

Before Starting the CoC Application

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

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

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

1. The FY 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2024 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: PA-510 - Lancaster City & County CoC

1A-2. Collaborative Applicant Name: Lancaster County Redevelopment Authority

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Lancaster County Redevelopment Authority

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2023 to April 30, 2024:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:	

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

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

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

1B-1a.	Experience Promoting Racial Equity.	
	NOFO Section III.B.3.c.	

Describe in the field below your CoC's experience in effectively addressing the needs of underserved communities, particularly Black and Brown communities, who are substantially overrepresented in the homeless population.

(limit 2,500 characters)

PA-510 analyzes the demographics of clients on an annual basis using a variety of data including HUD’s own Race and Ethnicity Analysis tool, Stella P data, and original analysis of HMIS data. The most recent analysis took place in April 2024. Racial equity in particular is a part PA-510’s annual application and renewal process, with the expectation that every applicant demonstrates progress toward equity goals in its policy and procedure. Analysis showed an overrepresentation of certain groups in those seeking homeless services and those receiving services. Of particular note are Black, African American or African and Hispanic/Latina/e/o people. Despite comprising only 4% of PA-510’s population, Black, African American or African people represent 19% of those served by homeless projects. Hispanic/Latina/e/o people make up 11% of the CoC and 18% of its homeless service population. However, the same analysis shows that in spite of the disparities in the homeless population compared with the population at large, PA-510 does an equitable job serving people who are already homeless and receiving service. For example, while Black, African American or African people do make up 19% of PA-510’s service population, they also make up 21% of the people exited to permanent housing. Hispanic/Latina/e/o people, 18% of the service population in HUD year 2022-23, comprised 19% of the people exited to permanent housing. PA-510 does still have some disparities. Men fare worse than women, as do clients with little or no income and those who report a disability. Data show that PA-510 serves clients without regard to race, but that there is still a need for progress in two different domains. One, the CoC needs to target upstream interventions such as prevention towards minority populations in order to reduce the number of non-white people entering homelessness. This means spending more money on this project type in the City of Lancaster, which is the most diverse part of the CoC. PA-510 has already undertaken this project and will show progress later in its current contract year. Two, the CoC will prioritize the needs of single adults, clients with little or no income, and clients with disabilities. PA-510 will expand services for single adults via a new 80-bed shelter project, increase the amount of cash financial assistance available, retrain staff in the acquisition of mainstream benefits for clients, and develop new PSH targeted at single adults with disabilities.

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

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

(limit 2,500 characters)

1. Each September, a call for new members is officially posted on our website and announced through various email lists to solicit new members. We do not limit membership opportunities to this yearly call however, membership applications are accepted year-round.
2. An electronic version of our membership application is available through our website. We help complete applications with potential members in the location, language, and format that is requested. (i.e.: applications in Spanish, voice-recorded applications for people with visual disabilities). Additionally, large print materials are available to those with difficulty reading. To ensure effective communication for individuals with vision, hearing, or speech disabilities we ensure that a wide array of access points, which includes accessible electronic formats, TRS, TTY, and VRS are made available on request.
- 3) Our Membership Committee and Coalition staff are continually engaging new organizations to become coalition members and consider applying to create new projects to serve our underserved populations. This year continued focus was placed on engaging the Spanish American Civic Organization, rural social service HUBS and local LGBTQ organizations. We regularly participate in and provide support to our recently formed Homeless Advisory Board (HAB) to offer ways to engage in the activities of the PA 510 COC steering committee and action teams.

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

Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1. The CoC is open to all people or organizations interested in preventing and ending homelessness. The CoC conducts outreach to government agencies, departments, and local community groups and organizations. We also solicit regular feedback from our Homeless Advocacy Board (HAB) representing a diverse population of individuals who have been both served by CoC programming currently and within the last 2 yrs. Our Community Engagement action team solicits feedback and opinions from organizations beyond our current CoC membership. A recent example of their outreach surrounds the creation of a new low barrier shelter that will open in December 2024. Working with local government, community foundation and other organizations that our just outside our CoC membership to provide feedback regarding the design, location, and programming made available to shelter guests.
2. The CoC communicates information during meetings by providing an agenda sent to member organizations prior to meetings that outlines discussion topics, providing data/examples, and inviting participants to share their thoughts or ask clarifying questions during meetings, or by submitting questions via email. The CoC provides multiple forums for sharing information and obtaining feedback from the public outside our full CoC meetings. We offer a Training and Equipping (T&E) Series that offers training on a variety of subjects that allow for learning, feedback and system discussions. The general public receives notification via regular update emails, announcements at CoC meetings, and postings on the LCHC website. CoC members and provider organizations are encouraged to share and solicit feedback during any meeting hosted by the CoC.
3. Our meeting materials are offered electronically and in plain English. Our meetings are held at accessible locations with accessible parking, on bus lines, and offer handicap-accessible meeting room access. All our public meetings have virtual options to attend and participate.
4. Our CoC meetings are designed to solicit feedback to ensure CoC decision-makers understand current trends in homelessness and service gaps within the CoC. Discussions and ideas raised at these meetings are brought to the Steering Committee to discuss further and if needed assign the “need” to a working action team to vet and consider the need for funding shifts and the development of new projects to address these needs.

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

(limit 2,500 characters)

- 1) We publicly announce at our biennial CoC meetings that we are open to accepting applications from qualified providers who have not previously received funding. We advertised this fact on our public website on August 8, 2024.
- 2) We offered publicly advertised office hours on our website on August 8, 2024 which provided TA to interested providers on how to access the eSnaps application and create an application for funding consideration.
- 3) Our project ranking process is advertised on our website and communicated with current and potential providers during office hours.
- 4) All of our meetings had a virtual option to join, all of our information is available online and electronically to current and potential provider partners. We also utilize tools built in Microsoft and Adobe making suggestions for more accessible formats. Further, all CoC digital communications and virtual/in-person meetings strive to be accessible to people with visual, hearing, motor, and cognitive impairments.

1C. Coordination and Engagement

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

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	No
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	No
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	No
9.	Housing Opportunities for Persons with AIDS (HOPWA)	No
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	No
17.	Temporary Assistance for Needy Families (TANF)	No
	Other:(limit 50 characters)	
18.		

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

In the chart below select yes or no to indicate whether your CoC:

1.	Consulted with ESG Program recipients in planning and allocating ESG Program funds?	Yes
2.	Provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes
3.	Ensured local homelessness information is communicated and addressed in the Consolidated Plan updates?	Yes
4.	Coordinated with ESG recipients in evaluating and reporting performance of ESG Program recipients and subrecipients?	Yes

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated?	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure family members are not separated?	Yes
3.	Worked with CoC and ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients?	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance?	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers?	No

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

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

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

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

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

(limit 2,500 characters)

The CoC has formal partnerships with Lancaster County school districts and education providers. All homeless liaisons who are interested participate in our Homeless Service Provider Network meetings. There is ongoing communication between the CoC, providers, and local liaisons to ensure that qualified students receive all McKinney-Vento services. The Homeless liaison from our largest school district serves on the CoC Governing Board. We have established a partnership with Pennsylvania's Education for Children and Youth Experiencing Homelessness (ECYEH) Program which provides the following resources to each school district within our CoC: help with school enrollment and placement, provide community referrals, coordinate transportation and support services, implement tutoring and enrichment services, assist with obtaining supplies necessary for school, training, guidance, and outreach.

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

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who have recently begun experiencing homelessness of their eligibility for educational services.

(limit 2,500 characters)

Our CoC has a written policy on informing families who become homeless about their eligibility for educational services. The policy reads: The PA-510 Lancaster City/County CoC Education Policy ensures system-wide consistency for implementation of the HEARTH Act for providers to guarantee that children are enrolled in school and connected with community resources including early childhood education. Effective January 1, 2011 this policy establishes that: (1) Each provider organization must identify a liaison within their organization to be responsible for disseminating information to parents with children to ensure that all school-age children are enrolled in school by completing the CoC district notification form that is then sent to the Homeless Student Liaison in the district in which the shelter is located. At intake into a shelter, each parent is provided a packet of information on rights to education provided by the McKinney-Vento Act as well as contact information on all available early childhood education programs. Adopted November 10, 2010

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	No
4.	Early Head Start	No	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	No
7.	Healthy Start	No	No
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.		No	No

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

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

	Organizations	
1.	State Domestic Violence Coalitions	No
2.	State Sexual Assault Coalitions	Yes
3.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.		

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

Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1. Collaborative Applicant staff update policies on the rights of victims of Dating Violence, Dating Violence, Sexual Assault, and Stalking annually. The CoC Governing Board approves policy updates. These policies apply to all CoC programs, including Coordinated Entry, Emergency Shelter, and Permanent Housing projects. Our sole VSO Community Action Partnership of Lancaster is regularly consulted to update these policies to ensure that the unique needs of survivors are being met. All housing programs have Emergency Transfer Plan policies in place, which provide the ability for participants in permanent housing to request an emergency transfer to ensure their ongoing safety. Coordinated Entry providers, including United Way’s 211 and Street Outreach providers, are in direct contact with the local Domestic Violence crisis line and receive training on their available programming, and how best to provide support for those experiencing domestic violence. We collaborate with these providers regularly to offer ongoing training and informational sessions throughout the year either during our HSPN meetings or T&E sessions. Annual Domestic Violence training is provided for all providers and required for all new direct service staff.

2. All projects within the CoC are required to serve people using a trauma-informed and victim-centered manner. The Collaborative Applicant and the CoC Governing Board monitor compliance with VAWA and the CoC Emergency Transfer Plan. Survivors may file a grievance with the CoC Manager, who will conduct a thorough investigation and ensure compliance.

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

(limit 2,500 characters)

1. All Coordinated Entry staff and outreach workers receive extensive training in new HUD guidelines related to complying with the Violence Against Women Act 2022 and the expanded HUD Category 4 definition of homelessness to ensure households fleeing from or survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking are provided with safety planning and trauma-informed approaches to intake, assessment, and referral. In addition, annual training from CAP-DV or PCADV is conducted for all CoC providers, including Coordinated Entry staff. When calling our 211 Coordinated Entry line, staff will initiate a direct transfer to the local Domestic Violence hotline should a caller indicate they want those services.

