Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

 The Collaborative Applicant is responsible for reviewing the following:

 1. The FY 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
 2. The FY 2019 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.
 6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
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1A-1. CoC Name and Number: PA-500 - Philadelphia CoC

1A-2. Collaborative Applicant Name: City of Philadelphia

1A-3. CoC Designation: CA

1A-4. HMIS Lead: City of Philadelphia

1B. Continuum of Care (CoC) Engagement

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1B-1. CoC Meeting Participants.

 For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:
 1. participated in CoC meetings;
 2. voted, including selecting CoC Board members; and
 3. participated in the CoC's coordinated entry system.

Organization/Person	Participates in CoC Meetings	Votes, including selecting CoC Board Members	Participates in Coordinated Entry System
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	No
Law Enforcement	Yes	No	No
Local Jail(s)	Yes	Yes	No
Hospital(s)	Yes	No	No
EMS/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Disability Service Organizations	Yes	Yes	Yes
Disability Advocates	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	No	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes

Youth Advocates	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Domestic Violence Advocates	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
LGBT Service Organizations	Yes	No	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Mental Illness Advocates	Yes	Yes	Yes
Substance Abuse Advocates	Yes	Yes	Yes
Other:(limit 50 characters)			
Aging Adults	Yes	No	No

1B-1a. CoC's Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.

Applicants must describe how the CoC:
1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2. communicates information during public meetings or other forums the CoC uses to solicit public information;
3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and
4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF.
(limit 2,000 characters)

CoC systemically solicits and integrates input from a broad array of stakeholders through regular meetings with the CoC board, providers, and community coalitions, the commission of lived experience, and others like the Philly Homes for Youth Coalition, The Family Provider Network, Shared Safety, Vote for Homes, Shared Public Spaces with businesses and hospitality leaders, outreach, civic associations, police and corrections, child welfare, employment and training. CoC conducts online surveys, makes site visits and goes to homeless encampments and engagement centers to obtain front line staff and lived experience feedback to get ideas on how to prevent and end homelessness. CoC now has a Director of Comms to systemize multi-directional information flow through regular emails highlighting system processes, tools and trainings, policy changes and successes. In 2019, CoC conducted a content audit for web migration of materials to ensure accessibly as a civil right. All intake and collateral materials have been redesigned to be

trauma informed, culturally competent and easily read and translated. Friendly way finding signs were added to intake sites. Web migration will continue through 2019.

1B-2. Open Invitation for New Members.

Applicants must describe:
1. the invitation process;
2. how the CoC communicates the invitation process to solicit new members;
3. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;
4. how often the CoC solicits new members; and
5. any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)

CoC affirmatively and regularly invites community members to engage. We explain how to join, participate, lead, and vote through bi-weekly emails to 1000+ providers, advocates, volunteers, staff and people with lived experience. In FY19, 400 joined and 60 were nominated during CoC board election. This year, CoC re-imaged all digital materials, prioritizing design accessibility to be more inclusive of the visually impaired and low literacy. We changed to high contrast text on background to make materials more accessible. CoC conducted content audit to determine content that maximizes reach, in word and practice. CoC uses email to showcase work, tools, trainings, and publishes explainer blogs in plain language to detail how to become part of the CoC and community engagement process. CoC is working closely with the City of Philadlephia's Office of Digital Design and Transformation to put all CoC digital materials into a fully accessible, plain language mode. CoC empanels and engages a Lived Experience Commission along with the Young Adult Leadership Committee, both comprised of those with lived experience for feedback on messaging. New CoC communications director at the Office of Homeless Services also has firsthand lived experience with homelessness and works closely with lived experience commissions to ensure effective, compassionate communications across CoC. CoC has also started a digital marketing campaign focusing on work going on in the CoC, including soliciting success stories, plain language explainer blogs to educate government stakeholders, the general public, and others about CoC and its activities, and other issues.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded.

Applicants must describe:
1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;
2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;

3. the date(s) the CoC publicly announced it was open to proposal;
4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and
5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.
(limit 2,000 characters)

CoC notified over 1,000 advocates, organizations, vendors, staff, and volunteers of new RFP on July 25, 2019 via email blast and then across multiple digital platforms, including the City of Philadelphia's official RFP site and the Office of Homeless Services website with periodic reminders sent out about in-person information sessions and the RFP process. CoC Board agreed on 1/18/17 & 3/22/17 that CoC priority remains creating new PH projects. On 7/24/17, OHS (Collab. Applicant) posted RFP for new CoC projects (PSH for chronic singles; RRH & TH-RRH for singles, families, & youth) on City RFP site & OHS site, w/email notification to all homeless service providers (CoC funded & not), members of CoC Board & Committees, City Council, & business contacts. On 7/27, biweekly CoC resource email to all CoC contacts included RFP link. OHS informational briefing on 7/28, emailed questions accepted until 8/2, notified all contacts of responses posted online 8/9. Internal OHS & external reviewers scored proposals w/tool for assessing factors incl. quality & cost of proposal; exp. providing housing & services to target pop, adopting Housing First, using HMIS; management & fiscal capacity; plan for rapid implementation (if selected & awarded $).

1C. Continuum of Care (CoC) Coordination

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1C-1. CoCs Coordination, Planning, and Operation of Projects.

 Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. CoC Consultation with ESG Program Recipients.

Applicants must describe how the CoC:
1. consulted with ESG Program recipients in planning and allocating ESG funds;
2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and
3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.
(limit 2,000 characters)

CoC is recipient of ESG funding. CoC members were consulted re: planning & ESG funds allocation in April 2018 when draft Annual Action Plan (incl. fund allocation plan) was sent to entire Advisory Committee and all CoC Board members. CoC members were invited to participate in a call with OHS staff to ask questions or provide any feedback with an additional invitation for feedback via email. The CoC Board reviewed the proposed materials and approved the draft via email vote on April 20th. Final versions were sent to Philadelphia ConPlan Jurisdiction, managed by Division of Housing & Community Development (DHCD). The CoC has provided PIT, HIC, AHAR data to DHCD for ConPlan purposes & HMIS data for CAPER. Also, DHCD staff participated in the Unit Projections Subcommittee established as part of the CoC's Strategic Planning process and the final needs assessment data produced by the CoC for the CoC Plan were also shared with DHCD (the ConPlan jurisdiction) for the purposes of the larger citywide Housing Action Plan.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions.

Yes to both

Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions.

Yes

Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it can be addressed in Consolidated Plan updates.

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.

Applicants must describe:
1. the CoC's protocols, including protocols for coordinated entry and the CoC's emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and
2. how the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

1. All presenting at Access Points complete safety screening. If identified as fleeing or attempting to flee, HH is offered the opportunity to speak with DV specialist (DV specialist is staff from DV organization that is Sanctuary certified) who will do lethality assessment, safety planning and could connect HH directly with DV emergency shelter. All victims receive DV resources, even if not seeing by DV specialist. HHs initially presenting at victim services provider complete a paper VI-SPDAT/Housing Assessment & submit it to OHS with a HH ID number (no identifying info). HH entered onto CE by name list with HMIS ID. CoC has emergency transfer plan (ETP) to prioritize safety of HH facing violence; ETP builds on CE top prioritization of imminent safety transfer & specifies for first vacancy for which HH qualifies, regardless of assessment score. ETP requires providers to accept self-certification as documentation of survivor status, assigns responsibility to providers for assisting to meet safety needs during any transfer process & encourages use of DV hotline for assessing need for immediate relocation during process.
2. All Housing Assessments ask for unsafe areas; all CE match notifications only include HMIS ID & case manager contact; provider staff can only see HMIS records for participants in their agency's programs. If HH at Access Point does not want DV-specific resources, then they are offered full access to standard CE process. CoC's ETP gives HH choice of internal/external transfer; defines safe unit as unit that victim believes is safe; states that cannot force move to unit that feels unsafe; allows lease bifurcation if fleeing & allows use of CoC TBRA to pay costs of breaking lease. No need to input details into HMIS, and it is participant choice whether to inform receiving provider of transfer reason.

1C-3a. Training–Best Practices in Serving DV Survivors.

Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:
1. CoC area 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
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.
(limit 2,000 characters)

1. Since July 2017, City Office of DV Strategies (ODVS), City Dep't of Behavioral Health and Intellectual disAbility Services, the Behavioral Health Training and Education Network, and City Office of Homeless Services (CoC Collab Applicant) have partnered to contract victim service providers to provide trainings to CoC area project staff about trauma-informed responses to individuals and families affected by DV. From 7/1/18 to 6/30/19, 440 individuals attended 12 trainings, including CoC area project staff, staff from other city agencies, & staff from community-based organizations.
Four victim service providers offered eight 6-hour trainings on best practices

(e.g., trauma-informed, victim-centered) & safety considerations in serving victims of DV. Each session was about DV dynamics & trauma-informed strategies, including supporting victim's choice & safety planning. The CoC partners also contracted a batterers intervention program to offer four 3-hour trainings on identifying abusive behaviors, engaging abusive partners, and assessing safety & lethality.

2. In last competition, the CoC secured a DV Bonus SSO grant to expand trainings to CoC staff and CE assessors. The 8 courses & 13 topics will be designed to support trauma-informed and culturally-responsive services not only for adult survivors, but also children exposed to DV, youth in dating violence relationships, & individuals affected by human trafficking. Through a competitive process, OHS and ODVS have selected content experts, including victim service providers, to do curricula development and facilitation of the courses. Each course will be offered 3 times at different locations. Training topics include: impact of DV on housing and children, cultural & legal considerations, etc. To mitigate the effects of trauma on staff, the training plan also includes a course on compassion fatigue & self-care. Evaluations will be collected after each session & be used to modify courses as needed.

1C-3b. Domestic Violence–Community Need Data.

 Applicants must describe how the 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. (limit 2,000 characters)

To assess the scope of need in Philadelphia, the CA receives HMIS from non-DV dedicated programs, and reports from comparable HMIS databases used by 4 DV service providers that manage 2 ES, 2 TH programs, 1 hotel program, and 2 RRH program.

