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	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 2,000 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 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-4b.	CoC Collaboration Related to Children and Youth–Educational Services–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	No

5.	**Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)**	Yes	Yes
6.	**Head Start**	Yes	No
7.	**Healthy Start**	Yes	Yes
8.	**Public Pre-K**	Yes	Yes
9.	**Tribal Home Visiting Program**	No	Yes
	Other (limit 150 characters)		
10.			

1C-5.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.**	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC coordinates to provide training for:
1.	**Project staff that addresses safety and 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 safety and 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 2,000 characters)

(1,2) Collaborating with the CoC's four VAWA-funded agencies, DV trainings are provided to CE staff and service providers on a rolling basis, including trainings on identification, intervention, referrals, and safety issues. DV providers offer 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. DV providers also provide training to homeless providers and CE staff upon request on DV safety issues. The CoC's Core Training Collaborative also offers trauma informed care training, including a two-day training offered by the Trauma Think Tank, a human services wide initiative to ensure staff and partner organizations are informed and comfortable around the topics of trauma, resiliency, and wellness. Mental health first aid trainings, relating to both adult and youth populations, are also made available multiple times a year. Further supporting service delivery best practice for survivors of domestic violence, CE and DV staff are trained to protect 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. CE staff ensure the client can share information safely and are transparent about information collection and storage.

1C-5a.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.**	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 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. 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 last year, for which the CoC was awarded.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

(1) 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 CE, individuals and families fleeing DV can choose to be referred to only victim service agencies (via a warm transfer), non-victim 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 county-wide coordinated RRH program, DV-UP. This program maximizes the client's choice of housing through the 4 providers 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. (2) 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. Finally, DV providers are active in CoC planning, including serving on the governing board and committees, to integrate the needs of DV,

Dating Violence, Sexual Assault, and Stalking Survivors into planning processes. (3) Pursuant to VAWA standards, CE referrals to VAWA-funded services providers do not utilize HMIS. 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.

1C-6.	**Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–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 LGBT 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 to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?**	No

1C-7.	**Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.**	
	NOFO Section VII.B.1.g.	

	Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf 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 2020 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?**

You must enter information for at least 1 row in question 1C-7.

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 2,000 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. Both PHAs sit on the CoC governance board (HAB), allowing for a close working relationship. The Homeless Admission Preferences were created seven 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 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 strengthening its Move On strategy by providing 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 Tax Credit (LIHTC) developments**	Yes
4.	**Local low-income housing programs**	No
	Other (limit 150 characters)	
5.		

1C-7c.	**Including PHA-Funded Units in Your CoC's Coordinated Entry System.**
	NOFO Section VII.B.1.g.

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes

1C-7c.1.	**Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.**
	NOFO Section VII.B.1.g.

	If you selected yes in question 1C-7c., describe in the field below:
1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

In addition to the assessment and homelessness housing referral processes conducted, the CoC's CE conducts Housing Resource Action Planning with individuals and families, as appropriate. This housing search and resource assistance process includes: providing information, guidance and linkages to the PHA, tax-credit and project based subsidized housing units; counseling on the types of PHA funded housing options within the CoC's two largest PHAs (City of Pittsburgh and Allegheny County), as well as the McKeesport HA, along with any tax-credit and/or project based subsidized housing units; providing instructions on how to apply at each location, including application assistance when appropriate; and mailing out and email applications and instructions to people in need. The CoC works closely with the two largest HA in the geographic region, with both serving the CoC's governance board, and will formal agreements established. Collaboration with these PHAs is inclusive of homeless admission preference through the Housing Choice Voucher program, Mainstream Vouchers, Family Unification Program, Fostering Youth to Independence vouchers, and now implementing the housing mobility initiative as part of the HCV Mobility Demonstration.

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

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes

1C-7d.1.	**CoC and PHA Joint Application–Experience–Benefits.**	
	NOFO Section VII.B.1.g.	

	If you selected yes to question 1C-7d, describe in the field below:
1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

(limit 2,000 characters)

(1, 2) The CoC has collaborated with the two largest housing authorities in the geographic area to successfully receive and distribute Housing Choice Vouchers, Mainstream Vouchers, Family Unification Program and Foster Youth to Independence Vouchers, and is in process of implementing the housing mobility initiative as part of the HCV Mobility Demonstration. (3) Both PHAs sit on the CoC governance board (HAB), allowing for a close working relationship. The Homeless Admission Preferences were created over seven years ago and along with the other voucher programs are an important part of the CoC Move On strategy. 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 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 individuals and families experiencing homelessness to take their place. Additionally, the HCV Mobility Demonstration aims to expand geographic choice for HCV families who want to move to high-opportunity areas by working with landlords, public housing authorities, and HCV holders. Further, the CoC's Homeless Services and Supports Coordination (HSSC) program provides comprehensive service coordination for families that enter emergency homeless shelters, and the collaboration of these vouchers programs have been an important mechanism for stabilizing families into permanent housing from emergency shelters, diverting families from the longer term homelessness housing programs and allowing for movement and flow in the shelter.