2. Coordinated Entry confidentiality protocols ensure that information collected in our HMIS system is de-identified. All Coordinated Entry staff receive training on digital communication and HIPAA compliance to ensure confidentiality is maintained for all CoC clients, especially survivors of Domestic Violence.

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

In the chart below, indicate how your CoC facilitates training for project staff and coordinated entry staff that addresses best practices on safety planning and confidentiality protocols:

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	Yes	Yes
2.	Incorporates Trauma Informed best practices?	Yes	Yes
3.	Incorporates Survivor-Centered best practices?	Yes	Yes
4.	Identifies and assesses survivors' individual safety needs?	Yes	Yes
5.	Enhances and supports collaboration with DV organizations?	Yes	Yes
6.	Ensures survivors' rights, voices, and perspectives are incorporated?	Yes	Yes
	Other? (limit 500 characters)		
7.			

 nbsp;nbsp;

1C-5d.	Implemented VAWA-Required Written Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below:

1.	whether your CoC's written policies and procedures include an emergency transfer plan;
2.	how your CoC informs all households seeking or receiving CoC Program assistance about their rights to an emergency transfer;
3.	what your CoC requires households to do to request emergency transfers; and
4.	what your CoC does in response to households requesting emergency transfers.

(limit 2,500 characters)

1. Yes, PA510 has written policies and procedures that include an emergency transfer plan
2. All CoC providers share our DV emergency transfer policies and procedures in writing with households that are enrolled in CoC projects (including survivor serving only projects)
3. Our CoC has developed a form to request an emergency transfer that provides basic information about a household's demographics and if the person requesting the transfer is a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer or if not, why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit.
4. ETFs are completed and submitted to CoC housing providers to initiate the review and assist households that meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act with the planning and execution of the transfer.

1C-5e.	Facilitating Safe Access to Housing and Services for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within your CoC's geographic area.

(limit 2,500 characters)

Our CoC ensures that households fleeing domestic violence have comprehensive access to all housing programs and services available within our geographic area. Our primary DV service provider, CAP DVS, operates a coordinated entry system and housing program independent of our CoC funding stream, allowing for seamless access to services tailored specifically for DV survivors. Additionally, CAP DVS contracts a sub-recipient agency within our CoC, increasing their footprint and ensuring that individuals have direct access to all CoC-funded programs in our region. This collaborative structure enables us to offer a wide range of resources, meeting the diverse needs of those fleeing violence and enhancing their pathways to safety and stability.

1C-5f.	Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures survivors receive safe housing and services by:

1.	identifying barriers specific to survivors; and
2.	working to remove those barriers.

(limit 2,500 characters)

1. Our CoC identifies barriers specific to survivors by continuously evaluating our processes through collaboration with local agencies to ensure they align with the unique needs of individuals fleeing violence. Additionally, engaging with individuals with lived experience is another key way our CoC identifies and addresses barriers effectively. By incorporating their insights and firsthand knowledge, we gain a deeper understanding of the challenges faced by those we serve, allowing us to create more responsive and supportive solutions.

2. Recognizing that the standard intake process may inadvertently create challenges, we have modified our coordinated entry initial intake call to prioritize asking if the client is currently fleeing a violent situation. This change allows us to quickly connect survivors with services specifically tailored to their circumstances, reducing delays in accessing essential support.

Another identified barrier was the lack of knowledge among agency staff regarding DV programs and how to access them. To address this, we invited CAP DVS to provide an in-depth overview of their services, explaining the importance of survivors calling directly to initiate support. This session not only clarified the available resources but also strengthened staff confidence in supporting survivors who self-identify within their agencies. By equipping staff with a better understanding of DV services and referral processes, we are enhancing our CoC's ability to provide informed, empathetic support to survivors.

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

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

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

Describe in the field below:

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

(limit 2,500 characters)

1. The CoC annually reviews and updates its standards including the anti-discrimination statements. Over the year, the CoC has worked with collaborative agencies serving the LGBTQ+ community including the local LGBTQ+ Coalition, and River Town Pride Center (rural Coalition) to ensure all voices are heard and review applicable policies and procedures.
2. All service providers are aware of the CoC Standards which include anti-discriminatory policies and are expected to adhere to the Standards. In addition, providers are reminded during program meetings of the expectations to align with the Standards. Further, many service providers have leadership that aligns personally and professionally with the efforts to affirm project-level anti-discrimination, especially in areas of youth homelessness.
3. On an annual basis, an internal audit of service providers anti-discrimination policies are requested and reviewed with a keen eye on compliance and alignment with the CoC-wide anti-discrimination policy.
4. The CoC needs to strengthen its process for addressing noncompliance with the CoC's policies in becoming aware of the infraction and coaching agencies in changes for full alignment.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area—New Admissions—General/Limited Preference—Moving On Strategy. NOFO Section V.B.1.g. You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen. Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:
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Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing or Housing Choice Voucher Program During FY 2023 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Lancaster City Housing Authority	20%	Yes-HCV	No
Lancaster County Housing Authority	20%	Yes-HCV	No

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

(limit 2,500 characters)

1. Our CoC lead agency has built strong collaborative relationships with the two local housing authorities: Lancaster City Housing Authority (LCHA) and Lancaster County Housing and Redevelopment Authorities (LCHRA). These partnerships have experienced continued growth, particularly through our work around housing vouchers, including emergency housing and homeless preference vouchers. Recently, our CoC lead agency spearheaded the coordination between the housing authorities and the public child welfare agency to implement Foster Youth to Independence Vouchers. This marks the first time this vital resource has been available to support youth and young adults exiting the foster care system, addressing the critical issue of homelessness in this vulnerable population. Both housing authorities designate 20% of their Housing Choice Vouchers for households experiencing homelessness. This preference ensures an ongoing stream of newly issued vouchers are reserved for individuals and families who are homeless. Referrals for these vouchers come through the CoC coordinated entry process, which identifies and prioritizes eligible households. This year, we strengthened our collaboration with both housing authorities to establish a "moving-on" strategy. This involved formal conversations between the CoC lead agency and the housing authorities to develop a county-wide initiative. We anticipate that within the next 18 months, we will be able to implement this moving-on strategy with one or both housing authorities. This initiative aims to support individuals transitioning out of supportive housing programs into more independent living arrangements, freeing up resources for people with severe service needs.

2. N/A

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

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

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

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

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

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

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

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

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

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1D. Coordination and Engagement Cont'd

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Preventing People Transitioning from Public Systems from Experiencing Homelessness.	
	NOFO Section V.B.1.h.	

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

1.	Prisons/Jails?	Yes
2.	Health Care Facilities?	Yes
3.	Residential Care Facilities?	Yes
4.	Foster Care?	Yes

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition.	18
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition that have adopted the Housing First approach.	18
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.
 Describe in the field below:

1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation;
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach; and
4.	what your CoC has done to improve fidelity to Housing First.

(limit 2,500 characters)

1. Our CoC uses the Housing First Assessment Tool provided by HUD to assist our CoC in aligning with the Housing First philosophy. Providers completed the tool and had one-hour debriefing sessions with CoC staff to discuss the answers and brainstorm ways to improve their approaches.
2. Using the HUD-provided tool, we assessed
 - a. whether access and evaluation are compliant with Housing First principles
 - b. whether leases and occupancy agreements are compliant with Housing First principles
 - c. whether services and housing are compliant with Housing First principles
 - d. whether specific project standards are compliant with Housing First principles
 Indicators are based on “saying it”, “doing it” and “writing it”.
3. All homeless service providers, regardless of funding source, are assessed annually using the HUD-provided tool.
4. Our CoC focuses on the Housing First philosophy in all of our communications and RFPs and offers providers training at least once a year on how to improve their alignment with Housing First principles., in communications, policies, and actions.

1D-3.	Street Outreach—Data—Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	

Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

Our Street Outreach Program is geared towards people who are unlikely to engage with services. In the last closed HUD year, we added 576 unique people to our outreach projects; compared with the prior year this is a 37% increase in enrollments. We have daytime outreach programs including a Year-Round Day center and Community Meals. Outreach canvasses urban areas and is available to respond to reports of unsheltered homeless in remote areas of the county. We have also expanded our outreach programs to incorporate evening and weekend hours, to ensure 7-day-a-week coverage. We have brought on a dedicated Addiction Treatment professional to our Outreach team who works evenings and weekends. We fund a mobile shower trailer called Refresh Lancaster which is staffed by EMTs who provide onsite medical treatment. We also fund a street medicine program, which makes weekly evening rounds and is present at community meals to engage with people who would not otherwise be found. We also fund a youth-specific outreach program called Valley Youth House, as well as partner with LGBTQ programs to connect with our vulnerable populations. We have a weekly outreach meeting that brings providers from multiple disciplines, including our local Emer. Dept., Behavioral Health, Street Medicine, Community health nursing, housing providers, shelters, police dept. social workers, & community meal providers. We have a By-Name list in which we track individuals who are engaging with outreach and other services. This also includes people who did not give consent to be in our HMIS, referred to via an alias or a description. We provide them with resources as they are willing to accept them. We have broken down our county into four quadrants and have three providers, who operate community hubs, and are assigned to go out and meet individuals anywhere in the county when they call in for services. These outreach workers also spend time canvassing with knowledge from local police departments, churches or businesses that call in and report when there is an individual in need. Translation assistance is available for non-English speakers. Additionally, PA-510's outreach team includes individuals with lived experience. This helps with rapport and improves the chances that resistant clients will choose to engage with services.

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

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

	Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1.	Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	No
2.	Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	No
3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	No
4.	Other:(limit 500 characters)		

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

	HIC Longitudinal HMIS Data	2023	2024
Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	103	137

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

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

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

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

Describe in the field below how your CoC:

- | | |
|----|---|
| 1. | works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and |
| 2. | promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff. |

(limit 2,500 characters)

1. Our CoC collaborates closely with multiple healthcare organizations that provide street doctors, nurse practitioners, and paramedics who regularly attend community meals and day service centers. By meeting individuals where they are, these healthcare professionals offer critical resources directly on-site, reducing the need for clients to travel to an office. This year, we also introduced a dedicated recovery outreach staff position to connect with individuals who are unlikely to seek services on their own. Working alongside the CoC’s street outreach team, this role strengthens our network, bridging people to essential services and support.