To get a comprehensive understanding of the needs of survivors, OHS & ODVS convened meetings with Philadelphia organizations that provide housing services specifically for DV & HT. CoC providers, non-CoC providers, and a representative from the DV state coalition participated in meetings during May & June of 2019. All attendees agreed that DV & HT survivors, and individuals affected by sexual violence & stalking need multiple housing options that allow for both immediate safety & long-term support to achieve self-sufficiency. Participants highlighted that housing was not enough and that survivors/victims need comprehensive supportive services: case management, therapy for adults and children, employment & training, child care, ongoing safety planning, and flexible emergency funds. The group also identified points of data to measure unmet needs, such as: # of HH turned away by DV assessor at CE Access Point; # of HH who exited from DV ES into temporary housing; and # of HH with DV that exited TH programs into temporary housing.

In FY19, a total of 1,384 individuals (546 unduplicated HHs with 720 dependents) lived in the 2 DV ES in Philadelphia. Based on exit interviews, 48% of residents exited to a temporary housing situation. During the same year, DV specialist at Access Point turned away 47% of clients due to lack of space in DV ES. Similarly, 42 HHs had to be placed in emergency hotel & the only DV RRH turned away 17 HHs (44%).

On the 2019 PIT Count, 395 adults reported fleeing DV: 286 sheltered & 109 unsheltered (27%). During 2018, 74% of HHs that exited TH went to a permanent housing destination; for HHs with DV, that percentage was only

68%.

*1C-4. PHAs within CoC. Attachments Required.

Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC's geographic area.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On
Philadelphia Housing Authority	42.00%	Yes-Both	No

1C-4a. PHAs' Written Policies on Homeless Admission Preferences.

Applicants must:
1. provide the steps the CoC has taken, with the two largest PHAs within the CoC's geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference–if the CoC only has one PHA within its geographic area, applicants may respond for one; or
2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)

The Mayor, PHA and the CoC worked together to develop special preference admissions establishing Blueprint to End Homelessness partnership. Under Blueprint, PHA established limited preference category for families referred through program. PHA makes available a mix of vouchers and public housing units depending on availability and demand in each program. All other occupancy, rent, and other continued occupancy policies for Public Housing or Housing Choice Voucher programs, as applicable, apply to households referred through Blueprint. Additionally, CoC and PHA work together to ensure PHA continues to make housing available to households experiencing homelessness through Blueprint and other partnerships. PHA Executive Director is on CoC Inter-governmental Council to End Homelessness and PHA executive staff serve on the CoC Board.

1C-4b. Moving On Strategy with Affordable Housing Providers.

Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.

Yes

If "Yes" is selected above, describe the type of provider, for example, multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs.
(limit 1,000 characters)

The CoC includes individuals in PSH as eligible populations for referral to PHA Blueprint mainstream resources in an effort to spur movement through PSH to affordable housing for people who have stabilized from a service standpoint but are still in need of affordable housing, and is considering how this could be used for Section 811 and other similar resources. This strategy is also used for referrals to "set-aside" housing units that are committed specifically from LIHTC and City funded (HOME, CDBG, HOPWA, Housing Trust Fund) projects to the CES' Permanent Supportive Housing Clearinghouse. In addition, the CoC Strategic Plan, Roadmap to Homes, identifies the fuller development and implementation of a system-wide Move-On strategy as one of the Action Steps in the Expanding Resources Priority. The responsibility for this task has been assigned to the Service Provider Commission.

1C-5. Protecting Against Discrimination.

Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.
(limit 2,000 characters)

CoC's Nondiscrimination Policy requires each provider to have a policy prohibiting discrimination against persons based on race, ethnicity, color, sex, sexual orientation, gender identity, religion, national origin, ancestry, disability, marital status, age, source of income, familial status or domestic or sexual violence victim status, ensuring that all participants are afforded equal opportunities. Created posters for providers to post indicating "All are Welcome – Discrimination has no place in our programs," and lists protected classes and number to call to report discrimination. Policy itself includes appendix focused on implications related to Equal Access Regardless of Sexual Orientation, Gender Identity or Marital Status. Also produced Philadelphia CoC Non-Discrimination Policy Support for Providers, a Resource Guide in which the largest list falls under heading of "Resources for Making Your Program Safe and Welcoming for Members of the LGBTQ Community." CoC contracts with local youth center that exclusively serves lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth to provide trainings to community of providers. The CA created a comment line for the public to place discrimination complaints. A prompt response is provided by the CoC within 24 hrs. Marketing materials are distributed & complaint forms are given to providers to disseminate to participants.

*1C-5a. Anti-Discrimination Policy and Training.

Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act?	Yes

3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing?	Yes

*1C-6. Criminalization of Homelessness.

Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area.

1. Engaged/educated local policymakers:	X
2. Engaged/educated law enforcement:	X
3. Engaged/educated local business leaders:	X
4. Implemented communitywide plans:	X
5. No strategies have been implemented:	
6. Other:(limit 50 characters)	

1C-7. Centralized or Coordinated Assessment System. Attachment Required.

Applicants must:
1. demonstrate the coordinated entry system covers the entire CoC geographic area;
2. demonstrate the coordinated entry system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach; and
3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner. (limit 2,000 characters)

Philadelphia's CE system covers entire CoC & all eligible households access the CE process regardless of access point. All projects receiving CoC, ESG & Office of Homeless Services (OHS) funds are required to use CE as only source to fill vacancies. CE reaches those least likely to apply for assistance by placing information about CE on OHS website, ensuring Street Outreach is aware of how to access CE, through mobile assessors who assist those unable to access physical access points, & by operating a youth-dedicated (ages 18-24) access point that is a low-barrier, youth-friendly space to ensure access for young adults who may be hesitant to access services through the traditional

adult system. Youth street outreach workers are also trained as housing assessors. Prioritization factors are severity of service need via VI-SPDAT score, chronic homeless status, length of time homeless & current unsheltered living situation. The prioritization order is managed through the Prioritized By-Name-List generated by HMIS & is the basis of the referral process. OHS' Supportive Housing Clearinghouse manages the referral process & matches the next prioritized household to a vacant unit. Households maintain their place on the Prioritized By-Name-List until referrals are accepted & they are not limited in number of referrals can they can decline. To ensure timely assistance, housing projects eliminate any documents not required by funding sources, conduct interviews within 10 business days of referral & accept or deny referral within 3 days of the interview. If the project denies the referral, it must document the reason in HMIS, communicate reason to the household, & provide instructions for appeal. CE staff reviews denial explanations & if denial is inappropriate, projects accepts the referral or file a formal grievance.

1D. Continuum of Care (CoC) Discharge Planning

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1D-1. Discharge Planning Coordination.

Applicants must indicate whether the 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. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1E. Local CoC Competition

Instructions

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*1E-1. Local CoC Competition–Announcement, Established Deadline, Applicant Notifications. Attachments Required.

Applicants must indicate whether the CoC:

1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition;	Yes
2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline;	Yes
3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and	Yes
4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline.	Yes

1E-2. Project Review and Ranking–Objective Criteria.

Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:

1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served);	Yes
2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and	Yes
3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served.	Yes

1E-3. Project Review and Ranking–Severity of Needs and Vulnerabilities.

Applicants must describe:
1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and
2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.
(limit 2,000 characters)

(1) CoC considered whether projects target a HUD priority population (i.e., chronically homeless, youth, veteran or fleeing DV) and the degree to which they have successfully implemented a Housing First approach, according to HUD's assessment tool. As CE directs new participants to different project types based on assessment of vulnerability, using different performance thresholds for different project types incorporates by proxy the severity of needs/vulnerabilities as measured in the VI-SPDAT (incl. history of homelessness, physical and mental health conditions, substance use history, involvement with criminal justice, etc.). (2) CoC conducted local renewal competition w/primary focus on proj performance, ranked projects based on local competition score, project component type, and project size (units). By differentiating performance standards by project type, account for potential scoring differences because of the different levels of vulnerability for people matched with PSH vs RRH vs TH. Also, bonus point available on performance questions for projects that can explain why did not meet benchmark; explanations may include vulnerabilities of specific participant in specific project. Housing First points similarly awarded on a curve by project type – if a project has more highly vulnerable participants because it more thoroughly applies HF approach, gets more points in that component. Direct points for targeting HUD priority pop accounts for greater challenges assoc w/those populations. This process was led by the CoC Board's HUD Alignment Committee.

1E-4. Public Postings–CoC Consolidated Application. Attachment Required.

Applicants must:
1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or
2. check 6 if the CoC did not make public the review and ranking process; and
3. indicate how the CoC made public the CoC Consolidated Application–including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected–which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or
4. check 6 if the CoC did not make public the CoC Consolidated Application.

Public Posting of Objective Review and Ranking Process		Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing, Project Listings	
1. Email	X	**1. Email**	X

2. Mail	☐		**2. Mail**		☐
3. Advertising in Local Newspaper(s)	☐		**3. Advertising in Local Newspaper(s)**		☐
4. Advertising on Radio or Television	☐		**4. Advertising on Radio or Television**		☐
5. Social Media (Twitter, Facebook, etc.)	X		**5. Social Media (Twitter, Facebook, etc.)**		X
6. Did Not Publicly Post Review and Ranking Process	☐		**6. Did Not Publicly Post CoC Consolidated Application**		☐

1E-5. Reallocation between FY 2015 and FY 2018.

Applicants must report the percentage of the CoC's ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.

Reallocation: 22%

1E-5a. Reallocation–CoC Review of Performance of Existing Projects.

Applicants must:
1. describe the CoC written process for reallocation;
2. indicate whether the CoC approved the reallocation process;
3. describe how the CoC communicated to all applicants the reallocation process;
4. describe how the CoC identified projects that were low performing or for which there is less need; and
5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.
(limit 2,000 characters)

1. A review of project impact on system performance, considering factors such as serving priority populations, quality, performance, cost, and adopting the Housing 1st approach and the proportion of funding awards returned over the past 3 years.
2. The CoC Board approved the reallocation process. To establish a "collaborative process", OHS solicited volunteers from the CoC Board and homeless assistance system to create the HUD Alignment Committee, which serves as the Continuum's Ranking and Reallocation Workgroup. No homeless service providers participate in this committee, to avoid conflict of interest and its mission is to develop a local strategy to ensure that policies, procedures and general direction of the CoC homeless assistance system align with federal requirements and HUD priorities. They are tasked with increasing the CoC's competitiveness in securing HUD resources and ensuring the strategic allocation of HUD funds.
3. The CA emphasized to its applicants that CoCs reallocate renewal funding from lower performing projects to create new, higher performing projects during several occasions. Between Jan 2019 and Sept 2019, many communications

were disseminated to CoC applicants regarding our reallocation process that included creating new projects and reallocation approval.