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes

1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.
PHA
Allegheny County ...
Housing Authority...

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

Name of PHA: Allegheny County Housing Authority

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

Name of PHA: Housing Authority of the City of Pittsburgh

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	**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

1C-9.	**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 2021 CoC Program Competition.	
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 2021 CoC Program Competition that have adopted the Housing First approach.	
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	0%

You must enter a value for elements 1 and 2 in question 1C-9.

1C-9a.	**Housing First–Project Evaluation.**	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 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: (1) 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 (2) 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.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes

1C-10.	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 2,000 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 (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), CE, 311, police and community groups. Street Outreach also engage people at drop-in centers, shelters, food lines and other locations identify and connect with people who might otherwise not be connecting to homelessness services. The CoC facilitates a weekly provider meeting to review a by-name list of unsheltered individuals and to strategize effective engagement approaches. In addition, 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. (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. The CoC's CE also has a mobile unit that meets individuals wherever they are to assess their needs and provide referrals to housing.

1C-11.	Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	No
5.	Other:(limit 500 characters)	

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.l.	

	2020	2021
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."	854	722

1C-13.	Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

1C-13a.	Mainstream Benefits and Other Assistance–Information and Training.	
	NOFO Section VII.B.1.m	

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	systemically providing 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.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4.	providing assistance with the effective use of Medicaid and other benefits.

(limit 2,000 characters)

Multiple avenues are used to keep program staff up to date on (1) mainstream resources, (2) the availability of resources, (3) linkages to assistance with health insurance enrollment and (4) the effective utilization of benefits; 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 a monthly electronic bulletin for program staff and stakeholders on mainstream benefits. In addition, quarterly 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. (2,3) 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. (3) The CoC also facilitates a Housing and Healthcare group (H2) which promotes collaboration with healthcare providers. The Consumer Health Coalition participates in H2's quarterly meetings and provides members with information on enrollment. (4) 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.

1C-14.	Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	

	Describe in the field below how your CoC's coordinated entry system:
1.	covers 100 percent of your CoC's geographic area;
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

(limit 2,000 characters)

(1) The CoC employs a centralized approach to 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 Field Unit is particularly effective at reaching people who are otherwise unlikely to call for assistance. It consists of staff who partner with street outreach teams to bring CE to those who are unsheltered. Additionally, the Field Unit has regular hours at day drop-in centers, medical clinics, and libraries where people experiencing homelessness may visit. Since adding the Field Unit, the percentage of people enrolled in RRH or PSH that reported "place not meant for human habitation" as their prior living arrangement has increased from 10% in 2015 to 24% in 2020. (3) 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 (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. (4) Timely receipt of service for those most in need is 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, timeline and program contacts with them. Additionally, referrals are monitored in HMIS for timeliness in contacting participants and enrollment.

1C-15.	**Promoting Racial Equity in Homelessness–Assessing Racial Disparities.**	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes

1C-15a.	**Racial Disparities Assessment Results.**	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	Yes
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No

6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

	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.	No
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.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

	Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.	

(limit 2,000 characters)

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. The assessment also found that the homelessness system is placing people into homelessness service programs and achieving positive outcomes (e.g., regarding length of time in programs, exits to permanent destinations, recidivism rates) 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. 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. 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

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

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.	8	2
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	5	2
3.	Participate on CoC committees, subcommittees, or workgroups.	5	2
4.	Included in the decisionmaking processes related to addressing homelessness.	5	1
5.	Included in the development or revision of your CoC's local competition rating factors.	0	0

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes

2.	**The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).**	Yes
3.	**The CoC works with organizations to create volunteer opportunities for program participants.**	Yes
4.	**The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).**	Yes
5.	**Provider organizations within the CoC have incentives for employment and/or volunteerism.**	Yes
6.	**Other:(limit 500 characters)**	

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

1D-1.	**Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:
1.	unsheltered situations;
2.	congregate emergency shelters; and
3.	transitional housing.