2. Our existing efforts to promote SOAR certification have relied on agencies sharing experiences and success stories to encourage one another. This year, however, we’ve adopted a more structured approach by establishing a dedicated steering committee focused on expanding this critical resource. We are considering four main areas to enhance SOAR promotion: integrating SOAR certification into the CoC’s monthly professional development series and program meetings to make it a consistent part of staff training; implementing recognition programs for SOAR-certified staff; prioritizing funding opportunities for agencies with certified team members; and sharing outcome data that highlights the measurable impact SOAR-certified staff have in helping clients. To further expand SOAR support, we are formulating a delivery model with three types of staffing. The first includes agency-specific case managers, who provide consistent support exclusively to clients within their own organizations. The second is a shared SOAR position, funded collaboratively by multiple providers to promote cost-sharing and broaden access across partner agencies. Finally, establishing a flexible position accessible to clients regardless of their primary service provider, reaching the widest range of individuals. We aim to scale SOAR through targeted and comprehensive assistance across our CoC. This effort is supported by staff from the SOAR Technical Assistance Center and the Pennsylvania Department of Human Services (PA DHS).

ID-7.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
NOFO Section V.B.1.n.		
Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:		
1.	respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. In the absence of a public health agency that covers the entirety of the CoC’s area, PA-510 pursues collaboration with health systems by working with the Lancaster City health department and local medical providers, including staff working in management and direct patient care. The CoC includes representatives from these groups in its steering committee and subcommittees, with most work being done by its Health Action Team. The Health Action Team functions as an advisory group that helps to change CoC policy and procedure, issue statements on local issues pertaining to the health of people experiencing homelessness, and inform service providers of both resources and needs in the community. This group is involved in service planning for PA-510’s homeless response system. For instance, the team helped write health policy and procedure for the CoC’s new low-barrier emergency shelter and will help coordinate health services for its guests.

2. Policy and procedure written by this group include response to infectious disease outbreaks among sheltered people and prevention of disease outbreaks, including testing, screening, and immunization. PA-510 will pursue similar policies and procedures to be included in its standards and procedures document that describes standard responses across the CoC for all people experiencing homelessness, whether sheltered or unsheltered. PA-510 has leveraged its relationship with Lancaster County’s Emergency Management Agency (EMA) in the past when responding to public health emergencies such as Code Blue declarations. Lancaster EMA will play an important role in disease outbreak response, including emergency communications with service providers. PA-510 has successfully responded to several Code Blue emergencies per year and this model will allow the CoC and its partner agencies to respond effectively to the next public health emergency.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC:	
1.	effectively shared information related to public health measures and homelessness; and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1. In addition to its Health Action Team, PA-510 relies heavily on the following service providers to share information related to public health measures and homelessness: street outreach, street medicine, community meals and day centers, and Lancaster County EMS, which operates the Refresh Lancaster shower truck. Keeping up to date on information relating to public health—immunization drives, for instance, or upcoming weather events—is a challenge, but an even greater task is getting this information to the people who need it most: Lancaster County’s homeless population. These four teams are in the most regular contact with PA-510’s highest need clients and thus are best equipped to share relevant public health information.

2. Communication between different systems and levels of care, designed to ensure that providers are equipped to prevent or limit infectious disease outbreaks, is facilitated primarily by CoC staff. The CoC gathers data from multiple sources, including its Health Action Team, identifies high-priority information, and communicates it to service providers via regularly convened meetings. For instance, all outreach providers meet weekly with CoC staff. From here, the CoC communicates those high-priority messages, which are then shared with clients directly by service staff. The other means through which messages are communicated from public health agencies to homeless service providers is Lancaster County EMA’s emergency alert system. These alerts are sent via email at the declaration of an emergency to representatives from all homeless service agencies. EMA’s system allows for some additional function as well, including a dashboard for monitoring emergency shelter availability.

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	

Describe in the field below how your CoC’s coordinated entry system:	
1.	can serve everybody regardless of where they are located within your CoC’s geographic area;
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;
3.	collects personal information in a trauma-informed way; and
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1.PA-510’s coordinated entry system serves everyone in its geographic area regardless of location by 1) making coordinated entry available by phone using the toll-free 211 service, 2) making coordinated entry available in-person at community hubs across the county, and 3) making coordinated entry available in-person through street outreach workers—of which the county has over a dozen.

2.PA-510 ensures standardization via regular CE training and by using standard assessment tools. Specifically, PA-510 uses the HUD Universal and Program assessments combined with the VI-SPDAT vulnerability index. Combined, these generate a by-name list that allows for the prioritization of clients based on VI score, household type, length of time homeless, and disability status. This system, which directs higher levels of care to clients with higher levels of need, is how PA-510 has chosen to pursue fair and equitable access to service. In the future, PA-510 intends to minimize the number of questions that clients in CE must answer by moving to a new, locally-developed prioritization tool. This tool will include fewer questions overall, but will also ask clients about their experience with discrimination based on a number of identities, including race, gender, and age, as well as justice-involvement as a barrier to housing.

3.PA-510 hopes that by shortening the CE process and emphasizing client consent in participation, it can create a more trauma-informed process even while asking difficult questions about client identity, discrimination, and past experience. Prioritizing clients with these barriers to housing will lead to an even more equitable system, and ultimately one that does the least possible to contribute to further traumatizing its clients.

4.PA-510 relies primarily on its Homeless Advisory Board (HAB) to give feedback on its coordinated entry system, and secondarily on feedback from CE providers in the field. CE policy and procedure is updated every July ahead of the start of PA-510’s fiscal year. PA-510’s HMIS lead also performs an equity analysis using HMIS data on at least an annual basis. This analysis includes clients in coordinated entry, and compares client prioritization scores with enrollments in order to show whether prioritization score is predictive of service or not.

1D-8a.	Coordinated Entry–Program Participant-Centered Approach.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC’s coordinated entry system:
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
2.	prioritizes people most in need of assistance;
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their needs and preferences; and
4.	takes steps to reduce burdens on people seeking assistance.

(limit 2,500 characters)

1We reach people who are least likely to apply for assistance through Day Centers, Community Meals, Evening & weekend Outreach, Addiction treatment on staff with outreach, a Mobile shower trailer, Youth specific outreach and partnering with LGBTQ programs. (We have daytime outreach programs including a Year-Round Day center and Community Meals for breakfast, lunch and dinner. This meals schedule is available online & in print. This allows us to engage with individuals on a consistent basis while they are receiving tangible assistance, building trust and relational equity. We have also expanded our outreach programs to incorporate evening and weekend hours, to ensure 7-day-a-week coverage. We have brought on a dedicated Addiction Treatment professional to our Outreach team who work evenings and weekends. We fund a mobile shower trailer called Refresh Lancaster which is staffed by EMTs who provide onsite medical treatment. We also fund a street medicine program, which makes weekly evening rounds & is present at community meals to engage with people who would not otherwise be found. We also fund a youth-specific outreach program: Valley Youth House, as well as partner with LGBTQ programs to connect with our vulnerable populations.)

2We have weekly By-Name meetings which bring together community partners to discuss individual clients' needs & address how they can best be supported and prioritized for services. Our meeting brings providers from multiple disciplines, including our local Emer. Dept., Behavioral Health, Street Medicine, Community health nursing, housing providers, shelters, police dept. social workers, & community meal providers. We have a By-Name list in which we track individuals who are engaging with outreach and other services. This also includes people who did not give consent to be in our HMIS, referred to via an alias or a description. 3.We are developing a Housing Match Meeting, which will bring together our shelters, outreach teams & housing providers to best coordinate who is offered the housing that is available. We believe this is following best practices & is a necessary step to address the overwhelming needs in our community while housing prices keep going up. 4.Through the use of our Day Centers, Community Meals, Evening & weekend Outreach, Addiction treatment on staff with outreach, a Mobile shower trailer, Youth specific outreach and partnering with LGBTQ programs, we are taking steps to reduce the burdens on people seeking service.

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.	
	NOFO Section V.B.1.o.	

Describe in the field below how your CoC through its coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

(limit 2,500 characters)

1. Our website directs the community to our Coordinated Entry Systems access point, all CoC provider partners are trained on how to access the homeless service system throughout the county. We have strategically placed social service hubs that are versed in how to connect persons in their area seeking assistance.
2. All CE sites provide households with information on all fair housing laws and how to access the Fair Housing Institute that serves the county to address concerns and complaints for the CoC.
3. The Housing Rights and Resource Center run by Tenfold and funded in part by LCHRA CDBG funds reports directly to LCHRA as the entity responsible for certifying the consolidated plan and any reports or conditions that impede fair housing in our community.

1D-9.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.p.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	04/15/2024

1D-9a.	Using Data to Determine if Racial Disparities Exist in Your CoC’s Provision or Outcomes of CoC Program-Funded Homeless Assistance.	
	NOFO Section V.B.1.p.	

Describe in the field below:	
1.	the data your CoC used to analyze whether any racial disparities are present in your CoC’s provision or outcomes of CoC Program-funded homeless assistance; and
2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC’s provision or outcomes of CoC Program-funded homeless assistance.

(limit 2,500 characters)

1. PA-510 uses data from its annual Point-in-Time Count, U.S. Census, the Longitudinal Systems Analysis (Stella P), and its HMIS to analyze whether racial disparities exist in its provision or outcome of funded homeless assistance programs. Of these sources, HMIS data allows for the best and most flexible analysis. In its most recent racial equity analysis, PA-510 compared client demographics within a 12-month period at three stages: clients seeking services, clients receiving services, and clients exiting services to permanent housing. These three points, combined with U.S. Census data, allow for comparison between the proportions of people in the CoC overall, people experiencing homelessness in the CoC, people who participate in CoC services, and people who exit to housing. PA-510 would expect that these proportions are roughly equal. In other words, in an equal system, the percentages of people experiencing homelessness by race would match the overall population. Similarly, the percentage of people who gain permanent housing should match the population being served.