4&5 The CA, used the recommendation of the HUD Alignment Committee for determining how to reallocate projects: Projects were flagged if they have left more than 5% of their grant award unused for all 3 of the 3 most recently completed grant terms, which left the CA with a total of $915,191.

Performance – Three out of the five lowest scores are being completely reallocated. A PH and TH project were eliminated completely due to underperformance.

DV Bonus

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
   Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

 Resources:
 The FY 2019 CoC Application Detailed Instruction can be found at:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
 The FY 2019 CoC Program Competition Notice of Funding Availability at:
https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1F-1   DV Bonus Projects.

Applicants must indicate whether the CoC is requesting DV Bonus projects which are included on the CoC Priority Listing: Yes

1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.

1. PH-RRH	X
2. Joint TH/RRH	
3. SSO Coordinated Entry	X

*1F-2. Number of Domestic Violence Survivors in CoC's Geographic Area.

 Applicants must report the number of DV survivors in the CoC's geographic area that:

Need Housing or Services	2,349.00
the CoC is Currently Serving	1,850.00

1F-2a. Local Need for DV Projects.

 Applicants must describe:
 1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and
 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).
(limit 500 characters)

(1) The # of DV survivors currently served was calculated by adding total # of DV participants in HMIS & total # of participants at victim service housing programs (ES, TH RRH). To calculate need, the CoC increased the number by 27%, based on % rate of unsheltered DV survivors at 2019 PIT Count.
(2) Data was obtained from HMIS and from reports from comparable HMIS databases used by DV victim services that have ES, TH and RRH programs.

1F-3. : SSO-CE Project–CoC including an SSO-CE project for DV Bonus funding in their CoC Priority Listing must provide information in the chart below about the project applicant and respond to Question 1F-3a.

DUNS Number	112828491
Applicant Name	PA-500 City of Philadelphia

1F-3a. Addressing Coordinated Entry Inadequacy.

 Applicants must describe how:
 1. the current Coordinated Entry is inadequate to address the needs of survivors of domestic violence, dating violence, or stalking; and
 2. the proposed project addresses inadequacies identified in 1. above.
(limit 2,000 characters)

1. Available data shows immigrant survivors of domestic violence, dating violence, or stalking do not access Philadelphia's Coordinated Entry system. On the other hand, national studies showing overrepresentation of immigrant & refugee women among DV-related homicide victims, indicate that this absence is not due to lack of need for resources to support immigrants to flee these situations. During FY17, FY18 and FY19, only 1% of local DV shelter residents & less than 1% of clients in HMIS identified as Asian. At the same time, immigrant children represented 23% of all Philadelphia children under age 18, and 27% of Philadelphia's population identified as 1st and 2nd generation immigrants were from China (11% of all local immigrants). The CE system is currently inadequately accessible to DV survivors who are immigrants.
2. CoC program funds for this project will improve access to CEA-BHRS through two DV mobile bilingual navigators who will conduct housing assessments, refer survivors to mainstream resources, & provide navigation services as households move through the housing match & referral processes. The navigators will be required to be fluent in one of the five most commonly spoken languages in Philadelphia other than English or Spanish: Cantonese, Mandarin, Russian, Vietnamese, or Arabic; & will be trained in CEA-BHRS, HMIS, & immigration policies & protections available to DV survivors. DV navigators will identify locations to reach communities that do not normally engage with the homeless or DV systems, & connect those needing housing

assistance to CEA-BHRS. By housing the person within an immigrant-serving organization, navigators can meet survivors at a safe & culturally inclusive environment with access to interpretation services.

1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.

Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing–using the list feature below.

Applicant Name	DUNS Number
Congreso de Latin...	195485453
Women Against Abu...	021050802
People Emergency ...	156520272

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

DUNS Number:	195485453
Applicant Name:	Congreso de Latinos Unidos (Congreso)
Rate of Housing Placement of DV Survivors–Percentage:	69.00%
Rate of Housing Retention of DV Survivors–Percentage:	50.00%

1F-4a. Rate of Housing Placement and Housing Retention.

 Applicants must describe:
 1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

1.Rate of housing placement was calculated by using HMIS data from last two previous years: # of HHs with DV enrolled in RRH vs. # of HHs with DV with a move-in date at same time. Congreso calculated rate of housing retention for DV survivors based on 6 years of data for # of HHs on permanent housing after exiting program.
2. Data source for rate of housing placement was HMIS. As DV provider, Congreso used data from a comparable data base, ETO, to calculate rate of housing retention.

1F-4b. DV Survivor Housing.

 Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing.
(limit 2,000 characters)

Congreso's Latina DV Program (LDVP) currently serves Latino DV survivors experiencing homelessness through RRH services, coupled with trauma-informed, person-centered case management that is culturally-specific. Congreso proposes to expand the LDVP's RRH by serving 10 additional HHs (single adults & adults with children,) the total number of HHs will be 34. After receiving a referral, Housing Stabilization Specialist (HSS) will have an initial assessment with DV survivor within 5 business days. At intake, LDVP HSS completes the reception interview and the initial Self-Sufficiency Assessment to determine client's needs, with a DV-specific lens. The HSS works with client to identify necessary housing resources and barriers, in part through applying for a free credit report, creating an initial budget, assessing for current lethality risks, and developing a safety plan based on their economic capacity to obtain stable housing where they also feel safe from their abuser(s). During intake, HSS works with the survivor to identify a minimum of 3 housing units. Congreso assists clients moving into units within 30 days of client initial HSS intake appointment.
The LDVP RRH will provide rental assistance for up to 24 months, working with

the survivor to calculate payments using the OHS (CoC Collab) rental calculation worksheet & re-assessing regularly. LDVP HSS conducts home inspections prior to signing rental assistance releases & assists with securing furniture & making moving arrangements. LDVP HSS acts as an advocate for the survivor: inspects each unit, obtains a copy of the unit's Rental License and Rental Suitability Certificate, negotiates lease terms & security deposit amount with each prospective landlord/property manager, reviews all lease agreements with the survivor in one-on-one sessions, and confirms the rent meets the Rent Reasonable guidelines before the client signs the lease.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
(a) training staff on safety planning;
(b) adjusting intake space to better ensure a private conversation;
(c) conducting separate interviews/intake with each member of a couple;
(d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
(e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
(f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.
(limit 2,000 characters)

1. Congreso's LDVP staff utilize a trauma-informed, evidence-based service model with survivors, which is designed to be responsive to their experiences of trauma and their own understandings of safety. Trauma-informed environments provide emotional and physical safety and focus on empowerment, collaboration, and choice. LDV Program is located on a separate floor monitored by the front desk; all conversations with clients will be done in private offices, and no family members or partners will be allowed unless otherwise stated by client. As a DV service provider, LDVP's services are confidential and client-level information is not shared with any system.

2. Each program at Congreso has created a "Vital Signs" Performance Management Dashboard that lists each outcome and output as required by the contract, as well as audit information and any other deliverables that are necessary to operate the program at the highest level. Program leadership, including Directors and Vice Presidents along with their data staff, are tasked with running the "Vital Signs" report quarterly (at minimum) to create a snapshot of holistic program compliance and develop internal strategies and action plans to enhance the program in real time. Congreso's data and evaluation team supports programs with creating and maximizing efficiencies in the templates to make them easy to use. Conversion Funnels identify a singular, primary outcome of each program, as well as the intermediary goals that must be accomplished to achieve the ultimate outcome, and track the number of participants that achieve, or "convert to," the long-term outcome. The ultimate goal of the LDVP RR programming is to ensure that survivors secure and retain safe, affordable housing for themselves and their households. Additionally, through Design Labs, LDVP RRH staff will discuss client feedback and program

improvements that will allow Congreso staff to more effectively and efficiently serve all needs of survivors.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

 Applicants must describe:
 1. project applicant's experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
 2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
(a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
(b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
(c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
(d) placing emphasis on the participant's strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
(e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
(f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
(g) offering support for parenting, e.g., parenting classes, childcare.
 (limit 4,000 characters)

1. Congreso is the only culturally-specific DV agency in Pa, and its Latina DV Program (LDVP) has 25 years of experience providing trauma-informed, culturally-specific, and evidence-based counseling in a safe, bilingual, and culturally-sensitive environment. All Congreso policies, procedures, practices, and service environments recognize and respond to signs of trauma in staff, clients, and others.
LDVP offers an extensive list of domestic violence services in addition to RRH services, including trauma-informed individual counseling, advocacy, and educational support groups for parents, and children in English & Spanish; referrals and linkages to internal and external resources; individual counseling and education; advocacy and training to improve systems; emergency relocation assistance: crisis counseling & safety planning; and other resources available through the 24-hour Philadelphia Domestic Violence Hotline (PDVH).

2. Congreso is committed to maintaining a culture of diversity, equity, and inclusion, and will ensure equal access to its LDVP RRH services by people of all gender identities and sexual orientations by ensuring that all LDVP staff, including the HSS and clinical therapist, have successfully completed the required minimum 45 hours of DV training. This state-required training includes best practices on how to provide DV services to survivors of all gender identities and sexual orientations. Congreso's Primary Client Model (PCM™) offers staff trainings, workshops, and professional development opportunities, with topics covered including Trauma-Informed Care, Value Diversity, and the LGBTQ+

community. Direct service staff are also provided in-depth individual counseling training through PCM™ Utilizing trauma-informed services enables LDVP staff, including the proposed clinical therapist, to understand the vulnerabilities and experiences of survivors, including trauma's prevalence and physical, social, and emotional impact. To further ensure that services are victim-centered, the LDVP utilizes Motivational Interviewing, an evidence-based, clinical approach that helps people make positive behavioral changes to support overall well-being. The approach upholds four principles: expressing empathy and avoiding arguing, developing discrepancy, rolling with resistance, and supporting self-efficacy, or survivors' belief that they can successfully make a change. Both evidence-based practices place the victims' priorities, needs, and interests at the center of the work with the victim; provide nonjudgmental assistance; and ensure that victims' rights, voices, and perspectives are incorporated when developing and implementing system- and community-based efforts that impact victims.