(limit 2,000 characters)

(1,2,3) Within 3 weeks of the pandemic's onset the Safe Haven Hotel was opened as a temporary shelter with individual rooms and bathrooms for those impacted by COVID. Since then, the Safe Haven has provided safety along with isolation and quarantine shelter space for more than 1,000 stays for folks living unsheltered or in congregate settings. Further supporting safety across unsheltered, congregate and transitional housing settings, there has been adjustments to capacity distributions based on reviews with the Allegheny County Health Department and space mapping and the distribution of PPE and cleaning supplies. (1) Specific to the needs of people experiencing unsheltered homelessness, porta johns and handwashing stations were placed at camps, and three warming centers were added during the winter season to provide safe, warm spaces in response to many spaces typically open to individuals experiencing homelessness during the day being closed. (1,2) Additionally, Winter Shelter capacity and spacing was expanded. Typically, the CoC supports a winter shelter for men and women downtown and a severe weather shelter in suburban McKeesport, but the McKeesport severe weather shelter was transitioned to a winter shelter kept open every day, and 2 temporary winter shelters were opened downtown. Further, the winter shelter season was extended by 3 months at each shelter.

1D-2.	**Improving Readiness for Future Public Health Emergencies.**	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

The CoC has experienced and implemented both service level and system level changes that have improved its readiness for future public health emergencies. Foundationally, communication mechanisms that are responsive to rapidly changing information are now in place and effectively utilized across the CoC. The communication strategy leverages the resources and networks of the Allegheny County Department of Humans 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 stood up daily provider briefings (now held monthly) to ensure a consistent forum for sharing emerging information and plans and hear where more guidance was needed 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. Homelessness service briefings then were convened, and continue, providing an avenue for relaying and discussing homelessness specific services/response needs. Significant partnerships are also in place to respond effectively in the future. Close coordination with the Health Department and healthcare providers, including FQHCs, have established channels for responding to future emergencies (quickly setting up health clinics or vaccination pods), 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, both in person and via telehealth technology. At the service level the CoC is better prepared by having continuity plans now in place, and established pathways for: overflow and quarantining space; continued support service engagement through virtual modalities; and supply distribution, including PPE.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

	Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

The CoC collaborated closely with both ESG-CV recipients in the geographic region, Allegheny County and City of Pittsburgh, to coordinate distribution of funds. This included: (1) expanding safe emergency shelter space by: transitioning a severe weather shelter into a daily winter shelter to add capacity while maintaining safe spacing practices, standing up and operating the Safe Haven shelter to isolate shelter clients who were COVID-positive and symptomatic and quarantine those who were exposed as well as those individuals at increased risk of complications from COVID (the Safe Haven has provided safety along with isolation and quarantine shelter space for more than

1,000 individuals since opening in April 2020), and implementing safety protocols such as universal masking, daily symptom screenings and temperature checks, cleaning protocols, physical distancing protocols, and new protocols for reporting illness; (2) providing housing assistances, such as housing search and placement assistance; money for security deposits, last month's rent, moving costs, utility costs; and incentives to participating landlords. We anticipate that up to 100 clients would benefit from these services; (3) implementing the emergency rental assistance program, including an online portal to apply for utility and rental assistance and track application status, and distribution of funds (for 2020 CRRP this included serving over 3,600 households and distributing nearly $15million in rental assistance); (4) distributing tablets for each person in isolation/quarantine so that they could receive physical and/or behavioral telehealth services, adding telehealth technology to emergency shelters so service participants can access healthcare resources on site; distributing masks and PPE; and (5) setting up hygiene facilities in the county's most populated homeless encampments.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

(1) In partnership with the Allegheny County Health Department, area healthcare networks, FQHCs and many others, the CoC implemented an array of initiatives and services to decrease the spread of COVID-19. These include: reducing risk at congregate care settings, particularly the emergency shelters by bringing on more emergency shelter locations and adding isolation and quarantining spaces for individuals and families; partnering with Allegheny Health Network to distribute tablets for each person in isolation/quarantine so that they could receive physical and/or behavioral telehealth services; adding telehealth technology to emergency shelters so service participants can access healthcare resources on site; setting up hygiene facilities in the county's most populated homeless encampments; distributing masks and other PPE; and weekly dissemination of COVID-19. Close collaboration with the Health Department also helped in the development of safety guidance and procedures, both for community members and service providers. (2) Homelessness service briefings occurred weekly, ensuring a standing point of contact with CoC providers and local officials, including Health Dept representatives and epidemiologists to review and discuss safety protocols (inclusive of suspected and positive COVID reporting protocols), their effective implementation and any trouble shooting needed. Through this mechanism, the CoC was regularly and consistently in communication with all subrecipients about safety measures. Additionally, DHS, the CoC's administrative lead agency, runs a Director's Action Line (DAL) where any individual may register concerns and complaints or request information about any service administered by DHS or its subrecipients, inclusive of all CoC services. DAL Specialists research and respond to each inquiry, program areas are notified of issues, and input is tracked for to evaluate and inform policies and procedures.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:	
1.	safety measures;	
2.	changing local restrictions; and	
3.	vaccine implementation.	