2. PA-510's analysis shows that there are great racial disparities between the overall population and those experiencing homelessness, particularly among Black, African American, or African and Hispanic/Latina/e/o people. However, the percentage of people served by the CoC by race and the percentage of people exited within the CoC to permanent housing are roughly equal. For Black, African American, or African people, these are 18 and 21 percent, respectively. For Hispanic/Latina/e/o people, these were 18 and 19 percent. In other words, while PA-510 needs to focus on reducing the number of non-white people experiencing homelessness, it services those people well once they access services. Future analyses will move beyond CoC-level data and look further at the equity performance of funded partner organizations, with some funding decisions influenced by the ability of individual organizations to perform equitably.

1D-9b.	Implemented Strategies to Prevent or Eliminate Racial Disparities.	
	NOFO Section V.B.1.p	

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

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	Yes
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes
4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes
5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes
6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity?	Yes

9.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
	Other:(limit 500 characters)	
12.		

1D-9c.	Plan for Ongoing Evaluation of System-level Processes, Policies, and Procedures for Racial Equity. NOFO Section V.B.1.p.	
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Describe in the field below your CoC’s plan for ongoing evaluation of system-level processes, policies, and procedures for racial equity.

(limit 2,500 characters)

PA-510 includes equity analysis and improvement as part of its overall annual system performance planning process. In previous years, efforts towards improving equity have focused on the policies and procedures of contracted service providers and on the makeup of boards and committees, both at the CoC and agency level. These efforts will continue. In the last year, PA-510’s equity focus has also expanded to include analysis of system flow—of clients in homelessness, clients receiving services, and clients exiting to permanent housing. This quantified approach to system equity has proven fruitful and demonstrates that the CoC’s previous efforts were successful. PA-510 will build on these steps—representation in planning and governance, equitable organization-level policy and procedure, and quantitative analysis—and improve in a number of ways. One, the CoC will share annually the results of its system equity analysis with homeless service providers. Two, the CoC will expand its analysis to include organization-level equity data. Three, after an advisory period of one year, the CoC will use this organization-level equity data in making funding decisions, with the expectation that in order to receive full points for equity, organizations must both satisfy policy and procedure requirements and also demonstrate equitable service outcomes via HMIS data. Participating homeless service agencies in PA-510 will be made aware of these additional planning steps via memorandum and CoC meeting presentation. Equity requirements will also be included as an appendix with all PA-510 funding contracts.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities. NOFO Section V.B.1.p.	
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Describe in the field below:

1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1. To track its progress on preventing and eliminating racial disparities in the provision and outcomes of homeless assistance, PA-510 uses the following measures: representation of service population in its steering committee and advisory boards, representation in the boards of its partner organizations, representation in the staff of its partner organizations, equitable policies and procedures at the CoC and organization level, monitoring of organization-level client satisfaction, and quantitative data from Census, HUD, and HMIS. PA-510 expects that committees, boards, and staff will represent both the demographic and linguistic makeup of its service population and the lived experience of homelessness. Policies and procedures should advance equity both within organizations and in client outcomes. Both are measured annually for all funded organizations via a series of surveys and short answer questions. Funding decisions are based in part on organizations' responses and their improvement over prior years. Census and HMIS data are used to compare the demographic makeup of the CoC compared with the makeup of its homeless service population. Further comparison is made between that service population's demographics and the demographics of those clients who exit to permanent housing. System-level equity performance is shared annually with the CoC.

2. PA-510 considers its equity surveys to be a useful tool in preventing and eliminating racial disparities in service delivery and outcome. Its most recent equity analysis, conducted in April 2024, bears this out. Although there are disparities in the demographics of people experiencing homelessness in PA-510 compared with the overall population, people in the system enjoy equitable outcomes. Presentation of equity analysis results is another tool that the CoC will utilize. A deeper analysis that looks at equity by project type and provider will also serve as a tool to ensure that equitable service continues. These results will be shared with service providers as a part of annual funding renewals to drive service equity. One additional tool that PA-510 plans to implement is a client satisfaction survey of its own. Heretofore, the CoC has relied upon the survey results of its partner organizations, which can be inconsistent. The CoC will generate a survey of its own that allows the comparison of client satisfaction with demographics, thus ensuring that results from across the county are consistent.

1D-10.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section V.B.1.q.	

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

(limit 2,500 characters)

Over the past year, we have worked alongside individuals with lived experience of homelessness through a pilot program initiated by a local service agency. The program aimed to equip participants with the skills to effectively serve as local board members. As the initiative progressed, the group made the pivotal decision to form their own independent body, now known as the Homeless Advocacy Board.

The first few individuals were identified via outreach efforts undertaken by the service agency staff, this led to participants inviting others to join, building a network within the group. Their insights have been crucial in helping us bring more individuals with recent lived experience into our decision-making processes. In partnership with the Youth Action Board, we supported their efforts to increase the voice of lived experience through local events. Recognizing the importance of equity, we work to ensure these individuals are held as equals within the CoC's decision-making structure. As a result, two lived experience individuals now serve on our Steering Committee.

Moving forward, we will continue seeking guidance from members of the Homeless Advocacy Board and Youth Action Board to enhance system-wide outreach and engagement strategies that focus on including more individuals with lived experience in the local CoC's efforts. Key areas include Targeted Outreach: Conducting outreach where individuals are most likely to engage such as shelters, community meals, and with peer to peer connections. Social Media: Developing a digital presence on platforms like Facebook, Instagram, and Discord to invite individuals with lived experience into conversations about system improvements in-person or closed online groups. Campaigns may feature personal stories, calls for participation, and updates on engagement opportunities. Skill Development: Holding learning sessions for individuals to gain personal and professional skills for leadership roles based on their personal preferences. Meaningful Participation: Emphasizing that individuals with lived experience are not just providing feedback but are actively involved in decision-making processes. Compensation and Accessibility: Expanding our capacity to offer stipends, transportation, and child care to reduce barriers to participation. These strategies will foster a more inclusive system where individuals with lived experience play a central role in shaping a more effective response to homelessness.

1D-10a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

You must upload the Lived Experience Support Letter attachment to the 4B. Attachments Screen.
Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Routinely included in the decisionmaking processes related to addressing homelessness.	4	4
2.	Participate on CoC committees, subcommittees, or workgroups.	4	4
3.	Included in the development or revision of your CoC's local competition rating factors.	1	1

4. Included in the development or revision of your CoC's coordinated entry process.	4	4
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1D-10b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness. NOFO Section V.B.1.q.	
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Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

The Lancaster County Homelessness Coalition values the contributions of individuals with lived homelessness experience, recognizing that their insights are essential to improving services and addressing the root causes of homelessness. By centering their voices, we ensure that solutions are well grounded and focused on creating tangible outcomes, such as moving individuals and families into stable housing. We actively engage those having recently used local services, ensuring their feedback highlights current conditions. This collaborative approach enhances our ability to address systemic issues while ensuring that programs remain adaptable to community needs. Over the past year, partnerships with the Homeless Advocacy Board and Youth Action Board have been key in shaping services and initiatives. HAB members have participated in panel discussions, provided feedback on services, and shared their expertise regarding a new shelter. They also contributed to the NOFO decision-making and tiering processes. YAB members were key in developing a successful tri-county YHSI application. Additionally, a significant milestone was achieved when HAB and YAB members joined the Steering Committee, marking the first time two individuals with recent lived homeless experience have held voting positions at the highest decision-making level. Incorporating lived experience into our CoC fosters professional development in several ways. Individuals gain leadership experience through roles on the Steering Committee and Action Teams, honing skills in governance, team building, and policymaking, which are transferable to other sectors. Second, they develop competencies in program design, project management, and critical thinking through collaboration. Third, their involvement in panel discussions and community forums strengthens communication and advocacy skills, needed for representing marginalized groups and driving systemic change. Participants also gain exposure to a professional network of service providers, policymakers, and community stakeholders, which creates opportunities for mentorship, networking, and employment. We compensate individuals for their work to recognize their expertise and validate their roles as professionals. The contributions of these vital community members in decision-making ensures greater equity within our system and place those most affected by homelessness at the forefront of finding sustainable solutions.

1D-10c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness. NOFO Section V.B.1.q.	
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Describe in the field below:

1.	how your CoC gathers feedback from people experiencing homelessness;
2.	how often your CoC gathers feedback from people experiencing homelessness;
3.	how your CoC gathers feedback from people who received assistance through the CoC Program or ESG Program;
4.	how often your CoC gathers feedback from people who have received assistance through the CoC Program or ESG Program; and
5.	steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

1. Over the past year, our CoC lead agency has actively collaborated with the Homeless Advocacy Board, consistently seeking and incorporating their feedback to improve programs.
2. Through our many action teams and lived experience group meetings feedback is gathered on a monthly basis.
3. Additionally, COC and ESG service agencies regularly collect input from individuals and families participating in their programs. This valuable feedback is gathered through in-person conversations and surveys, ensuring a responsive and inclusive approach to meeting the needs of those being served.
4. Service providers are asked to include important client feedback, successes, and challenges in their monthly data and quality reports.
5. A recent step our CoC took was in response to a concern raised by a Homeless Advocacy Board member regarding the separation of female and male guest spaces in a shelter under construction. After reviewing the layout, the floor plan was modified to restrict access between these areas to a single lockable door, enhancing both safety and privacy for all guests. This change was supported by the individual who raised the concern. Moving forward, we are committed to strengthening a system-wide approach for gathering feedback from individuals with lived experience of homelessness, ensuring it is both consistent and user-friendly. Additionally, we will develop a feedback loop for the Steering Committee to address system improvement needs. This local initiative will be led by members of the Homeless Advocacy Board and the Youth Action Board.

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	
	Describe in the field below at least two steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

1. We negotiated zoning variances for affordable housing in the city of Lancaster to create nearly 30 new affordable housing units at the Prince Street HUB - zoning variance- creating affordable housing
2. We met with the Lancaster County Planning Commission in June of 2024 to present affordable housing challenges and offer solutions to changing regulatory barriers. All townships and boroughs in Lancaster are members of this County Planning Commission.