Survivors and their families will be further supported with the clinical therapist. The clinical therapist will utilize Cognitive Behavior Therapy (CBT) to address both short- and long-term consequences of violent victimization, including mental health symptoms, especially post-traumatic stress disorder (PTSD) and depression, and substance abuse.

1F-4e. Meeting Service Needs of DV Survivors.

 Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
 - Legal Services
 - Criminal History
 - Bad Credit History
 - Education
 - Job Training
 - Employment
 - Physical/Mental Healthcare
 - Drug and Alcohol Treatment
 - Childcare

(limit 2,000 characters)

LDVP offers an extensive list of DV services, including trauma-informed counseling, bilingual support groups for parents & children, emergency relocation assistance, crisis counseling, safety planning, legal services, and other resources available through the 24-hour Philadelphia DV Hotline. LDVP also coordinates with community partners to holistically serve survivors and their families. LDVP RRH assists survivors toward economic recovery through Congreso's other internal programming. Congreso's workforce development services offer post-secondary credentialing programs, including the Child Development Associate (CDA) Program, and Next Step, a program that serves diploma-holding youth in taking the "next step" towards employment or further education. Adult literacy services include four levels of English as a Second Language (ESL) classes for the workforce and Adult Basic Education.

More broadly, survivors will have access to Congreso's additional 50+ programs. LDVP also refers survivors to the Pennsylvania Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which provides nutrition services, breastfeeding support, health care & social service referrals; and connects parents or caretakers to Child Care Subsidy (CCIS), which reduces/eliminates the cost of childcare while the parent or caretaker is at work or school. LDVP also provides counseling to all program participants on TANF-related issues & eligibility requirements. Clients are informed on additional cash assistance for DV survivors, Maximizing Participation Project program eligibility, and other similar programs. Medicaid is leveraged through internal counseling and external linkages. Congreso also provides SEPTA Transpasses to all clients needing transportation assistance. DV HHs with the longest periods of homelessness will be served through longer term, more intensive case management to ensure that they are able to retain the safe, affordable housing secured through the LDVP.

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

DUNS Number:	021050802
Applicant Name:	Women Against Abuse (WAA)
Rate of Housing Placement of DV Survivors–Percentage:	69.00%
Rate of Housing Retention of DV Survivors–Percentage:	80.00%

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:
1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

1. Rate of housing placement of DV survivors was calculated by using HMIS data for last two previous years: # of HHs with DV enrolled in RRH vs. # of HHs with DV with a move-in date in same time period. WAA calculated rate of housing retention of DV survivors based on its own data for TH & after care services for DV ES.
2. HMIS was used to calculated rate of housing placement. As a DV service provider, WAA used a comparable database, Clienttrack, to calculate rate of housing retention.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing.
(limit 2,000 characters)

. This expansion project will target adult survivors of DV, including both individuals and those with families. At full capacity, WAA expects to serve approximately 12 additional HHs under this grant, for a total of approx. 24 HHs served in the Safe at Home RRH program. Clients will be enrolled on a rolling basis throughout the one-year grant term. WAA anticipates approximately 65% of all HHs served being families. Participants for the RRH project are referred by OHS through CEA-BHRS. Many of the Safe at Home participants have stayed at one of WAA's ES or its TH program, since these are the primary programs in the region specializing in services for victims of DV.

WAA will hire an additional Housing Stabilization Specialist (HSS) to serve participants. The HSS will meet with each head of HH to develop an individualized housing and service plan to support housing stability. The HSS will complete income assessments to determine the best type of housing options for each participant, conduct research on housing options, and provide them with units to view. The Safe at Home program draws from a range of landlords in Philadelphia who have experience with affordable housing, and support clients in advocating around any barriers as needed.

The HSS will identify safe, affordable housing units that meet the clients' needs, and support them to transition into permanent housing within 30 days of their intake appointment, while continuing to prioritize their safety and take into consideration concerns of location, size, affordability, and access to community amenities including schools, daycares, and more. WAA will provide participants with rental subsidies over a 12-month period and comply with HUD regulations on calculating rent not to exceed 30% of their income. Participants will have the opportunity to select the rental unit and location of their choice. WAA anticipates an approximately eight 1-bedroom units and four 2-bedroom units, and may adjust as needed.

1F-4c. DV Survivor Safety.

 Applicants must describe how project applicant:
 1. ensured the safety of DV survivors experiencing homelessness by:
 (a) training staff on safety planning;
 (b) adjusting intake space to better ensure a private conversation;
 (c) conducting separate interviews/intake with each member of a couple;
 (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
 (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
 (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
 2. measured its ability to ensure the safety of DV survivors the project served.
(limit 2,000 characters)

1. WAA's services are grounded in an empowerment model that values client safety and autonomy; and victim-centered. WAA will seek to house participants as quickly as possible, while prioritizing client safety. WAA's HSS will identify a FMR value permanent housing options that meet the size of the family or individual, with an eye toward the unique safety needs of survivors of DV, including the safety of the neighborhood, proximity to family/friends/cultural groups, access to transportation, medical or social services, schools, and other

community amenities. They are typically scattered site units
As a DV service provider, WAA's services are confidential and client-level
information is not shared with any system.

2. WAA does not use HMIS but it tracks outcomes in an agency-wide data
management system, ClientTrack. WAA's Safe at Home staff enter client-level
data including client case notes and basic contact information, income changes,
updates on children's school enrollment, referrals, and safety plan adjustments
by the 15th of each month. WAA directors review data with their teams on a
monthly basis, noting any trends. The data is also used to populate an internal
report used to monitor the progress and impact of each program by the Sr.
Management Team and support continuous improvement. WAA is incorporating
data visualization elements utilizing Power BI dashboards, which will further
enhance learning.
WAA takes a client-centered approach, soliciting annual feedback from all
clients enrolled in the program through a written survey.
In FY 2018, WAA served 53 HHs through the Safe at Home program, with 85%
of clients exiting to a safe housing destination (defined as either PSH,
independent housing-fair market rent or subsidized with no services, TH, or
safe, permanent family living arrangements); and 45% reporting a lower level of
risk of violence to themselves or families.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

 Applicants must describe:
 **1. project applicant's experience in utilizing trauma-informed, victim-
centered approaches to meet needs of DV survivors; and**
 **2. how, if funded, the project will utilize trauma-informed, victim-centered
approaches to meet needs of DV survivors by:**
**(a) prioritizing participant choice and rapid placement and stabilization in
permanent housing consistent with participants' preferences;**
**(b) establishing and maintaining an environment of agency and mutual
respect, e.g., the project does not use punitive interventions, ensures
program participant staff interactions are based on equality and minimize
power differentials;**
**(c) providing program participants access to information on trauma, e.g.,
training staff on providing program participant with information on
trauma;**
**(d) placing emphasis on the participant's strengths, strength-based
coaching, questionnaires and assessment tools include strength-based
measures, case plans include assessments of program participants
strengths and works towards goals and aspirations;**
**(e) centering on cultural responsiveness and inclusivity, e.g., training on
equal access, cultural competence, nondiscrimination;**
**(f) delivering opportunities for connection for program participants, e.g.,
groups, mentorships, peer-to-peer, spiritual needs; and**
(g) offering support for parenting, e.g., parenting classes, childcare.
 (limit 4,000 characters)

1.WAA is Philadelphia's leading provider of services to victims of domestic
violence, and prioritizes trauma-informed care for its clients. As an agency
certified in the Sanctuary® model, an evidence-supported, trauma informed
approach to establishing an organizational culture that promotes healing, safety,

and empowerment for both clients and staff, WAA has a number of tools that it uses to incorporate an understanding of the vulnerabilities and experiences of trauma survivors into its work. WAA takes care to ensure that autonomy is restored to survivors by ensuring that participants understand that services are voluntary and by recognizing their decisions. WAA uses person-first language and tools such as Sanctuary® check-ins or reflections on Safety, Emotions, Future, Loss to acknowledge the physical, social and emotional impacts of trauma; as well as signage demonstrating trauma informed principles within all service environments.

2. In 2016, WAA developed a case management manual highlighting its approach to services at the intersection of homelessness & DV, which incorporates several evidence-based or best practices including: the Sanctuary® Model for Trauma Informed Care, Building on Strengths and Advocating for Family Empowerment (BSAFE), using Critical Time Intervention (CTI); and Empowerment Model; Domestic Violence Informed Safe Housing (DASH).
Developed within an ecological framework, BSAFE emphasizes the integral connection between community-based services, social networks and broader systems of care, and housing, health, and well-being of families. This trauma-informed intervention is designed to address the needs of families & children as they transition into the community and/or stabilize in supportive housing. WAA incorporates this model by establishing plans for each family unit and each family member; facilitating access to community supports & services; creating referral networks of culturally competent & developmentally appropriate services; and enhancing social and community connectedness. WAA uses this same approach within its case management at Safe at Home. DV Informed Safe Housing, developed by the District Alliance for Safe Housing (DASH) in Washington, D.C. guides service providers addressing the needs of this target population to develop multiple safe housing options across the city, while building a strong collaborative network with other service organizations.
WAA's services are grounded in an empowerment model that values client safety and autonomy; and victim-centered. All services will be voluntary, and clients may choose to self-discharge from the program at any time. Throughout service provision, client self-determination and respect for the dignity of clients is emphasized. Because victims of abuse have had their options and autonomy limited by their abuser, WAA is committed to restoring a sense of power to the survivors it serves. WAA's service delivery approach considers the needs of the full family, including children. WAA's HSS will work with participants to ensure that children are able to remain in school and to access the local community resources that they need to thrive.