(limit 2,000 characters)

(1,2,3) The CoC's communication strategy leveraged the resources and networks of DHS, the CoC's administrative lead and the County government agency responsible for providing and administering human services to County residents. In response to COVID-19, DHS quickly stood up daily provider briefings (now held monthly) to ensure a consistent dissemination of emerging information and plans, and hear where more guidance was needed to support the ongoing delivery of quality human services. New information and details about safety measures, restrictions, and/or vaccines were shared at the provider briefings, often directly from a representative at the Health Department. An online public access platform was created to house all briefing materials, including recordings, service operations guidance, safety, resources, and FAQs. In addition, homelessness service briefings occurred weekly, providing an avenue for relaying and discussing homelessness specific services/response needs. These briefings distilled information from the DHS provider that were relevant to the homelessness system and enhanced opportunities for providers to ask questions, participate in response planning, and coordinate directly with Health Dept representatives. The CoC partnered with the Health Dept's epidemiology team to establish a one-step reporting and notification process for any known or suspected COVID-19 cases and exposures, ensuring that epidemiologists were in contact with providers within hours to provide guidance, and liaisons were able to make quick connections to isolation and quarantine spaces as necessary. (3) DHS and the Health Dept facilitated sessions inviting trusted community members and advocates to share their knowledge and experiences with vaccinations, and partnered with FQHCs and providers on streamlining access to vaccination opportunities with many on site clinics and teams offering vaccinations to unsheltered individuals staying on the street.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

DHS, the CoC's lead administrative agency, is the County's agency responsible for providing and administering human services to County residents. As part of Allegheny County government, DHS was effectively able to work with the County Health Department regarding COVID-19 vaccination responses. Local

vaccination protocols were translated into resources guides and FAQs and quickly and broadly distributed to homelessness service providers. Health Department representatives participated in the weekly homeless provider calls to speak directly about vaccination processes and protocols and provide linkages for direct coordination regarding on-site vaccine clinics and mobile teams offering vaccinations to individuals who were/are unsheltered. In addition to the collaboration with the Health Department, partnerships with area FQHCs also enabled streamlined access to vaccination opportunities with targeted outreach to human service participants, including those experiencing homelessness. In standing up and operating the Safe Haven shelter, the County's isolation and quarantine facility, the CoC and its providers had implemented processes for identifying and serving people at increased risk for COVID-19 and/or serious complications from COVID-19. Several efforts were also carried out to help reduce vaccine hesitancy, including information sessions with trusted community members, doctors and advocates about the vaccine, its efficacy and potential side effects, and, dispelling myths regarding the vaccine, as well as the development and distribution of resource materials. DHS also organized several training sessions for shelter staff led by local healthcare professionals that addressed vaccine hesitancy and dispelled myths regarding the vaccine, its efficacy and potential side efforts.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

In coordination with the CoC's VAWA funded domestic violence partners, the CoC implemented a number of efforts to address increases in experiences of domestic violence. During the initial lockdown phase call volume was down due largely to clients being unable to safely reach out. However, it was understood that need had increased. Providers partnered with other institutions to update and broaden outreach and safety planning support, including expanding outreach to friends and family of those experiencing abuse and expanding use of social media to educate and share resources and information. Providers additionally worked with media, government, nonprofits and healthcare providers to educate on the RUSafe app—a dangerous relationship assessment app. In addition to the expanded outreach, a number of resources and processes were implemented, including: text chatlines; a HIPAA compliant model for virtual therapy conducted online; childcare provided at courthouse; and expanding options for petitioners to file PFAs and appear before judges remotely to reduce barriers around transportation and access.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