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Advance Public Notice of Your CoC's Local Competition Deadline, Scoring and Rating Criteria.	
	NOFO Section V.B.2.a. and 2.g.	

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC's local competition.	08/07/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC's local competition.	08/07/2024

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

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

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

6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes
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1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below. NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	
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You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	16
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process. NOFO Section V.B.2.d.	
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Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	the severe barriers your CoC considered.

(limit 2,500 characters)

1. Our Grants Action review team set criteria to rank projects in the summer of 2024 with the goal of right-sizing current programs and addressing the needs of those living unsheltered. It was determined that these areas were crucial to measure to improve our outcomes and increase the success of our permanent housing projects. In 2024, projects were ranked according to the following criteria: HUD performance measures (33% of final score), fiscal management (20% of final score) serving severe needing households (20% of final score) equity factors (15% of final score), and adherence to Housing First principles (12% of final score).
2. One of our ranking criteria for permanent housing programs measured the time it took participants to move from project entry into permanent housing. We set a goal of 100 days from start to finish and measured success based on that marker. The number of days from project entry to permanent exit was measured using HMIS data. One of PA-510’s strategic goals is to lower that number significantly over the next few years.
3. Due to our significant increase in street homelessness as measured by the last two PIT counts, we have asked all our permanent housing programs to enroll at least 50% of households from unsheltered/places not meant for human habitation living situations. We have developed a number of new PSH projects to address the needs of these households and will increase those units each year.
4. Chronically homeless households with comorbidities have the most severe barriers in our community and the numbers of households with these barriers have increased. It is our mission to address the needs of this population holistically.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	
	Describe in the field below:	
1.	how your CoC used input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	how your CoC rated and ranked projects based on the degree that proposed projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and steps the projects took or will take to eliminate the identified barriers.	

(limit 2,500 characters)

1. Our Grants action team is comprised of persons of who identify as BIPOC and a person with current lived expertise of homelessness. After reviewing the data, and consulting with the support office of the coalition, this team of individuals determined the rating criteria for this years projects.
2. Our Grants action team is comprised of persons of who identify as BIPOC and a person with current lived expertise of homelessness. This team of individuals were involved in the scoring, ranking and selection process.
3. For the last 3 years, our CoC has surveyed all providers across all grant sources (CoC, ESG, CDBG and local funding) on their efforts to improve racial equity within their organizations and the services they provide. We have offered training and technical assistance to help providers make changes to their organizational cultures to achieve improvements. We used as equity as a substantial rating factors in this years ranking and tiering process.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	
	Describe in the field below:	
	1. your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
	2. whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;	
	3. whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
	4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 characters)

1. The grant review action team developed the following reallocation process for this year's NOFO:
 - All current renewal projects in the CoC portfolio are needed.
 - All projects that have not expended 90% or greater of their funding in the last 2 years. are subject to a fiscal spending review and will be allowed to voluntarily offer funding for reallocation.
 - All projects that score lower than 70% by this year's ranking criteria are subject to an involuntary reallocation of 80% of their unspent funds.
 - 100% of reallocated funding will be repurposed into a new project (PSH or TH-RRH)
 - Project recipients will be informed and asked to adjust their budget accordingly in Esnaps before submitting their renewals for the 2024 Competition.

Special note: Two recipients did not renew their projects during this competition: Lancaster County Behavioral Health and Developmental Services: Polaris Housing (PA0452L3T102312)- low performing both programmatically and fiscally.
Lancaster General Health- The Frederick (PA1036L3T102302)- The organization is seeking funding outside of the CoC process to continue and chose not to renew.

2. Our CoC DID reallocate low-performing projects through the process described in 1 above.
3. Our CoC reallocated two low-performing projects this year.
4. N/A

1E-4a.	Reallocation Between FY 2019 and FY 2024.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	Yes
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	Yes
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/14/2024

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/14/2024
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	10/28/2024
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1E-5d.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC’s website or partner’s website.	10/28/2024
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2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

	Enter the date your CoC submitted its 2024 HIC data into HDX.	04/29/2024
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2A-4.	Comparable Databases for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:	
	1. describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases; and	
	2. state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2024 HMIS Data Standards.	

(limit 2,500 characters)

1.PA-510 and its HMIS lead ensure its DV housing and service providers collect data in HMIC comparable databases via 1) monitoring of annual SAGE APR submissions, 2) the annual NOFO CoC project competition process, and 3) quarterly check-ins with DV organizational leadership. The HMIS Lead assists PA-510’s local DV service provider with annual APR submissions as needed, which provides an opportunity to give feedback on that provider’s use of its HMIS equivalent database. The same annual data can be used as part of the annual CoC project competition project. This incentivizes accurate and timely use of the HMIS equivalent system. Quarterly check-ins are held via email and virtual meeting and allow the HMIS Lead a chance to give support and feedback between annual submissions.

2.PA-510’s DV housing and service providers use a HUD-compliant comparable database called EmpowerDB. This database is capable of producing APRs that are compliant with the most recent HMIS Data Standards.

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

Using the 2024 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	250	36	286	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	287	32	304	95.30%
4. Rapid Re-Housing (RRH) beds	37	0	37	100.00%
5. Permanent Supportive Housing (PSH) beds	250	0	233	93.20%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

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

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

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

(limit 2,500 characters)

1. All applicable project types have bed coverage rates that meet the 84.99% standard
2. PA-510 will bring its PSH bed coverage to 100% by the next HDX Competition through coordination with its local housing authorities. Recently issued VASH vouchers, held by the Lancaster County Housing Authority, were the only PSH project not included in HMIS at the time of the 2024 HIC. This will be remedied by the time of the 2025 HIC.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2024 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the date your CoC conducted its 2024 PIT count.	01/24/2024
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	03/19/2024
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

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

(limit 2,500 characters)

1. PA-510 successfully engaged youth and youth-serving organizations in the planning and performance of its most recent PIT count, including youth with lived experience of homelessness. Two youth-serving organizations, the National Network for Youth and Valley Youth House, had representatives on PA-510’s PIT planning committee.

2. These representatives helped plan PIT count locations and questions, including additional questions asked of unaccompanied youth to better understand the population. The CoC held a special youth PIT event on the night of the count as well, which included additional data collection about the unaccompanied youth who were counted. Another local youth-serving organization, Bench Mark, was engaged in its planning, and its facility was used to host the event that night. Bench Mark, as a well-known gym offering free personal training services to youth identified as “at-risk” by local high schools and community organizations, was a natural fit for this youth count event. Bench Mark and formerly homeless members of PA-510’s Youth Advisory Board publicized the event as well to attract as many young people as possible.

3. On the night of the PIT, YAB members helped by volunteering as counters. In addition to recording its highest PIT count since 2010, PA-510 gathered an additional five youth surveys with the help of its YAB volunteers and youth-serving organizations. The CoC plans to build on this success in 2025 with additional events, more youth volunteers, and collaboration with youth and youth-serving organizations from neighboring CoCs through its Youth Homelessness System Improvement grant.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	

In the field below:	
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
3.	describe whether your CoC’s PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs’ geographic; and
4.	describe how the changes affected your CoC’s PIT count results; or
5.	state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2024.

(limit 2,500 characters)

1. The PA-510 CoC did not make any changes to the methodology of its sheltered PIT count between 2023 and 2024. Both were complete census counts based upon an approximately 50/50 mix of HMIS data and provider-level surveys, with PII, client identifiers, and blitz counting being used for de-duplication. The quality of sheltered data was similar in both years and the CoC was successful in gathering data about every bed in its geography.
2. PA-510 used similar methodology for its unsheltered PIT counts in 2023 and 2024, but advanced from a “known locations” count to a census count. In both years, this count was supplemented with a service-based count. The quality of the CoC’s unsheltered count results was comparable in both years.
3. PA-510’s count was not affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in its geography.
4. The change in approach from known locations to census in 2024’s unsheltered count did not have as great an effect on results as PA-510 hoped. The increase in the CoC’s PIT count was substantial, going from 107 in 2023 to 122 in 2024—a growth of 14 percent—but these additional people were counted in the same known locations that were visited in 2023. In other words, although the coverage of PA-510’s 2024 count was much greater, that greater coverage did not lead to the discovery of people who would have otherwise remained hidden. PA-510 assumes that this was in part due to cold, wet weather on the night of the count, which made people more difficult to find. The CoC intends to use the same census approach in 2025.
5. N/A

2C. System Performance

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

(limit 2,500 characters)

1.PA-510 determined the risk factors to identify persons experiencing homelessness for the first time by combining available research into predictors of homelessness and data points available in HMIS. Based upon these, the CoC identified disability, income, and age as the three most important factors. Disabled clients, especially those with multiple disabilities, clients with little or no income, and clients aging out of their households of birth or other human service systems are all groups at risk of becoming homeless for the first time.

2.The CoC’s primary strategies to address individuals and families at risk of becoming homeless are targeted prevention services and youth system coordination, funded in part through the Youth Homelessness System Improvement (YSHI) grant program. PA-510 increased the amount of money available for homelessness prevention by approximately 80,000 dollars in 2024, supporting projects at four agencies across Lancaster County using a flexible fund that combines state funds with dollars raised from local sources. PA-510 also targets Foster Youth to Independence (FYI) vouchers to youth-aged clients exiting the county’s foster care system. Looking beyond the CoC’s funding environment, PA-510 also relies on the local Eviction Prevention Network, comprised of social service providers from across the county, to independently serve clients at risk of becoming homeless and whose homelessness can be prevented through cash assistance and case management. Based on the annual System Performance Measure, PA-510 appears to have fewer people experiencing homelessness for the first time every year since 2016. However, this does not match anecdotal evidence. Nor does it match local PIT count results, which show an annual increase in both sheltered and unsheltered homelessness. Even assuming that the CoC’s prevention strategy is working, it appears that it remains an area for improvement.

3.Tenfold is the lead agency for Lancaster County’s Eviction Prevention Network. PA-510’s overall strategy to reduce the number of individuals and families experiencing homelessness for the first time is managed by the CoC Lead Agency. The position primarily responsible for this strategy at the CoC is its Homeless Housing Programs Coordinator.