1F-4e. Meeting Service Needs of DV Survivors.

 Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

 - Child Custody
 - Legal Services
 - Criminal History
 - Bad Credit History

- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

The HSS will meet with clients on an ongoing basis to revisit goal plans and address obstacles to remaining in safe housing, complete applications, and confirm that they have obtained any benefits for which they are eligible. The HSS Specialist will provide individualized supports in addition to basic housing counseling, such as financial planning, budgeting, goal setting, and access to assistance for relocation expenses.
The HSS will work closely with participants to better understand and address the barriers they face to employment and to support them to increase their income. The HSS will check in with the client about the status of any benefits applications and renewals, and follow-through (or "linkages") to any community supportive services agencies to which they are referred. Participants will have access to transportation assistance to attend benefits or other appointments. In 2018, WAA deepened its focus on economic empowerment, enhancing supports for survivors who voluntarily choose to work towards a personal economic empowerment goal (i.e. opening a bank account, repairing credit, enrolling in a GED program, finding employment). WAA will hire an EE Assistant to connect participants to an array of education and workforce related opportunities, including career fairs, job interviewing skills workshops, and resume writing. The proposed project includes funds for employment or education-related needs (i.e.to purchase a new uniform or enroll into a GED course) which the EE Assistant can connect survivors to.

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

DUNS Number:	156520272
Applicant Name:	People Emergency Center
Rate of Housing Placement of DV Survivors–Percentage:	69.00%
Rate of Housing Retention of DV Survivors–Percentage:	80.00%

1F-4a. Rate of Housing Placement and Housing Retention.

 Applicants must describe:
 1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

1. Rate of housing placement of DV survivors was calculated by using HMIS data for last two previous years: # of HHs with DV enrolled in RRH vs. # of HHs

with DV with a move-in date in same time period. PEC calculated rate of housing retention based on its current retention rate for RRH programs managed by same organization.

2. Both rates were calculated using HMIS data.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing.
(limit 2,000 characters)

People's Emergency Center (PEC) is interested in expanding its continuum of housing services by adding 18 units of Rapid Re-Housing (RRH) and supportive services which will be dedicated to families who have been impacted by domestic violence, dating violence, sexual assault, human trafficking and stalking. PEC's RRH services will be offered through a trauma-informed lens; provide project based rental assistance, and create two new positions – a Mobile Case Manager (MCM) and a Housing Stabilization Specialist (HSS). PEC's intake process is participant-driven, person-centered, and strengths-based. Within 7 days of referral arrival, PEC staff will complete the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) with survivor to identify the most appropriate housing plan for the participant given their health, social & safety needs. While it is advantageous to identify extraneous familial needs as part of the initial intake process, PEC is fully committed to the procurement of housing as the primary program goal with no restrictions due to behavioral health treatment or other needs. The results of the VI-SPDAT will inform the creation of an individualized housing plan which positions the participant for success in obtaining and maintaining affordable permanent housing within 30 days of referral. The HSS is charged with identifying appropriate housing resources based on the unique needs, strengths, preferences, safety concerns, and financial resources identified by the resident. Because of the benefit of Master Leases, which allow families to transition in place, PEC will assist the family in negotiating this type of leases with landlords whenever possible.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
(a) training staff on safety planning;
(b) adjusting intake space to better ensure a private conversation;
(c) conducting separate interviews/intake with each member of a couple;
(d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
(e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
(f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.
(limit 2,000 characters)

1. PEC's Behavioral Health Services team ensures that the services provided to the families impacted by DV are victim-centered, focused on safety, and promoting self-determination and personal empowerment.
PEC has been providing victim centered services to survivors of DV & sexual assault since its inception. While PEC is not considered a traditional DV service provider, approximately 35% of the families they serve have reported a history of DV.
PEC creates safety plans for each DV resident and, if an abuser locates their victim, PEC immediately contact OHS for emergency relocation assistance. MCM will do on-going DV safety planning at home visits and will have the ability to change locations as needed if survivor's safety becomes compromised. Additionally, PEC will assure that linkages to DV organizations are an integral part of the program, including DV specific legal services. Research shows that as individuals feel safe there may be a re-connection with the abuser, PEC is prepared to offer safety planning tips such as phone location tracking education, maintaining emergency phone numbers & having a support person to reach out to in the event of an emergency.

2. PEC's CMs use the evidence-based Outcomes Star measurement tool to track progress & ensure that outside assistance is being received. PEC also use validated self-report measures to identify symptoms related to trauma history & mood disorders that are commonly present in survivors of DV.
PEC employs a robust Continuous Quality Improvement (CQI) system that is grounded in the agency's mission, integrated across all programs, and empowers stakeholders to assume an active role in assessing and improving program outcomes and overall organizational performance. PEC's commitment to having persons with lived experience inform policy, practice, and/or program development is evident in both the numbers & types of forums created to solicit feedback: community meetings, satisfaction surveys & focus groups.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

 Applicants must describe:
 1. project applicant's experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
 2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
(a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
(b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
(c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
(d) placing emphasis on the participant's strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
(e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
(f) delivering opportunities for connection for program participants, e.g.,

**groups, mentorships, peer-to-peer, spiritual needs; and
(g) offering support for parenting, e.g., parenting classes, childcare.
 (limit 4,000 characters)**

1. PEC has hired a leader certified in trauma-informed care (TIC) to guide the organization through a process of imbedding TIC in its work. In January 2019 PEC utilized the TICOMETER to assess the organization's needs and progress in implementing TIC and ensure sustainability over time. A result of this assessment was the implementation of TIC training for everyone in the organization, with individual sessions focused on Achieving Workplace Harmony, Trauma-Informed Communication Skills, and Cultural Competency & Conflict. A new Core Team comprised of staff from all departments was formed to assess internal practices and prioritize recommended changes.

2. PEC focus on providing trauma-informed care is centered on respect and compassion for each resident with an understanding of resident's trauma history and what has happened to them. PEC structures its engagements to be inclusive of all gender presentations and sexual orientations, with the goal that each resident will be comfortable being themselves. PEC provides assistance in addressing barriers to establishing safe and stable housing and offer intensive trauma-informed care and support related to DV issues, including connecting residents to free legal support if obtaining a protection from abuse order is wanted or necessary. PEC has extensive community partnerships to leverage on behalf of these uniquely vulnerable families including: landlord groups, neighborhood advisory committees, early childhood education providers; medical & behavioral health providers; other DV service providers; food cupboards; universities; and other family serving systems.
PEC's Intake and Residential Services Manager is bi-lingual, offering services in both English and Spanish. Whenever necessary PEC utilizes the services of the Nationalities Service Center to ensure residents who are not proficient in English have a mechanism for communicating effectively.

1F-4e. Meeting Service Needs of DV Survivors.

 Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

**- Child Custody
 - Legal Services
 - Criminal History
 - Bad Credit History
 - Education
 - Job Training
 - Employment
 - Physical/Mental Healthcare
 - Drug and Alcohol Treatment
 - Childcare**

(limit 2,000 characters)

PEC's Behavioral Health Services Manager provides structured counseling services including Trauma-Focused Cognitive Behavioral Therapy; Cognitive

Behavioral Therapy; and Prolonged Exposure Therapy. Residents may also access on-site Trauma Recovery and Empowerment Model (TREM) group counseling and individual counseling related to DV.

PEC provides its residents with a comprehensive range of on-site Economic Mobility Services (EMS) including access to public benefits and resources, access to GED assistance programs, employment training, career counseling, and financial planning. EMS teaches job skills, introduces residents to the culture of work, helps address the underlying factors that prevent residents from achieving and maintaining employment stability, and connects residents to certification programs. PEC's Career Developer supports residents by offering job search assistance, employment opportunities with local businesses, retention support, and career advancement support for up to twelve months after their initial start date. A new partnership with Brightside Academy offers a gateway to paid training as a child development associate. Residents also receive on-site assistance with completing applications and tracking enrollment status into assistance programs such as TANF, SNAP, health insurance (CHIP, Medicaid), utility assistance (LIHEAP, UESF), academic financial assistance (FAFSA), and rental and property tax credits. The Career Developer also facilitates a Career Development Support Group. Transportation assistance to help participants in attending appointments, employment training, and/or jobs is provided on an as-needed basis. Additionally, PEC's Financial Counselor works with each resident to review their credit report and learn how to budget and plan for future expenses. Additional support then focuses on credit repair, debt reduction, improving credit scores, and long-term savings.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
   Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

2A-1. HMIS Vendor Identification.   Eccovia Solutions

Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.

2A-2. Bed Coverage Rate Using HIC and HMIS Data.

Using 2019 HIC and HMIS data, applicants must report by project type:

Project Type	Total Number of Beds in 2019 HIC	Total Beds Dedicated for DV in 2019 HIC	Total Number of 2019 HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	3,649	201	2,875	83.38%
Safe Haven (SH) beds	254	0	235	92.52%
Transitional Housing (TH) beds	1,129	82	935	89.30%
Rapid Re-Housing (RRH) beds	1,111	113	945	94.69%
Permanent Supportive Housing (PSH) beds	4,991	0	3,581	71.75%
Other Permanent Housing (OPH) beds	0	0	0	

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

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

1. steps the 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 the CoC will implement the steps described to increase bed coverage to at least 85 percent.
(limit 2,000 characters)

The bed coverage rate continues to increase because of CoC's ongoing engagement of non-HMIS projects, with the primary focus on emergency and permanent housing projects. Since the 2019 HIC, the CoC increased the emergency shelter bed coverage rate to 91% by adding City funded low barrier shelter and recovery programs (+344 beds) into HMIS. For rapid rehousing, the bed coverage rate rose 8% between the 2018 and 2019 HIC, mainly due to the expansion of rapid rehousing projects through CoC and ESG funding. Future efforts are intended to improve the bed coverage rate for permanent supportive housing projects by finalizing data migration to incorporate 12 more existing CoC PSH projects. Adding these projects (+412 beds) will increase the PSH bed coverage rate by 8%. The CoC has also started and will continue to work towards integrating local Veteran agencies into the CoC's Coordinated Entry System (CES), which includes adding a Veteran Access site by 2020. This access point will allow other Veteran dedicated projects to use HMIS by offering connections to services and supports for their participants. The CoC also hopes to improve the CoC's CES to engage non-funded and faith-based housing agencies. Through the annual evaluation of CES, the CoC will strengthen partnerships and identify improvement strategies to further entice these agencies to start using the CoC's HMIS.