The CoC's CE system has continued operations uninterrupted throughout the entirety of the pandemic. At the initial onset of lockdowns brought on by COVID-19, in-house technology adjustments were quickly implemented that enabled CE staff to transition to remote work without interrupting services. During this time, wait times for coordinated entry went down, an in-person presence was continued for walk-in access, and recommended safety protocols were followed, including symptom screenings, social distancing measures, mask wearing, and surface cleaning. With the necessary technologies and procedures in place the CoC has been able to continue all CE processes regardless of the specific status COVID-related restrictions at any given time. Additional efforts were also put into place to bolster service participants' ability to access resources while seeking permanent, stable housing. Families with school-aged children were provided mobile WiFi hotspots and assisted with securing laptops or tablets to ensure educational continuity for students participating in remote learning. Emergency shelters were also encouraged to acquire or bolster facility-wide internet access to accommodate remote schooling and employment when hotspot and device shortages occurred. Additionally, cell phones and 6 months of service were provided to individuals experiencing homelessness to support connection to CE and the CoC's service providers. This resource was supported through a collaboration with a leading health provider in the area, and sought to bridge the connection gap brought on by many community hubs, such as libraries, being closed during portions of the pandemic.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	05/04/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	03/30/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

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.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	

	NOFO Section VII.B.2.d.

	Describe in the field below how your CoC reviewed, scored, and selected projects based on:
1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	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 2,000 characters)

(1) 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. (2) 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 2021 Ranking Tool reviewed and rated projects on 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 contributes points to projects based on the percentage of particularly hard to serve consumers they served. 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 Review and Ranking Process.	
	NOFO Section VII.B.2.e.	

	Describe in the field below how your CoC:
1.	obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;
2.	included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;
3.	rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).

(limit 2,000 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 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. (3) 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 indictors 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. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	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;**
4.	**why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and**
5.	**how your CoC communicated the reallocation process to project applicants.**

(limit 2,000 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. (2,3) No projects were identified for reallocation during the local competition. (4) The CoC's Funding Adjustment Process enabled the CoC to project right-size throughout the grant year. (5) The Funding Adjustment Process and local competition review-rate-ranking processes were drafted using stakeholder input and distributed and posted for public comment before CoC Board approval. Further, DHS continuously communicates with subrecipients regarding fiscal and programmatic monitoring, collaborating around spending levels and potential adjustments.

1E-4a.	**Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?		Yes

1E-5.	**Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.**	
	NOFO Section VII.B.2.g.	

1.	**Did your CoC reject or reduce any project application(s)?**	No
2.	**If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.**	

1E-5a.	**Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

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.		10/29/2021

1E-6.	**Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: **1. the CoC Application;**		11/10/2021

2. Priority Listings; and **3. all projects accepted, ranked where required, or rejected.**	

2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

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

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

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

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

Enter the date your CoC submitted its 2021 HIC data into HDX.		05/14/2021

2A-4.	HMIS Implementation–Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

	Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:	
1.	**have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and**	
2.	**submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.**	

(limit 2,000 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 to 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. (2) 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.

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

	Enter 2021 HIC and HMIS data in the chart below by project type:	

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	556	96	460	100.00%
2. Safe Haven (SH) beds	5	0	5	100.00%
3. Transitional Housing (TH) beds	169	0	169	100.00%
4. Rapid Re-Housing (RRH) beds	722	171	531	96.37%
5. Permanent Supportive Housing	2,154	0	1,804	83.75%
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 2,000 characters)

The CoC has complete bed coverage in HMIS across Emergency Shelter, Safe Haven, and Transitional Housing project types, and near complete coverage for Rapid Rehousing (RRH) projects. The RRH beds not in the CoC's HMIS are SSVF beds which are entered into the Balance of State HMIS because those projects serve clients in multiple SWPA counties. (1) The CoC's HMIS bed coverage for PSH is at nearly 84%, up from 80% in 2019, because the VA HUD

VASH program does not currently participate in HMIS. The CoC and VA have been discussing this data challenge for over seven years and this past year the VA agreed to a data sharing process utilizing the most recently released HUD tool. While this means that the VA will not being using HMIS is the same manner as most of the other CoC providers, the CoC will benefit from having the data available for analysis, and will be able to integrated VA data with HMIS data. With the data sharing plan already in place, the CoC and VA's next steps are to: continue building the data sharing tool, testing the tool for accuracy, and finally fully integrated the VA data with the CoC's HMIS data set. (2) The CoC will implement the steps to increase bed coverage by completing the VASH program-HMIS data set integration process.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%

2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

The CoC had complete bed coverage in comparable databases.

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 January 15, 2021, 8 p.m. EST?	Yes

2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
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 - 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count–Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes

2B-2.	Unsheltered Youth PIT Count–Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes

2C. System Performance

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
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providing specific information about attachments you must upload
 - 24 CFR part 578

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors.	
	NOFO Section VII.B.5.b.	