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

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

1.	natural disasters?	No
2.	having recently arrived in your CoC’s geographic area?	No

2C-2.	Reducing Length of Time Homeless—CoC’s Strategy.	
	NOFO Section V.B.5.c.	

In the field below:

1.	describe your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and

3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.
----	--

(limit 2,500 characters)

1. PA-510 is aware that the average number of days clients spend homeless as measured by the annual System Performance Measure has trended upward since 2014. It continues to make reducing length of time homeless a primary system goal, however. Its strategy to reduce the length of time individuals and persons in families remain homeless has four parts. One, targeting services to clients with the highest needs as demonstrated by, among other factors, length of time homeless. PA-510 has taken up a case conference model wherein CoC staff, CE staff, and service providers meet regularly to prioritize clients for services. Clients with greater lengths of time homeless are a priority for RRH, PSH, and vouchers. Thus, PA-510 expects that the average length of time homeless for its clients on its annual SPM will decrease.

2. Two, PA-510 is working to increase the services targeted toward high-need clients. These include set-aside Housing Choice Vouchers reserved for homeless clients and more PSH and Crisis Housing, developed under the supervision of CoC staff. Three, PA-510 empowers its street outreach team, which includes eight organizations and ten staff, to move clients directly from the street into permanent housing using flexible funds from state and local sources. PA-510 increased the amount of these flexible funds available in the last year via direct appeals to local funders, meaning that more clients can be helped with cash assistance for diversion, move-in costs, and other secondary costs required to get clients off the streets. 41 clients were housed this way in the current HUD year. Finally, PA-510 has expanded its use of APIs to gather assessment data from private service providers operating outside of HMIS. This means that hundreds of clients will now appear on PA-510's prioritization list who otherwise would not have had the required assessments to determine LOT homeless. This facilitates the identification of individuals and persons in families with the longest LOT homeless, thus driving the use of the by-name prioritization list and weekly case conferences.

3. The organization and position title that are responsible for overseeing PA-510's strategy to reduce the length of time individuals and families remain homeless is the CoC lead agency and its Outreach & Shelter Coordinator. Coordination is done in concert with Tenfold, PA-510's lead agency for coordinated entry, which employed a part-time CE Manager, and supported by the HMIS Lead

2C-3.	Successful Permanent Housing Placement or Retention –CoC's Strategy.	
	NOFO Section V.B.5.d.	

In the field below:

1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)

1. We use our By name list and case conferencing at all program levels starting with street outreach and moving on to all housing programs. Our outreach and shelter staff have been empowered to house people directly from the street. All outreach workers comprehensively understand current rapid rehousing and permanent supportive housing referral processes. We have made flexible client financial assistance funds readily available at the street outreach level to help facilitate moves to permanent housing chosen by the households needing assistance. All of our program staff are educated about available COC RRH and PSH program openings, and the availability of housing choice vouchers, mainstream vouchers, emergency housing vouchers, and other subsidized housing units, and how to connect their clients to these resources.
2. All direct service workers provide comprehensive CM services that include housing and stability plans and offer more touchpoints than once per month. Increased focus on job training, workforce development programs, and mainstream benefit education and connections is another way we ensure that households are stable and that reoccurrences of homelessness are greatly reduced.
3. The Lancaster County Homelessness Coalition with community partners oversees the CoC’s strategy to increase the rate at which individuals and families exit to or retain permanent housing.

2C-4.	Reducing Returns to Homelessness—CoC’s Strategy.	
	NOFO Section V.B.5.e.	

	In the field below:
1.	describe your CoC’s strategy to identify individuals and families who return to homelessness;
2.	describe your CoC’s strategy to reduce the rate that individuals and families return to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,500 characters)

1. Our COC uses system data to identify those individuals and families who return to Homelessness. On a regular basis that data is analyzed to determine which populations are most at risk of returning to Homelessness. Using this data we have found the need to implement a case management intervention that includes specific education any information shared with Project participants about search homeless service system resources that can help maintain housing About 12% of people in our service system will return to homelessness according to our data.
2. Our strategies follow: a. Maintain and increase flexible prevention funding for households to prevent recurrent events of homelessness. Continue prioritizing households with recent events of homelessness. b. Enhanced CoC-wide case conferencing and housing problem-solving efforts. c. Ensuring comprehensive supportive services are available to all program participants d. Increase resource sharing within all programs providing comprehensive information about how to request adjustments/increases to financial assistance amounts and extend the length of time enrolled in programs, how to connect with the local workforce development agency for better employment opportunities, who to contact for assistance with rising utility bills and lastly e. Encouraging households to seek immediately when a situation arises that is impacting their housing stability.
3. The Lancaster County Office for the Homelessness Coalition, along with provider agencies is responsible for overseeing this strategy.

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

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

(limit 2,500 characters)

1. Our CoC’s strategy to help program participants access employment and increase cash income is centered around providing comprehensive support through local day centers and service locations. These sites offer computer access, enabling participants to search for jobs, complete applications, and engage in online training programs. Participants are encouraged to utilize resources like Skillup Lancaster, which offers free online learning, career pathways, job postings, and workforce services, giving them the tools needed to enhance their employability.
2. Collaborations between homeless service providers, local employers, job placement agencies, and workforce development organizations are key to our strategy. These partnerships provide participants with direct access to job opportunities, skill-building programs, and job placement services. Onsite visits from local workforce development and temporary agencies allow participants to make personal connections with potential employers and find entry-level positions that offer growth opportunities.
 To ensure that our approach leads to tangible outcomes, the CoC lead agency requires that 50% of Rapid Rehousing program participants increase their income between enrollment and exit. This expectation drives case managers to actively engage participants with job training and employment resources early in their program involvement, promoting sustainable employment before they exit the program.
3. The Lancaster County Office for the Homelessness Coalition, along with provider agencies is responsible for overseeing this strategy.

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

(limit 2,500 characters)

1. To further expand access to non-employment, we are formulating a SOAR delivery model with three types of staffing. The first includes agency-specific case managers, who provide consistent support exclusively to clients within their own organizations. The second is a shared SOAR position, funded collaboratively by multiple providers to promote cost-sharing and broaden access across partner agencies. Finally, establishing a flexible position accessible to clients regardless of their primary service provider, reaching the widest range of individuals. We aim to scale SOAR through targeted and comprehensive assistance across our CoC. This effort is supported by staff from the SOAR Technical Assistance Center and the Pennsylvania Department of Human Services (PA DHS).
2. The Lancaster County Homelessness Coalition, along with provider agencies is responsible for overseeing this strategy.

Marjorie

3A. Coordination with Housing and Healthcare

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
2024 PSH Expansion	PH-PSH	1	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? 2024 PSH Expansion

2. Enter the Unique Entity Identifier (UEI): 219519

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 1

5. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

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

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

(limit 2,500 characters)

1. N/A
2. N/A

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

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

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

(limit 2,500 characters)

1. N/A
2. N/A

4A. DV Bonus Project Applicants for New DV Bonus Funding

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Did your CoC submit one or more new project applications for DV Bonus Funding?		Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.j.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2024 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	Data Assessing Need for New DV Bonus Housing Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.j.(1)(c) and I.B.3.j.(3)(c)	

1.	Enter the number of survivors that need housing or services:	480
2.	Enter the number of survivors your CoC is currently serving:	65
3.	Unmet Need:	415

4A-3a.	How Your CoC Calculated Local Need for New DV Bonus Housing Projects.	
	NOFO Section I.B.3.j.(1)(c)	
	Describe in the field below:	
	1. how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
	2. the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
	3. if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

(limit 2,500 characters)

1. To calculate the number of survivors needing housing or services the CoC combined 3 data points from July 1 – 31, 2024:
A) the # of individuals from HMIS on the CE By Name List awaiting housing who self-reported fleeing DV = 73
B) the # of adult victims served by DV programs (DVS of Lancaster County) within the CoC in ETO = 407, and
C) the number of survivors the CoC is currently serving = 40 plus 206 Lancaster HMIS data on self-reports DV. Because of the confidential nature of DV data, it was not possible to fully deduplicate between HMIS data & comparable database data; therefore, it is possible that this # may include duplicates. To calculate the number of survivors the CoC is currently serving (see C above), the CoC combined 2 data points:
D) the number of DV survivors being served from July 1-31, 2024 by CoC permanent housing projects who enter data into HMIS = Lancaster to complete, and
E) the number of DV survivors being served from July 1-31, 2024 by CoC permanent housing projects that use the DV comparable database EmpowerDB = 40.

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

3. There is a significant gap in resources in the Lancaster County CoC to serve all DV survivor households experiencing homelessness. In addition, DV survivors benefit from specialized, victim-centered and trauma-informed services from providers who are trained in working with DV survivors, which is currently limited in capacity. While non-DV dedicated programs can serve DV survivors, often survivors prefer to receive services from an agency specializing in serving DV survivors, especially in regard to ensuring safety and confidentiality.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
PCADV

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC's FY 2024 Priority Listing for New Projects:

1.	Applicant Name	PCADV
2.	Rate of Housing Placement of DV Survivors–Percentage	93%
3.	Rate of Housing Retention of DV Survivors–Percentage	92%

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(1)(d)	

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

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

(limit 1,500 characters)

1. Rate of housing placement is calculated as % of DV survivors enrolled in Rapid Rehousing (RRH) in EmpowerDB (comparable database) who successfully moved to permanent housing from 7/1/23-06/30/24. Rate of housing retention is calculated as % of DV survivors (leavers) in permanent housing who retained permanent housing after RRH rental assistance ended.

2. PCADV's member programs prioritize the exit of survivors from RRH to safe, permanent housing destinations. The rates account for exits to safe housing destinations.

3. All PCADV member programs who provide RRH services and rental assistance are provided with access to EmpowerDB (comparable database) to securely and confidentially manage and report data. As such, Empower DB was the data source for housing placement/retention rates.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
----	---

2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan;
3.	determined survivors’ supportive services needs;
4.	connected survivors to supportive services; and
5.	moved survivors from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,500 characters)

1) Since 2023, 54 total HHs have been served. To assist survivors to move into PH quickly, Domestic Violence Services of Lancaster County (DVS) partners w/private landlords, PHAs, affordable hsg providers, LIHTC properties, etc. PCADV provides robust onboarding to DVS including: Domestic Violence Housing First (DVHF); RRH basics; Landlord engagement. PCADV’s Community Engagement Specialist works across the state on relationships w/landlords, training DVS on addressing barriers to renting, connecting DVS to financial resources to resolve barriers to renting, coordinating w/community resources to support housing retention.