*2A-3. Longitudinal System Analysis (LSA) Submission.

Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0.   Yes

*2A-4. HIC HDX Submission Date.

**Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).
(mm/dd/yyyy)**   04/24/2019

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

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
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2B-1. PIT Count Date.
Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy). 01/23/2019

2B-2. PIT Count Data–HDX Submission Date.
Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 04/24/2019

2B-3. Sheltered PIT Count–Change in Implementation.

 Applicants must describe:
 1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
 2. how the changes affected the CoC's sheltered PIT count results; or
 3. state "Not Applicable" if there were no changes.
(limit 2,000 characters)

Prior to the PIT Count, the CoC sent project-level surveys to all the projects listed in the HIC, based on HMIS participation and project type. The surveys included detailed instructions, definitions, and alerts to identify inconsistent data. The night before the count, the CoC sent letters to every homeless assistance provider to reiterate the importance of the count and to provide accurate and complete data. HMIS agencies were advised to pull, review and submit a PIT report directly from HMIS. Non-HMIS agencies received full surveys with more questions. Completed surveys were due to the CoC within 3 days of the Count. HMIS/CoC Leads worked extensively with agencies to

identify and correct data concerns. Data was cross-referenced with reports submitted by agencies to the CoC Lead for other purposes to identify and correct additional data concerns. Population and subpopulation data for HMIS participating agencies was pulled from HMIS and combined w/data from non-HMIS agencies to calculate the final count. Between 2018 & 2019, there were no changes in the data collection methods. Since incorporating reports pulled directly from HMIS as of 2018, there has been an increase in the accuracy of HMIS data & provider confidence in HMIS. Changes in the overall capacity of emergency and transitional housing programs by +220 and -115, respectively, had the largest effect on the PIT Count results.

*2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.

Applicants must select whether the CoC added or removed emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC's 2019 sheltered PIT count.   No

2B-5. Unsheltered PIT Count–Changes in Implementation.

Applicants must describe:
1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC's unsheltered PIT count results; or
3. state "Not Applicable" if there were no changes.
(limit 2,000 characters)

As in previous years, the PIT Count used a full city census, which covers all zip codes. The city was divided into zones that include hot spots identified by homeless outreach teams and calls from the public, police and surveys, plus prior PIT counts. These areas are known locations identified through contacts and calls made to the outreach coordination center and from previous PIT Counts. In 2019, all zones were examined and revised to align with homeless outreach zones and police surveys. This review included historical data, so that the CoC can track changes to the count by zone over time. For example, Zone 9, which includes Kensington, was subdivided into 4 sections to fully capture everyone located in encampments. Training for volunteers was also improved. Using training guides from last year and materials shared by NYC, new trainings were conducted. Training materials were reviewed by PIT stakeholders who provided feedback and suggestions that were incorporated. Starting in 2019, new volunteers were required to attend one of four in-person trainings, attendance was tracked and confirmed.

Due to the efforts towards revising the zones and the volunteer trainings, only 1 of the 185 tablets that were allocated reported individuals outside of their assigned zone, decreasing the potential for duplicates, and the survey response

rate increased slightly to 31%. These improvements from 2018, has increased confidence in the data.

*2B-6. PIT Count–Identifying Youth Experiencing Homelessness.

Applicants must:

Indicate whether the CoC implemented specific measures to identify youth experiencing homelessness in their 2019 PIT count. Yes

2B-6a. PIT Count–Involving Youth in Implementation.

Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:
1. plan the 2019 PIT count;
2. select locations where youth experiencing homelessness are most likely to be identified; and
3. involve youth in counting during the 2019 PIT count.
(limit 2,000 characters)

CoC takes specific measures to identify youth by conducting a youth-specific PIT count during daytime hours immediately following the overnight count from 6am-10am and 3pm-7pm. Valley Youth House (VYH), lead agency for the youth-specific PIT count, collaborates w/CA on planning. (1) VYH works with young adults w/experience of homelessness to get input on the survey questions, marketing strategy and content of training that all youth PIT volunteers receive which provides an overview of youth homelessness, how to engage youth during the count in a non-judgmental and sensitive manner and how to handle crises and connect to resources. Volunteers are also trained not to make assumptions about which young people may be experiencing homelessness. (2) VYH conducts focus groups w/youth w/experience w/homelessness to identify locations where homeless youth are most likely to be identified which helps determine appropriate deployment of volunteer teams. VYH also convenes youth-serving stakeholders to support overall youth PIT planning, and during the count uses "Come & Be Counted" sites, which are community locations where youth experiencing homelessness tend to congregate. These sites are advertised leading up to the Count and youth can go to them on the day of the count to be surveyed. (3) During the youth-specific PIT count, young adults with experience with homelessness lead teams of volunteers - stakeholders who serve youth and other young adults with experience of homelessness - throughout the city to survey youth and identify youth experiencing homelessness. Because youth homelessness is often hidden, teams approach all people who appear to be age 24 or younger to try to engage them in a survey related to their housing.

2B-7. PIT Count–Improvements to Implementation.

Applicants must describe the CoC's actions implemented in its 2019 PIT

count to better count:
 1. individuals and families experiencing chronic homelessness;
 2. families with children experiencing homelessness; and
 3. Veterans experiencing homelessness.
(limit 2,000 characters)

For the 2019 PIT Count, CoC specifically recruited and provided stipends to people with lived experience to participate in the counting process. These volunteers included people with lived experience of both chronic and family homelessness, as well as Veterans with lived experience. On the night of the count, each survey team had at least one formerly homeless individual. Prior to the count, focus groups were held with street outreach workers and people with lived experience to identify any opportunities to improve the methodology and survey questions. Additionally, the PIT Count included a multimedia and community awareness plan, targeting non-profit homeless service provider agencies, federal agencies, the general public, universities, and those with lived experience, including veterans, families with children, and chronic.

Additionally, to capture these subpopulations, various organizations are included in the PIT Count planning team. This includes Project HOME, a nonprofit with a large stock of PSH, outreach, safe havens and daytime engagement, the Department of Behavioral Health & Intellectual Disability Services, which funds many of the supportive services in the PSH projects across the city, the Youth Count Coalition, and the Veteran Affairs office.

3A. Continuum of Care (CoC) System Performance

Instructions

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*3A-1. First Time Homeless as Reported in HDX.

 Applicants must:

Report the Number of First Time Homeless as Reported in HDX.	8,209

3A-1a. First Time Homeless Risk Factors.

 Applicants must:
 1. describe the process the CoC developed to identify risk factors the CoC uses to identify persons becoming homeless for the first time;
 2. describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
 3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

1) Created a prioritization tool to identify risk factors (threat of eviction, receiving public assistance, frequent moves, limited education, unemployment, previous homelessness, frequent moves, family dynamics) based on the tool used by HomeBase program in NYC. Knowing that discharge from criminal justice, child welfare, hospital systems is major risk factor; new strategic plan prioritizes work for cross-system integration, incl. preventing avoidable experiences of homelessness after discharge. External agency Referral (EAR) process requires notification from institution prior to participant discharge to determine the participant's appropriate housing intervention (shelter, prevention, alternative housing)(2) CoC has increased $ for prevention/diversion rent/utility

assistance (including youth specific prevention resources (rental assistance, case management), in part by diversifying the funding sources used for this purpose. Shelter intake staff attempt to divert all requesting placement in shelter to help avoid trauma of shelter stay w/immediate connection to safe alternative housing options. Staff assist w/identifying support/alternative housing options; ascertain if person has $ for alt (hotel/motel) if relatives or friends can help; connect to community resources incl. homeless prevention prog in cases where financial assistance is needed to successfully divert the participant., possibly including short-term financial assistance, longer-term subsidy, housing counseling or financial counseling. Now exploring potential funding for implementation of recommendations.Opened discussions with local housing authority to create pilot program to reduce the number of housing authority tenant evictions and reduce the number of housing authority tenants requesting shelter placement and homeless prevention assistance.

*3A-2. Length of Time Homeless as Reported in HDX.

Applicants must:

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.	126

3A-2a. Strategy to Reduce Length of Time Homeless.

Applicants must:
1. describe the CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2. describe how the 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 the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

Average length of time homeless was 170 days. Several factors impact longer-term stays, including a lack of affordable housing, low income for households, little to no outside community or familial supports, and a lack of urgency and incentive for households to transition back to housing. Expanded the rollout of the low vulnerability policy introduced at the system level, designed to lower length of time homeless for families with lower vulnerability based on the VI-SPDAT and Housing Assessment. One-time security deposit assistance offered to households in shelter who have identified a place to live and need assistance with move in costs. Structured interventions include a housing plan developed within 7-10 days of shelter entry to address the individual housing barriers of the household and tailor the housing plan to the reason for homelessness. Someone who is homeless due to an eviction will have a different housing plan than someone who is homeless due to family discord. Community linkages and referrals will be provided along with bi-weekly milestones to ensure that households are aggressively engaged in activities that will quickly transition them back to safe, decent places to live. Standard LOS targets now at 120 days FY 20 contracts. Ensured all shelters and TH programs have fully funded housing focused case management services in place. For TH, moving from 2 to

1-year leases to emphasize a sense of urgency and that TH is not a long-term destination. Written standards ID primary TH objective as moving to permanent housing as quickly as possible from TH entry. Close monitoring of TH extension requests past 1 year of stay to ensure they are necessary. Monthly reports are run in HMIS to identify longest shelter stayers; OHS works closely with providers to address barriers to shelter exit.