	Describe in the field below:
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

(limit 2,000 characters)

(1) The CoC is very interested in 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 case workers 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, more comprehensive and effective crisis response system, including targeted work to improve discharge planning from the jail and hospitals, with attention to housing opportunities and planning. The effort also includes procurement of additional reentry housing for those leaving the jail. (2) The CoC strategy to address risk factors is multi-faceted. There have been cross-system efforts to support the housing stability of individuals and families receiving other 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. We also created 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 CE identifies persons who are not literally homeless but at-risk and diverts them from the homeless system by referring to services such as rental assistance, landlord mediation, budget counseling, public benefit navigation, subsidized childcare, and early intervention programs. Finally, the CoC partners 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–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

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

(limit 2,000 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 has seen a reduction in both average and median LOT homeless from FY17 to FY20 (e.g., 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). While the CoC did see an increase in LOT from FY19 to 20, due to COVID-19, the overall trend has been downward and 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; offering short-term financial assistance for security deposits and first month rent; 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, and building the CoC's Housing Navigation Unit which provides centralized support to RRH programs in finding landlords and building/maintaining strong relationships with them. (2) Using shelter performance data, CE 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 length of time homeless 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.	
	NOFO Section VII.B.5.d.	

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

(1) The CoC is committed to connecting households to PH. RRH exits to PH has increased from 70% in FY17 to 84% in FY20, while shelter exits to PH

continue to be around 31%. Shelter exists had been improving but were impacted by COVID-19. Strategies 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). For those that can self-resolve, the CoC provides rental assistance for subsidized or affordable market rate 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. The CoC is further strengthening its Move On strategy by providing 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

2C-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	

	Describe in the field below:
1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC's strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,000 characters)

(1) The CoC has a very low rate of return to homelessness for those who exited to a permanent housing destination. Only 3% return in the first 6 months after exit and only 5% total return over a 2-year period. Using a combination of HMIS data and administrative data from DHS, the CoC's administrative agency and HMIS lead, we know common factors of those that do end up returning include: individuals and families that exited shelters (46% of those who return); people who struggle to stabilize in the first 6 months (52% of those who return do so in 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). HSSCs 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 and Family Unification Program vouchers has enabled us to reduce returns to homelessness by ensuring access to affordable housing. (3) DHS, the CoC's lead administrative agency, oversees this strategy.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

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

(limit 2,000 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 Employment Cash Income–Workforce Development–Education–Training.	

NOFO Section VII.B.5.f.	

	Describe in the field below how your CoC:
1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

(limit 2,000 characters)

(1) DHS, the CoC's administrative organization, facilitates the Employment & Training Advisory Board (ETAB), a collaboration of public & private organizations including homeless service providers, the public workforce development system, training & education providers, and employers. ETAB provides a forum for partners to connect, share resources, and eliminate employment barriers facing individuals receiving homeless services. In 2019, ETAB organized a roundtable for homeless services providers and local employers. Providers educated employers about their clients and services, and employers discussed hiring practices and how to best help clients access and maintain employment. ETAB also arranged tours for providers of PA CareerLink (PACL), the county's one-stop American Job Center. ETAB continues to work with PACL to design tools to help homeless providers and their clients maximize PACL services. The CoC also produces a monthly bulletin for homeless service providers which includes job fairs, training opportunities and other employment resources. (2) In 19-20, with the support of the Heartland Alliance, DHS collaborated with Partner4Work on the Pathways Forward Challenge, a systems-change initiative aimed at more effectively and equitably connecting homeless and unstably housed job seekers to employment. In 20-21, the Aspen Institute awarded Partner4Work a grant to partner with DHS on raising awareness of human service programs with local employers so that their employees can be connected to all eligible services and benefits. Now DHS is collaborating with Partner4Work around the Career Service Expansion Project, which helps residents access PACL services through targeted outreach and partnership with community-based organizations in low-income and geographically isolated areas. This project includes a warm handoff to CareerLink, shared case management, as well as a dual focus on job readiness and job connections. It currently operates in seven sites, with the possibility of expansion in 2022.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

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

(limit 2,000 characters)

(1,2) The CoC strategy to increase non-employment cash income and sources targets systemic and individual interventions. At the individual level, DHS, the administrative lead for the CoC, coordinates with the County Assistance Office,

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

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No

3A-1a.	New PH-PSH/PH-RRH Project–Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).	

1.	Private organizations	No
2.	State or local government	No
3.	Public Housing Agencies, including use of a set aside or limited preference	No
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	No

3A-2.	New PSH/RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	

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

3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	Yes
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

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

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

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

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

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 2,000 characters)

N/A

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

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

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

3C-2.	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.C.	