2) DVS works with CE to enroll survivors from the BNL into RRH. When survivors are assessed through CE, they are placed on the BNL. DVS contacts the HH in order of score. In addition, DVS also prioritizes survivors in need of an emergency transfer from another program where safety has been compromised in line w/ the Lancaster CoC CE policies.

3) DVS provide a range of services, including RRH case mngmt. Survivors can access housing & financial education, credit repair/building & job readiness. All services are provided based on survivor choice.

Service options are IDed through the expressed needs of the survivor & through assessment tools on Housing Stability & Economic Stability. Assessments are updated yearly. PCADV’s EJ Specialist who develops partnerships, leverages resources, provides training, & furthers community connections in order to center economic justice w/in the DVHF RRH projects across the state.

4) DVS regularly connects survivors to community supports incl public benefits, childcare, healthcare, transportation, & employment services. DVS focus on community engagement to ensure that survivors have resources & community connections beyond DVS. DVS works closely w/ community partners to provide warm handoffs & make referrals to other resources as smooth as possible for the survivors they work w/.

5) Ability to retain housing post RA is assessed monthly through budget planning & increased income. RRH for survivors must be flexible to be successful. An advocate will support a survivor w/additional RA, past 12 mos, if that is what will lead to housing retention. If additional RA isn’t sustainable for the HH, the advocate & survivor work to secure a more affordable unit, or long-term subsidy through local PHAs & other affordable hsg partners. Support after exit is determined by the survivor & can continue as long as needed.

4A-3d.	Applicant’s Experience in Ensuring DV Survivors’ Safety.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:

1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;

3.	keeping survivors' information and locations confidential;
4.	training staff on safety and confidentiality policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

- 1) Intake into services is done in a private space, either a private office or location that meets the needs of the survivor- e.g., a park where survivor's children can play, safe relative's home, or location where the survivor receives other services. While very rare for a couple to present for DV services together, if this occurs, interviews are conducted separately to minimize potential safety risks. Providers will also not conduct interviews in the presence of minor children.
- 2) Advocates use assessment tools for Housing Stability and Economic Stability to help survivors identify housing barriers such as credit score, debt, and evictions, and needed resources to eliminate those barriers, such as financial counseling, credit resolution, connection to benefits, & payment of previous debt. Assessment tools were developed by PCADV to support service provision and are reviewed/updated as needed. Survivor's confidentiality is prioritized by DVS & info to landlord only given based on input/approval by Survivor. An advocate supports a survivor w/ID of location & type of housing that is most safe & preferred (e.g., close to school, transportation). Advocates support a survivor through the entire process of renting a unit, including housing search assistance & landlord relationship development. The process is driven by client choice.
- 3) Survivors' rental locations are kept confidential in comparable database & paper files stored in manner required by PCADV and federal standards. While there is no requirement to keep the location of one's own rental unit confidential, through safety planning advocates assist survivors in the ID of safe visitors & safe ways to disclose their address. DV shelter locations are kept confidential.
- 4) All DVS staff are required to have 40 hrs. of training that covers extensive safety planning, survivor driven trauma informed services, including trauma informed intakes & assessments. The 40-hour training also includes confidentiality policies and best practice. PCADV provides ongoing training and technical assistance regarding safety planning and confidentiality as needed. RRH-specific training is also required by DVS.
- 5) DVS staff discusses physical safety concerns with survivors and support them if they wish to keep their location confidential. DVS uses relocation & other funds to purchase alarms, ring cameras, change the locks & other modifications requested by Survivor to protect their physical safety.

4A-3d.1.	Applicant's Experience in Evaluating Its Ability to Ensure DV Survivors' Safety.
	NOFO Section I.B.3.j.(1)(d)

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project's operation.

(limit 2,500 characters)

Safety is evaluated both formally and informally by DVS. During every meeting with the survivor, a DV advocate who is an expert in safety planning, discusses safety with the survivor, as safety needs often change as a survivor becomes independent of their abusive partner. RRH services and case management are adjusted based on a change in safety needs. PCADV member programs, including DVS, have seen success with monthly calls after exit, as it allows the survivor to process any current/residual trauma and discuss barriers to maintaining housing. Many survivors also choose to stay engaged in non-CoC funded supportive services when RRH ends, such as support groups or counseling. Safety is at the forefront of all these services. Formally, upon exit, survivors are given a questionnaire & asked: "The services I received helped me plan for my safety". The survivor reports an answer from 1 (strongly disagree) to 5 (strongly agree). The program offers ongoing services to the survivor, such as support group, counseling, activities for children, and ongoing financial education. Survivors may engage in services after exit for as long as this wish, as there is no time limit on community DV services. PCADV has utilized state funding to hire a Housing Compliance Specialist in February 2024. This position is responsible for: ensuring contract compliance by DVS regarding integration of survivor feedback, coordinating and facilitating survivor collective group insight, meeting with community stakeholders to solicit feedback and identify methods to make meaningful changes in program design and delivery. This position will also track program outcomes; then, make recommendations and implement changes to improve outcomes.

4A-3e.	Applicant's Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
NOFO Section I.B.3.j.(1)(d)		
Describe in the field below the project applicant's experience in:		
1.	prioritizing placement and stabilization of survivors;	
2.	placing survivors in permanent housing;	
3.	placing and stabilizing survivors consistent with their preferences; and	
4.	placing and stabilizing survivors consistent with their stated needs.	

(limit 2,500 characters)

- 1)PCADV has extensive experience in employing trauma-informed, victim-centered approaches to address the needs of domestic violence (DV) survivors & supports the institution of this work w/ member programs, incl DVS. PCADV practices DV Housing First (DVHF) philosophy statewide emphasizing low-barrier service delivery & prioritizes survivors' rapid stabilization into permanent housing. This approach ensures that survivors have choices & flexibility in their recovery process. This approach means that survivor & advocate agree upon a time/place to meet to ease the burden of travel for the survivor. All services are voluntary, advocates provide the survivor w/ all of the service options & provide support based on what the survivor identifies they need. Advocates work quickly to support a survivor in hsg identification, as the period from a survivor choosing to leave an abusive situation & the time they find safe hsg can be highly lethal. Prioritizing safety during this time is essential.
- 2)Using DV RRH hsg search assistance, advocate & survivor partner to find a safe & retainable rental unit. The advocate uses connections w/ previous landlords to support the survivor in finding hsg, while building relationships with new landlords where the survivor is interested in living. The advocate supports the survivor in looking for a unit, provides transportation to visit units, & supports in negotiations w/ landlords.
- 3)PCADV's projects are designed to prioritize participant preferences & ensure rapid placement & stabilization in permanent hsg. We adopt a survivor-driven approach, allowing individuals to make decisions about their housing based on their preferences & needs. The Housing Stability Assessment, developed by a DV program & adopted by PCADV, helps map out housing needs & addresses them as per the survivor's choices. This model reduces barriers & helps survivors transition from instability to permanent housing swiftly.
- 4)This project will adhere to the DVHF approach by prioritizing survivor choice in hsg placement. Advocates at DVS will collaborate w/ survivors to identify safe & suitable housing that aligns w/ their preferences & needs. The process will be survivor-driven, ensuring that each individual's choice of location, which reflects their unique needs & safety concerns, is central to the decision-making. This tailored approach will enhance safety & housing retention by respecting & supporting the survivor's autonomy in selecting their home.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:	
	1. establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;	
	2. providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;	
	3. emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
	4. centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
	5. providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
	6. offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	
FY2024 CoC Application		Page 65
		10/28/2024

(limit 5,000 characters)

1) All DV services, including RRH, are voluntary, trauma informed, and survivor driven. There are no mandates to participate. There are no enforced rules, and program guidelines are centered around common lease requirements. Each HH is given clear information, both verbally and in writing, regarding expectations of both the survivor and DV program, the grievance procedure, and protocols re: client records safety, confidentiality, & release of information. Advocates emphasize developing trust in the relationship. All advocate training is rooted in the reality that service providers hold power that participants do not have. That power must be continually acknowledged and work to be diminished. As such, advocates are trained to develop an authentic professional relationship with survivor, rely on the survivor's expertise in their own life, and ask about/prioritize the survivor's goals.

2) DVS consistently integrates opportunities to share the impacts of trauma w/ survivors. PCADV has partnered w/ National Center on DV, Trauma & Mental Health to assist programs in sustaining survivor-driven, trauma-informed services. A key component of this training is providing tools for advocates to share w/survivors during counseling and safety planning conversations regarding the impacts of trauma on their lives, such as an equity-based version of the Power and Control Wheel, strategies for quick resolution of anxiety, and readings that validate the survivor's experience.

3) PCADV uses Housing Stability Assessment & Stability Plan tools to assist survivors to develop & maintain housing & pursue goals. Advocate & participant work together to identify strengths & resources—income, good credit, current job, prior employment history, education/training, positive rental or landlord experiences & support systems. Case plans include assessments of survivors' strengths and work towards their goals, ensuring that our support aligns with their personal strengths and ambitions. The plan is revisited during every meeting, as needs and priorities often change as a survivor gains safety and independence.

4) Cultural responsiveness and inclusivity are integral to PCADV's work. We provide training on equal access, cultural competence, and non-discrimination to ensure that all staff are equipped to serve diverse populations effectively. These trainings are provided both in online modules & in-person training to ensure all staff have access. This includes addressing the needs of marginalized communities, such as BIPOC survivors, by ensuring that our services are accessible and culturally competent. PCADV's Training Institute offers courses for advocates to develop these skills, including advocacy around LGBTQ+ & underserved communities, trauma sensitivity, & working w/ survivors who have experienced brain injury. DVS has access to language translation services for survivors who are more comfortable speaking a language other than English.