*3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.	25%
2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	98%

3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

Applicants must:
1. describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
2. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
3. describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations; and
4. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

According to data collected through our HMIS system, 36% of exits to permanent housing destinations came from shelter and transitional housing programs with our for FY 19 end target being 30% exceeding this goal. Our strategy to increase rates of individuals and families in permanent housing projects started with the development and implementation of a coordinated entry system which allows us to match households, providers, and landlords to ensure that homelessness is brief and non-recurring thus giving us a broader reach of programming and access to vulnerable populations. OHS regularly provides technical assistance to providers through meetings and their analysts who are engaged in analyzing their data along with OHS data support team. The importance of the low barrier Housing First model is emphasized along with

the HUD regulations for program execution. OHS cultivates landlords who understand the barriers and co-morbidities of the populations that we serve who can provide safe and affordable housing options for our participants. Providers are equipped to conduct assessments for the participants while monitoring their goals and outcomes as an agency during the grant period that include retention in permanent housing and exit to permanent housing destinations. For households to successfully maintain their permanent housing they are linked to outside supports to ease the burdens of mental health, chronic illness, and financial burden while aiding them to reach self-sufficiency.

*3A-4. Returns to Homelessness as Reported in HDX.

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.	4%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	2%

3A-4a. Returns to Homelessness–CoC Strategy to Reduce Rate.

Applicants must:
1. describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness;
2. describe the 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 the CoC's strategy to reduce the rate individuals and persons in families return to homelessness.
(limit 2,000 characters)

This rate is a system-wide measure the CoC tracks and evaluates quarterly along with number of households provided prevention assistance and rapid rehousing plus exits to and retention of permanent housing, all to gauge progress toward reducing the rate. The CoC's strategy is multifaceted. Access point staff were trained on successful techniques to divert households requesting shelter by using mediation, funds to pay back rent or utilities, and connecting them to community resources all within a Right-Sized approach. As part of Coordinated Entry the CoC has a formal transfer process for those in TH, RRH and PSH. In annual renewal process the CoC reviews CoC-funded programs' termination policies to ensure adherence to the CoC standards' required minimum elements. CoC standards include: Core elements of Housing First approach at project level, including reasonable flexibility with paying rent on time, offering payment arrangements for rent arrears, and making every effort to transfer to different project if tenancy is in jeopardy; If a project can't serve household they must work to ensure access to other housing and services; Required minimum elements in providers' termination process; PSH termination only in the most severe circumstances; Specific direction for providers of PSH for hardest-to-house when considering termination; Participants who are terminated, cannot be banned from returning to project;

and CA participates in the termination appeal process. The city also monitors discharges by contracted providers to ensure Housing First compliance and assists with PHA arrears to avoid lifetime ban. CoC/ESG standards include: TH projects must prioritize rapid placement and stabilization in permanent housing; TH providers have aftercare supports and shallow rent to assist with transition to permanent housing; and RRH staff meet at least monthly with participant to assist with long-term housing stability. City continues to build prevention and RRH capacity annually.

*3A-5. Cash Income Changes as Reported in HDX.

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.	5%
2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.	0%

3A-5a. Increasing Employment Income.

Applicants must:
1. describe the CoC's strategy to increase employment income;
2. describe the CoC's strategy to increase access to employment;
3. describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
4. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase jobs and income from employment.
(limit 2,000 characters)

Philadelphia Works agreed to co-locate employment services at access point in a trauma-informed space to provide improved employment outcome and increased housing security resulting in improved quality of life for the city residents facing homelessness and housing insecurity. Philadelphia Works will provide opportunity, guidance, and support to job seekers experiencing homelessness and housing insecurity. Provide coordination between the PA CareerLink Philadelphia centers and partner organizations to develop an effective referral system and an integrated workforce development system for individual experiencing homelessness or housing insecurity.

3A-5b. Increasing Non-employment Cash Income.

Applicants must:
1. describe the CoC's strategy to increase non-employment cash income;
2. describe the CoC's strategy to increase access to non-employment cash sources;
3. provide the organization name or position title that is responsible for

overseeing the CoC's strategy to increase non-employment cash income.

1. The CoC tracks and monitors the percent of adult stayers and leavers with an increase in non-employment income on a quarterly basis. CA disseminate biweekly resource emails that identify job & mainstream benefit resources & opportunities. BenePhilly centers support application for 28+ benefits & are located at CoC-funded sites. CoC project participants have access to SOAR assistance & local resources that assist 1000+ annually w/securing ID. EARN & PA CareerLink Centers integrated to streamline job placement, reduce stigma & respond to employer needs. The City financially supported a Same Day Pay program in collaboration with CoC providers and non-profit agencies to offer. In Same-day pay programs, participants earn cash for helping clean Philly's streets, creating art, removing graffiti, clearing lots. This helps participants buy necessities like transit passes, phones, and even, in some cases, places to stay. This program serves as an on-ramp to stable employment. 2. Connections to employment one of 5 priorities in new CoC Strategic Plan – developing and strengthening strategic partnership w/workforce dev system. City helped bring First Step Staffing model for transitioning out of homelessness w/returning to work in temp job placements & w/wrap-around services. Partnership First Step & Greater Philadelphia Chamber of Commerce to create a pipeline of employers willing to hire people exp homelessness. 3. Responsible: OHS Deputy for Policy, Planning, Performance Mgmt

3A-5c. Increasing Employment. Attachment Required.

Applicants must describe how the 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, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.
(limit 2,000 characters)

PA CareerLink® system hosts 20 – 30 employer events per month. For the month of August, we hosted 39 employers, mainly employers from the new Fashion District. We hosted a big job fair for the Fashion District employers on August 20th. For September, we have 3 events currently planned with more to come.

3A-5d. Promoting Employment, Volunteerism, and Community Service.

Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service 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.	☐
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).	☐

3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	☐
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	☐
5. The CoC works with organizations to create volunteer opportunities for program participants.	☐
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	☐
7. Provider organizations within the CoC have incentives for employment.	☐
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	☐

3A-6. System Performance Measures Data–HDX Submission Date   05/30/2019

Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

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https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

3B-1. Prioritizing Households with Children.

Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.

1. History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
2. Number of previous homeless episodes	X
3. Unsheltered homelessness	X
4. Criminal History	X
5. Bad credit or rental history	X
6. Head of Household with Mental/Physical Disability	X

3B-1a. Rapid Rehousing of Families with Children.

Applicants must:
1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;
2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once

assistance ends; and
3. provide the organization name or position title responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of them becoming homeless.
(limit 2,000 characters)

Through CE our CoC evaluates the service and housing needs of families with children through using the VI-SPDAT and completing a housing assessment and matching them to the most appropriate housing intervention.

Each household may receive up to 12 months of assistance. When households need assistance beyond 12 months, OHS approval is required. Participants are to pay rent. It is required that the tenant's share of rent not exceed 30% of the household's adjusted monthly gross income. Participants will be evaluated every 3 months to determine if further assistance is needed. All documents required at entry will be required at evaluation.

3B-1b. Antidiscrimination Policies.

Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent housing (PSH and RRH)) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.

1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics.	X
2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics.	X
3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	X
4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance.	X

3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing Needs.

Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:

1. Unsheltered homelessness	Yes
2. Human trafficking and other forms of exploitation	Yes
3. LGBT youth homelessness	Yes
4. Exits from foster care into homelessness	Yes

5. Family reunification and community engagement	Yes
6. Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.

Applicants must check all that apply that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

1. History of, or Vulnerability to, Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
2. Number of Previous Homeless Episodes	X
3. Unsheltered Homelessness	X
4. Criminal History	X
5. Bad Credit or Rental History	X

3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.

Applicants must describe how the CoC increased availability of housing and services for:
1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and
2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.
(limit 3,000 characters)

(1) CoC evaluates effectiveness of its strategies by using data to determine needs and gaps for youth. CoC's strategic planning process involved completing a system gaps analysis, with youth inventory need generated for RRH & PSH using data from the HIC and PIT and an annual multiplier provided by CSH; Philly Homes 4 Youth Coalition, led by OHS, conducted youth- specific needs assessment to identify needs & gaps for youth experiencing homelessness in Phila incl ID of specific interventions to fill gaps. At this point there is such a great need for housing resources for youth that the increased opportunities themselves are evidence of effectiveness. We know that CoC's youth ES turn-away rate cut in half. Coord Entry data from youth access points will afford more information about youth placement and enrollment i.e. how many are coming to the access points and how long are they waiting to obtain housing. Additionally, looking at annual PIT numbers, unsheltered & sheltered,determines effectiveness of strategies; CoC has adopted A Way Home America dashboard which informs the flow of coordinated entry for youth and is publicly available. (2) Measures include # HHS prevented from exp

homelessness, # housing & services opps to meet the demand, # turn aways at youth ES, outcomes of youth RRH & TH programs (% exits to permanent housing, % increase in income, % connected to mainstream resources, reduced mean length of time homeless) to ensure youth exiting to & retaining permanent housing, & not returning to homelessness. (3) CoC believes the measures are appropriate because they quantify increased system capacity and effective performance. Additionally, they are used in tandem with integrating youth voice into decision making around interventions to implement in our community so the youth provide context for appropriate interpretation of the measures.

3B-1d.1. Youth Experiencing Homelessness–Measuring Effectiveness of Housing and Services Strategies.

Applicants must:
1. provide evidence the CoC uses to measure each of the strategies in question 3B-1d. to increase the availability of housing and services for youth experiencing homelessness;
2. describe the measure(s) the CoC uses to calculate the effectiveness of both strategies in question 3B-1d.; and
3. describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of both strategies in question 3B-1d. (limit 3,000 characters)

(1) CoC evaluates effectiveness of its strategies by using data to determine needs and gaps for youth. CoC's strategic planning process involved completing a system gaps analysis, with youth inventory need generated for RRH & PSH using data from the HIC and PIT and an annual multiplier provided by CSH; Philly Homes 4 Youth Coalition, led by OHS, conducted youth- specific needs assessment to identify needs & gaps for youth experiencing homelessness in Phila incl ID of specific interventions to fill gaps. At this point there is such a great need for housing resources for youth that the increased opportunities themselves are evidence of effectiveness. We know that CoC's youth ES turn-away rate cut in half. Coord Entry data from youth access points will afford more information about youth placement and enrollment i.e. how many are coming to the access points and how long are they waiting to obtain housing. Additionally, looking at annual PIT numbers, unsheltered & sheltered,determines effectiveness of strategies; CoC has adopted A Way Home America dashboard which informs the flow of coordinated entry for youth and is publicly available. (2) Measures include # HHS prevented from exp homelessness, # housing & services opps to meet the demand, # turn aways at youth ES, outcomes of youth RRH & TH programs (% exits to permanent housing, % increase in income, % connected to mainstream resources, reduced mean length of time homeless) to ensure youth exiting to & retaining permanent housing, & not returning to homelessness. (3) CoC believes the measures are appropriate because they quantify increased system capacity and effective performance. Additionally, they are used in tandem with integrating youth voice into decision making around interventions to implement in our community so the youth provide context for appropriate interpretation of the measures.