	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 2,000 characters)

N/A

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at
https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program
Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

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	

Attachment Details

Document Description: PA 600;s CE uses 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 attachment describes that tool and includes the data used, as well as the questions utilized for the alternative assessment if the admin data is not available.

Attachment Details

Document Description: PA 600 PHA Homeless Preference

Attachment Details

Document Description: PA 600 Move On Preference

Attachment Details

Document Description:

Attachment Details

Document Description: PA 600's process for review, rating, reallocating and ranking projects

Attachment Details

Document Description: PA 600 did not reject or reduce any renewal projects. The public posting of the ranking list is attached

Attachment Details

Document Description: PA 600's posting of the project lists. Projects also received an email directly.

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/21/2021
1B. Inclusive Structure	11/09/2021
1C. Coordination	11/09/2021
1C. Coordination continued	Please Complete
1D. Addressing COVID-19	11/09/2021
1E. Project Review/Ranking	11/09/2021
2A. HMIS Implementation	11/09/2021
2B. Point-in-Time (PIT) Count	11/09/2021
2C. System Performance	11/09/2021
3A. Housing/Healthcare Bonus Points	11/09/2021
3B. Rehabilitation/New Construction Costs	11/09/2021

3C. Serving Homeless Under Other Federal Statutes	11/09/2021
4A. DV Bonus Application	11/09/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

Rank	Organization	Program	Final Score	Project Type	Population Served	Grant Total	Running Total
		Renewal Project Ranking List					
		Tier 1					
1	UPMC Presbyterian Shadyside	Flex 51 / Next Chapter	98.25	PSH	Singles	$ 2,187,990	$ 2,187,990.00
2	Alle-Kiski Area Hope Center	Safe at Home	97.00	RRH	Mixed Singles and Families	$ 282,887	$ 2,470,877.00
3	UPMC Presbyterian Shadyside	Neighborhood Living Program	92.50	PSH	Mixed Singles and Families	$ 1,351,176	$ 3,822,053.00
4	Chartiers Center	Atlas PSH	92.00	PSH	Singles	$ 173,558	$ 3,995,611.00
5	Auberle	At Home	90.75	RRH	Singles	$ 134,313	$ 4,129,924.00
6	UPMC Presbyterian Shadyside	Flex 50	89.00	PSH	Families	$ 1,605,415	$ 5,735,339.00
7	YWCA	YW Bridges RRH	87.50	RRH	Mixed Singles and Families	$ 354,547	$ 6,089,886.00
8	Veterans Leadership Program	VLP Constitution RRH	87.25	RRH	Singles	$ 226,544	$ 6,316,430.00
9	Sisters Place	Sunrise	87.00	PSH	Families	$ 475,432	$ 6,791,862.00
10	Familylinks	Community Housing Program	84.25	PSH	Mixed Singles and Families	$ 139,848	$ 6,931,710.00
11	ACTION	Housing Plus II	84.25	PSH	Singles	$ 193,569	$ 7,125,279.00
12	Chartiers Center	Hestia Project	83.75	PSH	Mixed Singles and Families	$ 1,019,974	$ 8,145,253.00
13	Allegheny Valley Association of Churches	Hospitality Homes I	83.75	PSH	Mixed Singles and Families	$ 317,751	$ 8,463,004.00
14	Community Human Services	Work Towards Sustainability from Crisis	83.75	PSH	Singles	$ 545,411	$ 9,008,415.00
15	Bethlehem Haven	Haven Homes	83.50	PSH	Singles	$ 278,435	$ 9,286,850.00
16	Alle-Kiski Area Hope Center	DV Unified Project	83.33	RRH	Mixed Singles and Families	$ 792,972	$ 10,079,822.00
17	Goodwill	Harbor II RRH	83.00	RRH	Singles	$ 590,979	$ 10,670,801.00
18	Mercy Life Center	A River to Home	82.83	PSH	Singles	$ 550,681	$ 11,221,482.00
19	ACTION	MyPlace PSH	82.50	PSH	Mixed Singles and Families	$ 67,156	$ 11,288,638.00
20	ACTION	MyPlace RRH	81.25	RRH	Mixed Singles and Families	$ 888,503	$ 12,177,141.00
21	Bethlehem Haven	Haven Housing Dedicated Plus	80.25	PSH	Singles	$ 288,376	$ 12,465,517.00
22	Goodwill	Good Start	79.00	RRH	Families	$ 351,481	$ 12,816,998.00
23	Goodwill	Northside Common Ministries PSH	79.00	PSH	Singles	$ 134,551	$ 12,951,549.00
24	Veterans Leadership Program	Victory	79.00	PSH	Mixed Singles and Families	$ 712,278	$ 13,663,827.00
25	Sojourner Moms	Moms II	78.25	PSH	Mixed Singles and Families	$ 843,875	$ 14,507,702.00
26	Mercy Life Center	Path to New Life	77.75	PSH	Singles	$ 626,047	$ 15,133,749.00
27	Center for Victims	CV Housing Plus RRH	77.25	RRH	Mixed Singles and Families	$ 284,570	$ 15,418,319.00
28	Community Human Services	Families United	76.25	PSH	Mixed Singles and Families	$ 801,510	$ 16,219,829.00
29	Allies for Health and Well Being	Choice I	76.00	PSH	Mixed Singles and Families	$ 468,356	$ 16,688,185.00
30	Community Human Services	Housing Solutions	70.75	RRH	Mixed Singles and Families	$ 936,892	$ 17,625,077.00
31	Gaudenzia	Village Phase I	69.50	PSH	Mixed Singles and Families	$ 250,458	$ 17,875,535.00
32	Mercy Life Center	A Step Forward	68.83	RRH	Families	$ 188,306	$ 18,063,841.00
33	Allegheny County Department of Human Services	Allegheny Link	N/A	CE - SSO	Mixed Singles and Families	$ 68,761	$ 18,132,602.00
34	Allegheny County Department of Human Services	Allegheny Link Expansion	N/A	CE - SSO	Mixed Singles and Families	$ 512,582	$ 18,645,184.00
35	Allegheny County Department of Human Services	HMIS	N/A	HMIS	Mixed Singles and Families	$ 198,942	$ 18,844,126.00
36	Allegheny County Department of Human Services	HMIS Expansion	N/A	HMIS	Mixed Singles and Families	$ 152,250	$ 18,996,376.00
37	UPMC Presbyterian Shadyside	Soteria	68.42	RRH	Mixed Singles and Families	$ 45,261	$ 19,041,637.00
		Tier 2					
37	UPMC Presbyterian Shadyside	Soteria	68.42	RRH	Mixed Singles and Families	$ 192,902	$ 19,234,539.00
38	EECM	FAITH	67.25	PSH	Mixed Singles and Families	$ 820,295	$ 20,054,834.00
39	Mercy Life Center	Bridging the Gap	66.25	PSH	Singles	$ 370,704	$ 20,425,538.00