5) DVS offers various opportunities for connection among program participants, including support groups, mentorships, and peer-to-peer interactions. These connections help survivors break isolation and build supportive relationships, which are crucial for their recovery and stability. We also address spiritual needs and provide a range of community-building activities to foster a sense of belonging and support without requiring any participation.

6) DVS' services includes support for parenting through parenting classes; childcare services during adult DV support groups; providing support & information regarding discipline; coaching regarding age-appropriate ways to talk to children & providing child development info/referrals; Providing referrals to head start, WIC, public benefits, parenting classes, diaper banks; Assisting with enrollment for school/arranging transportation; legal services, which includes parenting related issues. These resources help survivors manage

parenting responsibilities while focusing on their recovery and housing stability. Providing these supports ensures that parenting challenges are addressed and that survivors have the resources they need to care for their children effectively.

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors. NOFO Section I.B.3.j.(1)(d)	
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Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

Examples of supportive services PCADV member programs, including DVS, have provided to DV survivors over the last funding year include:

- Landlord Engagement & Housing Search: Using DV RRH housing search assistance, advocate & survivor partner to find a safe & retainable rental unit. The advocate uses connections with previous landlords to support the survivor in finding housing, while building relationships with new landlords where the survivor is interested in living. The advocate supports the survivor in looking for a unit, provides transportation to visit units, & supports in negotiations with landlords.
- Survivor-Driven, Trauma-Informed Mobile Advocacy: Once housed, the advocate meets with the survivor in their home, or another location that is most convenient for the survivor where safety needs, budgeting, referrals to community resources & opportunities for increases in income/benefits are discussed.
- Elimination of Financial Barriers to Housing: Using DV RRH case management, the advocate works with the survivor to identify financial and economic barriers to housing by pulling credit report & begin paying down debt, to both increase their credit score when leasing a unit, & to improve their overall financial health.
- Economic Justice Advocacy: All survivors are provided with the opportunity to learn about their finances – build a budget, plan to increase income, financial literacy curriculum & match savings opportunities.
- Flexible Funding Support: Advocates have access to private funding that can be braided with CoC funds to support the retention of a unit. Examples would be funds that support education, children’s needs, auto repair, or other emergency/unplanned expenses that would divert rent money.
- Additional supportive services are available to all survivors that enter the RRH program & upon completion of RRH including, but not limited to:
 - Core services (24-hour crisis response, transportation access, & individual advocacy)
 - Legal services (assistance with issues such as custody, divorce, child & spousal support; legal advice/representation)
 - Community Referrals/Partnerships (thrift store vouchers, job training, connections to employers, connection to healthcare and mental health services, referrals to substance use support, childcare, food banks, furniture donations)
 - Scholarships for educational enrichment (financial assistance is provided to survivors for the costs of schooling, books, job training, and/or other educational endeavors to further economic stability)
- Ongoing support: All survivors are offered services upon completion of RRH. Many continue to meet with their advocate for legal or children’s needs, or to attend a community support group. Survivors are also able to receive financial support to retain housing outside of RRH.

4A-3h.	Applicant’s Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

Describe in the field below how the project(s) will:	
1.	prioritize placement and stabilization of program participants;
2.	place program participants in permanent housing;
3.	place and stabilize program participants consistent with their preferences; and
4.	place and stabilize program participants consistent with their stated needs.

(limit 2,500 characters)

1)PCADV will continue to practice DV Housing First (DVHF) philosophy statewide emphasizing low-barrier service delivery & prioritizing survivors' rapid stabilization into permanent hsg. PCADV will ensure that survivors have choices & flexibility in their recovery process. Survivor & advocates will agree upon a time/place to meet to ease the burden of travel for the survivor. All services will be voluntary, advocates will provide the survivor with all of the service options & provide support based on what the survivor identifies they need. Advocates will work quickly to support a survivor in hsg ID because prioritizing safety during this time is essential.

2)Using DV RRH hsg search assistance, the advocate & survivor will partner to find a safe & retainable rental unit. The advocate will use connections w/ previous landlords to support the survivor in finding hsg, while building relationships with new landlords where the survivor is interested in living. The advocate will support the survivor in looking for a unit, provide transportation to visit units, & support in negotiations with landlords. This work was previously accomplished without any RRH supportive service funding so the increased request for supportive services funds will allow for more individualized support for each survivor household as well as more holistic case management prior to housing identification to ensure a survivor has an opportunity to share their needs so advocates can align housing options with those needs.

3)PCADV's project will prioritize participant preferences & ensure rapid placement & stabilization in permanent housing. We will continue to utilize a survivor-driven approach, allowing individuals to make decisions about their housing based on their preferences & needs. The Housing Stability Assessment, developed by a DV program & adopted by PCADV, will be used to help map out housing needs & address them as per the survivor's choices.

4)This project will adhere to the DVHF approach by prioritizing survivor choice in housing placement. Advocates will collaborate with survivors to identify safe & suitable housing that aligns with their preferences & needs. The process will be survivor-driven, ensuring that each individual's choice of location, which reflects their unique needs & safety concerns, is central to the decision-making. This tailored approach will enhance safety & housing retention by respecting & supporting the survivor's autonomy in selecting their home

4A-3i.	Applicant's Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	
	Describe in the field below examples of how the new project(s) will:	
1.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials;	
2.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
3.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;	
4.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
5.	provide a variety of opportunities for program participants' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	

	6. offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.
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(limit 5,000 characters)

- 1) All DV RRH services will continue to be voluntary, trauma informed, & survivor driven. There are no mandates to participate. There are no enforced rules, and program guidelines are centered around lease requirements. Each HH will be given clear/consistent info verbally and in writing, regarding expectations of both the survivor & DV program, the grievance procedure, how to release information, and how records are kept safe and confidential. Advocates will continue to emphasize developing trust in the relationship; this trust facilitates a problem-solving approach.
- 2) DVS will consistently integrate opportunities to share the impacts of trauma w/ survivors. PCADV has entered into an ongoing partnership w/ National Center on DV, Trauma & Mental Health to assist programs in sustaining survivor-driven, trauma informed services and plans to continue that relationship. A key component of this training is providing tools for advocates to share w/ survivors during counseling and safety planning conversations regarding the impacts of trauma on their lives.
- 3) PCADV & DVS will continue to use the Housing Stability Assessment & Stability Plan tools to assist survivors in obtaining/maintaining housing & pursue goals. Advocate & participant will work together on a plan to identify strengths—like income, good credit, prior employment history, education/training, positive rental, or landlord experiences & support systems. The plans will continue to be tailored to what participants want, what they see as achievable & what support they need. With additional supportive service funds, DVS will be able to hire additional housing staff so that each advocate has a slightly smaller household caseload and can spend more dedicated time working together on a stability plan with the survivor.
- 4) Trauma-informed, survivor-centered approaches are included throughout PCADV training for DVS, both in online modules & in-person training. PCADV will continue to provide training & resources to help local DVS serve historically marginalized communities in a meaningful way. PCADV's Training Institute offers trainings for advocates to develop these skills, including advocacy around LGBTQ+ & underserved communities, trauma sensitivity, & working w/ survivors who have experienced brain injury. DVS has language translation services available based on the needs in Lancaster County. CoC- related policies around discrimination & equal access are followed. PCADV's Training Institute regularly revisits the training curriculum for DVS to ensure all aspects of holistic case management are thoroughly described and updates are made when new techniques and resources become available.
- 5) Service offerings will include support groups, parenting support & other opportunities to break isolation & build authentic connection, as we know that supportive community is often a part of the solution to living a life free of violence.
- 6) DVS will continue to support parents by providing the following core services: Offering children's support group/childcare during adult DV support groups & court hearings; providing support and information regarding discipline; coaching regarding age-appropriate ways to talk to children & providing child development info/referrals; providing referrals to head start, WIC, public benefits, parenting classes, diaper banks; assisting with enrollment for school/arranging transportation; PCADV provides funding for legal services, which includes parenting related issues. In addition, funding in the VAWA BLI were requested. These funds will allow the project to provide enhanced supports for survivors requesting emergency transfers. PCADV will also be working in partnership with the CoC around the VAWA confidentiality requirements.

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	

Describe in the field below how the new project will involve survivors:	
1.	with a range of lived expertise; and
2.	in policy and program development throughout the project's operation.

(limit 2,500 characters)

1PCADV understands the importance of centering survivors in DV work. The vast majority of PCADV & member program staff self-identify as survivors. While this identity&experience gives a personal connection to mission engmnt, survivor voice from those directly rec'ing services needs to be incorporated in an ongoing manner. PCADV's leadership structure incl specific caucuses to center the experience&expertise of survivors. The Survivors of DV Caucus, along w/PCADV delegates & Board, helps develop&execute strategy that incorporates lived experience. A Survivor Collective (SC) has been established through the Caucus process. While SC participation is voluntary, we will work to diversify the membership to be representative of different experiences of homelessness. This will be accomplished through regular communication w/programs, incl DVS, to ensure that when a survivor relays any interest in providing their feedback on any DV service they utilize, they will have the opportunity to share w/in SC, 1-on-1 w/a PCADV staff person or through writing. DVS will also share any direct feedback provided by a survivor household w/ PCADV to ensure their insight can be utilized in programming moving fwd.

2An SC has been implemented to provide survivors who are engaging in or have recently completed services w/an opportunity to influence, design&provide direct feedback for the DV system. The SC is responsible for providing input to the CoC re: DVRRH policies&reviewing current DVRRH projects. The SC is involved at every step of the process, providing recs&insight into personal experience of DVRRH. PCADV&DV program staff meet w/ the SC monthly, reporting on data&program outcomes. The SC will be involved in PCADV's eval of DVRRH. PCADV will seek input on the data points included in the project's eval. Feedback from the eval will be integrated into the project, assuring that DVRRH is survivor driven&able to quickly pivot to meet the needs of survivors seeking safe hsg options. SC members will be paid for their time, provided leadership opps,&given flexibility w/engagement. No identifiable participant info will be shared&the safety of survivors in RRH&Caucus will be prioritized. In addition, DVS uses various anonymous feedback tools through a survey provided to survivors throughout the receipt of services & at exit to gather lived expertise re: a survivor's interaction with the program; such feedback is used to modify project design&delivery to better meet survivors' needs.