3B-1e. Collaboration–Education Services.

Applicants must describe:

1. the formal partnerships with:
   a. youth education providers;
   b. McKinney-Vento LEA or SEA; and
   c. school districts; and

2. how the CoC collaborates with:
   a. youth education providers;
   b. McKinney-Vento Local LEA or SEA; and
   c. school districts.
(limit 2,000 characters)

The School District's Education of Children & Youth Experiencing Homelessness (ECYEH) Office works on strategies to increase identification of unaccompanied youth exp. homelessness & developing enhanced training for school staff. The School District also provides teen mentoring groups for high school students experiencing homelessness as well as students doubled-up with other families members and or friends. School District rep on new local Intergovernmental Council on Homelessness. School District (SDP) McKinney Vento (MK-V) liaison/ECYEH reps on CoC Advisory Committee & Philly Homes 4 Youth Coalition, shares resources w/ CoC.The Philadelphia CoC's YAB, Young Adult Leadership Committee (YALC) has developed a formal partnership with the School District of Philadelphia ECHY department. This partnerships allows input for youth on the flyers and information available to students experiencing unstable housing and their families. The YALC has received verbal confirmation each school will have an identified coordinator in each and every school, to assist youth in getting resources available to them through the Mckinney-Vento Act. Members from the YALC (A.T, L.S) have also been involved in redesigning and repurposing the States 'Run Away & Homeless Youth' website to allow for more agencies, stakeholders, youth and Young adults experience unstable housing, and community partners, to engage in dialogue vis blogs; and gain insightful resourceless. Members form the YALC also meet with a 'RHY' state level employee to discuss implantation of the strategic plan on a state level! These conversation lead work around ensuring all necessary folks are aware of Local McKinney -Vento law, and use the information to assist in removing barriers for youth, including students. The CoC also collaborates with the local Philadelphia Coalition to ensure all education providers, school district(s), and local legislators in the area know of the services.

3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.

Applicants must describe policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

OHS is a partner with the Building Early Links for Learning (BELL) project. BELL is a team of early childhood education (ECE) specialists with expertise in early child development who work closely with 18 emergency and/or transitional housing "education liaisons" to create environments for young children experiencing homelessness (that promote healthy child development), and forge linkages that result in the increased enrollment of young children

experiencing homelessness into quality early learning. During BELL's the reporting period of November 1, 2018 through April 20, 2019, of the 646 parents who were staying in emergency housing, BELL spoke with 411 parents (63.6%) about parent preferences at any point in time for these cases. BELL found that 36% of children ages 3-5 were enrolled in high quality ECE programs, 22% were enrolled in low-quality programs, 27% were not enrolled into any ECE program. In addition, BELL use the Administration for Children and Family's Self-Assessment tool to determine if their programs were child-development friendly, learning that all programs scored above average. Finally, BELL organized 8 trainings for both EH/TH and ECE staff to come together to learn about a homeless child's need for ECE, trauma, and child development, resulting in an increase in understanding.

A Children's Work Group Early Childhood Committee, an inter-system collaboration with more than 75 agencies participating throughout the year, organized 7 workshops that featured the School District of Philadelphia's homeless education office (2 workshops), the Philadelphia Infant-Toddler Early Intervention program, identification of young children experiencing homelessness, the PA Bureau of Early Learning Resource Center Operations on accessing child care, a report on breastfeeding in Philadelphia's family shelters, legal issues relating to children experiencing homelessness who are either receiving, or in need of, early intervention services.

3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and supports and may add other providers not listed.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	Yes
Head Start	Yes	Yes
Early Head Start	Yes	Yes
Child Care and Development Fund	Yes	Yes
Federal Home Visiting Program	Yes	Yes
Healthy Start	Yes	Yes
Public Pre-K	Yes	Yes
Birth to 3 years	Yes	Yes
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		
Other: Child & Adult Care Food Program (CACFP)	Yes	Yes

3B-2. Active List of Veterans Experiencing Homelessness.

Applicant must indicate whether the CoC uses an active list or by-name list to identify   Yes

all veterans experiencing homelessness in the CoC.

3B-2a. VA Coordination–Ending Veterans Homelessness.

Applicants must indicate whether the CoC is actively working with the U.S. Department of Veterans Affairs (VA) and VA-funded programs to achieve the benchmarks and criteria for ending veteran homelessness. Yes

3B-2b. Housing First for Veterans.

Applicants must indicate whether the CoC has sufficient resources to ensure each veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach. Yes

3B-3. Racial Disparity Assessment. Attachment Required.

Applicants must:
1. select all that apply to indicate the findings from the CoC's Racial Disparity Assessment; or
2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

1. People of different races or ethnicities are more likely to receive homeless assistance.	X
2. People of different races or ethnicities are less likely to receive homeless assistance.	X
3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	X
4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	X
5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	
6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	
7. The CoC did not conduct a racial disparity assessment.	

3B-3a. Addressing Racial Disparities.

Applicants must select all that apply to indicate the CoC's strategy to address any racial disparities identified in its Racial Disparities Assessment:

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.	X

2. The CoC has identified the cause(s) of racial disparities in their homeless system.	X
3. The CoC has identified strategies to reduce disparities in their homeless system.	X
4. The CoC has implemented strategies to reduce disparities in their homeless system.	X
5. The CoC has identified resources available to reduce disparities in their homeless system.	X
6: The CoC did not conduct a racial disparity assessment.	

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

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competition/#nofa-and-notices

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4A-1. Healthcare–Enrollment/Effective Utilization

Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	No	No
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits.

 Applicants must:
1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;
 2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;
 3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in

health insurance;
4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and
5. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits.
(limit 2,000 characters)

1. The CoC keeps the all program staff up to date on mainstream resources through providers meetings and bulletins that update the staff on State and Federal resources that participants may have access to or resources that may be cut. Resources are also placed on the OHS website for providers and sent out in mass "Tools and Training" emails; resource packets are distributed to providers as needed. 2. Mainstream resources are distributed on a quarterly basis to providers and more often as needed when state and federal rules change. 4. Phila CoC has a very advanced partnership with the Department of Behavioral Health, including behavioral health case managers in shelter (FAST/Connections) to connect people to mental health and substance use resources; Medicaid reimbursable services are an essential part of nearly every permanent supportive housing program in the Continuum, including newly developed housing models such as HOME$200 (shallow rent program for individuals with SSI).Mainstream Benefits. Applicants must: (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits; (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and (3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits.

4A-2. Lowering Barriers to Entry Data:

Applicants must report:

1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.	106
2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	
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 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	0%

4A-3. Street Outreach.

Applicants must:
1. describe the CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2. state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;
3. describe how often the CoC conducts street outreach; and
4. describe how the CoC tailored its street outreach to persons

experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)

(1) City's Dept Behavioral Health (DBHIDS) funds & oversees street outreach conducted by teams from 8 nonprofits & managed by Outreach Coordination Center (OCC).Teams maintain a focus list of individuals that they are engaging on the street, they work a designated zone in the city to ensure adequate geographic coverage, and follow up on response calls from the community to the OCC.The City is broken into 13 zones, which are then assigned to the 8 teams to cover and engage.Approach emphasizes uniformity in response, engagement, housing focus & "hot spot" visibility. Teams provide concrete assistance, intervene in crises (especially behav health), connect to services & shelter if desired. Most time spent w/those refusing shelter: building trust, helping w/housing & trying make safer on streets. Teams incl bilingual & bicultural staff; all can access City's "language line" translation system & wheelchair-accessible van. Also have 2 outreach teams specifically targeting youth ages 21 & under – 1 w/federal Runaway & Homeless Youth grant funds, 1 privately-funded specializing in human trafficking.(2) Outreach conducted throughout the city (100% of geographic area). (3) Street outreach is conducted 24/7. Outreach teams non-exclusively target specific areas & respond to calls to widely publicized hotline. Each team also works a designated zone and maintains a focus list of individuals that engage regularly.(4) Outreach targets areas where least likely to access services reside & focuses on developing relationships. CoC employed 2.5 FTE mobile assessors to assist in engaging unsheltered individuals & those least likely to request assistance w/assessing & referring for placement thru CE, ensuring they do not have to go to specific location to receive services.

4A-4. RRH Beds as Reported in HIC.

Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2018 and 2019.

	2018	2019	Difference
RRH beds available to serve all populations in the HIC	1,176	1,111	-65

4A-5. Rehabilitation/Construction Costs–New Projects.   No

Applicants must indicate whether any new project application the CoC ranked and submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting $200,000 or more in funding for housing rehabilitation or new construction.

4A-6. Projects Serving Homeless under Other Federal Statutes.   No

Applicants must indicate whether the CoC is requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other federal statutes.

Submission Summary

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

Page	Last Updated
1A. Identification	09/13/2019
1B. Engagement	09/20/2019
1C. Coordination	09/23/2019
1D. Discharge Planning	No Input Required
1E. Local CoC Competition	09/23/2019
1F. DV Bonus	09/23/2019
2A. HMIS Implementation	09/23/2019
2B. PIT Count	09/23/2019
3A. System Performance	09/23/2019
3B. Performance and Strategic Planning	09/18/2019
4A. Mainstream Benefits and Additional Policies	09/18/2019
Submission Summary	No Input Required