		New Project Ranking List					
Rank	Organization	Program		Project Type	Population Served	Grant Total	Running Total
1	Chartiers Center	Apollo		PSH	Mixed Singles and Families	$ 653,616.00	$ 653,616.00
2	Auberle	Health Care & Housing Partnership		RRH	Mixed Singles and Families	$ 585,880.00	$ 1,239,496.00

	YHDP Renewal Projects (non-ranked)						
	Organization	Program		Project Type	Population Served	Grant Total	Running Total
	HUD expanded the array of services that could be delivered with YHDP funding, with little administrative requirement to make adjustments. As such, all existing YHDP projects are being applied for as "replacement" to expand the availability of eligible services within them.						

	YHDP Replacement Projects (non-ranked)						
	Organization	Program		Project Type	Population Served	Grant Total	Running Total
	Auberle and Center That Cares	Youth Rapid Rehousing		RRH	Youth	$ 914,582.00	$ 914,582.00
	Aurberle	HOPE		SSO	Youth	$ 313,767.00	$ 1,228,349.00
	Allegheny County Department of Human Services	Homelessness Services & Supports Coordination for Youth		SSO	Youth	$ 345,506.00	$ 1,573,855.00
	Auberle and Center That Cares	Host Homes		SSO	Youth	$ 165,393.00	$ 1,739,248.00

	Planning Costs (non-ranked)						
	Organization	Program				Grant Total	Running Total
	Allegheny County Department of Human Services	Planning Grant				$ 746,211.00	$ 746,211.00

	UFA Costs (non-ranked)						
	Organization	Program				Grant Total	Running Total
	Allegheny County Department of Human Services	UFA Grant				$ 746,211.00	$ 746,211.00

Link to all Project Applications included in the Allegheny County CoC (PA 600) application to HUD for FY2021 CoC Program NOFO:

https://alleghenycounty-my.sharepoint.com/:b:/g/personal/hilary_scherer_alleghenycounty_us/EcIUUHpL469Jq-EAoVNWCKgBE04AwsJV0UX2Kv3ZBNPbeQ?e=IfSa5d